

# BUCKINGHAMSHIRE HEALTHY EATING STRATEGY 2015-2020



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This strategy has been developed for the Buckinghamshire Healthy Communities Partnership in consultation with a diverse range of partners (listed in section 2.2), committed to improving healthy eating in Buckinghamshire.

This strategy and accompanying action plan is available from:  
Public Health Team, Buckinghamshire County Council, County Hall,  
Aylesbury, Buckinghamshire HP20 1UA  
Or can be found on the Buckinghamshire County Council website  
[www.buckscc.gov.uk](http://www.buckscc.gov.uk)

This strategy forms part of a suite of public health strategies that are designed to support healthier lifestyles for residents of Buckinghamshire – physical activity, tobacco control, obesity and alcohol and drug strategies.

Cover images: NHS image library

## 1 Foreword

Food is a resource for life – we need it to live, but we also need the right amounts and right quality of food. Too much and we become less healthy and more overweight. Too little and we become malnourished and less able to live healthily. A good diet helps us reach our potential.

Our strategy focuses on two clear aims:

- 1. Creating a physical and social environment that supports healthy eating**
- 2. Building skills and confidence of residents to make healthy food choices**

The organisations that helped develop this strategy are all keen to play their part in implementing the actions outlined – but everyone has a role to play in increasing healthier eating – whether in your school, your work, your community or home, your business and how we plan and use our built and natural environment.

Help us to implement this strategy and make Buckinghamshire a healthier place.

## 2 Why are we focusing on healthy eating?

Our eating patterns are changing; major shifts in work patterns, transport, food production and food sales, has led to changes to where, how much and what we eat.<sup>1</sup> 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.<sup>1</sup> Food promotions, advertising, pricing and product placement can make choosing healthier options more challenging. 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.<sup>2, 3</sup> The government's Foresight report estimates that most British children will be obese by 2050 if current trends continue,<sup>1</sup> therefore there is an urgent need to promote 'positive food cultures' linked to healthy outcomes.



Eating well is hugely beneficial; it can improve our health and many other aspects of our daily lives:

- An estimated 70,000 early deaths in the UK could be avoided each year if UK diets matched nutritional guidelines. The health benefits of meeting these guidelines are estimated to reach almost £20 billion a year.<sup>4</sup>
- Eating a balanced diet can reduce the risk of developing a range of chronic conditions such as heart disease and stroke, diabetes, high blood pressure, some cancers and some forms of dementia. Eating a healthy diet can also be part of the treatment for these conditions.
- Good nutrition can support people in their educational attainment and learning through improved concentration.<sup>5</sup> This may have implications for employment opportunities and is good for business too.
- Activities to encourage healthy eating, such as lunch clubs and community meals, can also reduce social isolation, promoting mental health and wellbeing and community cohesion.
- Being conscious of the food we eat and the amount we need, can improve our local environment through reducing food waste.

UK National Nutrition Guidelines<sup>6</sup> recommend that we should:



Source: Food Standards Agency, Eat well plate

- Base meals on starchy foods such as potatoes, bread, rice and pasta, choosing wholegrain where possible.
- Eat plenty of fibre-rich foods – such as oats, beans, peas, lentils, grains, seeds, fruit and vegetables, as well as wholegrain bread, and brown rice and pasta.
- Eat at least five portions of a variety of fruit and vegetables each day, in place of foods higher in fat and calories.
- Eat a low-fat diet; avoid increasing your fat and/or calorie intake.
- Eat as little as possible of:
  - fried foods
  - drinks and confectionery high in added sugars
  - other food and drinks high in fat and sugar, such as some take-away and fast foods
- Eat breakfast.
- Watch the portion size of meals and snacks, and how often you are eating.
- For adults, minimise the calories you take in from alcohol.

We must acknowledge that healthy eating will mean different things at different life stages, the advice we would give to a 4 year old, 40 year old and 80 year old will all be based on the above recommendations but may emphasise different aspects.

A child will need “me size meals” using smaller portions and older frail adults may need to boost their calorie intake with nutrient dense food – getting both calories and nutritional quality in smaller volumes appropriate to their smaller appetite but high nutritional needs.

## 2.1 Rationale

We need to find ways to make healthy choices the easiest choice. In Buckinghamshire, most people would benefit from eating a healthier diet, and new national initiatives and government regulations are supporting this endeavour.

Healthy Eating is complex and the food we eat is influenced by many factors including the cost and availability of food, our culture, how food is promoted, our social relationships, income, knowledge and skills.

