

Making the case for a place-based systems approach to healthy and sustainable food

Public health professionals' assessment of Sustainable Food Cities

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1. Foreword

This report shows how Public Health leaders from major urban centres in the UK are making use of the Sustainable Food Cities model to address fundamental challenges in the links between the food system and the health of populations. With poor diet a growing contributor towards the burden of ill health, there is little question on the urgent need for a coherent policy response towards food. Yet food has proven a fiendishly complex field for action. Some of this is due to the host of competing interests involved and the need for decisions at every level of governance, from the global to the neighbourhood.

Through this thicket, many Public Health leaders in local government are clearing a pathway for change – often working with ingenuity and the sparsest of tools. Much of this work has been to shift the focus away from a narrow obsession with the dietary choices of individuals, and towards the need for local market regulation and incentives, action across whole settings, and appropriate services for groups facing unequal harms.

The Sustainable Food Cities model was designed to further extend the scope for action, as well as to build and consolidate this work. By putting wider social, environmental and economic aspects of the food system into the frame, Sustainable Food Cities mirrors the new 'ecological public health'. Action to improve the diets and health of people today have limited value without also planning for the diets and health of future generations. Public health strategies need to build in a long-term approach to protecting and enhancing the ecosystems on which food systems depend. From an ecological public health perspective attention should also be directed towards people employed in all elements of the food economy. This is a matter of promoting the health, wellbeing, working conditions and voice of those potentially well placed to shape change.

The research in this report indicates that the Sustainable Food Cities initiative offers a route through which Public Health professionals can foster a systems approach to food and health. A key aspect of this is the opportunity to network with new public constituencies, exchange ideas and convene partnerships that go beyond diet-related aspects of health. The research also suggests that strategic action on the environmental, social and economic dimensions of food resonate with contemporary Public Health practice in local government and that the Sustainable Food Cities initiative can bring conceptual clarity and practical assistance for action on these issues. The participants in this study also provide several highly topical priorities for developing the Sustainable Food Cities model in the context of a turbulent time in local government.

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2. Background

There is growing interest among local and national public health bodies in the potential value of place-based approaches to food and health that can complement and help to integrate traditional interventions focused on settings and individuals. These place-based approaches recognise and attempt to respond to the complexity of how food culture, the food environment and the food system influence behaviour change and are being trialled in both Public Health England's 'whole systems approach' to preventing and tackling obesity and the Healthy Towns initiative. Diet-related ill-health, however, extends well beyond obesity and it is only now coming to be recognised that broad place-based approaches that consider wider social, economic and environmental aspects of the food system as well as health can have a profound impact on people's long-term health and wellbeing.

Place-based approaches to changing food culture and the food system in the UK are still at an early stage of development and, though they are supported by a growing body of academic literature on systems change theory and processes, robust evidence for their efficacy in driving significant and sustained improvements to health and wellbeing will take time to emerge. In the absence of such longitudinal studies, in summer 2017 Sabrina King, an MSc Sustainable Development in Practice student at the University of the West of England in Bristol, undertook a series of interviews with 27 middle-to-senior public health professionals on their perceptions of the value of the Sustainable Food Cities place-based approach to changing food culture and the food system in contributing to key public health goals.

The Sustainable Food Cities model has been adopted by 48 towns, cities, boroughs and counties across the UK that together comprise the membership of the Sustainable Food Cities Network. The approach involves the establishment of a local cross-sector food partnership involving the local authority, public health, business, academic and third sector organisations that work together to develop and deliver a strategy to make healthy and sustainable food a defining characteristic of where they live, in most instances facilitated by a dedicated part or full-time coordinator.

Sustainable Food Cities provides a framework of six key food issues that guides members' work: 1) promoting healthy and sustainable food to the public; 2) tackling food poverty, diet-related ill health and access to affordable healthy food; 3) building community food knowledge, skills, resources and projects; 4) promoting a vibrant and diverse sustainable food economy; 5) transforming catering and food procurement; and 6) reducing waste and the ecological footprint of the food system. Sustainable Food Cities also run national campaigns on specific issues in which all Network members are invited to participate and which, to date, have

included healthy and sustainable food procurement, tackling food poverty and the Sugar Smart campaign to reduce sugar consumption.

By promoting a strategic, integrated and holistic partnership approach that recognises the importance and interdependence of the social, economic and environmental aspects of the food system, Sustainable Food Cities aims to support food culture and food system transformation and to build a multi-stakeholder 'good food' movement at a local level that can complement, extend and sustain the programmes and goals of its constituent members. Public health professionals are key stakeholders in the majority of current Sustainable Food Cities partnerships and it is from this group that the interviewees for this research were drawn.

3. Aim and Methodology

Through a series of one-to-one telephone interviews with 27 Public Health officials, this evaluation provides an insight into the perceived value of existing Sustainable Food Cities (SFC) initiatives across the UK. All elements of the approach were assessed in relation to their impact on health outcomes: broad partnership working; taking a holistic approach to food; the Coordinator role and the mechanisms at play. Interviewees also shared: their concerns, their lessons for other partnerships and their hopes and suggestions for the future of their local SFC initiative and the programme in general.

3.1 Evaluation aim

This research forms part of a wider evaluation being completed by The University of the West of England (UWE). The aim of this element of the evaluation was to understand how SFC initiatives across the UK are perceived by the public health officials who are involved with but not directly leading them, to provide insights into the range of potential benefits the SFC approach has to offer and to elicit suggestions on how the SFC approach and the national SFC programme could be improved.

3.2 Methodology

3.2.1 The interviews

All 48 existing SFC initiatives were contacted by email and, for those able to respond (annual leave and other commitments permitting), suitable Public Health officials were then identified. Those Public Health officials were then invited to participate and, where possible, interviews were arranged by email (including obtaining permission to record the conversation) – this was on a first come first serve basis until the maximum number of interviews was reached for the timeframe. Both quantitative and qualitative data were collected through the one-to-one telephone interviews, which lasted between 20 minutes and 1 hour. All 27 interviews were carried out by the same researcher between 4th July 2017 and 18th August 2017.

The majority of the interviewees were involved with SFC initiatives that are already fairly well established, however there was representation from some of the newer partnerships. All geographical regions were included in the evaluation, including:

- East Midlands
- East of England
- Greater London
- North East
- North West
- Northern Ireland
- Scotland
- South East
- South West
- Wales
- West Midlands
- Yorkshire & the Humber

The interview questions were designed to cover a range of perspectives, from the overall perceived value of the initiatives, to specific impacts on health outcomes and the mechanisms at play, through to areas for improvement:

1. Overall, do you feel that your local SFC initiative (*which covers both the partnership and programme*) helps (or has the potential to help) you to achieve your public health priorities?
2. Do you see the value in:
 - a. Having a broad cross sector food partnership involving key public bodies, NGOs and businesses?
 - b. Taking a holistic approach to food issues that covers a full range of social, health, economic and environmental aspects?
 - c. Having a dedicated local SFC coordinator in place to help coordinate and drive your local programme?
3. On a scale of 0 – 5 (0 being not at all, 5 being significantly) how much would you say your local SFC initiative contributes to (or has the potential to contribute to):
 - a. Reducing food poverty
 - b. Improving access to affordable healthy food
 - c. Promoting healthy weight and diet
 - d. Increasing participation in food-related physical and social activity
 - e. Any other health outcomes?
4. Do you think your local SFC initiative is helping to achieve PH objectives in any of the following ways:
 - a. Helping to foster greater collaboration between organisations directly working on public health
 - b. Helping to foster greater collaboration between organisations and departments related to the wider determinants of health (e.g. NGOs, civil society, businesses, planning, retail, high streets and green space, economic regeneration etc.)
 - c. Raising awareness of the importance of healthy food amongst the public, businesses and institutions
 - d. Driving new activity on specific public health issues (e.g. tackling food poverty)
 - e. Any other ways?
5. Can you describe one or two examples of how your local SFC partnership is helping to achieve Public Health outcomes?
6. Do you think that some local health initiatives in your area would not have happened (or will not happen) without your local SFC partnership?

