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Developing a strategic approach to food and nutrition across West Sussex

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Outline of presentation



Today's presentation will focus on:

1. Background and context - impact of food environment on population food consumption
2. National policy on food and nutrition
3. Health impacts of an unbalanced diet
4. Developing a strategic approach to food and nutrition across West Sussex
5. Recommendations

Purpose of discussion



Developing a strategic approach to food and nutrition across West Sussex

It is proposed to:

- Develop a **West Sussex Food and Nutrition Strategic Framework** for system wide action, to be developed across all partners
- Develop an **interim action plan** to tackle the food environment and impact on population food consumption in the county

To assess population need to inform development of the strategic framework, we propose to:

- Undertake a **West Sussex Food and Nutrition Needs Assessment**
- **Review best practice evidence**

The Eatwell Guide

Eatwell Guide

Check the label on packaged foods

Each serving (150g) contains

Energy 1048kJ 250kcal	Fat 3.0g	Saturated 1.3g	Sugars 34g	Salt 0.9g
13%	LOW	LOW	HIGH	MED
	4%	7%	38%	15%

of an adult's reference intake
Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.



Water, lower fat milk, sugar-free drinks including tea and coffee all count.
Limit fruit juice and/or smoothies to a total of 150ml a day.



"The Eatwell Guide shows how much of what we eat overall should come from each food group to achieve a healthy, balanced diet."

You do not need to achieve this balance with every meal, but try to get the balance right over a day or even a week."

Source: NHS: [The Eatwell Guide - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Health impacts of an unbalanced diet



Human nutrition and the food we eat is an important aspect of health and wellbeing and closely linked to a wide range of health outcomes

Malnutrition (meaning “poor nutrition”) is a serious condition that happens when your diet doesn’t contain the right amount of nutrients

It can refer to:

- Undernutrition – not getting enough nutrients
- Overnutrition – getting more nutrients than needed

Source: NHS: [Malnutrition - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Why is a healthy diet important?

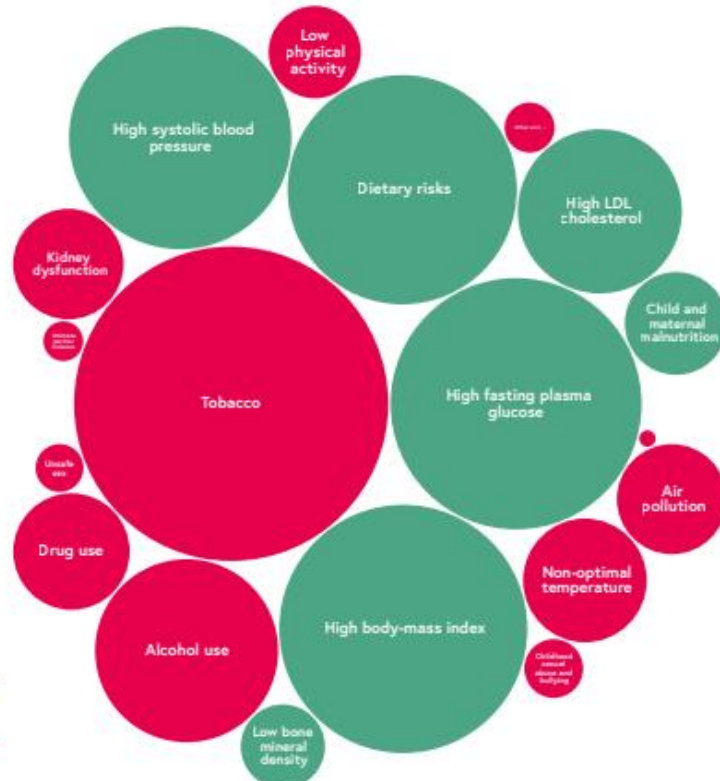


- 60,000 deaths in England attributed to poor diets in 2019
- Diets low in nutritious * whole foods and high in sugar and ** ultra-processed foods (UPFs) are independently associated with a range of health impacts, including an increased risk of:
 - Some cancers
 - Hypertension (high blood pressure)
 - Poor oral health
 - Premature death

**Whole foods are foods that has been processed or refined as little as possible and is free from [additives](#) or other artificial substances.*

***Ultra processed foods (UPFs) are foods that are highly altered and typically contain a lot of added salt, sugar, fat, and industrial chemical additives.*

Four of the top five risk factors for all-cause DALYs are related to diet



DALYS = disability adjusted life years

DALYS measure the total years lost to early death, ill-health and disability – thus combining mortality and morbidity.

They show that for England, diet is the leading cause of avoidable harm to our health.

