

Healthy Eating in Buckinghamshire

Health Needs Assessment Summary 2015

Our eating patterns are changing; major shifts in work patterns, transport, food production, promotion and availability, has led to changes to where, how much and what we eat.¹ We now have fewer sit-down meals, eat away from home more, and consume more foods high in calories, sugar, fat and salt, compared to previous decades.¹ Eighty nine percent of surveyed people in the South East claim that healthy eating is important to them² and public awareness of the general health implications of diet is fairly high. However, this does not translate well into healthy food choices. On balance, the energy we take in is more than the energy we need, and as a result **almost two thirds of adults** and **more than one in four children*** in Buckinghamshire are **overweight or obese**.³

This needs assessment comprised an analysis of local and nationally relevant data concerning healthy eating and diet related disease in Buckinghamshire. Additionally, the needs assessment included four workshops in which more than eighty people involved in healthy eating in the County, came together to discuss the barriers, opportunities and priorities for healthy eating, and how we can work together to move forward on this important issue.

Key messages from the needs assessment:



The most recent national data suggests that our diets contain nearly three times the recommended percentage of food and drink high in fat and/or sugar.⁴ Fewer men than women consume five fruits or vegetables a day, and intake is lowest in those aged 16-24 years (less than 20% in both men and women). According to the Health Survey for England, fruit and vegetable intake decreases after retirement in both men and women.⁵

Around 30% of women and 26% of men in the South East report eating the recommended five portions of fruits and vegetables per day; this is higher than most other regions, and is increasing following recent declines. The population of the South East obtains a slightly **greater percentage of food energy from saturated fats compared to the national average**, although this is gradually declining. No data at local level is available.



Overweight and obesity is lower in Buckinghamshire compared to national averages across the life-course, however as with national data, large proportions of our population have excess weight: **one in five 4-5 year olds; more than one in four 10-11 year olds;** and **almost two thirds of adults**. The most recent Health Survey for England data shows that among children aged 2-15, levels of obesity were highest in the lowest quintile of equivalised household income (22% of boys and 21% of girls) compared with those in the highest quintile (7% and 6% respectively).

Being overweight or obese increases the risk of a wide range of chronic, life-limiting diseases, principally type II diabetes, cardiovascular disease including stroke, hypertension and some cancers. It can also affect mental health and wellbeing, quality of life and ability to learn.

* Aged 10-11 years

¹ Foresight Tackling Obesity: Future Choices – Project report Government Office for Science, 2007

² FSA (2008) Consumer Attitudes Survey

³ Public Health Outcomes Framework, Public Health England 2013/14

⁴ Household food purchases compared to the Eatwell plate ideal, 2012. Family Food in 2012, Defra, December 2013. Food statistics pocket book, 2014.

⁵ Conversely, the National Diet and Nutrition Survey suggests older adults consume more fruit and vegetables than people aged 16-64, although only 500 adults were surveyed.



Survey data estimates that **1 in 10 people over 65 years are suffering from or are at risk of under-nutrition in England and Wales⁶ and nearly one third of all older people admitted to hospital and care homes are at risk of under-nutrition (28% of 65+ years).⁷** As with obesity, these levels of under-nutrition also have significant implications for the health service. **One study has shown that under-nourished people saw their GP twice as often, had 3 times the number of hospital admissions and stayed in hospital more than 3 days longer than those who were well nourished.⁸** Although under-nourished people are a particularly vulnerable population, it is important to recognise the impact of over-nutrition in older people, as national data suggests overweight and obesity is **highest in those aged 64-74 years.** Unfortunately, no local data are available.



Dental decay in Buckinghamshire's children is lower than national averages, although many children are affected: **8.3% of three-year-old children have experience of obvious dental decay (caries),** having one or more teeth that are decayed to dentinal level, extracted or filled because of caries; **22.9% of 5-year olds** (higher than the regional average); and around 26% of 12 year olds have dental decay. In Buckinghamshire, **35% of children in the most deprived areas have tooth decay compared to less than 15% of children in the most affluent areas.** National data indicates that average intake of added sugar exceeds the recommended in all age groups, most notably for school children and teenagers.⁹ In children aged 11-18 soft drinks alone provided 30% of the added sugar consumed.



The prevalence of **coronary heart disease (CHD)** in Buckinghamshire has remained relatively stable over the past five years. The most recent data shows that 2.97% of the population have CHD; this equates to 15,819 people. The prevalence of people with **hypertension** has been gradually increasing year on year for the past seven years. Currently 13.2% of the population have hypertension. **This equates to 70,325 people.** The proportion of adults who have ever had a **stroke** has also been increasing year on year. **Over the past five years the numbers of people in Buckinghamshire who have suffered a stroke has increased by 4%,** from 8109 in 2009-10, to 8450 in 2013-14. The prevalence of recorded **diabetes** in Buckinghamshire has also been increasing year on year. Nationally produced models estimate the prevalence of diagnosed and undiagnosed diabetes in Buckinghamshire at 6.9%. This compares to 7.3% nationally. **If current population and obesity trends persist, the total prevalence of diabetes is expected to rise to 8.7% in Buckinghamshire by 2030.¹⁰**

Key messages from stakeholders:

- **Key barriers to healthy eating** identified by stakeholders in Buckinghamshire included: inconsistent, misinterpreted and poorly disseminated messages; the obesogenic environment; lack of resources; access issues and poor cooking and parenting skills.
- **Opportunities to increase healthy eating** in the County include activities which work with business; hands on activities (cooking clubs, food growing etc.); implementing food policy and standards; joined-up working between organisations; media/social marketing, and staff training.
- **The priorities of stakeholders** concerning healthy eating included: Training professionals, and parents; aligning key performance indicators of partners; clear sign-posting and pathways; food policies and food provision in schools and commissioned services; and providing tailored information to specific groups.

The evidence from this Health Needs Assessment was used to inform Buckinghamshire's Healthy Eating Strategy 2015-2020 and action plan.

⁶ Malnutrition among Older People in the Community: Policy Recommendations for Change, by European Nutrition for Health Alliance, 2006

⁷ Nutrition screening survey in the UK and Republic of Ireland in 2011, A report by the British Association for Parenteral and Enteral Nutrition (BAPEN), Hospitals, care homes and mental health units, April 2011

⁸ Guest, J. F., et al. Health economic impact of managing patients following a community-based diagnosis of malnutrition in the UK' *Clinical Nutrition*, Vol. 30 (4) p422-429, 2011

⁹ National Diet and Nutrition Survey, 2014

¹⁰ <http://www.yhpho.org.uk/default.aspx?RID=154049>