7. Do you perceive any down sides to having a local SFC initiative in place?
8. Do you have any suggestions on how the SFC approach could be improved?
9. Do you have any other comments?

3.2.2 Interview analysis

Qualitative analysis

Immediately following each interview, the conversation was transcribed and from this a summary was produced, which was emailed to the participant for validation. Following any amendments, all comments were then collated into a spreadsheet and coded according to: overall category (e.g. impact of SFC initiative, area for improvement); issue addressed (e.g. food poverty, healthy weight & diet); methods used (e.g. partnership approach, holistic approach) and results (e.g. funding obtained, ability to achieve more with less). The comments were then organised into general themes, which loosely match the original interview structure (see 'qualitative findings' section below).

Quantitative analysis

Once all the interviews were complete, all quantitative results were collated, with responses grouped where appropriate (e.g. "probably" and "potentially") and aggregate results produced (see 'quantitative findings' section below).

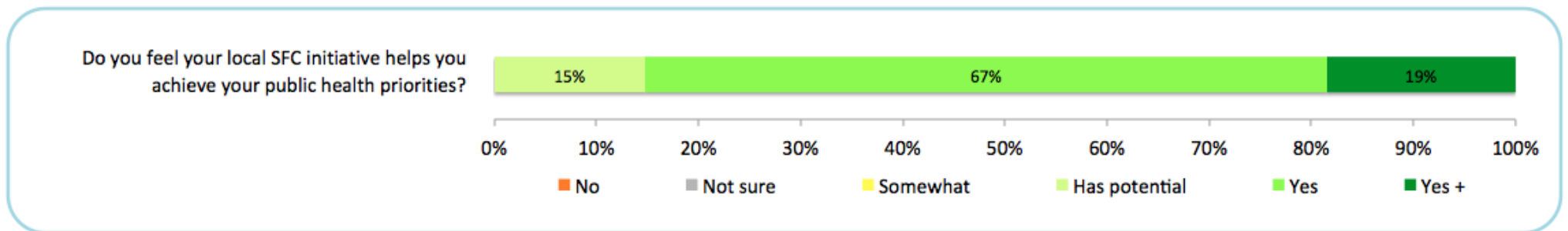
4. Findings

4.1 Quantitative findings

Questions 1-4 were used to gather quantitative data from the interviewees (the comments collected through these questions also formed part of the qualitative analysis). Results are summarised below.

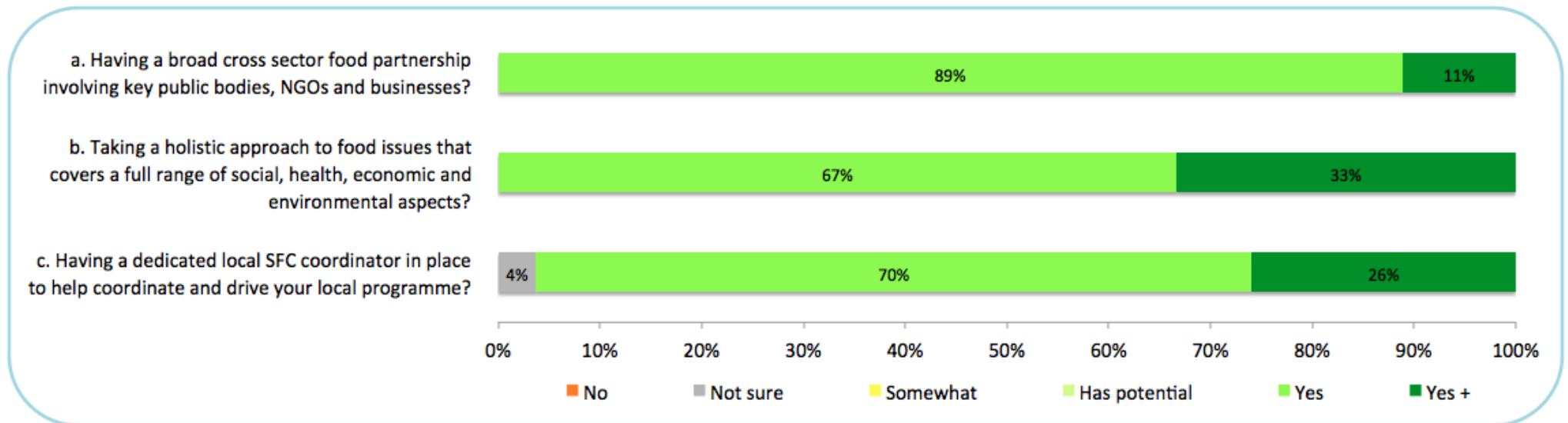
NOTE: Where the interviewee expressed strong agreement (e.g. “definitely”, “it’s essential”, “very much”), this has been counted as ‘Yes +’, to show further granularity within the results.

Question 1: Overall, do you feel that your local SFC initiative (which covers both the partnership and programme) helps (or has the potential to help) you to achieve your public health priorities?



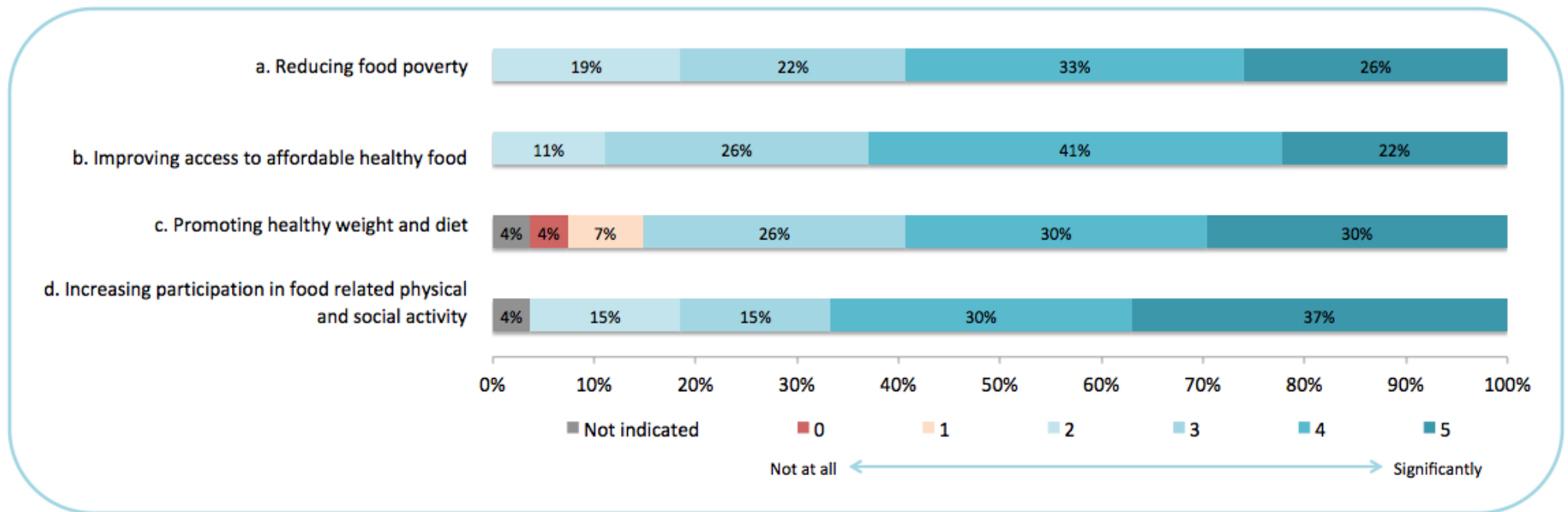
- 100% of interviewees felt their local SFC initiative either already helps, or has the potential to help, them to achieve their public health priorities.