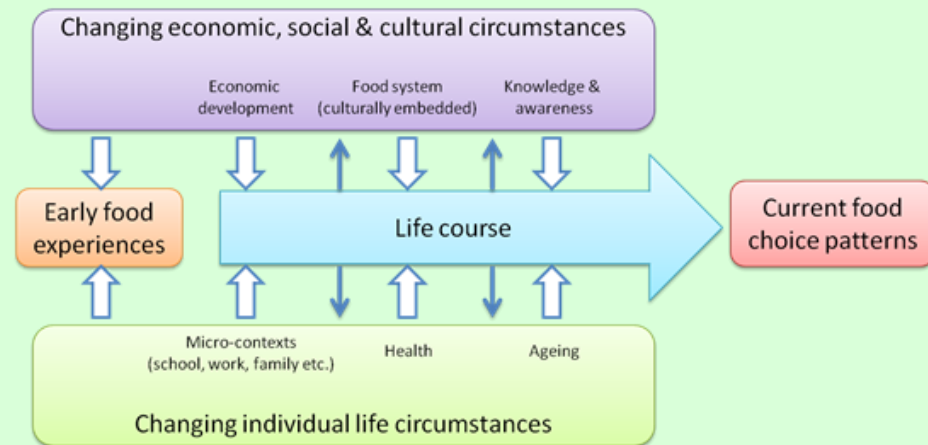


Figure 1: Factors contributing food habits (Delaney & McCarthy, 2009)

Our challenge is to work together with commissioners, providers, business, and communities, to make the healthy choice the easiest choice, by:

- Encouraging people to eat a healthier diet by helping our early years settings, schools, workplaces and older peoples settings, to provide an environment that supports this.
- Enabling people to eat a healthier diet by ensuring they have the skills and confidence to do so.
- Empowering people and communities to take action on community food and healthy eating projects.
- Working with business to encourage responsible food promotions and clear information for customers.

This healthy eating strategy provides guidance to strategic leads, policymakers, commissioners and providers on the key approaches and priority groups we need to focus on to improve diets of Buckinghamshire residents.

We need to take both a universal and targeted approach. Finding ways to impact all of us – children, adults, and older people by working on the availability of healthy food in everyday life as well as improving our skills to choose and cook healthy food. There are also population groups that may benefit from more targeted work – for this strategy we are focusing on the needs of young children and older people in particular, in order to set patterns for healthy eating early in life and support healthy aging for older people. Our universal approach will support young people and adults.

We can make a greater impact across our County by encouraging other organisations to align strategies and plans that impact on healthy eating with these priorities.



## 2.2 Developing the strategy

Buckinghamshire's Healthy Eating Strategy has been developed by the Healthy Communities Partnership. This is a strategic, countywide, multi-agency group led by Buckinghamshire County Council, with representatives from all the District Councils, Buckinghamshire Healthcare Trust, Thames Valley Police, Buckinghamshire Fire and Rescue service, Oxfordshire and Buckinghamshire Mental Health Trust, and Community Impact Bucks.

Work has been led by the Public Health Team at Buckinghamshire County Council, in collaboration with a diverse range of partners in Buckinghamshire County Council, the District Councils, Buckinghamshire Healthcare NHS Trust, and others engaged in healthy eating projects in the county (listed in section 8). The five year strategy covers 2015-2020. Its development has been informed by a number of workshops involving a wide range of stakeholders, and four task and finish groups with key partners.

The strategy is accompanied by an action plan and implementation will be overseen by the Healthy Communities Partnership.



## 3 Context

### 3.1 National Context

Improving the health of the nation, and tackling health inequalities continue to be a high priority. Current estimates put the costs to the NHS of diet-related chronic disease at £7 billion a year, including direct treatment costs, state benefits and loss of earnings.<sup>4</sup> Dietary risks are now the highest contributor to ill health and disease in the UK, more so than tobacco smoking and physical inactivity.<sup>7</sup> Consequently, recognition of the need to invest in preventative health is growing, with a need to focus on staying healthy and promoting wellbeing.

