

Living Well: Diet & Nutrition

Why is this important to Bradford District?

Consuming a healthy diet throughout the life course helps prevent malnutrition in all its forms, as well as a range of diseases and conditions. Poor diet and nutrition are recognised as increasing the risk of some cancers and cardiovascular disease (CVD), both of which are major causes of early death. A diet with an excessive number of calories also leads to increasing numbers of people becoming overweight or obese which is also associated with the rise in Type 2 Diabetes.

People are now consuming more foods high in energy, fats, free sugars or salt/sodium, and many do not eat enough fruit, vegetables, oily fish and dietary fibre such as whole grains. Current [nutrition advice](#) from the NHS advocates balance is the key to a healthy diet. It states that eating a wide variety of foods in the right proportions, and consuming the right amount of food and drink, will help achieve and maintain a healthy body weight, while eating a low sugar diet will help to protect against dental caries.

Beyond body weight; a nutritious and balanced diet also ensures that the body has sufficient levels of vitamins and minerals such as iron, Vitamin C and Vitamin D, that are key to maintaining good health. Vitamin D for example helps to keep bones and teeth strong and healthy; deficiency can lead to diseases such as rickets. The Department of Health and Social Care recommends that all children take vitamin D supplements until they are 5 years old. Women and children qualifying for the [Healthy Start](#) scheme can get free multi- vitamin supplements alongside vouchers for fruit and vegetables, cow's milk and infant formula milk.

Good nutrition across the life course begins with maintaining a healthy balanced diet both before and during pregnancy, and continuing the best nutrition for your baby through breastfeeding after they are born. Breastfeeding is the healthiest way to feed babies, and exclusive breastfeeding (giving your baby breast milk only) is recommended for around the first six months. After that, giving breast milk alongside other food will help them continue to grow and develop healthily. There is a growing body of evidence that also links children eating a well-balanced diet to improved educational outcomes in school.

It is recognised that while achieving and maintaining calorie balance in adults is commonly a consequence of individual decisions about diet and activity; many social, cultural, environmental and economic factors also heavily influence this. These drivers which are identified in the [Foresight report](#) published in 2007, and include a wide range of factors from lack of knowledge, skills and time to cook, to the ready availability of calorie-rich food in the places with live, learn, and work.

The increasing consumption of out-of-home meals – that are often cheap and readily available at all times of the day - has been identified as an important factor contributing to rising levels of obesity. [Public Health England](#) estimated in 2014 that there were over 50,000 fast food and takeaway outlets, fast food delivery services, and fish and chip shops in England. Nationally more than one quarter (27.1%) of adults and one fifth of children eat food from out-of-home food outlets

at least once a week. These meals tend to be associated with higher energy intake; higher levels of fat, saturated fats, sugar, and salt, and lower levels of micronutrients.

Strategic context

National context: There are a wide range of strategies linked to improving diet in the population. One of the most well-known public facing strategic activities is [Change 4 Life](#). Change for life is an initiative targeted at families and provides information and advice on eating, drinking and leading a



Source: Change 4 Life

more active life. The Change 4 Life social marketing campaign's aim to reduce childhood obesity and improve diets is further supported by the Government's 2016 publication [Childhood Obesity: a plan for action](#). This strategy included plans for a new tax on sugary drinks which came into force in April 2018. In 2018 a [second chapter](#) was added, including proposals now or shortly out for consultation on advertising of unhealthy food and

drink before the watershed, banning multi-buy offers on unhealthy foods, mandatory calorie labelling in restaurants, cafes and takeaways. The plan for action also promises a radical more ambitious update to the [School Food Standards \(2015\)](#). A set of standards for food provided in schools is now mandatory in all maintained schools and new academies and free schools, from January 2015. The standards aim to help children develop healthy eating habits, and ensure they get the energy and nutrition they need across the whole school day.



Source: Change 4 Life

The National Institute for Health and Clinical Guidance (NICE) has a range of Quality Standard and Guidance relating to healthy diet. These include:

[Maintaining a healthy weight and preventing excess weight gain amongst adults and children \(NG7\) March 2015](#). This guideline covers behaviours such as diet and physical activity to help children (after weaning), young people and adults maintain a healthy weight or help prevent excess weight gain. The aim is to prevent a range of diseases and conditions including cardiovascular disease and Type 2 diabetes, and improve mental wellbeing.