Question 2: Do you see the value in...



- 100% of interviewees saw the value in a broad cross-sector food partnership.
- 100% of interviewees saw the value in taking a holistic approach to food issues.
- 96% of interviewees saw the value in having a dedicated local SFC Coordinator in place.

Question 3: On a scale of 0 – 5 (0 being not at all, 5 being significantly) how much would you say your local SFC initiative contributes to (or has the potential to contribute to) ...

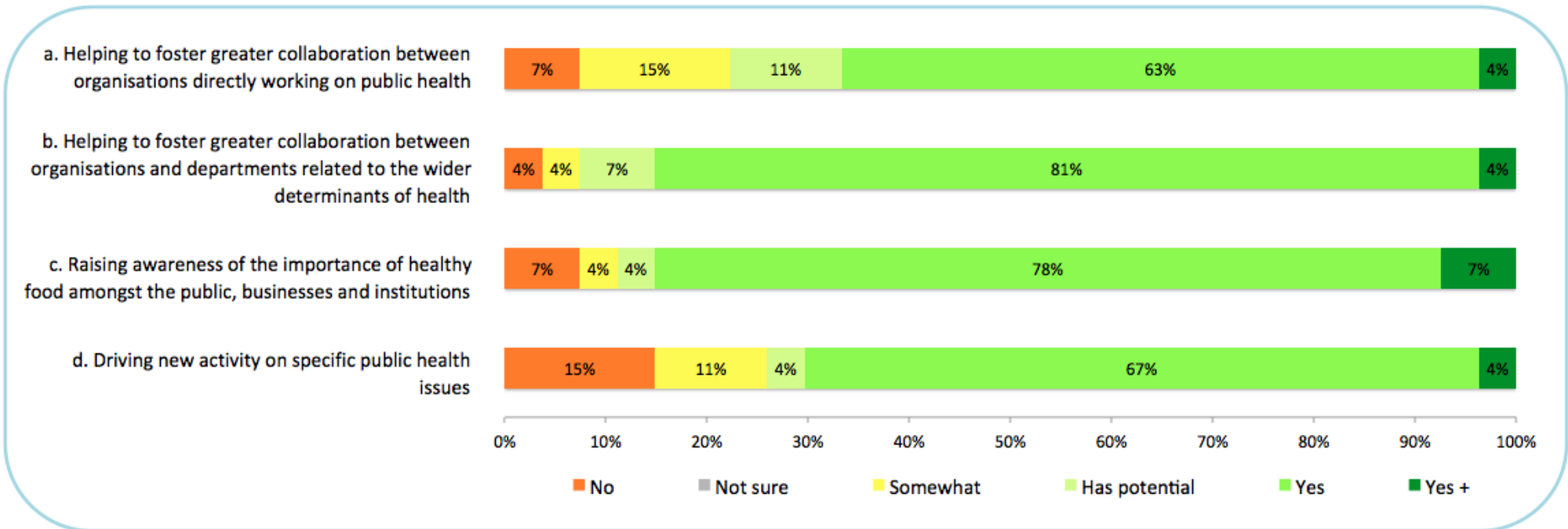


NOTE: Some (but not all) interviewees chose to give both a 'current' and a 'potential' score - for ease of reporting, these have been amalgamated and the 'potential' score used if given. This gives an overall picture of the perceived potential for SFC initiatives to contribute to these issues (although many initiatives are contributing already).

A score of 3 or above indicates that a significant or very significant contribution is either already happening or is considered possible:

- **81% scored a 3 or above for contribution to reducing food poverty.**
- **89% scored a 3 or above for contribution to improving access to affordable healthy food.**
- **85% scored a 3 or above for contribution to promoting healthy weight and diet.**
- **81% scored a 3 or above for contribution to increasing participation in food related activity.**

Question 4: Do you think your local SFC initiative is helping to achieve Public Health objectives in any of the following ways...



The following summary statements are based on 'yes' and 'yes +' responses:

- **67% felt their SFC initiative was helping to foster greater collaboration between organisations working directly on public health.**
- **85% felt their SFC initiative was helping to foster greater collaboration between organisations related to the wider determinants of health (e.g. NGOs, businesses, Planning, etc.).**
- **85% felt their SFC initiative was helping to raise awareness of the importance of healthy food.**
- **71% felt their SFC initiative was helping to drive new activity.**

4.2 Qualitative findings

Below is a summary of the key trends within the qualitative results, with a selection of interviewee comments to illustrate each theme.

NOTE:

- **Quotes / paraphrasing:** Where a direct quote could not be obtained from the transcription, paraphrasing has been used – bold text with no quotation marks is still essentially what the interviewee said. All comments have been validated by interviewees.
- **Use of job titles:** Where possible job titles have been used to give the comments context. Some comments have been marked 'anon.' to protect the identity of those with more unusual job titles.

4.2.1 Overall value of the SFC initiative

All 27 interviewees indicated that their local SFC initiative either already helps (or has the potential to help) them to achieve their public health priorities. Key themes here were around the importance of food as a public health issue and how the initiatives are helping Public Health to achieve more.

Importance of food

- **“I believe that the sustainable food model is fundamental to and underpins the Public Health ethos”.** (Public Health Portfolio Lead)
- **“Food is an enormously important feature of population health”.** (Consultant in Public Health)
- **“Because everyone eats, in whatever circumstance they’re in, there’s also the possibility to effect change and change the culture”.** (anon.)
- **“I feel that working on food is really important, not only for public health priorities but for local authority priorities.”** (Health Improvement Specialist)
- **“Food is very much a public health issue (...) it ticks the boxes in terms of public health objectives.”** (Consultant in Public Health)

Helping Public Health to achieve more

- **“My experience is, they [SFC initiatives] don’t require a great deal of cash, people just come along, (...) you don’t need a huge architecture, but you get an enormous amount of thoughtful comment, (...) it’s great value”.** (Director of Public Health)
- **“If we didn’t have it in place then I would be doing work to have a similar type of partnership set up myself, so I think there’s only advantages there from that point of view”.** (Director of Public Health)
- **“It acts as a good vehicle to do what Public Health couldn’t really do on its own”.** (Senior Health Policy Officer)
- **“I genuinely think that by coming together as a group of people and organisations and representatives, you can achieve an awful lot more together than working individually”.** (Public Health Locality Manager)
- **The SFC approach is achieving “health by stealth”, using one policy area to also get results in other areas: “the way that it does that is by framing the health benefits and gains that we want to see from a Public Health perspective in another window, (...) through another lens, (...) it’s essentially using another vehicle to get that outcome, (...) it’s a model I’d like to see replicated in other areas of Public Health priorities” (e.g. housing, economic equality).** (Senior Health Policy Officer)
- **Despite “austerity driven capacity issues (...) we’ve achieved quite a lot considering how stretched everyone is” – one way the partnership has achieved this is by getting workplace settings on board, so they can deliver the initiatives on behalf of the partnership.** (Health Improvement Specialist)

4.2.2 Value of a broad cross-sector partnership

All 27 interviewees agreed that involving a wide range of people and organisations is valuable. It enables people to share ideas and resources and ultimately to get more done. The importance of involving Public health and the Local Authority were key themes. Challenges around including the right partners and engaging with business are noted in the ‘risks and challenges’ section below.

