

Public Health Committee Discussion Paper

Title: Health Promotion Update

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Delivery:

Strategy development

- A two-year **Health Promotion Strategic Framework (HPSF)** was developed early in 2018, based on local needs assessment and international evidence on the key issues and strategies of highest impact for St Helena: <http://www.sainthelena.gov.sh/wp-content/uploads/2018/05/Strategic-Framework-for-Health-Promotion-in-St-Helena-Final.pdf>
- The HPSF sets down a preventive approach focused on the priorities of obesity and smoking to create a 'community environment that enables health'. This emphasises adjusting what is available in the community (e.g. healthy / unhealthy things) so that people can make healthier choices, and encouraging and motivating them to do so using social marketing.
- **Outcome measures** were agreed as:

In the period 2018-2019 among the population of St Helena (all ages):

1. To reduce consumption of high sugar drinks; and high fat, high salt, high sugar snack foods
2. To increase 'swapping' of healthier food and drink options to replace the less healthy ones
3. To increase the number of smokers trying to quit
4. To increase physical activity participation across the population

The 2019 follow-up population 'Health & Lifestyles' survey will provide the key indicator of shift on these measures. (Results expected for Jul/Aug '19.)

Early indications:

- Full Sales data not yet available from Merchants – to be shared by April. Part of period data (*Note: Numbers are tentative*). Indicate sales of No-sugar drinks (carbonated, cordial and flavour water) water are up ~50% - despite a CO2 shortage which limited supply for 1.5 months. Sugar drinks sales (all types) appear to have decreased ~10%. (*Note: sugary drinks imports had previously increased since 2014 sugar tax until this period; sugar-free supply had not increased.*)
- Partner merchants indicate willingness to sustain the supply pattern based on current sales.
- Merchants report sales of confectionery in Xmas 2018 period much reduced from previous (tax, inflation, competitor discount merchants all may contribute, however the Strategy messaging likely contributing factor.)
- Merchant imports of 'healthier' food ranges / number is widening. Fresh produce and dried goods.
- Numbers of smokers taking up NRT trial are now ~100. Numbers attending cessation clinic or receiving cessation advice at WWB clinic / opportunistic clinic advice has greatly increased (numbers to be provided from CDM data in mid-2019), 2019 Follow-up Health Survey will show if self-reported quit attempt and desire to quit has increased.

Community Social Marketing campaign

The 'Saints Together' brand was designed based on community research and workshops in early 2018 by consultants from NMSC with the HPSM Lead. Launched May 21st, 2018, the brand and messaging has been applied across all delivery under the HPSF.

Measure: The 2019 Follow-up survey will include question about the value of the ST brand.

Reach: The campaign has extended across all local media channels for each related part of the strategy; Poster campaigns have been a prominent support to specific strategies – across all SHG

Directorates / services, merchants, community venues. Community feedback informally is especially supportive of the use of local 'models'.

SHG Workforce Wellbeing

To embed the priorities of the HPSF into the approach to Workforce Wellbeing by SHG, and reach their large population, a starter programme of opportunities was developed and delivered across Directorates. HR Focal Points in Directorates supported communication / co-ordination.

Example programme (Aug-Dec 2018):

- Personal Wellbeing MOTs. ~200 SHG staff had MOT checks and individualised advice.
- The 30 minutes of work time per week 'activity half hour' offer was initially offered for any group activity to fit around work schedules. Peak involvement 100 staff.
- Team Challenges were encouraged to support health-related lifestyle changes. Peak total reach 70-80 staff. Some sustained over months and had notable outcomes.
- Total engagement in WWB in example period = 380. Whole workforce participation range between 20-45% (depending if engaged with 1 or more activity)
- Feedback from ERC, HRFPs and staff gathered in Oct 2018 (next steps from this)

A news-sheet of examples was circulated in Dec 2018 (suggested by staff)

-CS and CHR agree that emphasis now on supporting / encouraging Directorates to develop and use their WWB opportunities. Next supporting steps:

- Facilitate offer of MOTs to any teams not yet had;
- Activity time slot to be available for use by individuals or teams – more flexibility suggested to increase uptake.
- Directors to be asked to encourage managers to follow up with their teams to use the activity time; have MOTs and develop their own challenge (>1 pa)
- CHR in 2019 are taking ownership / facilitation across all Directorates to encourage each to encourage / embed WWB internally / broaden participation.

