NHS Board Meeting
18 February 2009

Subject: NHS Ayrshire & Arran Food and Health Action Plan.
Purpose: To approve the Food and Health Action Plan for implementation across Ayrshire and Arran.
Recommendation: To consider the amended Food and Health Action Plan 2009-2020.

1. Background

1.1 The NHS Board previously approved the Draft NHS Ayrshire and Arran Food and Health Action Plan for formal 3 months consultation.

2. Current Situation

2.1 Following wide consultation the Action Plan is now amended and summarised for resubmission to the NHS board and for implementation across Ayrshire & Arran.

3. Proposals

3.1 That the NHS Board approve the Food and Health Action Plan for implementation across Ayrshire and Arran in conjunction with partners and with monitoring in place through Health Promotion Performs framework.

4. Consultation

4.1 Wide consultation took place with 82 responses received; some on behalf of organisations or services. Most comments (164) were supportive of the document with no changes and 94 comments suggested minor changes.

4.2 The key amendments made were:

- Changing the term “healthier eating” to “good nutrition” as this is more reflective of all groups particularly those who may be at risk of under nutrition,
- References included on the importance of the links between food and physical activity for good health and particularly weight management,
- Further inclusion of the beneficial role of breastfeeding for good early and adult health,
- Addition of Homeless people to the vulnerable groups.
5. **Resource Implications**

5.1 There are two potential sources of resources for implementation of this plan:

- Where possible funding will come from within existing budgets including redesign and reallocation of resources
- Additional short term funding will be sought or may also become available.
  Scottish Government funding for child healthy weight programmes (HEAT 3) and maternal and early years nutrition (CEL 36) is now available from 2008-2011.

6. **Risks**

6.1 The NHS cost of treating obesity in Scotland was estimated as £171 million in 2003 and rising. Most is spent on treating the consequences of obesity such as CHD, stroke, diabetes and hypertension. Good nutrition to reduce obesity can reduce the costs of treatment over a wide range of long term conditions.

6.2 Estimates of the costs of undernutrition in 2003 were in excess of £7.3 billion for the UK; 10% of the NHS budget.

6.3 Osteoporosis is estimated to cost the UK NHS £1.7 billion per year for hospital treatment alone. Prevention is crucial in the first three decades of life; the keys to prevention are healthier diet and adequate physical activity.

7. **Impact Assessment**

7.1 Equality and Diversity Impact Assessment was done prior to consultation.

8. **Conclusion**

8.1 The Chief Medical Officer for Scotland said that the cost of doing nothing to tackle obesity would mean:

- Increased population co-morbidities,
- Increased prevalence of type 2 diabetes,
- Increased disability,
- Reduction in workforce availability,
- Decreased life expectancy.

8.2 Ill health due to poor nutrition could overwhelm the NHS, if not the nation. Eating habits can be improved and levels of physical activity increased to reduce the numbers of people who develop long term health conditions and improve the recovery time of those who develop ill health. This will reduce the consequent risks to the individual and costs to the NHS, local authorities, employers and society.

Dr Carol Davidson  
Director of Public Health  
29 January 2009

[Fiona Smith]
Food and Health Action Plan
2009-2020

Executive Summary

1. Introduction
Good nutrition is recognised as vital for the health of everyone for disease prevention, disease management and general well being. There strong evidence that poor nutrition leads to increased risk and prevalence of many long term conditions such as obesity, some cancers, coronary heart disease, diabetes, osteoporosis and osteoarthritis, with most of these diseases contributing to increased early deaths. Good nutrition leads to improved physical and mental well being. The Food and Health Action Plan will raise the profile of the relationship of food with health and well being and show the important links between food, healthy weight and physical activity.

Currently in Scotland poor eating habits, including undernutrition, are the second major causes of ill health, after smoking. There is a wealth of research supporting good nutrition and demonstrating how a nutritionally balanced diet is beneficial and how poor eating habits are detrimental to the population’s health. The 1993 Scottish dietary targets (Appendix 1) updated in 2005, are consistent with this research:

2. Why Is Eating For Health Important?
Scotland’s health is poor, particularly in comparison to our UK and European neighbours. The result is ill health and early deaths of working age adults. In 2007, the two most common causes of death in Scotland, were cancer (28% of all deaths), and ischaemic heart disease (17% of all deaths).