General comments

- **“[Having a broad cross-sector partnership is] fundamental, (...) no one organisation is able to achieve significant aims in terms of changing the food system on their own”.** (Consultant in Public Health)
- **“Having a broad cross-section is a good idea, because everyone comes to the table with a different agenda, but they all overlap and they’re dependent on one another and they all stand to benefit from it (...) I couldn’t imagine doing it any other way”.** (Health Improvement Specialist)

- **“Having the food partnership has provided access to a whole range of partners that I in Public Health would not previously have worked with”.** (Assistant Public Health Director)

Importance of Public Health involvement

- **The partnership involved Public Health very early on which has been really valuable as it meant that the definition of ‘good food’ could be tweaked and that a core understanding of the Public Health ethos (i.e. reducing health inequalities) was embedded from the start.** (Health Improvement Practitioner)
- **The main priority from a Public Health point of view is to reduce health inequalities; however economic development is often treated as a higher priority and may cater more to tourists than local needs – so it’s good that Public Health are there to ensure that the health & wellbeing of local people is considered: “It’s only in that food partnership that you bring all the different, diverse perspectives together and it does help to understand people’s perspectives and it has been quite useful for me in Public Health to keep challenging in relation to inequalities and where that fits”.** (Assistant Public Health Director)

Local Authority involvement

There was broad agreement among the interviewees that involving the Local Authority as a partner was vital, but many commented that it was better if they were not seen to be leading the initiative:

- **“The criticism of it I think would be that it’s very Local Authority driven and I think that’s a limiting factor”.** (Public Health Consultant)
- **“It’s a different feel having a partnership led approach rather than a council led approach”.** (Director of Public Health)
- **“[It’s good that] the partnership’s not seen to be council led, which wouldn’t be everybody’s bag.”** (Health Improvement Specialist)

However, there are cases where having the Local Authority or a local councillor in charge has worked out well, so this may be context-dependent:

- **It has been valuable having a local councillor taking a lead role in the partnership - to raise the profile.** (Senior Health Promotion Specialist)

4.2.3 Value of taking a holistic approach

A third of the interviewees expressed *strongly* that they see the value in taking a holistic / systems view of food (the remaining two thirds also agreed with this approach, but less strongly). Taking a broad view means that: a wider range of considerations are taken into account when designing new interventions (e.g. consideration of supply chains in a programme focused on healthy weight); that food is included when planning new developments (e.g. housing, hotels) and that there's the potential for SFC initiatives to change the culture around health issues. There was also a strong sense that many of the interviewees would like to see more of a holistic approach taken by Public Health – this is discussed further in the 'risks and challenges' section under 'changing mind-sets'.

- **“The systems approach to food (...) builds more resilient communities, people become more connected to where they live and people that they rub along with and it can cross racial barriers, gender barriers, social class barriers, that builds communities”.** (Consultant in Public Health)
- **“I think that’s a strength in the SFC approach in terms of the six principles, because it encourages that broader thinking”.** (Health Improvement Specialist)
- **“That’s what public health is all about in my eyes”.** (Advanced Public Health Practitioner)
- **The partnership has a lot of potential to promote healthy weight and diet “it can change the game from it being a health issue to: actually, this is a cultural issue”.** (Consultant in Public Health)
- **“One of the key challenges (...) is how we engage differently in people taking a whole system approach to managing their weight in a healthier way, (...) historically we’ve focused on individual management to change, but actually this approach is saying: how can we look at the wider systems that impact on health and food in a more community-based an empowering way?”.** (Deputy Director of Public Health)

4.2.4 Value of the Coordinator role

There was strong support for the Coordinator role, with many interviewees reporting that it's vital to have dedicated resource in place to keep up momentum and ensure partners remain engaged:

- **“[It’s] absolutely essential that we have a coordinator for our local strategy and local food partnership, (...) our coordinator has done a lot of work contributing to the core strategy of the council and parish plans, (...) to ensure that food related issues are being considered and embedded, (...) I think that, from a wider determinants point of view, is going to have the biggest impact”.** (Assistant Public Health Director)

- **“If you don’t have [a coordinator] in place I think you notice, (...) on and off we’ve had someone working in a coordinating role, we have struggled with ad hoc approaches to try to make it work, (...) when everybody’s trying to do a day job as well it can be very hard to focus on this”.** (Director of Public Health)
- **The coordinator is “essential, (...) it’s the dedicated coordinator that can bring people together, drive them along, move it, (...) I don’t think you can do anything without a coordinator (...) you need that dedication”.** (Senior Health Promotion Specialist)
- **“The value of having the SFC Officer [Coordinator] is someone who can continually bring us back to the bigger picture and food systems thinking, and then for people like me, or the partnership, can very wholeheartedly come and represent their agenda”.** (Health Improvement Specialist)
- **“It is really helpful having a coordinator – to keep the momentum going, to bring all the stakeholders together”.** (Assistant Public Health Director)
- **It was difficult for everyone to dedicate time initially, but “now we’ve got the coordinator in post I think that will make things move a lot quicker.”** (anon.)

Only one interviewee said they were ‘not sure’ about the value of the Coordinator role and this was because they felt it didn’t have to be one person. In some places the Coordinator post is split across two or three people:

- **“I think we need leadership, I think we need people in place, I’m not sure just putting it with one person makes that much of a difference, I think it’s quite fragile, just having one person”.** (Deputy Director of Public Health)

4.2.5 Impact of SFC initiatives

Existing SFC initiatives are already impacting on a range of health outcomes, with more than 80% of interviewees scoring their initiative a 3 or above for each of health outcomes discussed – indicating a significant or highly significant contribution (either now or in the future):

Reducing food poverty

Food poverty was one of the most talked about topics, with 16 of the 27 interviewees mentioning the value their local partnership is bringing to address this issue:

- **The work around food poverty in the city would look very different without the food partnership in place (e.g. use of local community centre and its cooking staff, Public Health helping to inform the approach, the Local Authority providing**

information about which schools need the most support) – it would've been difficult to link up all these elements without the partnership. (Advanced Public Health Practitioner)

- The partnership “brought together a number of different organisations (...) to think together about how we could move from crisis management in relation to food poverty and emergency food aid to a more sustainable and forward-thinking, long-term approach, so that then led to the government offering some money to support the development of a community food network”. (Consultant in Public Health)
- “We’ve done some collaborative work to help the local food bank, (...) it’s quite a supportive environment, (...) the third sector organisation has benefited from the support of the wider partners in developing their plan, so that’s been quite useful” – This work has raised awareness both with the partners and the general public and meant that the initiative has reached more people. (Public Health Locality Manager)
- The partnership is currently doing a project to collect demographic data on people using food banks and has completed similar research previously (looking at lack of uptake of food vouchers) which had a significant impact on work then taken up by the local CCG to address health inequalities. “It’s provided clarity and more detail through research, (...) given us more nuance”. (Health Improvement Practitioner)
- Led by the Coordinator, the partnership has done a lot of work on food insecurity, including exploring the language used to talk about this issue, to ensure a positive, asset-based approach is taken. (anon.)
- The holiday hunger programme tackles many different health outcomes in one: learning opportunities (e.g. cookery skills); physical activity (sport); providing healthy food; tackling inequalities by providing employment for staff who would otherwise be unemployed over the summer; facilitators are also trained in ‘Making Every Contact Count’ so can also encourage other positive behaviour. (Consultant in Public Health)