[Vitamin D: supplement use in specific population groups \(PH56\) November 2014](#). This guideline covers vitamin D supplement use. It aims to prevent vitamin D deficiency among specific population groups including infants and children aged under 4, pregnant and breastfeeding women, particularly teenagers and young women, people over 65, people who have low or no exposure to the sun and people with darker skin.

[Maternal and child nutrition \(QS98\) July 2015](#) covers improving nutrition for women who are planning to become pregnant, pregnant women, and babies and children under 5 and their mothers and carers. It focuses on low-income and disadvantaged families.

[Nutrition support in adults \(QS24\) November 2012](#) includes care for adults (aged 18 and over) who are malnourished or at risk of malnutrition in hospital or in the community. It includes identifying people at risk of malnutrition and providing nutrition support.

[Obesity in adults: prevention and lifestyle weight management programmes \(QS111\)](#) January 2016. This standard covers preventing adults (aged 18 and over) from becoming overweight or obese. It includes strategies to increase physical activity and promote a healthy diet in the local population.

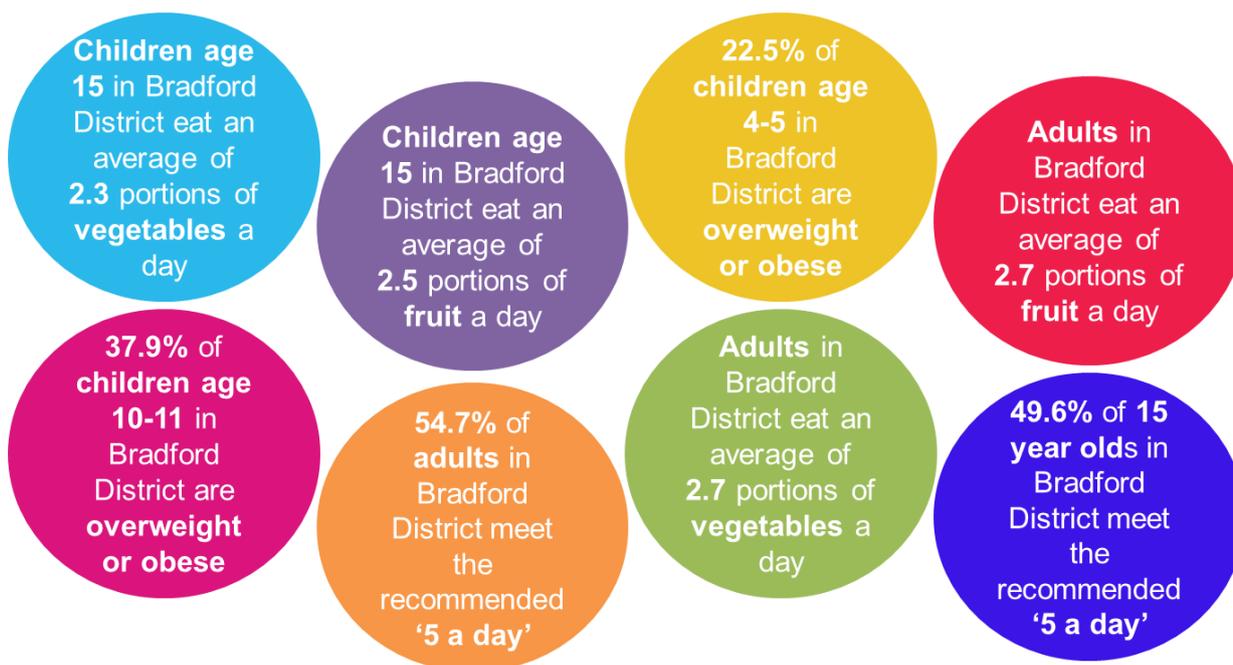
[Obesity in children and young people: prevention and lifestyle weight management programmes \(QS94\)](#) July 2015. This guidance covers a range of approaches at a population level to prevent children and young people aged under 18 from becoming overweight or obese. It includes interventions for lifestyle weight management.

