

## **INTEGRATED STRATEGIC NEEDS ASSESSMENT:**

### **DIET AND HEALTHY EATING**

#### **SUMMARY**

##### **KEY ISSUES**

Eating a nutritious, balanced diet is important in maintaining health and reduces the risk of a number of diseases including cardiovascular disease, diabetes and cancer, promotes maintenance of a healthy weight whilst preventing conditions such as anaemia and rickets.

It is estimated that 72% of adults in Cheshire West and Chester do not eat the recommended 5 portions of fruit and vegetables each day which is in line with the national average. However there are variations within the area with more deprived areas seeing lower levels of fruit and vegetable consumption. Nationally the population are eating higher levels of saturated fat than recommended guidelines and lower levels of minerals and oily fish than current recommendations. National evidence suggests that certain groups are more likely to have poor diets compared to others and warrant a more targeted approach.

##### **UNMET NEED AND SERVICE GAPS**

Whilst the diet of the general population needs improving, a number of groups are at increased risk of having a poor diet. These include:

- Low income households
- Pregnant women
- Adults with learning disabilities
- Older adults (in the community and in residential care)
- Ethnic minority groups

## **RECOMMENDATIONS FOR COMMISSIONERS AND POLICY MAKERS**

- Action is needed to improve the overall diet of the general population to support reductions in preventable deaths caused by CVD, cancer, diabetes along with reducing levels of obesity and improving bone health
- Develop partnership approaches to tackle upstream factors such as improving healthy food availability locally
- Work with partners to look at downstream factors to facilitate behaviour change and improve diet such as cooking skills and knowledge of healthy eating
- Target those recognised as vulnerable groups including low income households, pregnant women, people with learning disabilities, older people (in the community and residential care) and ethnic minorities
- Ensure national campaigns and programmes are maximised locally (e.g. Change for Life and Healthy Start)

## **INTEGRATED STRATEGIC NEEDS ASSESSMENT**

### **DIET AND HEALTHY EATING**

#### **MAIN REPORT**

##### **INTRODUCTION**

Eating a nutritious, balanced diet is important in maintaining health and reduces the risk of a number of diseases including cardiovascular disease, diabetes and cancer whilst preventing conditions such as anaemia and, rickets along with maintaining a healthy weight. It is estimated that around 70,000 premature deaths each year could be prevented in the UK if the population ate in line with nutritional guidelines.

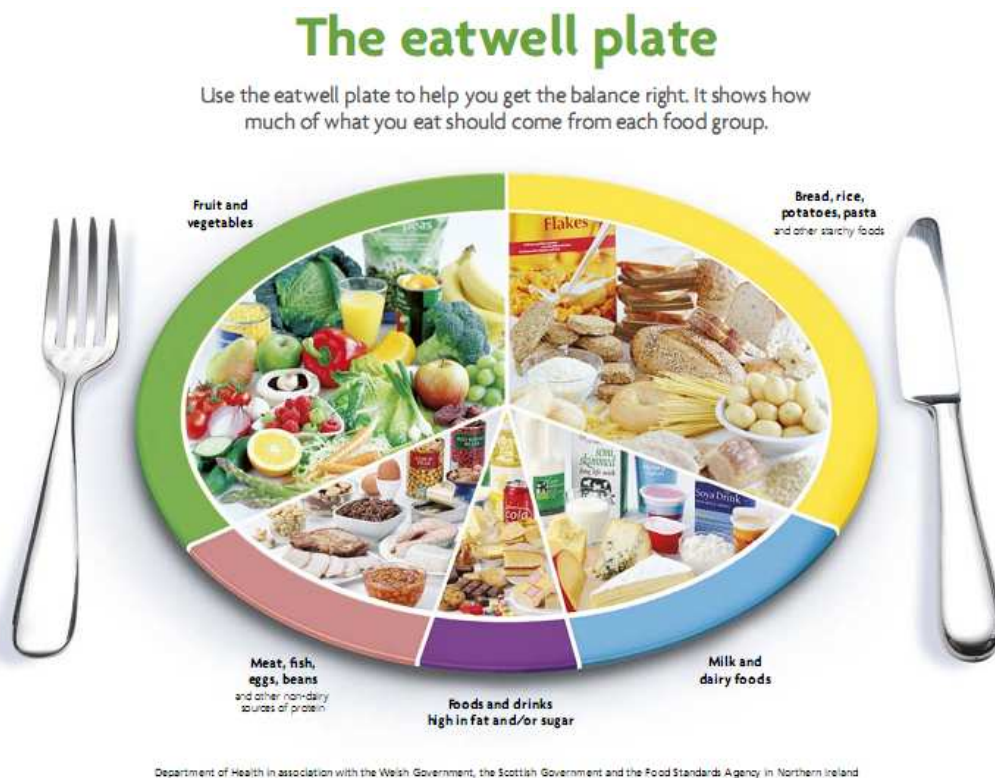
It is estimated that 72% of adults in Cheshire West and Chester do not eat the recommended 5 portions of fruit and vegetables each day which is in line with the national average. It is estimated that there is wide variation within the area, with Ellesmere Port seeing even lower proportions of consumption and Rural West seeing higher levels.