Improving access to affordable healthy food

The partnership approach is helping to improve access to healthy food in many locations:

- “The food partnership is definitely contributing to increasing [access to] healthy & affordable food for children, which will decrease overweight & obesity in our most deprived populations”. (Consultant in Public Health)

- **The partnership has done a lot of work on improving access to affordable healthy food - including: local food procurement (e.g. school meal service); land-use / planning – helping people to grow their own food; helping local suppliers to sell produce locally.** (Assistant Public Health Director)
- **The work with the community health & wellbeing partnerships in the more deprived areas has been really positive: "they used to organise events and there'd only be burgers and ice cream on offer (...) healthy food is always at events, there are always healthy choices now".** (Health Improvement Practitioner)
- **The partnership has “worked very strongly with the Food Standards Agency, looking at food quality (...) [in] care homes that have a poor FSA rating, (...) they been very strong in driving us forward and making links with the FSA”. This work would not have had the same reach without the partnership – there are now a number of Environmental Health Officers looking at this work and it is being extended into local procurement policy.** (Director of Public Health)
- **There have been two events recently which linked up suppliers and buyers - with positive results for local suppliers. Local colleges and universities are also involved (e.g. Smart Buying scheme - this was an idea thought up by a local chef, where the costs of healthier options are offset using the profits from less healthy food – keeping the price of healthy food low. With the partnership’s help (via its digital network) this practice is now spreading to other organisations).** (Health Improvement Specialist)

Promoting healthy weight and diet

Healthy weight and diet is a key priority in many of the places covered by this evaluation and SFC initiatives are contributing in a number of ways:

- **The partnership adds value to the issue of healthy weight and diet by identifying different ways of talking about this sensitive subject: “The work we do around that, in associating it with wider matters is beneficial, it’s less preachy and it connects better with people”.** (Head of Health Strategy)
- **A business pledging initiative has been linked up with a separate Public Health project looking to improve accessibility of healthy options. Together these initiatives encourage businesses, communities and individuals to pledge 10 changes they will make – this will help in achieving healthy weight goals.** (Health Improvement Specialist)
- **The Great Weight Debate is an area where the partnership is likely to directly impact Public Health outcomes - "we’re hoping to have a city-wide approach to Great Weight".** (Consultant in Public Health)

- **The work the partnership is doing on healthy weight & diet (e.g. around green & open spaces and food growing) is likely to impact both physical and mental health. “The [food] partnership are key partners in the broader work on healthy weight in the city.”** (Consultant in Public Health)
- **Tackling misconceptions is an important part of the work around healthy food, for example: poor diet doesn't mean people are feeding their kids chips every day, it's often that people don't understand what's in the food they're eating (e.g. sugar content of white bread). At a recent event a school breakfast club leader was shocked to find out that the food they'd been providing to children was high in sugar and the portions were too large.** (Health Improvement Practitioner)

Sugar Smart is a key 'healthy weight and diet' initiative, which the Brighton & Hove Food Partnership were instrumental in co-creating. This campaign has captured people's attention and a number of the interviewees talked about its potential to have a really positive impact:

- **“Sugar Smart would've been much more difficult for me to pull off without the [local partnership], (...) capacity in the Public Health team for someone to run something like this own their own would be (...) you just wouldn't be able to do it”.** (Advanced Public Health Practitioner)
- **“I'm excited about the Sugar Smart project and that fits in with a number of our key objectives”. It could have a significant impact on obesity levels and dental health (etc.), plans include: community consultation, media attention, encouraging businesses to make commitments on reducing sugar in their food.** (Health Improvement Practitioner)
- **The partnership has recently been awarded funding for Sugar Smart – it's hoped that this multidisciplinary approach will really help to raise awareness and engage people and ultimately impact on the key area of healthy weight.** (Health Improvement Specialist)
- **“[Our] Coordinator is doing a lot of work to raise the profile, (...) people have latched on to the healthy eating agenda through Sugar Smart”.** (Assistant Public Health Director)
- **Progress so far on Sugar Smart [in this location] includes: establishment of a working group; asking businesses to pledge to be sugar smart (e.g. through their promotions / product placement); encouraging hospitals and leisure centres to pledge; ambassador training is being arranged for local residents so that they can influence organisations in their local area themselves. Example of impact: the local football club removed bags of Haribo from its club shop and has prevented 136,000 grams of sugar being consumed in one year – “organisations can be a bit nervous, but it can be so easy”.** (Advanced Public Health Practitioner)

Increasing participation in food-related physical and social activity

This health outcome tended to be seen as a lower priority for Public Health (at this stage), but was also mentioned as an area where 'quick-wins' are possible (i.e. because "one-off events are easier to tackle" than strategically tackling food poverty, for instance):

- **The partnership is developing / linking up volunteer activity to help increase participation in food related physical and social activity.** (Health Improvement Specialist)
- **The partnership has put on successful events to increase food related physical and social activity - "It's definitely a brilliant vehicle to get people motivated".** (Public Health Specialist)
- **The partnership has introduced activities to enable people to experience and celebrate what the whole city has to offer (e.g. walks around the city).** (anon.)
- **The 'taste adventures' event stands out: children took a passport round to different food stalls and received stamps for trying new food, giving them an opportunity to learn about food production and meet local food producers. The SFC coordinator brought the idea to existing work that Public Health were already funding and helped to organise the food elements: "that was a really fun event... it went down really well with parents and children and the producers as well, and I honestly don't think we would've done anything like that had it not been for the work that the partnership had been doing".** (Project Development Officer)

Other health outcomes / areas of impact

A number of interviewees talked about the positive impact SFC initiatives are having on the local economy and employment opportunities:

- **The partnership is involved with economic development: There are lots of regeneration plans locally, which includes creating new business opportunities (i.e. hotels) and the partnership is already starting to engage with this work – helping to create food industry jobs for local people and ensure that new businesses have food issues (e.g. procurement practices) on their radar from the start.** (Health Improvement Specialist)
- **The partnership has broadened the thinking on the wider determinants of health (e.g. starting to think about what the local food economy means to the city).** (Head of Health Strategy)

- **A framework has been put in place for school meal suppliers, which the coordinator has been heavily involved in, this ensures “the smaller suppliers have an opportunity and they don’t get out-bid by all the big food producers, (...) that’s been really positive”.** (Assistant Public Health Director)

Mental wellbeing was mentioned by several interviewees, both as an area that SFC initiatives contribute to, but also to highlight that this important aspect of health can often be forgotten about:

- **While this isn’t consciously captured within the work of the partnership, working with food and encouraging positive relationships with food contributes to improvements mental wellbeing.** (Senior Health Policy Officer)
- **The partnership has made mini-grants available for communities to host their own local mini-lunches (under the banner of the Eden Project’s ‘Big Lunch’). The idea being to avoid the event only involving the usual people and instead start to build smaller local networks, reducing social isolation and loneliness, empowering people to get active in their community and enhancing mental wellbeing in the process.** (Health Improvement Practitioner)
- **Mental wellbeing often gets missed, but is a really important health outcome: “a lot of mental health, you could argue, is to do with having meaning in life and if you feel you’re doing something purposeful and good: you live for your kids, or for the community, or for the environment, or for wider community through Fair Trade and things like that, I think it makes people feel good about themselves”.** (Health Improvement Practitioner)

Policy work was cited as an important area where the partnership approach is able to effect wide-reaching changes:

- **Working on policies is “critical” to reducing the health inequalities gap. By taking a broad approach to implementation of a ‘healthy and sustainable food policy’, that links in with other pieces of work across the city and existing award schemes, the partnership has been able to spread the influence of this policy.** (Public Health Portfolio Lead)
- **The partnership helps by “keeping local authority attention on food issues”, so that when there are policy changes / changes in the wider environment, there are people there ensuring that the effect of such changes on the food system are also taken into account. (e.g. making it easier for local farmers to be able to sell street food, including Sugar Smart measures in leisure centre contracts).** (Advanced Public Health Practitioner)
- **The partnership is focusing on agricultural policy, there’s an opportunity that could lead to local and cheaper food.** (Director of Public Health)
- **There is an opportunity for the food partnership to influence local food policy as greater powers are transferred to the local authority through devolution (e.g. planning where food outlets are placed).** (Head of Health Strategy)

- **The partnership is beginning to drive new activity forward (e.g. in terms of food poverty - it will be able to embed new policy drivers and trends into the food poverty action plan and take recommendations forward).** (Health Improvement Specialist)

Drawing on the combined resources of the local partnership is also helping to secure additional funding:

- **“I don’t think the [holiday hunger] programme would’ve happened at all” without the partnership – this has now been rolled out to 20 local authorities, with the potential to impact thousands of children, also government funding has been secured for the next 3 years (£500,000 per year).** (Consultant in Public Health)
- **The partnership helps with funding, which is really important as budgets are squeezed: “projects are happening that otherwise wouldn’t have happened as a direct result” – the amount of money raised in comparison to funding the two coordinator posts is a good return on investment.** (Health Improvement Practitioner)
- **“There’s been some collaborative work to gain additional funding into the area and had the group not worked together on that, then we wouldn’t have received that additional funding for projects in the local area”.** (Public Health Locality Manager)
- **The partnership came together to implement a Holiday Hunger initiative which has now been running for three years and is supporting more and more children each year, with the aim being that all children will be able to access such a service if they need to. Funding has been secured for this initiative through the partnership.** (Advanced Public Health Practitioner)

Reducing social isolation was mentioned by several interviewees:

- **It’s helping to reduce social isolation, so seeing “food as something that brings people together, and we’re doing some interesting work around food as a motivator for people who’ve got substance misuse problems and people who don’t find it very easy to make social contact or engage with things, (...) people who wouldn’t necessarily engage [with benefits / employment / education services] (...) will quite enjoy the food-rated classes and so they might interact with us, with authority, through that side and come to other elements of support that they could be accessing”.** (Director of Public Health)

Projects to assess current assets and needs within the local area have also been implemented through the SFC initiatives:

- **The partnership has commissioned an audit to support work on the city’s health needs assessment.** (Health Improvement Specialist)
- **With guidance from SFC, the partnership has commissioned a food audit – to assess current activity around food and help the partnership think about recruiting new members.** (Health Improvement Specialist)

4.2.6 Mechanisms at play

In terms of the ways in which SFC initiatives are helping to make things happen, there was broad consensus that having a local SFC initiative in place helps to foster greater collaboration, raise awareness and drive new activity (although several of the initiatives were relatively new and not in a position to drive new activity at this stage). The responses around the mechanisms at play tended to be either simple 'yes' or 'no' answers or provided insight into areas for improvement (see 'lessons to share' section below). Building networks, raising awareness and the award scheme were seen as particularly valuable mechanisms:

Building networks

Building cross-sector networks was mentioned numerous times as a great vehicle to help share ideas and make things happen. There was also a strong message that time and energy needs to be put into building strong relationships in the early stages, before tackling any big projects together (see 'lessons to share' section below).

- **The food partnership really helps you to know who to talk to. This is noticeable when trying to work with other areas in the county where there's no SFC partnership in place, it's hard to know where to start without those channels in place to talk to people. It would be good to have more partnerships set up across the county.** (Advanced Public Health Practitioner)
- **It's interesting finding out what the other partners are already doing, how they are engaging and what further potential is out there, "now we've got this network of people, you can see more opportunities".** (Assistant Public Health Director)
- **"Developing and building the network (...) has been very helpful".** (Consultant in Public Health)
- **There are better links with higher education institutions, which has helped to connect people working on local projects with academics who can support evaluation projects (e.g. providing advice / carrying out the evaluation).** (Senior Health Promotion Specialist)

Raising awareness

There are a number of ways in which SFC initiatives are raising awareness of food issues, better processes and public health:

- **The partnership shares results of the Schools Health Education Unit survey with the rest of the partners, which details real information from young people about what they're eating and is a "good way of having a conversation with people about (...) why this is important, [it] gives us a forum to get these messages out about what's happening in our population".** (Assistant Public Health Director)

- **“The partnership gives us a better way of communicating with a whole range of people who are interested in these issues, so that the ideas get spread more widely and it’s discussed and it’s a more systemic way, (...) before that we would’ve had to try to feed the ideas to people’s minds through lots of separate meetings”.** (Director of Public Health)
- **Through the food charter “awareness has been raised quite significantly” with businesses and institutions across the city.** (Consultant in Public Health)
- **The partnership has influenced the criteria for the ‘Better Health at Work Award’, so it now includes specific elements about buying local produce and directly names [the partnership] within the criteria, ensuring employers know where to go for local produce and raising the profile of the partnership.** (Health Improvement Specialist)

The SFC award scheme

While the SFC award scheme wasn’t directly mentioned in the interview questions, many of the interviewees commented on the value of the award process in galvanising activities and keeping food on the agenda:

- **“The awards are really helpful, (...) in the current times of austerity there aren’t many things to feel pleased about, to feel proud of, it’s (...) effectively free to enter and free to win, it helps motivate people, (...) it’s nice to have something nice to talk about, (...) it’s really important to motivate people, show recognition”.** Also, having gold, silver and bronze motivates people to go further once they’ve achieved a certain level, **“it’s simple but it’s clever and it’s a structured approach as well, so I think it’s really helpful”.** (Consultant in Public Health)
- **“It gives it more visibility, (...) it’s something that interests the politicians, (...) gives you something to focus on, (...) gets it back up the agenda.”** (Public Health Consultant)
- **[The SFC award system] “really gave momentum to the work, (...) It strengthened [it], made it more cohesive, non-negotiable, and it helped people to not give up and get worn out”.** (Consultant in Public Health)

4.2.7 Risks and challenges

The evaluation also highlighted some areas of concern, key themes here were around funding, potential duplication of work and changing mind-sets.