Merchants Partnership

Phase 1 of the Merchants Partnership has focused on increasing supply, availability and consumption of a range of **Sugar-Free Drinks to substitute for sugary drinks** between the period July/August – December 2018. Range includes carbonated cool drinks, flavoured waters, and mixer juices.

The larger merchants that import wholesale goods were approached to influence the largest proportion of supply, and to reach the public in the largest stores. 4 of 5 agreed to be part of the 'Partnership for Health'. Two venues – a café and nightclub agreed to take part to also provide examples of hospitality venues also providing / promoting sugar-free options.

All participating merchants / venues reported **increased supply** for the initiative and **expanded the sugar-free drinks range**. Obstacles to previously increasing quantity and consistency of supply and range have been addressed to enough of an extent that several types of sugar-free drinks are now available in partner shops (and others) much of the time, even between ships.

All have displayed the promotional marketing materials in stores / venues through the 6 months period. Community-wide publicity and information was also circulated at community venues and the media throughout the period.

Disruption due to shortage of carbonated drinks from the UK for a period Oct-Nov temporarily limited supply of this type, yet this was addressed by partners. All partners report willingness to sustain a better SF drinks supply in future.

-The 4 main merchants partners report so far: increased stock of SF options, increased range and the 3 providing data indicate early period as increased sales of sugar-free (all types) increase by ~50%, and overall sugar drinks sales down. Numbers to be confirmed when full data available in late Mar/April 2019.

Island Follow-up population survey (May 2019) will also indicate if people's drinks choices / consumption has altered.

Phase 2 of the Merchants Partnership has been planned and will be delivered from late Feb / March 2019 onward focused on better snack and lunch options. Merchants have planned supply across a range of healthier snacks (range and numbers within popular categories.) In-store, media and Community social marketing will be undertaken.

Sales of the promoted snacks will be measured; Follow-up survey (May) will indicate if any substitution is taking place to reduce high consumption of high fat and sugar snack foods.

Healthy Hospital Food

- A modified In-Patient menu was developed with the kitchen team and wider staff between Jun-Jul 2018. The new menu was trialled in August and implemented from 1st September for all in-patient food / drink.
- Recommendations on food/drinks families / visitors bring in for patients were also implemented. Information to visitors, staff training and community information were undertaken to prepare for the introduction.
- Feedback over time indicates overall acceptance of the model.
- The Hospital Food model was adapted for use across **all Safeguarding establishments** under the theme 'Best care = Good Food & Drinks'. This has been tailored with a working group of cooking, care and management staff from Safeguarding and will be implemented from 1st March 2019. This will provide better food & drinks options across 5 residential settings covering 69 people. The Safeguarding Food & Drinks applies also to the Menu and to Food & Drinks that are brought in by visitors.

Modifying Take-Away Food & developing 'small change / big impact' awareness

- One of the Merchant partners is working with HPSML to modify a number of their popular take-away dishes. Aim is to adjust a few key ingredients / cooking method of range of very popular dishes (e.g. reduce fat and salt content) to keep taste, trialling these and promoting these as tasty *and* healthier options.
- Promotion currently being finalised of trialled dishes. Delivery from Feb 2019.
- Aims – reducing salt and fat content consumed in mass-consumed dishes; illustrating that dishes can be adjusted slightly to be healthier while also maintaining taste.