The following JSNA chapter concentrates on adults and healthy eating and should be read in conjunction with other linked chapters such as adult obesity, alcohol, hypertension chapters. In addition, the children's section includes breastfeeding, nutrition and healthy weight information.

## Definition of healthy eating

The Eatwell Plate is a pictorial guide to the recommended amounts from each food group and is pictured below in Figure 1.

Figure 1. The Eatwell Plate (Department of Health 2012a)



- plenty of starchy foods such as rice, bread, pasta and potatoes (choosing wholegrain varieties when possible)
- plenty of fruit and vegetables; at least 5 portions of a variety of fruit and vegetables a day
- moderate amounts of protein-rich foods such as meat, fish, eggs and alternatives such as nuts and pulses
- moderate amounts of milk and dairy, choosing reduced fat versions or eating smaller amounts of full fat versions or eating them less often
- less saturated fat, salt and sugar

Source: Food Standards Agency (2006)

Poor diet increases the risk of a number of chronic conditions including cardiovascular disease, diabetes and cancer. Not eating a balanced diet is also a key contributor to overweight and obesity.

Poor diet is costly to the NHS and wider society as a whole. Based on NHS costs between 2006 – 07 (which totalled over £43 billion), £5.8 billion was spent on ill health related to poor diet (Scarborough et al 2011). Scarborough et al (2011) suggest that much of this food burden relates to overweight and obesity.

### **WHO'S AT RISK AND WHY**

We know that having a balanced, healthy diet improves health yet nationally round 71% of adults do not eat the recommended 5 portions of fruit and vegetables a day. According to the HSE 2009 fruit and vegetable consumption is just above 3 portions a day nationally.

The National Diet and Nutrition Survey 2008/09-2009/10 found that nationally:

- adults intake of saturated fats exceed recommended amounts,
- mean levels of oily fish intake, Non-Starch Polysaccharides and intake of minerals were all below recommended amounts.
- Of those who drank alcohol between 6% and 9% of their total energy intake was derived from alcohol (National Diet and Nutrition Survey 2008/09-2009/10).

When surveyed about diet and nutrition most adults have an understanding of healthy eating, with eating fruit and vegetable cited most often. The majority of adults report a desire to improve their diets but difficulties cited in doing so relate to eating habits, cost and time pressures (NOO 2011).

There is limited data locally on inequalities that exist in terms of nutritional intake. The majority of inequalities data for diet relates to fruit and vegetable consumption collected through the Health Survey for England.

### **Sex differences**

A slightly higher proportion of women than men report consuming the recommended daily guideline amount of fruit and vegetables (25% of men and 27% of women).