In January 2012, the Government published the 'Public Health Outcomes Framework' which includes two key outcomes in which healthy eating can play a role:

1. Increase healthy life expectancy
2. Reduce differences in life expectancy

There are also six indicators relevant to healthy eating in the health improvement domain of the framework, on which each local authority area will have to report progress:

- Breastfeeding initiation: Percentage of all mothers who breastfeed their babies in the first 48hrs after delivery
- Breastfeeding prevalence at 6-8 weeks after birth: Percentage of all infants due a 6-8 week check that are totally or partially breastfed
- Excess weight in 4-5 year olds: Percentage of children aged 4-5 classified as overweight or obese
- Excess weight in 10-11 year olds: Percentage of children aged 10-11 classified as overweight or obese
- Excess weight in adults: Percentage of adults classified as overweight or obese
- Tooth decay in children aged 5: Mean severity of tooth decay in children aged 5 years based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted

The Department of Health published a report in 2011 for a call to action on obesity in England. The report was aimed at the NHS, local authorities and a range of other organisations that develop services, advocating a partnership approach to increase healthy eating across the country.

*Healthy Lives, Healthy people: a call to action on obesity in England:*  
<https://www.gov.uk/government/publications/healthy-lives-healthy-people-a-call-to-action-on-obesity-in-england>

### 3.2 Local Context

Buckinghamshire has produced a Health & Wellbeing Strategy (2013-16) with a key vision to “promote healthier lives for everyone in Buckinghamshire”. The strategy has the following aims:

- Every child has the best start in life
- Everyone takes greater responsibility for their own health and wellbeing and that of others
- Everyone has the best opportunity to fulfil their potential
- Adding years to life and life to years

Healthy eating can play an integral role in supporting each of these aims and is a priority of the Health and Wellbeing board strategy. **Our healthy eating strategy reflects these aims by having a focus on early years and older people.**



#### **Early years**

Focusing on early years is important because this is when eating habits and food preferences are formed. Therefore it is easier to establish healthy eating behaviours in the first years of life. Parents are key to this, as well as providing an environment that support these choices.



#### **School children and families**

Continuing a healthy diet in childhood is crucial to preventing obesity in adulthood. Recent analysis suggests 9 out of 10 of today's children risk growing up with dangerous levels of fat in their bodies, yet only about 1 in 10 parents recognise that their child is overweight or obese.<sup>1</sup> Building on new school-based initiatives and involving parents is key to supporting children in making healthier food choices.

#### **Older people**

Older people may have more complex needs when it comes to healthy eating. Whilst obesity is a major issue, significant numbers of older people suffer from under-nutrition, both in the community and those admitted to hospital and care homes.<sup>8,9</sup> Retirement is also a time in life when eating habits may change with changes to the working routine. Losing a partner and more difficulty accessing shops and services can have an impact on what people eat.

Good nutrition at this age remains instrumental in keeping well; being able to fight infections, aiding recovery from illness or operation, keeping muscles strong and helping to prevent falls. As such promoting good nutrition in the community and in residential settings can support and reduce demand on health and social care services.



## 4 Benefits of a healthy diet

### 4.1 Societal benefits

Eating a balanced diet has a broad range of benefits. It's not just about improving our health, as there are wider impacts on our society as well.

#### 1. Physical benefit

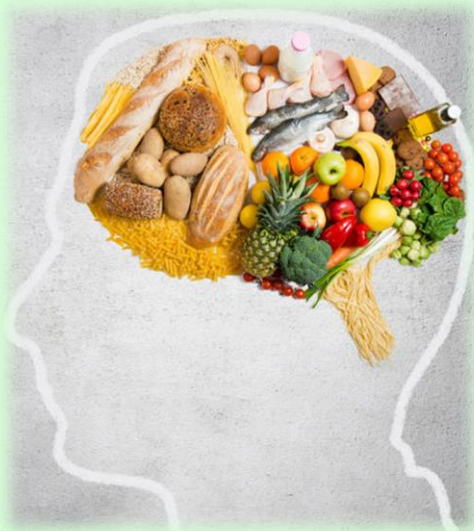
Direct benefits to physical health and has a positive influence on healthy behaviours, such as increased physical activity.

#### 2. Emotional benefits

Benefits to psychological wellbeing and mental health.

#### 3. Intellectual benefits

There is evidence to suggest that children who have nutritious meals have better educational attainment and learning behaviour.



#### 4. Social benefits

Encouraging more home cooking, and cooking with/for friends and family, can support greater connectedness and social cohesion in communities.

#### 5. Economic benefit

Having the skills and confidence to have a healthy diet and prepare food for others can increase employment prospects and performance at work, not just through reduced costs from sickness and absenteeism.