Note: Bubble size is proportional to DALYs. Diet related risks shown in green.

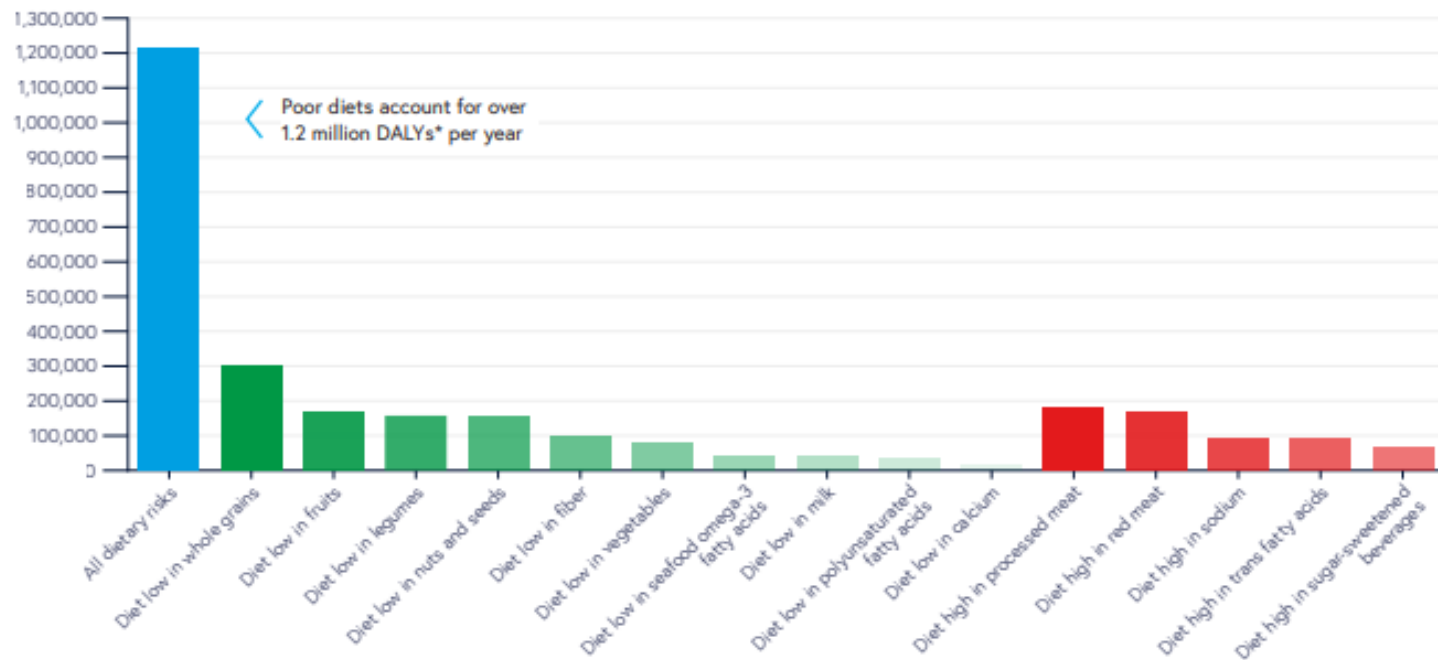
SOURCE: Global Burden of disease, 2019 data. Accessed March 2021 [GBD Results Tool | GHDx \(healthdata.org\)](https://viz.gbdresults.org/)

Diet is the leading cause of avoidable harm to our health (DALYs)

Poor diet is linked to:

- high blood pressure
- high fasting plasma glucose
- high BMI
- low bone mineral density
- high cholesterol
- child and maternal malnutrition.

The problem is not just obesity, but poor diet. Both result in considerable disease risk



High BMI accounts for over 1.4 million DALYs (not on chart).

Several other disease risks, in addition to high BMI and specific diet risks, also have strong diet-related causes such as High plasma glucose and High blood pressure which are not captured here.

SOURCE: Global Burden of disease, 2019 data. Accessed March 2021 [GBD Results Tool | GHDX \(healthdata.org\)](https://ghdx.healthdata.org/gbd-results-tool)

Background and context – food and nutrition



National Policies

- Foresight Report: Tackling Obesities: Future Choices – Project Report (2007)
- National Obesity Strategy (2020)
- UK National Food Strategy Independent Review: Part 2 (2021)
- Major Conditions Strategy (in development)

National Food Strategy for England (2021)

National Food Strategy: Independent Review: Part 2 The Plan

Key points

- Independent review of England's food chain from field to fork
- Includes production, marketing, processing, sale and purchase of food....
- Report makes recommendations to Government:
 1. Escape the junk food cycle and protect the NHS
 2. Reduce diet-related inequality
 3. Make the best use of our land
 4. Create a long-term shift in our food culture