Cancer risk reduction
It is estimated that one in three cases of cancer is related to diet; increased cancer risk comes from being overweight or obese and from eating large quantities of preserved meats such as ham and bacon. These can increase the risk of cancer of the breast, oesophagus, colorectum, endometrium and kidney. Eating at least five portions of fruits and vegetables every day can reduce the risk of oral, stomach and colorectal cancers.

Coronary heart disease (CHD) risk reduction
Many of the preventable CHD risk factors are related to diet such as being overweight or obese, having raised blood cholesterol, high blood pressure and a low intake of fruit and vegetables. The World Health Organisation has found that being breast fed is associated with lower blood pressure, blood cholesterol and obesity in adulthood.

The highest rates of coronary heart disease are among people who are overweight or obese and who live in areas of deprivation.
Mental health
There is evidence that good nutrition can improve mental well-being and perhaps reduce the incidence of mental ill health. It can also improve children’s concentration and is vital for brain development in babies and young children.5

3. What Is The Current State Of Health In Ayrshire And Arran?

Breastfeeding
The Scottish breastfeeding HEAT target is to increase the proportion of newborn children exclusively breastfed at 6-8 weeks from 26.6% in 2006/07 to 33.3% in 2010/11.6 In 2007, 19% of babies in Ayrshire and Arran were exclusively breastfed at six to eight weeks. This is a 3% reduction from 2006 reflecting a similar reduction in other NHS Boards. Ayrshire and Arran continues to have one of the lowest breastfeeding rates in Scotland.

Coronary heart disease (CHD)
In Ayrshire and Arran in 2006 the standardised coronary heart disease death rate for people under 75 years was 72.6 per 100,000 population. This continues a downward trend from 98 in 2001 and 128 in 1997.7 Ayrshire and Arran is on track to meet and exceed the target of 66 deaths per 100,000 population by 2010.

Cancer
There is an upward trend in deaths from cancer in Ayrshire and Arran. Between 2003 and 2008 there was an increase in the death rate due to cancer for those under 75 years, from 179 deaths to 190 deaths per 100,000. Scotland in comparison experienced a decrease in deaths between 2003 and 2008 from 173 deaths to 168 deaths per 100,000. The most common causes of death from cancers are lung and colorectal cancer in men and in women, lung, breast and colorectal cancer.8 Good nutrition can reduce both breast cancer and colorectal cancer risk.

Diabetes
In the 2005 Scottish Diabetes Survey9 there were 13,700 people in Ayrshire and Arran diagnosed with diabetes, 31% were overweight and 42% were obese. The 2007 Scottish Diabetes Survey10 shows an increase of almost 10% to just under 15,000 people diagnosed with diabetes in Ayrshire and Arran; just over 4% of our population. Of these, 33% are overweight and 47% are obese and of the total, 81% have type 2 diabetes. This illustrates the growing numbers of people with diabetes and the very strong risk of developing type 2 diabetes from being overweight or obese.

Overweight and obesity
Obesity and being overweight are linked with the incidence of disease and early mortality, particularly coronary heart disease, stroke, cancer, type 2 diabetes and osteoarthritis of hip and knee. From the most recent Scottish Health Survey in 2003, 68% males and 60% females in Ayrshire and Arran are overweight or obese and of these 25% males and 27% females are obese.

Dr Andrew Walker identified the cost to the NHS of treating obesity in Scotland as £171 million per year.11 Most of this is spent on treating the long term consequences of obesity such as coronary heart disease, diabetes and high blood pressure. All of these conditions like obesity are on the increase.
Oral health
The national oral health target is for 60% of primary one children to have no dental decay by 2010. In 2006 there were 51% in Ayrshire and Arran with no decay. National dental health surveys of older children and adults also show that the pattern of poor dental health continues throughout life. To tackle this problem, it is essential to ensure the importance of good dental health including healthy eating habits from early childhood and into adulthood.

