

## Diet and Nutrition

June 2017



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Version: 1

Last Updated: June 2017

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### Introduction

Poor diet and nutrition choices are major risk factors for ill health and premature death (HSCIC 2016). Neglecting to follow dietary guidelines can increase the odds of developing many chronic health conditions including; cardiovascular diseases, diabetes and cancer. Health problems associated with being overweight or obese cost the NHS more than five billion pounds every year (Department of Health 2013). Recently the blame for diet-related health problems has shifted from fat to sugar. According to Public Health England (2015), sugar intake of all population groups is above recommended levels. Consumption of sugar and sugar sweetened drinks is particularly high in school age children. Sugar consumption also tends to be highest among the most disadvantaged, who also experience higher rates of tooth decay and obesity. (See also JSNA Chapters for Obesity, Diabetes, CVD).

### Recommendations for Commissioners

- modify price promotions in all retail outlets and restaurants, cafes and takeaways
- reduce marketing opportunities to advertise high sugar food and drink products across all media including digital platforms and through sponsorship of Sugar Reduction: The [PHE 2015 report](#): Sugar Reduction, the evidence for action pt 8
- set definition of high sugar foods to aid with actions above. Currently the Ofcom nutrient profiling model is the only regulatory framework for doing this. It would benefit from being reviewed and strengthened
- introduce a programme of gradual sugar reduction in everyday food and drink products, along with reductions in portion sizes
- adopt Government Buying Standards for Food and Catering Services (GBSF) across the public sector, including national and local government and the NHS, to promote provision and sale of healthier food and drinks in hospitals, leisure centres, etc
- routinely deliver accredited training in diet and health to those with opportunities to influence food choices in the catering, fitness and leisure sectors and others within local authorities
- continue to raise awareness of concerns around sugar levels in the diet to the public as well as health professionals, employers and the food industry etc.
- encourage action to reduce intakes and provide practical steps to help people lower their own and their families' sugar intake. Success will depend on the engagement of a wide range of people and organisations. Actions can be started and continued by individuals, families and organisations as the wider debate and plans for implementation develop. (PHE 2015).

## What do we know?

Public Health England's (PHE 2017) new Change4Life campaign shows that children are consuming half the daily recommended sugar intake before the morning school bell. Children in England consume more than 11 grams of sugar at breakfast time alone; almost three sugar cubes. The recommended daily maximum is no more than five cubes of sugar for four to six year olds and no more than six cubes for seven to ten year olds per day. By the end of the day children have consumed more than three times these recommendations.

A survey conducted for PHE's Change4Life campaign found that parents are unsure what makes up a healthy breakfast for their children. It found that of those parents whose child was consuming the equivalent of three or more sugar cubes in their breakfast, over eight in ten parents (84%) considered their child's breakfast as healthy. Change4Life is offering a new [Be Food Smart App: see how much sugar, saturated fat and salt are really inside your food and drink](#)

Families for Health (Robertson et al 2017) focuses on a parenting approach, designed to help parents develop their parenting skills to support lifestyle change within the family. Families for Health version 1, showed sustained reductions in mean body mass index (BMI) z-score after two years in a pilot project. The aim of this study was to evaluate its effectiveness and cost-effectiveness in a randomised controlled trial (RCT).

NICE has produced a diet pathway (2013) which brings together all NICE guidance on diet and nutrition. NICE guidance on the prevention of cardiovascular disease (2010) gives recommendations for action on diet including: salt; saturated fats; trans fats; marketing and promotion aimed at children and young people, commercial interests, product labelling, health impact assessment, the common agricultural policy, public sector catering guidelines, and takeaway and other food outlets. NICE (2015) has also issued guidance on preventing children, young people and adults becoming overweight or obese. This guidance covers how the NHS, local authorities, early year settings, schools and workplaces can increase physical activity levels and make dietary improvements among target populations.

The Department of Health (2013) conducted a survey of the diet and nutrition of infants and young children, providing the only source of detailed information on the food consumption, nutrient intakes and nutritional status of infants and young children in the general UK population aged four to 18 months. It found that: infants and young children aged four to 18 months were reported to consume a varied diet. Dietary recommendations were generally met by the majority of the population: the proportion of children who had ever been breastfed (78%); the duration of breastfeeding (57% were not breastfed beyond three months); the mean total of fruit and vegetable consumption was relatively high; although consumption was significantly lower in the routine and manual socio-economic category compared to the managerial and professional category and significantly lower in South Asian and children of 'other' ethnicity compared to white children aged four to 18 months.

In 2013, fewer men than women consumed the recommended five or more portions of fruit and vegetables in a day (25% and 28% respectively). A similar proportion of boys and girls consumed five or more portions per day (16% of boys, 17% of girls) (NHS Digital 2015).

The Soft Drinks Industry Levy is part of the government's childhood obesity strategy, and was first announced at Budget 2016 (HM Treasury 2016). "The levy will make soft drinks companies pay a charge for drinks with added sugar and total sugar content of five grams or more per 100 millilitres. That is about 5% sugar content. There is a higher charge for the drinks that contain eight grams or more per 100 millilitres, or about 8% sugar content. This means that pure fruit juices won't be taxed, because they don't contain added sugar. Neither will drinks that have high milk content, because they contain calcium and other nutrients that are vital for a healthy diet."

### **Local perspective**

See Diabetes, Cardiovascular Diseases and Obesity Chapters for statistical information and relevant stakeholders.

### **What should we do next?**

The government's Scientific Advisory Committee on Nutrition (SACN) has recommended that average maximum intake of sugar should not exceed 5% of total dietary energy (PHE 2015). These recommendations have the potential to save the NHS around £500 million every year.

The Marmot Report (2010) emphasised the social gradient in health and stressed that 'the whole gradient needs to be targeted, with proportionately more focus down the gradient. Both the universal aspects of policies and the increasing focus on those worse off are important.' This applies to diet and nutrition in that 'ill health preventions aimed at changing individual behaviours such as ... diet and exercise are more quickly and commonly taken up by the middle classes and those who already have positive attitudes towards health.' These health inequalities must be taken into account when promoting healthy diet and nutrition programmes.

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