Realistic healthier Lunch options for parents of schoolchildren

- Initiative proposed with Education Directorate. Aim to encourage primary school parents that they can make easier, affordable and desirable adjustments to their children's lunchboxes. Practical initiative involving children and parents applying realistic practical advice to prepare a

healthier lunch and entering for a primary competition. Teachers will deliver sessions to children (using prepared material); Brief, clear Guidance prepared for parents; merchants and media involved in linking initiative to Merchants partnership snacks initiative and promoting the 'Realistic, easy' aspects of the model.

- Delivery timescale March-April.

'Smoke-Free Government' Policy

The Smoke-Free Government policy was developed with SHG CS and HR and came into practice across all SHG from 1st July, 2018.

The policy prevents smoking by staff (1/4 of adult population, and site visitors) in all areas, inside and outside across all government premises. SHG staff are no longer entitled to 'smoking breaks' and are able to smoke off-site only in their official lunchtime / shift break. Support for staff to quit was developed (delivered by community nursing and pharmacy) - smoking cessation appointments, and in workforce wellbeing MOT appointments, and all community members were offered a free 1 month trial of a Nicotine Replacement Therapy (NRT) (offer available until May 2019). Staff, Community and media information and permanent signage was developed and disseminated to support the policy.

- A major output of the delivery of this strategy is that for the first time large areas of indoor and outdoor public space on island are now smoke-free, removing second-hand smoke, 'de-normalising' smoking in these areas, and removing smoking from the majority of the working day of 25% of the island's adult population.
- In the 6 months from 1st July 2018, 96 people have taken up the free NRT trial offer. Confirmed quits have been reported and will be used over time in community publicity / encouragement to quitters. (Prior to July 2018 NRT uptake was minimal / awareness was low.)
- A survey to all SHG staff was developed and has been offered for all staff in Jan 2019 to obtain feedback on the policy and perceived outcomes for staff / community, any issues, any areas where implementation needs to be strengthened, and measures suggested to reduce smoking.
- Reports of any significant problems, breaches, or difficulties to Directors or HR are reported to have been minimal since the policy began.

Tobacco Duty Increase

HPSM Lead liaised with the 'Economics of Tobacco Control' team that operates under the international Tobacco Control Treaty to seek advice and detailed models to adjust tobacco duty on St Helena – to reduce consumption, yet maintain revenue for SHG. Data was gathered from SHG and background information provided, along with provisional indications of levels that could be acceptable. The team's report advising the models that may be used for different levels of duty and the impact on revenue / consumption was provided in early Jan 2019.

The options will be discussed in January 2019 by the relevant Committees/parties for possible application in the financial year April 2019-Mar 2020.

Revision to tobacco legislation

Current tobacco legislation is under revision to ensure that it is compliant with the Framework Convention For Tobacco Control (FCTC). Work has advanced in this area and a draft legislation is now ready. The revised draft legislation will specifically tackle standardised packaging, promotion and

sponsorship, retail licensing regulations, under-age sales and access, and smoking in enclosed spaces. The draft legislation has been completed with support from Public Health England and WHO teams.

Accessible Popular Physical Activity

i. Promote uptake of short walks as part of day-to-day life

- Stakeholder assessment was undertaken over several months to identify a physical activity option that would be accessible, attractive and realistic for a wide range of people in the community who currently do minimal physical activity. Encouraging short, more regular walking as part of day-to-day life was considered most realistic.
- To promote the concept of shorter, less strenuous walks being available in all parts of the island and accessible for a wide range of people, St Helena Tourism, members of the community and EMD assisted with compiling a list of shorter easier walks in all areas. Maps were developed by the GIS team and provided / printed.
- Promotional material – printed and online, to encourage shorter, nearby walks being achievable and beneficial for all was developed alongside the maps. Two Saint personal stories were used to give realistic examples. Communications team staff are providing regular posts of different short walks and the maps on social media.

ii. Support physical trainer development to provide community accessible activities

Several options were explored during 2018 including training of HD staff / community members. ESH funding was identified as a potential way to facilitate either training or development of a small business opportunity.