#### 6. Environmental benefit

Choosing more locally grown or seasonal food and having appropriate portion sizes can reduce food waste, packaging, and transport costs, reducing the negative environmental impacts of food production.

## 4.2 Health benefits

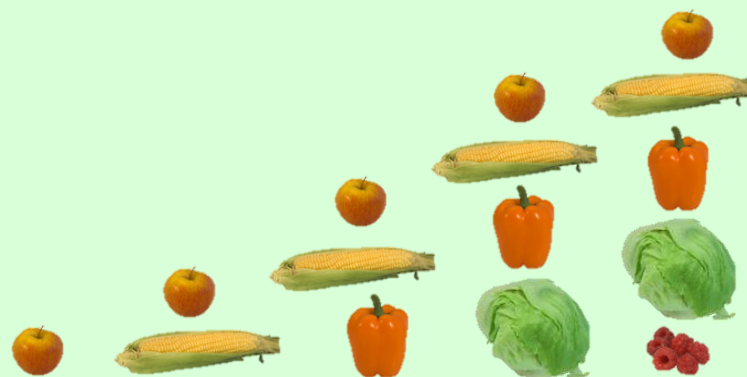
An increasing number of us will be affected by long-term conditions as we age. Evidence shows that an unhealthy diet is a significant, independent risk factor for a range of long-term health conditions, including:

- Coronary heart disease (CHD), stroke, type-II diabetes, peripheral vascular disease and cardiovascular disease (CVD) risk factors, such as high blood pressure
- Cancers of the colon, breast, and bladder
- Fertility problems
- Depression, stress and anxiety
- Being overweight and obese
- Dental caries
- Osteoarthritis

Poor diet is estimated to account for a third of all cases of cancer, and a further third of cases of cardiovascular disease. Obesity increases the risk of developing Type II diabetes, cardiovascular disease and some cancers. If nothing is done to reverse the trends, projections show radical increases in the years ahead with 40% of the population being obese by 2025 and 60% by 2050.<sup>1</sup>

By contrast, meeting nutritional guidelines for a balanced diet shows clear benefits in the treatment, management or prevention of all of these.

Evidence suggests that eating at least 5 portions of a variety of fruit and vegetables a day could reduce the risk of deaths from chronic diseases such as heart disease, stroke, and cancer by up to 20%.<sup>10</sup> Evidence also indicates that each increase of one portion of fruit or vegetables a day can lower the risk of coronary heart disease by 4% and the risk of stroke by 6%.<sup>11</sup> Modelling analyses have estimated that eating five portions of fruit and vegetables a day would save 15,000 lives in the UK each year, including 7,000 from heart disease, almost 5,000 from cancer and around 3,000 from stroke. Another 4,000 deaths would be prevented by sticking to dietary recommendations on fibre; around 7,000 from watching fat intake and 7,500 by reducing salt.<sup>12</sup>



## 5 Where are we now? – Healthy eating in Buckinghamshire

The most recent national data suggests our diets contain nearly three times the recommended percentage of food and drink high in fat and/or sugar.<sup>13</sup> We eat more than the suggested proportion of 'milk and dairy foods', and too little bread, rice, potatoes, pasta and other starchy food. Average intakes of added sugar exceed the recommended in all age groups, most notably for school children and teenagers.<sup>14</sup> Our consumption of fruits and vegetables is around 28% less than the recommended and our purchase of fruit and vegetables has declined in recent years. Less than 30% of the population achieve the recommended 5 portions of fruits and vegetables per day.<sup>15</sup>

There is limited data locally concerning the diets of people in Buckinghamshire, however, markers for poor diets include levels of tooth decay and excess weight. In Buckinghamshire:

### Early years

- 8.3% of 3 year olds have dental decay (*PHE, 2013*)
- Almost one in five (18.2%) reception children (4-5 year olds) are overweight or obese (*NCMP, 2013/2014*)
- 22.9% of 5 year olds have tooth decay (caries) (*PHE, 2012*)

### School children

- More than one in four 10-11 year olds are overweight or obese (27.7%) (*NCMP, 2013/2014*)
- 14.2% of 10-11 year olds are obese (*NCMP, 2013/2014*)
- 25-28% of 12 year olds have tooth decay: (*PHE, 2008/2009*)

### Adults

- Almost two thirds (64.4%) of adults in Buckinghamshire are overweight or obese
- 22.4% of the adult population are obese (*Active People Survey, Sport England, 2012*)