Local context: Locally, the Healthy Bradford District Plan sets out a local ambition for taking a **whole systems approach** to improving lifestyles through identifying and addressing the drivers of unbalanced and unhealthy diets, alongside other areas including physical activity. This is supported in its aims through the [Health and Wellbeing Strategy 2018–2023](#)

What do we know?

54.7% of adults in Bradford District meet the recommended '5 a day' on a usual day, however for the country on average 57.4% of adults meet this recommendation. The average number of portions of vegetables consumed daily for adults in Bradford District (2.7) is actually the same as the average for England. Similarities are also seen between the average portions of fruit consumed per day with Bradford District and England both recording 2.7.

Figure 1: Diet statistics for Bradford District

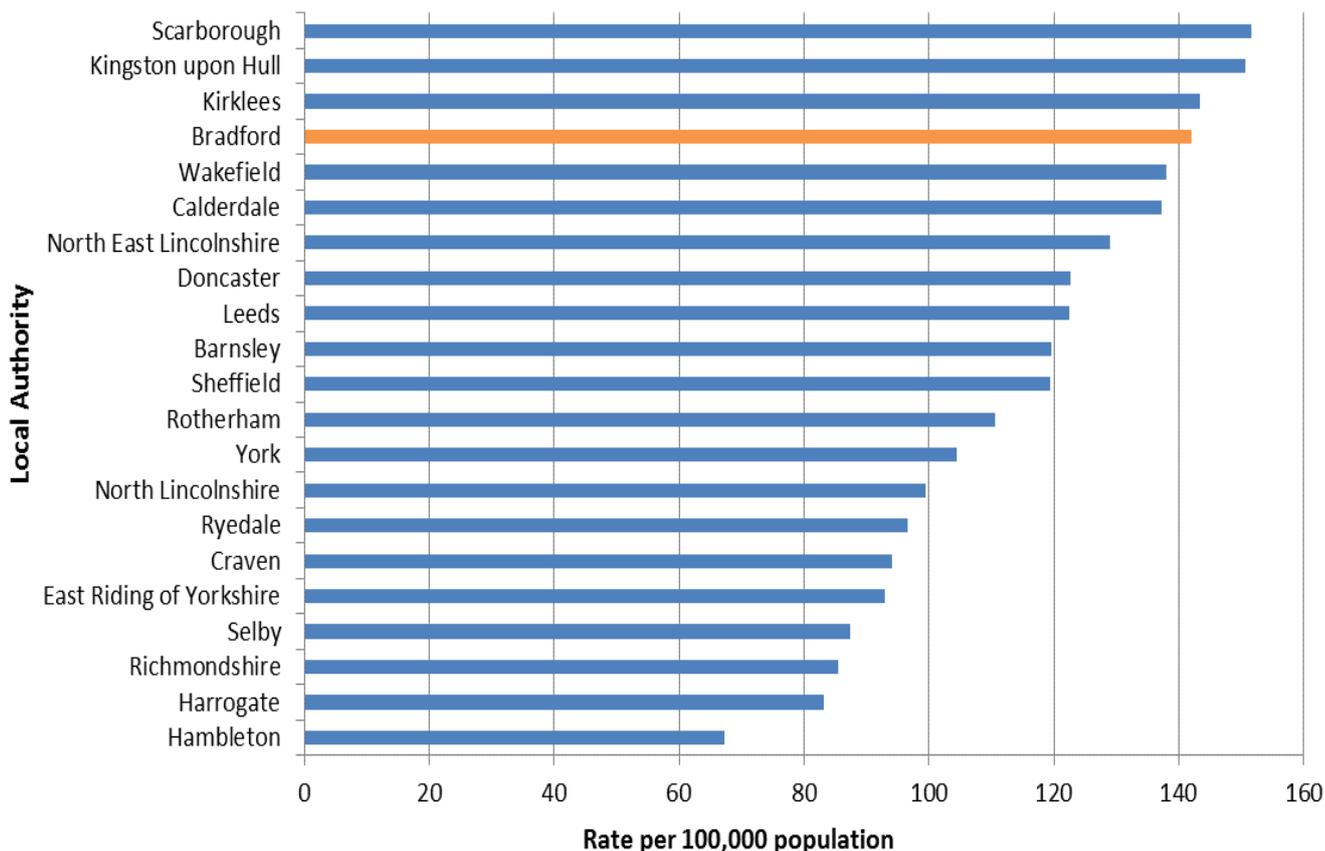


Source: Public Health England

These similarities are not matched when looking at the average number of portions of vegetables consumed daily at age 15, which in Bradford District is slightly lower than the national average of 2.4.