Major Conditions Strategy



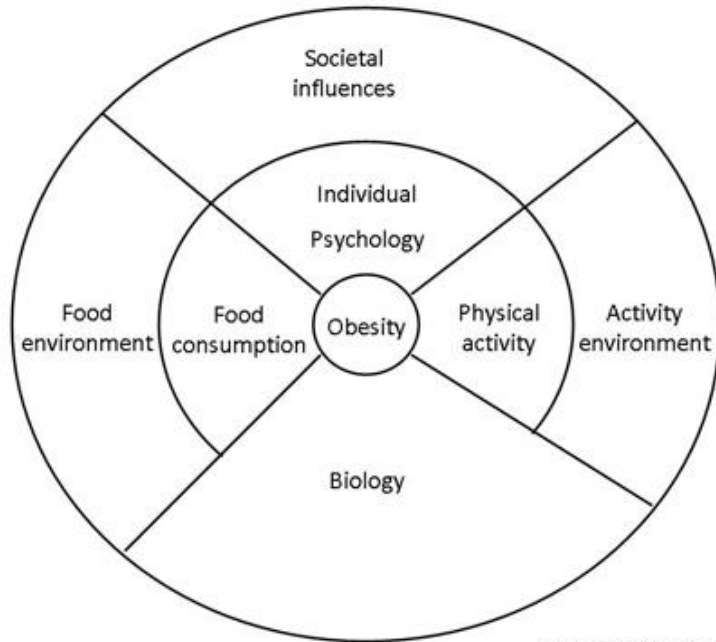
Focuses on developing a comprehensive approach to addressing **six groups of conditions**, which together account for over 60% of ill health and early death in England:

- Cancers
- Cardiovascular disease (including stroke and diabetes)
- Musculoskeletal disorders
- Mental ill health
- Dementia
- Chronic respiratory disease

Foresight Report: Tackling Obesity: Future Choices – Project Report (2007)



Key Points



Source: Foresight systems map, 2007

- Diet is interlinked with obesity as one of the main causal factors
- Traditional approaches to address obesity focus on treatment and support to those already overweight or obese
- Real impact can be seen by addressing **wider whole system determinants**
- Create conditions for positive health and wellbeing & reduce obesogenic environment
- Food environment & food consumption are two key determinants where local authority can have an impact

National data



National Diet and Nutrition Survey Data (NDNS) Rolling Programme (2016/17 – 2018/19) is the main source of data

- Continuous cross-sectional survey designed to assess the diet, nutrient intake and nutritional status of the general population in the UK.
- Key finding where consumption in the UK population exceeds the government recommendation:
 - Free sugars was above 5% of total energy across all age groups.
 - Saturated fat was above 10% total energy across all age groups.

Diet and inequalities



- In 2018 fewer than 3 in 10 adults in England ate the recommended five portions a day of fruit and vegetables
- Low fruit and vegetable consumption is found more likely in those living in the most deprived areas
- The UK population eats more highly processed foods than any other European country
- UK children aged 11-18 consumed more than double the recommended limit of free (added) sugars in 2016-2019
- Food poverty and insecurity has increased since the pandemic, with 2.5 million people using food banks in 2020/21- a 33% annual increase

[Addressing the leading risk factors for ill health - The Health Foundation](#)