### Older people

Local data is not available, however national data and research evidence shows that:

- 65-74 year old women have the highest prevalence of obesity across all age groups (32.7%) (*HSE 2013*)
- Survey data estimates that 1 in 10 people over 65 are suffering from or are at risk of under-nutrition in England and Wales<sup>16</sup>
- Nearly one third of people admitted to hospitals and care homes are at risk of under-nutrition<sup>9</sup>
- 29% of adults have tooth decay

## 5.1 Current opportunities for healthy eating

Many of us could eat more healthily in our daily lives – at home, at work, when we're out with friends and family. Personal pledges such as choosing to swap a high fat food for lower fat option, or reducing the amount we snack between meals can benefit health. Building small changes into everyday life is the easiest way to make changes that make a big difference over time. Time and cost are cited as barriers to choosing healthier options, so improving skills and sharing ideas for inexpensive, quick and healthy cooking, can be a good start to making healthier food choices.

The fact that Buckinghamshire has a rich and diverse supply of food outlets, markets, shops, supermarkets and growing space, means that there can be good access to healthy, affordable food options for most of our residents (socially isolated people living in rural areas without transport may need additional support to access). There are also several recent national initiatives such as; the revised school food standards (2015), universal infant free school meals (2014), bringing cooking back into the curriculum (2014), and voluntary food and drink guidelines for early years settings (2012), which are already improving the diets of Buckinghamshire residents.

### Early Years programmes

Early years settings play a key role in supporting parents to ensure children have the best start in life. From before birth to starting school, there are a number of initiatives in Buckinghamshire to help babies and infants get the nutrition they need. Examples include programmes to encourage breastfeeding, and providing weaning support and advice. National initiatives such as the Healthy Start Scheme, which provides

low-income families with vouchers for fresh produce, and work in Children's centres around healthy eating and dental health.

### School children and families

In addition to new national initiatives to improve healthy eating in schools, a number of schools in Buckinghamshire are embracing a whole school approach to healthy eating. School cooking clubs and growing projects help children develop the knowledge and skills for life-long healthy eating habits. The challenge now is to ensure all children have these opportunities, particularly in the areas most affected by childhood obesity. For children with excess weight and their families, a children's weight management programme is in place, designed to deliver sustained improvements in families' diets, fitness and overall health. National media campaigns, such as the Change4Life campaign, also take a whole family approach to healthy eating.





### Programmes for older people

The County commissioned community meals service (meals on wheels) has standards in place to provide nutritionally balanced meals. Likewise, the Quality in Care team at Buckinghamshire County Council works with residential care homes and day centres to improve nutrition for older people. A number of projects to reduce social isolation through food are running for older people living in the community, examples include lunch and cooking clubs.



### Programmes in the wider community

A number of projects in Buckinghamshire are engaging businesses to offer healthier choices and responsible promotions. Eat Out Eat Well is one such initiative that supports and provides recognition for businesses that provide healthy choices. Community growing projects and allotments also provide opportunities for healthy eating as well as promoting community cohesion.

In addition to the wide-ranging healthy eating initiatives already underway in the County, there are a number of strategies and action plans that also indirectly support healthy eating and which this strategy needs to link to. A few examples are listed below:

- **Buckinghamshire Health and Wellbeing Strategy 2013 -16** key aim to promote healthy eating
- **Buckinghamshire Physical Activity Strategy 2014 – 2017** key aim to reduce the risk of conditions associated with obesity
- **Child and Family Poverty Strategy** key aim to reduce the health inequalities of families
- **Sustainable Community Strategy for Chiltern and South Bucks Districts 2013 – 2026** encouraging and supporting healthy lifestyles, including healthy eating
- **Buckinghamshire Green Infrastructure Delivery Plan 2013** encouraging food growing in community gardens and allotments
- **Buckinghamshire Oral Health Improvement Strategy 2015-2020**
- **CCG Primary Care Strategy 2015**
- It will also need to link into the planned **CCG Diabetes Strategy**



## 6 What works to increase healthy eating?

There is extensive evidence on the benefits of healthy eating and we know that the greatest potential health benefit derives from improving the diets of those with the most high fat, salt, sugar and low fruit and vegetable diets, as they have the most benefit to gain (rather than getting those already consuming fairly balanced diets to do a little more).