The number of portions of fruit and vegetables consumed by women is slightly higher than men with an average of 3.7 portions compared with 3.4 for men (HSE 2009) (NHS Information Centre 2012).

### **Age differences**

Fruit and vegetable consumption was lowest for both men and women between the ages of 16 and 24 years. Only 19% of men and 21% of women of this age group consumed the recommended 5 portions compared to the average of 26% of adults (NHS Information Centre 2012).

Older adults are at increased risk of malnutrition. 42% of older adults admitted into care homes were assessed as malnourished in the Nutritional Screening Survey 2008 (Russell and Elia 2009). Older people were more likely to be malnourished than younger adults on admission to hospital. Malnourishment was associated with older people both in the community and in residential care.

### **Ethnic minorities**

There is limited data on nutrition in relation to ethnicity with no ethnicity data being available on the National Diet and Nutrition Survey. A study in Leicester reported that twice as many White British respondents ate more fruit and vegetables than ethnic minority respondents (Jenner and Gould 2004).

### **Socio economic status**

Lower consumption of fruit and vegetables is associated with lower income. Only 18% of men and 19% of women consumed the guideline amounts in the lowest socio economic quintile compared to 32% of men and 37% of women in the highest quintile (Information Centre 2012).

The Low Income Diet and Nutrition Survey (LINDS) 2007 found that those living in material deprivation consumed diets that were low in micronutrients such as vitamin A, C, iron, folates and riboflavin. Obesity and blood pressure rates were also high. Younger age groups in the more disadvantaged population were more likely to eat diets high in fat, sugar, processed and snack foods than the older age groups (Crawley 2008)

Adults from lower income groups cite affordability most commonly as the barrier to healthier eating (NOO 2011).

## **Pregnant women**

A mother's nutrition before and during pregnancy influences the growth and development of her baby.

Women from disadvantaged groups were more likely to have poorer diets. For some this resulted in under nourishment and slow weight gain during pregnancy. The Acheson Inquiry (1998) found that women from disadvantaged groups were more likely to have low birth weight babies. For others poor diet. Other mums in more disadvantaged groups were more likely to be obese (NICE 2011). Women from these groups were also less likely to take folic acid and other supplements before, during and after their pregnancy (NICE 2011).

## **Adults with learning disabilities**

Adults with learning disabilities are more likely to have nutritionally related ill health (for example diabetes, bowel disorders, poor dental health) than the general population. Coronary heart disease is the second highest cause of death in people with learning disabilities (Caroline Walker Trust 2007).

## **What are the risks of having a poor diet?**

The main risks of having a poor diet include:

- Increased risk of cardiovascular disease
- Increased risk of cancer
- Increased risk of overweight and obesity
- Increased risk of dental caries
- Increased risk of diabetes
- Increased risk of hypertension
- Increased risk of mineral deficiencies
- Increased risk of poor bone health

*Source: SACN (2008)*

## **CURRENT NEED IN THE POPULATION**

The Health Survey for England is used to monitor five a day fruit and vegetable intake. Table 1 below shows that Cheshire West and Chester has average consumption of fruit and vegetable intake when compared to the national average, however there is wide variation across the local authority with Ellesmere Port seeing much lower fruit and vegetable consumption and Rural West seeing higher than average consumption.

Table 1. Consumption of Fruit and Vegetables: Model based Estimates (2006-2008) for Cheshire West and Chester