In terms of the food environment, Bradford District has one of the **highest concentrations of fast food outlets** in the region, with 757 outlets at the time of counting – a rate of 142.1 outlets per 100,000 population.

Figure 3: Number of fast food outlets per 100,000 population in different local authorities in Yorkshire & Humber



Source: Public Health England

New figures from Public Health England reveal England's poorest areas are fast food hotspots, with 5 times more outlets found in these communities than in the most affluent. The data also suggests fast food outlets – including chip shops, burger bars and pizza places –account for more than a quarter (26%) of all eateries in England.

The **local environment has a major influence** on our behaviours and streets crowded with fast food outlets can influence our food choices – many of these currently have no or little nutrition information in-store. Children exposed to these outlets, whether out with friends or on their way home from school, may find it more difficult to choose healthier options.

What Assets do we have?

Capacity building: Public Health delivers a number **training** opportunities to build capacity amongst practitioners and residents in the District to support people to improve their diet. These include:

- Health Improvement Training – the training focuses on nutrition, diets and eating healthy and is delivered to voluntary sector and statutory organisation staff.
- School Cooks – training school cooks to provide healthier meals on school premises and after school cookery clubs involving parents.
- HENRY programmes – The Health Improvement Team deliver HENRY programmes to practitioners who work in early years settings, increasing skills and knowledge. The training addresses obesity in childhood and beyond by helping parents adopt a healthier family lifestyle.

Physical Assets and Schemes Promoting Good Diet & Nutrition: There are a number of schemes operating in the District which help support good nutrition. These include:

- Tool Library – as part of the Warm Homes Healthy People (WHHP) programme, a tool library was created which purchased a range of equipment and is located in the five Area Offices in the District and the equipment can be used to grow produce on the allotments to promote a healthier diet.
- *Community Allotments* – there are a number of allotment sites across Bradford District which provides residents with the opportunity to **grow and eat their own produce** from the allotment, as detailed above.
- *Food Banks* – a number of food banks are located in Bradford District which supports people who are at risk of going hungry by providing nutritionally balanced, non-perishable, tinned and dried foods that have been donated by the local community.
- *Fuel for schools* – The project works with a number of **schools** in the Bradford District to provide surplus food which would otherwise have been destined for landfill. The surplus food is also made available to purchase at low cost to children and their families.
- *Storehouse* - contributes towards food poverty and food waste by intercepting surplus and unwanted food from partners across Bradford District, sorting and storing it, and redistributing it to people in need.
- *Bradford District Council School Food Catering Service* achieved the bronze Food for Life award in 2018 which is awarded to food providers as an independent endorsement of the quality, provenance and sustainability of the food they provide.
- We have an established **vitamin D programme** in the District; recognising the importance to prevent rickets, all infants are provided with free vitamin D drops from birth up to 6 months of age as many are exposed to the risk factors for vitamin D deficiency
- The local authority oversee **Supplementary Planning Guidance** restricting the opening of hot food takeaways that: fall within 400m of the boundary of an existing primary or secondary school or youth centre facility (e.g. YMCA, after school clubs); or fall within 400m of a Recreation Ground or Park boundary.

Gaps / challenges / opportunities

Deprivation: Deprivation can significantly impact on the diet of children and young people living in low-income households. This is strongly linked to the social and economic inequalities that determine an individual's health and wellbeing. **Rising food prices** have led to trading down to cheaper food products (which tend to be less healthy) or consumption of less food. This is

compounded by the higher levels of poorer quality housing in areas of deprivation, which limits the ability to safely store and prepare healthy foods.