Our approach to increasing healthy eating has to be evidence based to achieve the best outcomes. Evidence identifies the following characteristics of successful interventions to increase healthy eating:

There is more detailed information in evidence reviews carried out by National Institute for Health and Care Excellence (NICE), Public Health England and the Cochrane Collaboration. These cover behaviour change approaches, school approaches, environmental approaches and workplace approaches. All of these give an extensive evidence base on what works to increase healthy eating.

[www.nice.org.uk/guidance](http://www.nice.org.uk/guidance)

### For a supportive environment

- Adopt a collaborative approach across partner agencies
- Include organisational action: promoting healthy choices in schools, hospitals, care homes, workplaces and the wider environment.
- NICE guidance recommends a whole school approach to tackling healthy eating in schools. Children should eat in a comfortable environment with staff supervision. Schools should follow the school food plan and national guidance on food procurement and catering so that healthy food is available. Importantly, interventions should be sustained, multi-component, holistic and where possible involve parents.
- School curriculum that includes healthy eating, physical activity and body image
- Workplace interventions (such as healthy food and drink promotion and incentives) should be sustained, multi-component and by supported by educational and promotional programmes.
- Local authorities should facilitate links between health professionals and others to improve access to healthy foods, and should encourage retailers to promote healthy food and drink.
- Planning decisions should be taken to decrease the obesogenic environment – e.g. active travel, position of fast food outlets.
- Nationally led advertising campaigns and partnership marketing with industry

### For individuals

- Support from GPs and other non-hospital based health professionals is motivating and believed
- Behaviour change interventions need to be sustained with on-going support from empathetic, motivating and knowledgeable staff.
- Programmes should be tailored to individual needs.
- Interventions addressing physical activity and healthy eating together are more effective at reducing diabetes risk and promoting weight loss, than those targeting one or the other of these factors.
- Interventions should involve feedback and monitoring, social support, goals and planning, problem solving, and self-monitoring.
- Weight and diet should be discussed at key life changing points e.g. during and after pregnancy, the menopause and while stopping smoking.

### For children

- Children and young adults should eat regular meals, including breakfast, in a pleasant, sociable environment without distractions (such as watching television).
- Parents and carers should eat with children – with all family members eating the same foods.
- Interventions for over-weight children should address lifestyle in family/social settings, and children of parents with obesity should be offered on-going support from a health professional.

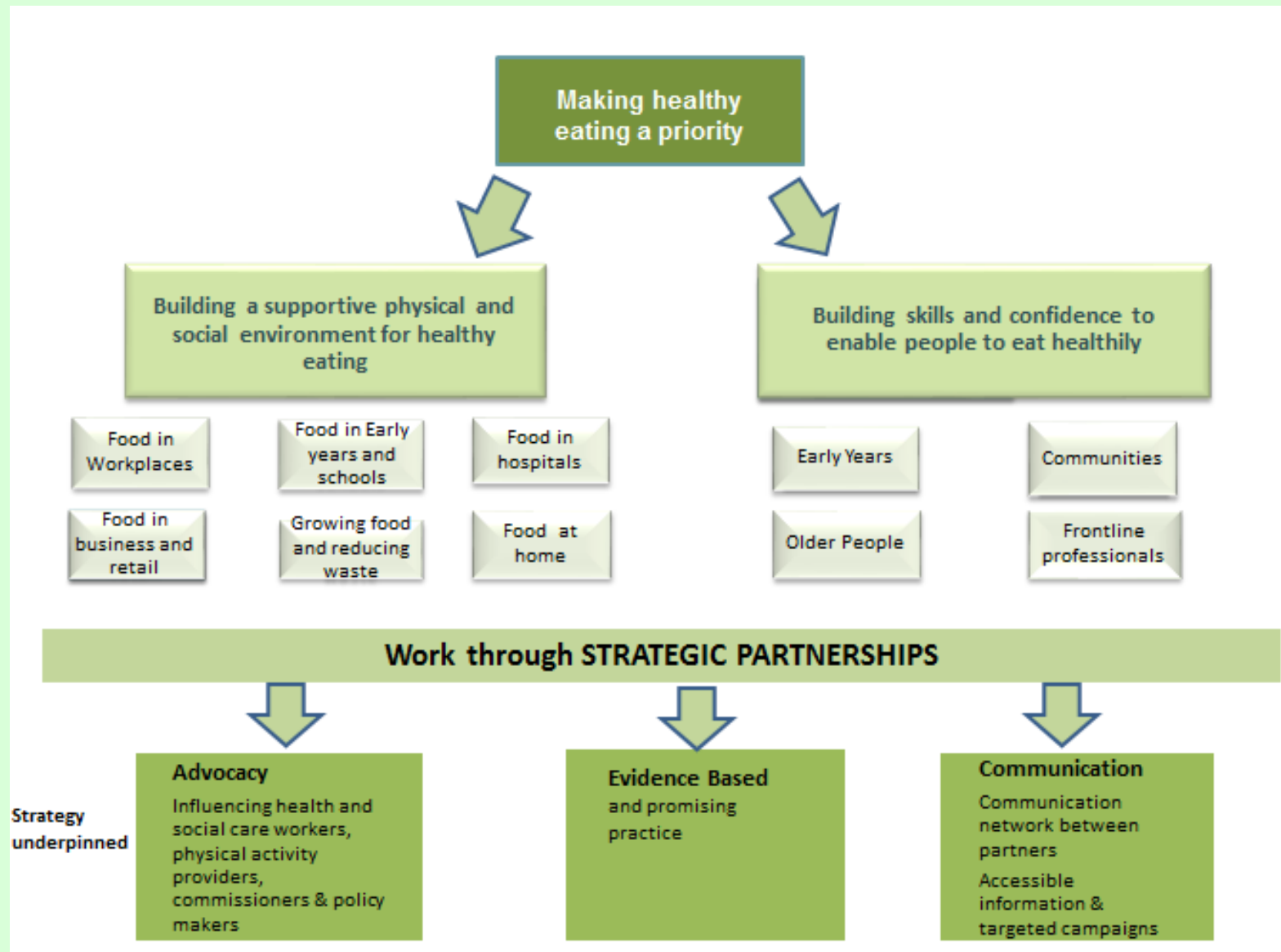
- Engaging with parents to support physical activity, healthy eating and reduced screen-time at home
- Physical activity and healthy eating interventions together are better than physical activity or healthy eating interventions alone for reducing child Body Mass Index