<b>Adult Population that Eat Healthily: Model Based Estimates (2006-2008) for Cheshire West &amp; Chester</b>				
Geography	Model Based Estimate for Eating Healthily (%)	Model Based Estimate for Eating Healthily: 95% Confidence Interval (Lower Limit)	Model Based Estimate for Eating Healthily: 95% Confidence Interval (Upper Limit)	Predicted level compared to England estimate (Low/Average/High)
<b>England</b>	<b>28.7</b>	<b>28.0</b>	<b>29.3</b>	-
Cheshire West & Chester	28.4	26.1	30.8	Average
Western Cheshire Clinical Commissioning Group	29.5	26.7	32.5	Average
<b>Prevalence for areas below are estimated using mean of MSOAs and should be compared to other geographies with</b>				
Vale Royal Clinical Commissioning Group	25.9	22.7	29.1	Average
Chester Area Programme Board	28.7	25.2	32.3	Average
Ellesmere Port Area Programme Board	23.2	20.2	26.3	Low
Rural West Area Programme Board	33.5	31.0	35.9	High
Northwich & Rural Area Programme Board	28.4	24.0	32.8	Average
Winsford & Rural East Area Programme Board	26.3	21.0	31.6	Average

Source: APHO, Model Based Estimates, 2006-08; \*Western Cheshire CCG uses the published Western Cheshire PCT figure as proxy.

Notes: Confidence intervals : A statistical tool for indicating the accuracy of an estimated figure. It can be reasonably assumed that the true value lies somewhere within the confidence interval. In the above table the comparison against England and Wales uses 95% confidence intervals to comment.

There is a lack of local data on other nutritional indicators of a healthy diet. The following figures are taken from the National Diet and Nutrition Survey 2008/09 -2009/10) which look at a range of nutritional indicators for the population.



Table 2. Nutritional data for the National Diet and Nutrition Survey 2008/09

- Mean energy intake for adults aged 19-64 years was 1918 kcal/day and 1721 kcal for adults aged over 65 years
- Mean saturated fat exceeded recommended daily amounts (not more than 11% of food energy) in all age groups. The average for 19-64 year olds was 12.8%
- Total fat for all age groups was in line with recommended amounts apart from women aged over 65 whose total fat provided 35.9% of food energy and men aged over 65 whose total fat provided 37.1% compared the recommended amount of 35% of all food energy
- The mean consumption of oily fish was well below recommended amount of one portion per week for all groups
- Mean intake of trans fatty acids was between 0.7 and 0.9% which met the recommended amount of not exceeding 2% of food energy
- 61% of adults aged 19-64 years consumed alcohol over the 4 days previous to the survey. Their alcohol consumption represented 9% of their total energy intake. 53% of adults aged over 65 years consumed alcohol within the 4 days previous and this represented 6% of their total energy intake.
- Mean intake of Non-Starch Polysaccharides were below the recommended amounts for all age groups.
- Mean intake of vitamins (except vitamin D) were close to the recommended Reference Nutrient Intake.
- Mean mineral intake was below the Reference Nutrient Intake. 22% of women were below the Lower Reference Nutrient Intake for iron intake.
- A quarter of adults reported taking at least one dietary supplement during the four day recording period.

The Public Health Outcomes Framework proposes that an indicator is established. The exact definition is to be defined but will look at: **diet: comparison with national dietary targets and guidelines** and will be taken from the National Diet and Nutrition Survey (DH 2012).

## CURRENT PROVISION

### Change 4 Life

A national campaign promoted locally to encourage people to make small changes to make big differences by improving the activity levels as well as understanding ways to eat more healthily.

### **Community Food Programme**

The Community Food Programme was developed to help local people learn about healthy eating, shopping and cooking. A rolling programme of three-week cookery classes which incorporate healthy eating and shopping sessions are delivered free of charge at Ellesmere Port and Chester Healthy Living Centres through Big Lottery funding.

### **'In the Bag' Fruit and Vegetable Scheme**

A fruit and vegetable bag scheme is available to provide fresh fruit or vegetables for £3. The scheme is run by volunteers at the Healthy Living Centre and Westminster Food Action at a number of venues including Chester and Links Healthy Living Centres, Westminster and Lache Community Centres.

### **Love Food Hate Waste**

Love Food Hate Waste is a national campaign which aims to raise awareness of the need to and benefits of reducing food waste. Love Food Hate Waste local team provide advice and information on ways people can reduce food waste which can make their money go further whilst helping the environment.