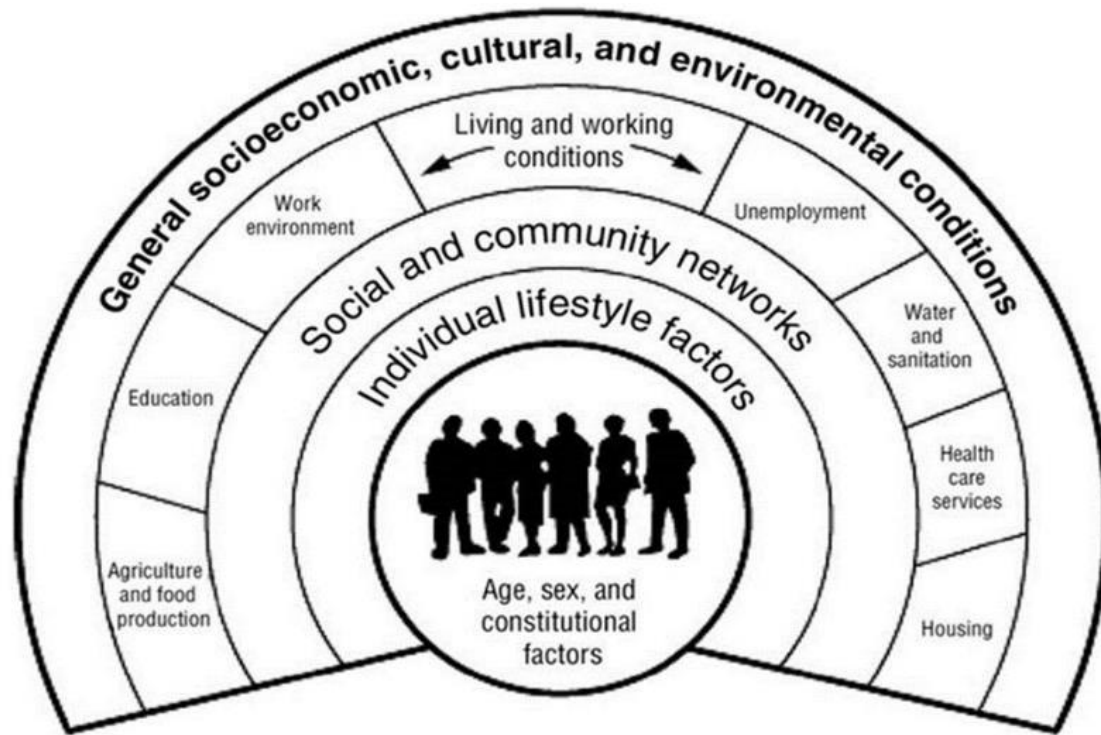
How can we prevent poor nutrition?

- Eat a healthy, balanced diet
- Eat a variety of foods from the main food groups, including:
 - plenty of fruit and vegetables
 - plenty of starchy foods e.g. bread, potato, pasta, rice
 - some milk and dairy foods or non-dairy alternatives
 - some sources of protein e.g. meat, eggs, fish, beans

Source: NHS: [Malnutrition - NHS \(www.nhs.uk\)](http://www.nhs.uk)



Dahlgren and Whitehead model of health determinants (1991)



Source: Dahlgren and Whitehead (1991)

The broad social and economic circumstances that together determine the quality of the health of the population – known as the **'social determinants of health'**

Reference: Public Health England. Health profile for England 2017: Chapter 6: social determinants of health [Internet]. 2017 [accessed 2024 Jan 12]. Available from: <https://www.gov.uk/government/publications/health-profile-for-england/chapter-6-social-determinants-of-health>

How can we address this in West Sussex?



Developing a strategic approach to food and nutrition across West Sussex

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Recommendation(s) to the Board



The Health and Wellbeing Board is asked to;

- (1) **Provide feedback** on the proposed West Sussex Food and Nutrition Strategic Framework for implementing a whole systems approach across the county.
- (2) **Endorse** the proposed approach to address the complex food and nutrition landscape in West Sussex, including prioritising actions within an interim action plan to tackle the food environment and impact on population food consumption in the county, undertaking a West Sussex Food and Nutrition Needs Assessment to inform the development of the West Sussex Food and Nutrition Strategic Framework, and reviewing best practice evidence.
- (3) **To discuss** the intentions for this strategic approach with their own organisations and consider how to engage with the development of the interim action plan, needs assessment and strategic framework going forward to maximise this collaborative approach.
- (4) **Recognise** the significant impact this proposed whole systems approach across West Sussex could have on improving the health of the local population and reducing inequalities across the life course (all ages).

The proportion of the DALY burden for the 6 groups of Major conditions attributable to key risk factors (*Global Burden of Disease*)



Key risk factors	Cardiovascular Disease	Chronic Respiratory Disease	Neurological disorders	Cancers	Diabetes	Musculoskeletal disorders
High fasting plasma glucose (blood sugar levels)	25%	Not applicable	5%	6%	100%	Not applicable
Tobacco	20%	45%	6%	28%	17%	12%
High BMI	22%	6%	6%	7%	58%	7%
Dietary risks	35%	Not applicable	Not applicable	6%	37%	Not applicable
High systolic blood pressure	45%	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
High LDL cholesterol	26%	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Occupational risks	Not applicable	8%	Not applicable	9%	Not applicable	7%
Air pollution	5%	5%	Not applicable	1%	9%	Not applicable
Non-optimal temperature	6%	11%	Not applicable	Not applicable	2%	Not applicable
Low physical activity	4%	Not applicable	Not applicable	1%	11%	Not applicable
Kidney dysfunction	6%	Not applicable	Not applicable	Not applicable	Not applicable	0%
Alcohol use	1%	Not applicable	2%	6%	-3%	Not applicable