Individuals on low incomes are likely to have less money to pay for energy bills for some cooking facilities. There is also a **strong association between the density of fast-food outlets and increasing deprivation**, which adversely impacts on the ability of residents in poorer communities to access affordable, healthy food.

Knowledge and attitudes towards diet: Many children and adults in the UK are aware of the importance of consuming a healthy diet, and are concerned about the amount of unhealthy content in food and drink products. This contrasts starkly with how the majority of children and adults do not meet dietary guidance, and demonstrates the need to consider the range of factors beyond an individual's knowledge and attitudes that impact on their dietary behaviour.

Access and availability: Children and young people's diets are influenced by the food and drink products available in their surrounding environment. The **school environment** can be an important influence on children and young people's diets, with evidence suggesting that the availability of unhealthy products in school vending machines is associated with poor dietary behaviour.

Education, social marketing and health promotion: High impact and sustained social marketing campaigns should be used to improve attitudes and knowledge about healthy dietary behaviour and the health risks of a poor diet. These should be supported by a strong regulatory framework that reduces the accessibility, availability and promotion of unhealthy food and drink products.

Local authorities should work collaboratively with schools to achieve the wider implementation of the whole-school approach for promoting healthier diets throughout the UK. This should include a focus on developing cooking skills and improving knowledge about where food comes from.

Consumer Marketing: Children and young people are exposed to a range of food and drink marketing tactics that work in combination to influence demand for their products. These relate to how the product is developed and priced, how it is made available to a consumer and what marketing communications are used to promote it.

Branding is critical to product choice, especially for children and young people, who are typically seen as key targets for marketers. Food and drink products are known to be some of the most highly branded items that lend themselves to major advertising campaigns. As processing can add value for the customer (for example longer shelf life) and results in a higher net worth for the products it is advantageous for companies to market processed goods over commodities.

Mass media advertising is known to have a direct impact on children and young people's dietary choices, and an indirect effect on their dietary preferences, consumption and behaviour. While television has been the traditional form of mass media advertising, other strategies, such as through the internet and digital media, are widely used. There are a range of other marketing communication tactics beyond mass media advertising, including attractive packaging, celebrity endorsement, and linkage with fictional characters (e.g. popular film and television characters), sponsorship and sales promotions.

Making Every Contact Count: There is a need for all professionals to Make Every Contact Count across health and care to ensure changes to lifestyle behavior are encouraged that have a positive effect on the health and wellbeing of individuals and communities within the District.

What are we doing about it and what does the information presented mean for commissioners?

The issue of obesity and poor diet has wide reaching and complex roots. For commissioners to support a **whole system response** to improving dietary choices requires consideration of the opportunities presented to them to influence the environment around us, and that are constructed within the services they commission to enable poor dietary choices and make healthier choices more challenging to identify or more costly to achieve. The work being developed under the Healthy Bradford District plan to be shared during 2018/2019 under the 'Living Well' brand will include toolkits and levers to support commissioners in identifying and instigating change to improve healthy diets within both their commissioned services and their own organisations.



Supporting resources and references

- Adams J, Goffe L, Brown T, Lake AA, Summerbell C, White M, et al. Frequency and socio-demographic correlates of eating meals out and take-away meals at home: cross-sectional analysis of the UK national diet and nutrition survey, waves 1–4 (2008– 12). *Int J Behav Nutr Phys Act*. 2015 Apr 16; 12(1):51.
- Bradford.gov.uk. 2014. *Hot Food Takeaway Supplementary Planning Document* [ONLINE] Available at: <https://www.bradford.gov.uk/media/3039/hotfoodtakeawaysupplementaryplanningdocument.pdf> [Accessed 21 September 2018]
- Gov.UK. 2017. *Health Matters: Obesity and the Food Environment*. [ONLINE] Available at: <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>. [Accessed 21 September 2018].
- Gov.UK. 2018. *Fast food outlets: density by local authority in England*. [ONLINE] Available at: <https://www.gov.uk/government/publications/fast-food-outlets-density-by-local-authority-in-england>. [Accessed 21 September 2018].
- Gov.uk.2017. *Childhood Obesity: A Plan for Action*. [ONLINE] Available at: <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action/childhood-obesity-a-plan-for-action>. [Accessed 19 September 2018].