### **Community Food Worker in Winsford and Northwich**

A community food worker has been employed to work in the areas of greatest need in Northwich and Rural APBs and Winsford and Rural East to improve knowledge and basic food skills to promote healthier eating

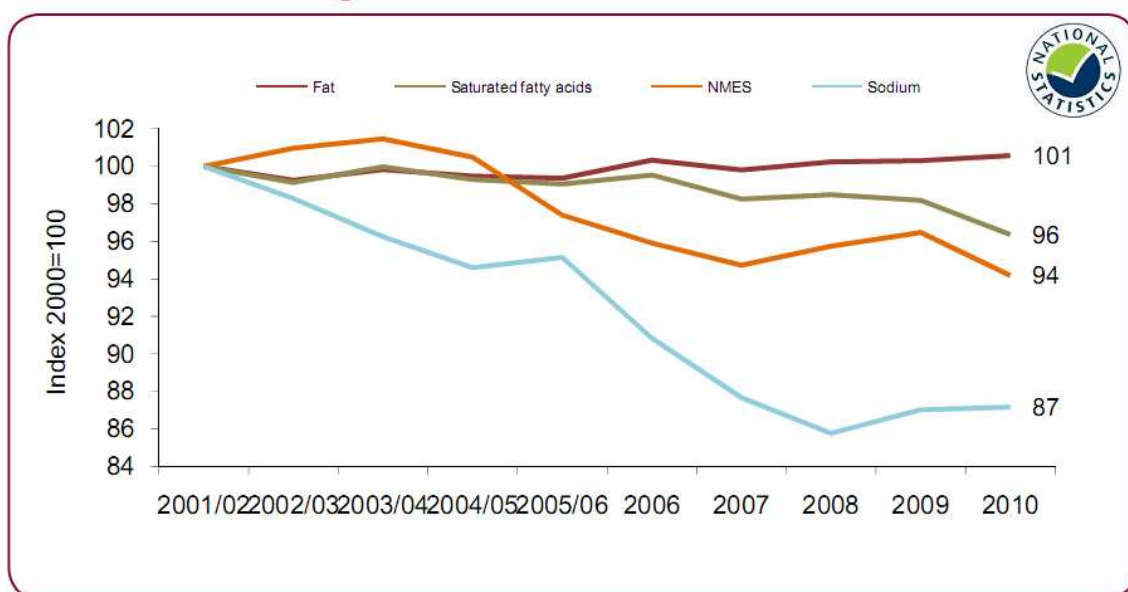
### **Community Garden Plots**

In addition to the community food worker mentioned above the Health and Wellbeing Task Group for Winsford and Rural East are also looking at the development of community garden plots which would support the growing of fruit and vegetables locally in Grange Estate and Wharton, Winsford and Tarporley

**PROJECTED SERVICE USE IN 3-5 YEARS AND 5-10 YEARS**

Nationally there has been a downward trend between 2006 and 2010 in the proportion of adults consuming 5 a day fruit and vegetables.

Figure 2 below details the trends between 2001 and 2010 in intakes of fat, saturated fatty acids, non milk extrinsic sugars and sodium (DEFRA 2011).  
Figure 2. UK trends in intakes of fat, saturated fatty acids, non milk extrinsic sugars and sodium to 2010



Source: Family Food in 2010, Defra; food and drink purchases for the household and eaten out.

The graph above illustrates overall declines in intakes of sodium, non milk extrinsic sugars and saturated fatty acids between 2001 and 2010. A increase has been observed during the same time period for fat.

## EVIDENCE OF WHAT WORKS

There is a range of guidance documents which summarise evidence on effective approaches to improving diet and provide recommendations on the most effective action. These are summarised below.