### For communities

- Identify residents with the poorest diets and develop/deliver programmes appropriately for that target audience with follow-up to evaluate progress and demonstrate outcomes.
- Offer a range of healthy eating, cooking skills, etc. opportunities which are flexible and adaptable to the needs of the target group(s).
- Public health teams should use community engagement and capacity-building methods to identify networks of local people, champions and advocates who have the potential to work together on obesity.
- Locally available, affordable healthy food



## Healthy Eating Strategy Overview



## 7 Where do we want to get to? The vision for Buckinghamshire

In Buckinghamshire we want to increase the number of people eating a healthier diet at the levels that will promote their health and wellbeing. We want to make healthy eating a priority.

Whilst focusing on early years and older people's settings, the consultation process highlighted a number of elements common to all areas. The following two strategic aims have emerged through thematic analysis of stakeholder views:

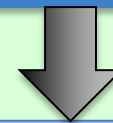
We need to take both a universal approach. Finding ways to impact all of us – children, adults, and older people by working on the availability of healthy food in everyday life as well as improving skills to choose and cook healthy food.

There are also population groups that may benefit from more targeted work – for this strategy we are focusing on the needs of young children and older people in particular, in order to set patterns for healthy eating early in life and support healthy aging for older people. Our universal approach will help to support young people and adults.

Tackling disadvantage is crucial if we are to achieve the outcomes set out in the strategy. Our approach must include targeted actions and ways of working which best address the inequalities experienced by different groups and communities.

What would people like to be able to do?

- **find that affordable healthy food is available wherever they are**
- **have the knowledge , skills and motivation to choose healthier food, to buy, cook and eat**



**Two key aims:**

- 1. Creating a physical and social environment that supports healthy eating**
- 2. Building skills and confidence of residents to make healthy food choices**

## 7.1 Our strategic aims

### **Aim 1: Creating a physical and social environment that supports healthy eating**

Supporting Buckinghamshire residents to eat a healthier diet, by addressing the physical and social environmental factors which can make this challenging

To help us eat well we need the food around us every day to include healthy options. Eighty nine percent of people in the South East claim that healthy eating is important to them<sup>17</sup> and public awareness of the general health implications of diet is fairly high. However, this does not translate well into healthy food choices.

The food we eat is influenced by many factors including culture, how food is promoted and the types of food available to us, social relationships, income, knowledge and skills.

We must explore opportunities to work with food producers and food providers: businesses, community organisations, schools, hospitals, workplaces, early years and older people's settings, to take a whole setting approach to supporting healthy eating. Working through teachers, caterers, cooks, parents, pupils, carers, child-care staff, health care workers, and the wider community.

