The Public Health Call to Action for Obesity, Diet and High Blood Glucose - Northamptonshire

Prevention

In 2017/18, 15,866 people received a health check in Northamptonshire.

9707 blood glucose tests were undertaken (61.2%), identifying 5.8% of patients’ blood glucose level was considered to be pre-diabetic and 2.7% of patients’ blood glucose level was considered to be diabetic.

Prevalence

In 2016/17:

- **53.7%** of adults meet the recommended ‘5-a-day’
- 2.5 portions of fruit consumed daily
- 2.5 portions of vegetables consumed daily

Excess weight in adults %, 2016/17

- England: 61.3%
- Northamptonshire: 65.7%
- Kettering: 60.2%
- Corby: 66.3%
- East Northamptonshire: 68.1%
- Northampton: 66.2%
- Wellingborough: 67.7%
- Daventry: 62.6%
- South Northamptonshire: 57.4%

Prevalence figures are highest in more deprived areas (67.3%) compared to the least deprived areas (56.7%).

Health Impact

Poor diet contributes to ill-health such as cancer, cardiovascular disease, and high blood glucose.

- **5 years of life lost** due to mortality from diabetes per 10,000 population, 2012-2014.
- **78 deaths from cancer** considered preventable per 100,000 population (under 75 years), 2014-16.
- **49 deaths from cardiovascular diseases** considered preventable per 100,000 population (under 75 years), 2014-16.

Diagnosis

Nearly 40,000 people aged 17 and over were diagnosed with diabetes.

In Northamptonshire an estimated 9,421 people may be living with diabetes without diagnosis.

**Prevalence**

- 65.7% of adults were classified as overweight or obese
- 34.2% of Year 6 children were classified as overweight or obese
- 22.1% of Reception children were classified as overweight or obese
- 8.1% of adults were classified as overweight or obese
- 6.1% of Year 6 children were classified as overweight or obese
- 62.7% of adults were classified as overweight or obese

**Prevention**

NHS Health Checks can spot early signs and help prevent conditions like high blood pressure, heart disease or type 2 diabetes.

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Treatment

- **Good blood sugar control:**
  - Corby CCG: 56.2%
  - Nene CCG: 59.6%
- **Good blood pressure control:**
  - Corby CCG: 77.7%
  - Nene CCG: 70.7%
- **Good cholesterol control:**
  - Corby CCG: 68.8%
  - Nene CCG: 68.8%

Nationally, we spend more each year on the treatment of obesity and diabetes than we do on the police, fire service and judicial system combined.
**Vision:**
Obesity, poor diet and high blood glucose are challenging issues with complex system causes and perpetuating factors. The vision for Northamptonshire is to slow and reverse the trends for obesity, to have food environments which promote health and to have:
- fewer than 50% of adults classed as obese by 2030;
- reduction in diabetes incidence and prevalence;
- fewer than 5% of children aged 10 classed as obese.

### Our Priorities/Objectives

<table>
<thead>
<tr>
<th>Whole system approach</th>
<th>Commissioning</th>
<th>Behaviour, knowledge and skill based approaches</th>
<th>Evidence based approach</th>
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</thead>
<tbody>
<tr>
<td>Working with partners across the life course to reduce established obesity and prevent overweight and obesity. Using a ‘Health in all Policies’ approach to planning, food environments, workplaces. Raising knowledge and awareness for all.</td>
<td>Using public health commissioned services (NHS health checks, lifestyle services, digital tools) in partnership with wider systems to identify, alert and signpost people to healthier food habits and physical outcomes. Embedding mental wellbeing and ACEs* mitigation in all services.</td>
<td>Working with partners to support families, working adults and older people to cook and eat well. Using media, social media and campaigns to improve diet and reduce health related harms.</td>
<td>Using evidence of local need to tailor and target. Use evidence of effective approaches to improve outcomes.</td>
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<tr>
<td>Achieved through: • Partnership working</td>
<td>Achieved through: • Evidence based commissioning</td>
<td>Achieved through: • Behavioural science</td>
<td>Achieved through: • Joint Strategic Needs Assessment (JSNA)</td>
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<tr>
<td>• Joint commissioning</td>
<td>• Quality assurance</td>
<td>• Communications in health promotion</td>
<td>• Health Needs Assessments (HNA)</td>
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<td>• Health in all Policies</td>
<td>• Healthy workplace and school programmes</td>
<td>• Improved health literacy in the general public</td>
<td>• Return on Investment (ROI) tools</td>
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<td>• Starting early - in families and schools</td>
<td>• Joint commissioning</td>
<td>• Literature and policy reviews</td>
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### Our Commitment / Enablers

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<tr>
<th>Reducing inequalities – healthy food costs more than unhealthy food*, so working to make healthy food choices available to all.</th>
<th>System partnerships - engage and co-produce with partners / stakeholders e.g. NHS, schools, prisons, workplaces and local government.</th>
<th>Integrated delivery services, accessible high quality lifestyle services - integrated, tailored prevention messaging.</th>
<th>Embed Health in all Policies - a common way of influencing the wider determinants of health: creating places that promote good health; governance/policies based on collaboration.</th>
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<td>Measures of Success</td>
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<tr>
<td>- Reduction of obesity prevalence in adults</td>
<td>- Reduction of obesity prevalence in children</td>
<td>- Reduction of diet related health conditions</td>
<td>- Reduction of diabetes incidence</td>
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<tr>
<td>- Increased intake of vegetables and fruit</td>
<td></td>
<td>- Improved levels of understanding of risks in general population’</td>
<td>- Increase diabetes diagnoses rates and reduce variation</td>
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</tbody>
</table>

*Adverse Childhood Experiences; ^Centre for Diet and Activity Research