Undernutrition
Although overweight and obesity are widely recognised as being of major public health concern it is still essential to recognise those who are underweight. It has been estimated by the British Association of Parenteral and Enteral Nutrition (BAPEN) that 20 – 60% of people admitted to medical, surgical, orthopaedic or geriatric units in hospital are underweight and many people lose weight whilst in hospital.

BAPEN estimated the economic cost of undernutrition in the UK at £7.3 billion a year. This cost is due to longer stays in hospital (30% longer), longer recovery and greater dependence on services. There are now national guidelines for commissioners and planners of healthcare to consider undernutrition.

Inequalities
There are clear associations between deprivation and health. People living in poverty are particularly at risk of poor dietary intake and the resulting health inequalities; especially higher levels of coronary heart disease, cerebrovascular disease, colorectal cancer and obesity. Deprivation is likely to lead to food poverty which is defined as the inability to access an affordable healthy diet, but is likely to be the outcome of wider aspects of social exclusion including unemployment, poor skills, low income and family breakdown. Those especially at risk are people with disabilities, the youngest family households and women.

4. Eating Habits In Ayrshire And Arran
There is some information from the 2002 lifestyle surveys on the eating habits of people in Ayrshire and Arran. People self-reported on their health but evidence shows that people may not always report accurately and therefore results should be used with caution.

Adults
The 2002 Ayrshire and Arran Adult Lifestyle Survey found that 80% of females and 69% of males wanted to have a healthier diet. The most popular reasons for wanting to change eating habits were to be healthier (69%), to lose weight (60%) and to prevent disease and ill-health (56%).

In 1998, 45% of males claimed to not eat fruit; in 2002 this figure fell to 19 %. In 1998, 26% of males claimed to not eat vegetables; in 2002 this figure fell to 13%. In 2002 only about half our population say they eat the recommended five portions of fruit and vegetables a day.

Children and young people
A similar lifestyle survey was carried out with children and young people in Ayrshire and Arran in 2002. This survey found that the three most popular foods which are eaten five times or more in a week are; chips eaten by 82%, crisps eaten by 71% and sugary foods eaten by 67%.

On fruit and vegetables consumption only 34% of children and young people were achieving the five or more target and equally 34% were eating two or fewer portions a day.
Eating habits and deprivation
For both adults and children & young people, associations were identified between deprivation and food consumption. In the adult survey, healthy eating scores showed that of people living in the least deprived areas 52% were consuming healthy diets, compared to only 28% of people living in the most deprived areas.
In the children and young people’s survey it was found that those living in the Social Inclusion Partnership (SIP) areas were more likely to be consuming less than two portions of fruit and vegetables a day. Homeless people have very poor diets as it is a low priority for spending both time and money on for these groups.

5. Barriers to Eating for Health
Specific factors make some groups more vulnerable such as:
- People in care institutions and hospitals, especially where the ability to eat sufficient quantities is reduced, for example by age, illness and ill health as they have to rely on others to plan, prepare and serve their food,
- People on low incomes often have greater difficulty accessing affordable quality food.

Some key barriers are outlined in the Diet Action Plan for Scotland:¹
- Lack of local, affordable, healthier foods and difficulty travelling to out-of-town shops where supplies are good,
- Lack of basic cooking skills and equipment,
- Unhealthy dietary habits and reluctance to experiment with new or different foods.

Relatively little is understood about why people eat the way they do. It is important to understand this so that local actions can be targeted to greatest effect.