We need to shift social norms in order to change the food culture of the places in which we live, work and learn and encouraging good role models. Bringing people together through food can transcend generational and cultural boundaries, with far reaching benefits for the strength and cohesion of our communities.

#### **Headline actions:**

- Create a supportive physical and social environment for healthy eating by taking a whole setting approach in early years settings, schools and older peoples settings
- Engaging workplaces to support their employees to make healthier choices, through healthy food provision and information.
- Supporting businesses and food retailers to offer customers healthier choices when buying and consuming food
- Explore opportunities to influence the physical food environment through planning guidance for food outlets and through sustainable food growing/allotment use.
- Strengthening communities by engaging people in local and national communal activities around food to challenge social norms.
- Include healthy eating in appropriate service specifications, policies and strategies
- Take action on reducing food waste amongst businesses and individuals



**Aim 2: Building Skills and Confidence of Residents to make healthy food choices**

**AIM:** Ensure that Buckinghamshire residents have the skills and knowledge to support healthy food choices, now and in the future

The consultation process highlighted gaps in support around cooking skills, healthy eating knowledge and preparing low-cost healthy meals. We need to help ensure that individuals have the skills and knowledge to shop and cook to make the most of their food budgets, avoiding food waste and 'cheap' products with limited nutritional value.

A sustainable approach, building skills and capacity among existing community advocates, will provide benefits beyond the time-frames of individual interventions.

**Headline actions:**

- Enable community groups to access learning and skills to support provision and promotion of healthy food choices both within the community and at home
- Develop a sustainable approach to increasing cooking skills for children, parents, older people and carers enabling them to cook healthy choices including the planning, shopping, and budgeting of easy, healthy meals
- Ensure frontline staff have the knowledge and skills to support clients in healthy eating
- Empowering people and communities to take action on community food and healthy eating projects

### Underpinning themes:

A number of crosscutting themes will apply to all aspects of the strategy:

### Developing Strategic Partnerships

It will be essential to ensure that this strategy interfaces with a wide range of partners and other strategies.

The strategy has been co-designed by a wide range of partners from across the County, each committed to ensuring that our residents have the skills, knowledge, opportunity and support to eat a healthy well-balanced diet. Such a broad and ambitious aim cannot be achieved by any one organisation working in isolation; rather it depends on the efforts of many,

- Businesses,
- Schools and Colleges,
- Voluntary and community organisations,
- Buckinghamshire County Council and District Councils,
- Clinical Commissioning Groups,
- Buckinghamshire Healthcare Trust.
- Local residents

We aim to provide a strategic framework that will help build on existing initiatives, and enable partners to work more closely together, complementing each other's approaches, working together and targeting those areas where further work is most urgently needed.

#### Headline Action:

- Public Health to develop a mechanism to bring partners together to ensure joint working is facilitated

**Communication** – effective communication of simple consistent messages and support at key life stages

#### Headline Actions:

- Supporting and linking national programmes with local delivery e.g., the responsibility deal for food businesses, the school food plan, free school meals, revised school food standards, NHS Health Checks, national nutrition and hydration strategy.
- Ensuring effective communication between partners
- Produce and disseminate consistent healthy eating messages for each life stage

**Evidence** – using an evidence-based approach to find the best ways to encourage people to choose healthier options

**Advocacy** – working to influence communities, health care workers, food producers and providers, commissioners and policy makers

## 8 Implementation, monitoring and evaluation

This five year strategy highlights the importance of improving healthy eating choices for the health and wellbeing of the population and identifies the key measures that will be needed within Buckinghamshire to achieve increase levels of healthy eating.

Each aim has high level headline actions (section 7). A more detailed action plan will be created between partners to implement, monitor and evaluate the strategy and deliver the four strategic healthy eating aims for Buckinghamshire. In turn these actions will have their own project plan as required.

Accountability for achieving these actions will be with the Healthy Communities Partnership and ultimately the Health and Wellbeing Board.

Whilst all agencies, working in partnership, have a role to play, effective leadership and coordination of effort is needed. Each partner will take the lead on the action they have committed to through the development of the action plan.

A partnership group will be convened bi-annually, to bring partners together in order to review progress and facilitate joint working. Our action plan will be a dynamic document refreshed annually as we learn from our implementation and will need to be flexible to take into account any change in resources, both financial and staff capacity.

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