Funding

Many interviewees expressed concern over funding, particularly funding the Coordinator role and finding longer-term funding that would ensure the longevity of the individual projects:

- **Having the initial funding is very valuable, however such short-term funding “blurs the lines between what is expected as part of your core budget and what can be done under this temporary budget”, this can be risky as eventually the temporary funding will be gone, so it’s important to consider how the programmes and the Coordinator role will be funded in the future. To tackle this our partnership have set up a charitable arm within the local Health Board, which will make it possible to pursue funding that it wouldn’t have been possible to apply for previously.** (Consultant in Public Health)
- **“The purpose of SFC and food partnership is really quite broad, so from a funding perspective that makes it somewhat more challenging, because the outcomes are longer term and more difficult to define”.** (Head of Health Strategy)
- **Funding the coordinator role is a challenge: “that post has gone now with reduction in council funds, (...) so things have kind of stopped again, because we don’t have our coordinator, so then it just becomes a little bit of everyone’s job”.** (Senior Health Promotion Specialist)

Duplication of work

Some interviewees expressed concern about potential over-lap with other programmes:

- **There’s a need to “get a sense of what sort of buy-in we do have from local decision makers and structures”; if this buy-in and commitment doesn’t exist there may be question marks over whether the partnership is truly adding value to existing work.** (Consultant in Public Health)
- **There are lots of other food initiatives going on locally and it is not clear if this is an efficient way of working. Could this be resulting in less resource / commitment to each of the various programmes? Might it be better to focus attention on just one? Is work being duplicated?** (Public Health Specialist)

Changing mind-sets

Several interviewees expressed the desire to see a change in mind-set within Public Health (i.e. a move away from the existing focus on ‘lifestyle & disease’ towards a more holistic system-based approach) and are hopeful SFC initiatives can help make that happen:

- “[This is] how we need to look at diet, obesity, food, nutrition, employment, sustainability”, but generally Public Health as an organisation does not see things this way. (Senior Public Health Strategist)
- More could be done to change the mind-set around carbon reduction and sustainable development – to frame these issues in a way that shows that they are health issues. Climate change and sustainable development are “fundamental issues for Public Health”. (Public Health Portfolio Lead)
- The holistic approach is “critical” in addressing cross-cutting issues / social determinants of health (e.g. economy, climate change, poverty); the SFC model is an opportunity to show Public Health that the holistic model can have an impact (as opposed to the traditional ‘lifestyle & disease’ model currently favoured by Public Health - which focuses on things like smoking, obesity and diabetes). (Public Health Portfolio Lead)

4.2.8 Lessons to share

All the interviewees had valuable insights to share around partnership working, making the most of the resources at your disposal and/or pit-falls to avoid. Below is a selection of comments from the key themes that arose:

Be strategic about getting the right partners on board

- “I think it takes a bit of work to get the right people round the table and I think sometimes people who are really keen aren’t always the right ones [to have] round the table”, it’s good to think strategically from the start about who to include in the partnership. (Senior Health Promotion Specialist)
- We need to develop structures that will help the partnership to lead on priority areas in an efficient way: “I think we’ve got to be quite clever about how we recruit our key partners and stakeholders, (...) you can only respond to that holistic approach if you’ve got the right partners, maybe even in sub-groups and working groups.” (Health Improvement Specialist)
- “You can foster relationships with some businesses or industries, but sometimes they’re not the ones you’re wanting to foster relationships with in terms of reducing health inequalities”. When the partnership is new it’s understandable to want some quick wins and just get as many businesses signed up as possible, leaving the harder to reach / more deprived areas until later. But from a Public Health perspective this could potentially increase health inequalities - by making the well even better. (e.g. there’s a local bread-making project that’s £600 for the weekend, which is a big contrast to encouraging people to switch from white bread to wholemeal). (Senior Health Promotion Specialist)

- There are discussions to be had around directly including big businesses in the partnership: “We probably should bring more businesses in, but I think it introduces a different dynamic (...) if you’re really looking at the impact on diet and sustainability. (...) It’s very difficult to have a balanced commercial conversation if you don’t have big players round the table [but]: a) what are the chances of that? and b) what’s your influence going to be over them? So I suppose it’s being realistic about what having business in there means”. (Consultant in Public Health)

Spend time building relationships, gaining commitment and creating a shared vision

- Relationship-building is key, especially relationships with the local authority: “where councillors are on board and where there is a willingness from the council to engage in these processes then I think it works really well”. (anon.)
- It’s important to acknowledge the difficulties that can arise with a holistic approach, “people [can] feel that you’re dragging them into territory they’re not knowledgeable about, then they’re quite fearful, (...) the difficulties need to be really clearly acknowledged and there has to be a kindness and an openness to how you all work together, no blaming, no judging”. (Consultant in Public Health)
- It’s good to work on small, but broad / holistic activities initially, to help build trust and see progress within the new partnership. (Health Improvement Specialist)
- Sometimes people come along, but don’t actually take action, they may simply want to be able to say they are part of the food partnership – so perhaps an idea to agree up-front that all members will be active. (Senior Health Promotion Specialist)
- It’s important not to try and tackle too much at once, otherwise you run the risk of not really achieving anything. It’s more effective to focus in on very specific areas (e.g. tackling sugar rather than obesity in general). (Senior Health Policy Officer)
- It’s important to ensure that the issue(s) the partnership focuses on initially don’t dominate too heavily and that people understand that a broad range of issues will eventually be covered (e.g. some people didn’t engage initially as their perception was that the partnership was concerned predominantly with the ecological side of sustainable food, but they were involved with work on food poverty – this has now been resolved, but it took lots of hard work to change that perception). (Director of Public Health)

Don’t allow the initiative to turn into a ‘talking shop’

This concern was voiced by several interviewees, some of whom have experienced this within other partnerships:

- **There's always a risk of a partnership drifting into being "a mind-numbing talking shop", where forms are filled in each year and a subscription is paid but things don't actually get done. This has not happened with our partnership, which has constantly questioned 'why are we here?', and constantly changed and evolved.** (Consultant in Public Health)
- **It's important that "the deep purpose of the partnership is fully grounded, around a truly sustainable food and farming system that's good for people, planet and place" and that everyone in the partnership buys into these values, otherwise it can drift into a "time-wasting talking shop".** (Consultant in Public Health)
- **There's a risk of having meetings for meetings sake, so to avoid this: "there need to be clear outputs and individual partners around the table need to demonstrate what they're doing as being part of that group and they need to be held to account if they don't do what they say they're going to do".** (Public Health Locality Manager)
- **It's important for the partnership to show that it is "action-oriented" as there's "quite a lot of perception that partnerships at strategic level can end up being talking shops".** (Health Improvement Specialist).

The Coordinator must be experienced, dedicated and properly supported

- **Finding the right people to lead/coordinate the partnership is important, it's not just about being passionate, these people need to know how to pull the levers and have social capacity for getting things done.** (Health Improvement Practitioner)
- **It's important that the partnership is led by an experienced person who is fully committed to the programme and accountable for delivery of some of the work (as opposed to holding an advisory role).** (Consultant in Public Health)
- **"We've been extremely lucky with our local coordinator, (...) she's done almost all the work and has had incredible vision and networking skills and determination and has achieved so much of this by being a leader herself".** (Consultant in Public Health)
- **It helps for the coordinator role to be a dedicated resource (rather than a bolt-on to their existing role) otherwise you're unlikely to get the required leadership, strategic planning, momentum and buy-in from partners.** (Senior Health Policy Officer)
- **The Coordinators need support (from the local SFC Board and central SFC) to ensure they are not in the firing line when trying to keep various organisations on board in such uncertain times (i.e. to protect their wellbeing).** (anon.)