Table 2. Top tips for making healthier choices

### **Government 8 top tips for making healthier choices**

1. Base your meals on starchy foods
2. Eat lots of fruit and veg
3. Eat more fish – including a portion of oily fish each week
4. Cut down on saturated fat and sugar
5. Try to eat less salt – no more than 6g a day
6. Get active and try to be a healthy weight
7. Drink plenty of water
8. Don't skip breakfast

*Source: Department of Health (2011) Nutrition.*

The evidence summarised within many pieces of NICE Guidance supports the need for action by a range of organisations and policy makers including Local Authorities and other organisations. For example Prevention of Cardio Vascular Disease (PH25) recommends that Local Authorities use their powers to restrict planning permission for takeaways in specific areas and that Public Health work with organisations to promote policies that support physical activity and healthier eating. These may relate to special planning, transport, food procurement and retailing.

## **NICE Guidance**

A number of Public Health Guidance documents have been published by NICE which provide guidance on diet and nutrition. These are listed below:

- Maternal and child nutrition (PH11)
- Nutrition support in adults (CG32)

It should be noted that guidance exists in which nutrition guidance is included but does not form the only focus of the document for example (not exhaustive):

- Prevention of cardiovascular disease (PH25)
- Preventing type 2 diabetes – population and community interventions (PH35)
- Weight Management before, during and after pregnancy (PH27)
- Type 1 diabetes (CG15)
- Obesity (CG43)
- MI: secondary prevention (CG48)

The following guidance is currently in development at the time of writing:

- Preventing type 2 diabetes – risk identification and interventions for individuals at high risk (Due to be published June 2012)
- Obesity – working with local communities (due to be published November 2012)
- Overweight and obese adult – lifestyle and weight (due to be published October 2013)

It should be noted that guidance also exists regarding nutrition of children and young people. These documents should be included in the child section of the JSNA.

## **STAKEHOLDER VIEWS**

A deliberative engagement project was undertaken by Our Life in winter 2010 in Westminster, Ellesmere Port. Local residents were asked about the barriers they perceived existed that prevented them from eating healthier food. After speaking to national and regional experts the residents came up with a list of 24 recommendations for local and national action. The local recommendations included:

- Open a shop locally selling locally grown fresh produce
- Teach people basic cookery skills
- Obtain land to be used for growing produce locally

Cheshire West and Chester Council carry out Citizens Panel Surveys to gather views on a range of facilities and services run by the council. Recent feedback from these surveys demonstrated that 84% of respondents thought that it was very important that public organisations promote healthy eating and diet.

## **UNMET SERVICE NEEDS AND SERVICE GAPS**

It is evident that there is activity to improve awareness and skills of individuals to make their diets healthier, however provision is very localised and some are dependant on short term lottery funding.

Whilst the diet of the general population needs improving, a number of groups are at increased risk of having a poor diet that requires additional action.

These include:

- Low income households
- Pregnant women
- Adults with learning disabilities
- Older adults (in the community and in residential care)
- Ethnic minority groups

## **RECOMMENDATIONS FOR COMMISSIONERS AND POLICY MAKERS**

- Action is needed to improve the overall diet of the general population to support reductions in preventable deaths cause by CVD, cancer, diabetes along with reducing levels of obesity and improving bone health
- Develop partnership approaches to tackle upstream factors such as improving healthy food availability locally
- Work with partners to look at downstream factors to facilitate behaviour change and improve diet such as cooking skills, knowledge of diet, brief intervention and behaviour change techniques.
- Target those recognised as vulnerable groups including low income households, pregnant women, people with learning disabilities, older people (in the community ad residential care)
- Ensure national campaigns and programmes are maximised locally (e.g. Change for Life and Healthy Start)

## **RECOMMENDATIONS FOR FURTHER NEEDS ASSESSMENT**

- There is a need to understand the levels of malnutrition in the general population and disadvantaged groups at a local level.
- There is a lack of data or research which looks at mental health and diet

## **KEY CONTACTS**

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