The HPSM Lead provided support (on request) for an individual's proposal to ESH for small business development grant support for a plan to deliver a programme of low cost, accessible activity at different locations of the island. Advised that Business development is progressing and available from autumn 2019.

iii. Enhancement of children's Play areas

In 2018 an informal assessment of how best to support the community to enhance the children's play areas that require upkeep / refurbishment was undertaken, engaging councillors, and stakeholders on and off island.

- Two key issues were identified: Liability and maintenance. Low cost options to address both were identified.
- Two Community Centre Committees were approached for potential interest to develop a play area in their district (or a joint project). ANRD indicated support to assist a project if a CCC opted to proceed. CDO funding would potentially be available to support some costs. One CCC was potentially interested yet did not confirm for several months due to Committee members being off island or other responsibilities, and this limited the time available to achieve the originally planned community-led process.
- It is now proposed to organise a meeting for representatives from CCCs and other agencies to present and discuss possible options for addressing play area issues within resource / remit constraints.

- The post of Lead for Health Promotion and Social Marketing was newly created, to develop and lead a new approach for community prevention. The two-year TC post commenced on 4th January, 2018.
- Delivery of the Health Promotion Strategic Framework 2018-2019 has been under the Lead post, with collaboration and partnership across HD and wider SHG, and with community partners.
- Recruitment in March 2019 is to occur for a Community Engagement post that will support both the work under the HPSF and also the developing work under CDM.
- Recruitment and mentoring of a local Health Promotion post is critical to sustain and expand the outcomes of the new approach in 'primary' prevention in the community. Proposed to recruit for the local post to be in place at latest by August 2019, with the post-holder being part of/ co-facilitating a stakeholder process to develop a Strategic Plan for 2020-21.

Information & Data

- Measurement indicators to evaluate progress were set down in the HPSF.
- A **Baseline Health and Lifestyles Survey** was undertaken in April 2018 – combination of Online survey (231), Youth survey (95), Paper questionnaires (41), and Face-to-Face survey interview (50). 417 responses (~10% of total population).
- **Follow-up Survey** scheduled for May 2019 to measure progress, with full report to PHC / SHG.

Financing

- Costs under the HPSF 2018 and 2019 were budgeted at the outset of the HPSF and are relatively small-scale and anticipated as under £14,000 in total.
- Budget for a permanent local HPSM post has been requested.
- The free NRT trial was provided from elsewhere within HD budget.

Clinical Governance

- HPSF sets down the agreed strategies based on local needs assessment and international evidence.
- Each strategy delivery is monitored and recorded.
- Where more detailed data to evidence outputs / outcome can be obtained this has been / is being gathered. e.g. sales data, public survey feedback.
- HPSF developed with broad stakeholder involvement / input. Specific strategies designed with partners e.g. merchants, safeguarding stakeholders etc.
- Extensive public communication about HPSF delivery – information, opportunities, feedback
- 2020-21 HPSF development will be guided by a stakeholder process, in Aug-Oct 2019 to provide opportunity for stakeholder input and involvement.
- A community engagement body/panel to feedback and guide HPSM future plans will be planned /assembled from Q2 2019 and will be part of the 2020-21 planning process.

Summary

- The HPSF set down a new strategic approach for primary prevention of the major non-communicable diseases on island, emphasising creating an environment where healthier choices are more available, easier and attractive.
- A wide range of stakeholder partners in the community and across SHG have been involved in supporting / co-delivering the HPSF.
- A number of strategies have already been delivered and have shown provisional impact e.g. Smoke-Free Government, Merchants partnership, Hospital Food, Workforce Wellbeing. Detailed data is being gathered and will be available in due course in 2019.

- Suggested priorities for sustaining the momentum of the HPSF are: recruitment of shared engagement worker in Q2; recruitment of a local HP Lead post for August 2019; Development of plan for 2020-21 with stakeholder involvement.