Be realistic about expectations

- **It's important to have realistic expectations about what the private sector can offer, which may be different to a "pot of money" (e.g. working together on mutually beneficial initiatives, such as leaving the skin on potatoes - which benefits both the food manufacturer and the consumer – by reducing processing time/costs and increasing dietary fibre).** (Health Improvement Specialist)
- **It's important not to expect too much of the partnership: "you can't expect things to be miraculously cured overnight, these things take (often) generations to improve".** (Public Health Locality Manager)
- **"Food poverty is so much bigger than one programme, it's changing the way we employ people, (...) the way we house people, (...) the way we offer jobs in the area, one organisation can't do that, food poverty is massive".** (Deputy Director of Public Health)
- **In the context of welfare reforms and austerity, it's important to recognise that while the partnership has "done specific work on food poverty which has been very, very good, (...) food poverty is still going up, (...) for reasons beyond their control" – so the role of the partnership is more about mitigating the impacts of food poverty than attempting to completely eliminate it, which is a much wider, societal issue.** (Health Improvement Practitioner)
- **It's important to make sure that the purpose of the partnership is kept in mind (i.e. reducing the health inequalities gap), so ensuring the partnership works with "all aspects of the community that need to be worked with, even the tricky ones", and recognising that working with more vulnerable areas will be a slower process and your outcomes aren't going to be as great.** (Senior Health Promotion Specialist)

Take the opportunity to do things differently

- **A pro-active leadership approach is really important and because SFC is new, it gives leaders the opportunity to do things differently: "things get done as opposed to things being talked about", raising awareness of such an approach is also important, so that other leaders feel they can do the same (rather than feeling bound by historical / corporate ways of doing things).** (Consultant in Public Health)

4.2.9 Suggestions

Suggestions centred on the things interviewees would like to see more of and areas where greater support would be helpful. The following selection of comments are organised according to the main themes that arose:

Finance and funding

- **It would be good to have more guidance on financial structures to enable the partnership to receive and manage funding (i.e. advice on whether to set up as a community interest company or a charity, etc.).** (Advanced Public Health Practitioner)
- **It would be good to have more advice on external grants that can be applied for and to see central SFC enabling different partnerships to join up to make the most of their funding (e.g. by sharing resources with another nearby SFC initiative our partnership is making the funding for Sugar Smart stretch further).** (Advanced Public Health Practitioner)
- **In the current (economic) climate, local authorities have to be really careful about what they invest in (both financially and resource-wise) as the funding / resource may not be there the following year. This brings (an understandable) reluctance to take on new projects, so it's worth bearing this in mind, especially in relation to the national campaigns, which really need to chime with the current interests of local authority leaders and the public.** (Senior Public Health Strategist)

Communications

- **It would be good to see more comms, both from the central SFC team and the local partnership – to raise awareness / help people understand what the work is all about (e.g. what it means to have the bronze award). Perhaps more use of social media, but other ways of communicating too.** (Project Development Officer)
- **“It would be useful to have a summary of what the group’s achieved, if nothing more than to celebrate some of that and pick up some of the learnings – what’s gone well, what hasn’t gone well and how we can replicate some of that work across our local geography” – i.e. sharing this annually across the county. As part of this it would also be useful to “identify what’s been achieved that wouldn’t have happened otherwise” and ensure that work isn’t being duplicated in the different areas.** (Public Health Locality Manager)

Engaging communities / capturing imaginations

Food can be a difficult topic to get people excited about:

- **In contrast to the work that's happened around physical activity locally, food is a more challenging topic – potentially because people are more interested in physical activity and there are less big players to upset in the world of physical activity (e.g. there's no Greggs equivalent to work against in the world of physical activity).** (Deputy Director of Public Health)

A number of interviewees feel more could be done to find better ways to communicate around food:

- **“If we want to communicate to people across the board, sometimes some of the overall language and the way things are presented does seem a little bit ‘jargony’, kind of excludes people a bit, (...) you need to tap into people’s worries and concerns a little bit more and speak to them in a way that actually relates to life” – i.e. using imagery and branding that the general public can relate to.** (Public Health Specialist)
- **Talking about increasing participation in food related physical and social activity: “[The partnership] is useful at engaging partners in that agenda”, but more could be done to look at different ways of engaging the public, finding ways that work locally.** (Public Health Locality Manager)
- **"I see the value more and more (...) of tapping into people’s motivations and sense of belonging in the communities, (...) that’s where things work, really it’s connected to their town or village, it’s not connected to the county". It’s a challenge, in a spread-out rural area, to support projects that tap into local community identity but also have a big enough impact.** (Public Health Specialist)

Demonstrating impact

- **In terms of explaining the rationale of the approach, particularly to Public Health stakeholders who regularly need to re-justify their involvement, it would be good to see a simple and effective logic model, flow chart or theory of change that aligns to the Public Health outcomes framework – to demonstrate that it can make a difference - and back this up with strong case studies, showing the impact on communities.** (Senior Health Policy Officer)
- **Ongoing funding is a challenge, particularly when statutory services already have similar (but more narrowly defined) programmes in place (e.g. on healthy weight). More work to demonstrate the impact of the holistic, systems approach could help shift existing mind-sets and get sustainable food on the agenda (with funders).** (Public Health Portfolio Lead)
- **In comparison to other Public Health issues (drugs, alcohol, smoking), food struggles to get a profile as there's a lack of evidence to support the cost-effectiveness of some of the interventions. There's a struggle to “get food to be seen as a Public Health priority in its own right, (...) [we need to use] the evidence base to show that supporting people to eat a healthy**

balanced diet is as valuable as getting them to reduce their alcohol consumption or stopping smoking”. (Health Improvement Specialist)

Support from more established initiatives

- **It would be great to see “support for emerging partnerships from those that are more established, (...) how things are done and how they’ve got to where they are, (...) I think that is a strong way of actually getting local interest, (...) [e.g.] physically taking a group down to Brighton and doing a tour of what they’ve achieved, I think that kind of working would be very beneficial”.** (Head of Health Strategy)

Onward planning

- **Would like more support for onward planning / sustainability of the partnership – i.e. in the third year of the programme, what should the partnership start to think about?** (anon.)
- **It would be helpful to future partnerships if there was a clear road map, explaining what will happen at different stages of the partnership – i.e.: “there’s a phase where you’re getting the partnership set up, but then there’ll be this next phase where you have to consider how do you make this longer-term sustainable – here are some things you’ll want to consider, you’ll need to do this within X amount of time in order to keep your programme running and not have a loss of key staff”.** (Consultant in Public Health)

Brexit

- **Would like to see more work on Brexit opportunities (e.g. striving for an aligned vision with the National Farmers’ Union).** (Public Health Portfolio Lead)
- **Brexit could be a real game-changer – i.e. how CAP [Common Agricultural Policy] will be dealt with. “There’s real opportunity to improve food quality, (...) [and] security at the benefit of all in our society”.** (Director of Public Health)

Linking up with academic institutions

- **There could be more work to form strong relationships with academic institutions: “There’s some very exciting and innovative and potentially fruitful work going on and I think we could connect into that” (e.g. health impact of community gardens, gathering intelligence about eating habits).** (Consultant in Public Health)

- **Colleges and universities have lots of procurement / sales data, there's a role for the partnership in scrutinising this information to see if the changes that have been implemented are having the desired effect and ensuring other lifestyle interventions are also signposted. These ideas/methods could then be shared.** (Health Improvement Specialist)

Rural communities

- **“What doesn't work for us as a rural community is the focus on cities, (...) bringing people together physically only really works on a geographically small, dense, urban scale” – so perhaps there ought to be another version that's focused on rural areas.**
(Public Health Specialist)
- **Scaling up initiatives can be challenging in a smaller location, scope is limited to the footprint of the geographical area.**
(Deputy Director of Public Health)

5. Conclusion

It is clear from this evaluation that SFC initiatives across the UK are already making positive contributions to achieving public health goals and that Public Health professionals see value in the SFC approach. As noted by several interviewees, choosing to invest in prevention of illness can be a challenging decision to make in the face of budget cuts and increasing health inequalities, but the evidence presented here suggests that it has the potential to yield significant results in the long-term and at relatively low cost in public health commissioning terms.

Addressing the challenges raised in this evaluation will take time and careful prioritisation. However, the passion and enthusiasm shown by the people interviewed in this project leave no doubt that the experienced, dedicated professionals in the SFC community will pull together to overcome these obstacles - paving the way to expanding the SFC movement and ultimately increasing the overall health and wellbeing of the population.