6. What is a Food and Health Action Plan?
This is a plan for organisations including the NHS, local authorities, local businesses, voluntary organisations, communities and individuals to work together so that more people in Ayrshire and Arran can choose to eat well for better health. This Food and Health Action Plan is based on the recommendations from the then Scottish Executive to improve Scotland’s Health.¹⁷ In addition this Action Plan will support National Quality Improvement Standards¹⁸ for food and fluid for hospital patients.
The way people eat in Ayrshire and Arran is not just the responsibility of the NHS. Most people have a role to play as individuals, as part of a family, workforce or community and also as part of an organisation whether it is public, private or the voluntary sector.
The Food and Health Action Plan will help to improve nutrition and reduce health inequalities for people in Ayrshire and Arran. It will do this by:
- Providing a strategic co-ordinated approach to food and health work,
- Giving support and direction to organisations and communities regarding best practice on issues of food and nutrition,
- Supporting all services to include nutritional considerations in their plans and activities where relevant. These will be based on national and local guidance and evidence of best practice,
- Collecting evidence and data to monitor progress towards improved nutrition,
- Identifying resources to address the implementation of the action plan.
7. The Vision - What Will The Food And Health Action Plan Achieve?
The vision for the Food and Health Action Plan is that
‘The people of Ayrshire and Arran will be eating food for good health as part of their
everyday lives. This will improve quality of life and well being and reduce illness and early
deaths from food related causes. Organisations and individuals will take more
responsibility to enable more people to eat well for better health.’

8. The Aims Of The Food And Health Action Plan
This Action Plan will provide strategic direction and support to all those who are involved in
addressing the food and health agenda in Ayrshire and Arran. The four aims and
associated key actions are:

1. **To target activities towards reducing inequalities in health related to nutrition**
   e.g. towards the 0-2s and older people as well as families where food access and
   food skills may be less available.
   - Developing and co-ordinating a programme to allow access to suitable
     information and to affordable quality food across Ayrshire and Arran.
   - Working across agencies and communities to improve access to nutritional
     support for women before during and after pregnancy.
   - Improving children’s diets and oral health from birth to two years.
   - Facilitating a programme of training and support for staff in all care establishments
     and organisations supporting older people’s nutrition.

2. **To develop the exemplar role of the public sector in providing healthy food to**
   **meet the needs of customers and consumers.**
   - Ensuring that people in care and institutions receive appropriate food for their
     health. This would include hospitals, care homes, residential accommodation
     and prisons.
   - Ensuring that food available across the public sector meets current guidelines
     and recommendations.
   - Raising the awareness of the importance of good nutrition in prevention and
     treatment of malnutrition and long term conditions, for example CHD, diabetes,
     and obesity.

3. **To provide support, education and skills to allow people to choose good**
   **nutrition suitable for their age and their health.**
   - Making accurate consistent up to date information on food and health and
     behaviour change available, supported and promoted across organisations.
   - Increasing the provision and availability of community based initiatives on practical
     food skills.
   - Increasing easier access to healthy affordable food. This is particularly for rural
     and lower income areas.

4. **To identify and/or develop appropriate methods for targeting and co-ordinating**
   **nutrition based work by collecting and sharing relevant monitoring data and**
   **information.**
   - Identifying or appointing suitably qualified individuals within organisations with a
     remit to lead and champion Food and Health related work.
   - Developing an Ayrshire Food Group to co-ordinate activities, pool resources and
     share good practice.
   - Collecting suitable data for monitoring of the action plan.
The Food and Health Action Plan also pulls together the work of four key groups working on the food related agenda in Ayrshire and Arran, these are:

- Food fluid and nutritional care in hospitals steering group,
- Infant feeding strategy group,
- Obesity management and treatment group,
- Local diet action plan implementation groups.

9. National Support For The Food And Health Action Plan

There are a number of national documents that provide direction for the food and health agenda. These are listed in Appendix 2.

The Scottish Diet Action Plan was a ten year plan (1996-2006) for improving Scotland’s health by influencing our diet. It identified actions for organisations right across the food chain, In 2006 this was reviewed and some recommendations for future work identified:

- Time must be allowed for work to be developed, take effect and show change.
- Targeting resources to achieve impact across fewer priority areas or groups will have more impact than a broad population based approach.
- Successes arise from sustained and increased resources targeted towards some defined objectives.
- Actions should be co-ordinated across strategic, operational and individual and community levels to specifically address the dietary targets.
- Successful initiatives often involve a defined body of professionals taking responsibility to drive work forward.

In June 2008 Healthy Eating, Active Living was published, this gives a national action plan and proposes longer term dietary goals for the future.

10. Food and Health In Relation to Local Strategic Direction

In Ayrshire and Arran there are many plans and much activity that already include food reflecting the complexity of the agenda. Food and health should continue to be included, in future health and local authority strategic and operational plans and programmes.

This Food and Health Action plan will take forward the detail on food and health for the NHS draft Strategy to Promote Health and Reduce Inequalities Strategy. The Joint Health Improvement Plan is the key document for improving health within the community planning process. Also the three Local Authority Single Outcome Agreements for include Improving Health as a key theme for the most deprived communities and vulnerable groups such as those with learning disabilities, children and older people.

The Food and Health Action Plan will support organisations and communities with information on what to do to improve nutritional health. Each organisation or partnership will then decide how best to do this for their service users and communities.

11. Monitoring The Impact Of The Food And Health Action Plan

To assess the progress and impact of the Food and Health Action Plan it is important to gather data: both at baseline and on a regular basis through the life of the Action Plan.

There are a number of current data sources for specific population groups but additional methods of collecting information may be needed to identify successes and track progress. For example the only time that a group of people in Ayrshire are weighed and measured routinely is in Primary one.
12. Development of The Food And Health Action Plan
This action plan has been derived from a series of consultation workshops with key partners and stakeholders to identify key priorities and local actions required. In addition information was posted on NHS, local authority and young people’s websites and an article was printed in five local papers.

The Scottish Government’s proposed targets for maternal nutrition, children 0-2, public sector food, creating healthy places and older people were used to inform the workshop discussions.

The draft Food and Health Action Plan went out for wide consultation with 82 responses received; some on behalf of organisations or services. Most comments (164) were supportive of the document with no changes and 94 comments suggested minor changes. All comments and subsequent actions or amendments are in Appendix 6.

13. Resource Implications
As recommended in the Scottish Diet Action Plan Review, food and health needs to become a sustained long term priority. There are two potential sources of resources:

- Where possible, funding will come from within existing budgets. This may be for services currently being provided, or from service redesign to reflect changing needs and priorities, or from re-allocation of resources.
- Additional short term funding will be sought from available sources e.g. Keep Well, Fairer Scotland Fund, Big Lottery Fund, or other parts of the NHS or public funding sources outside Ayrshire and Arran.

Additional short term funding may also become available from the Scottish Government funding e.g. there is now funding for child healthy weight programmes (HEAT 3) and maternal and early years nutrition funding (CEL 36).

14. Monitoring
As many of these actions will be implemented by Community Planning Partnerships, the responsibility for monitoring these actions will be with the Improving Health groups. At present the future structures of public health within CHPs is not yet clarified so this will be discussed prior to plans being implemented.

Other actions will be the responsibility of the Health Promotion Department and a monitoring group will be set up to do this. The monitoring framework will be developed as part of Health Promotion Performs. Some actions will be monitored with external support and guidance eg Child Healthy Weight HEAT 3 programmes.

15. Conclusion
If left unchecked and untreated ill health due to poor nutrition could overwhelm the NHS, if not the nation. If we can improve eating habits and raise the level of physical activity we can reduce the number of people who develop long term health conditions and the consequent risks to the individual and costs to the NHS, local authorities and society. In addition to this it will improve people’s health and well being, recovery from ill health, and ability to participate more fully in society.
16. References

7. ISD Scotland (2007) Coronary heart disease
8. ISD Scotland (2007) cancer
9. Scottish Diabetes Register
10. Scottish diabetes survey 2007, Scottish diabetes Monitoring group
11. The Cost of Doing Nothing – the economics of obesity in Scotland, 2003 Dr Andrew Walker
13. NHS Quality Improvement Scotland Clinical Standards for Food, Fluid and Nutritional Care for Hospital Patients
16. Ayrshire and Arran Adult Lifestyle Survey, 2002
18. NHS Quality Improvement Scotland Clinical Standards (2003). Food, Fluid and Nutritional Care in Hospitals