

Prevalence

Poor diet is linked to 1 in 7 deaths regionally, with high blood glucose and high body mass index (BMI) also is in the top ten leading risk factors for poor health and death locally*.

65.7% of adults were classified as overweight or obese

34.2% Year 6 children were classified as overweight or obese



In 2016/17:

53.7% of adults meet the recommended '5-a-day'

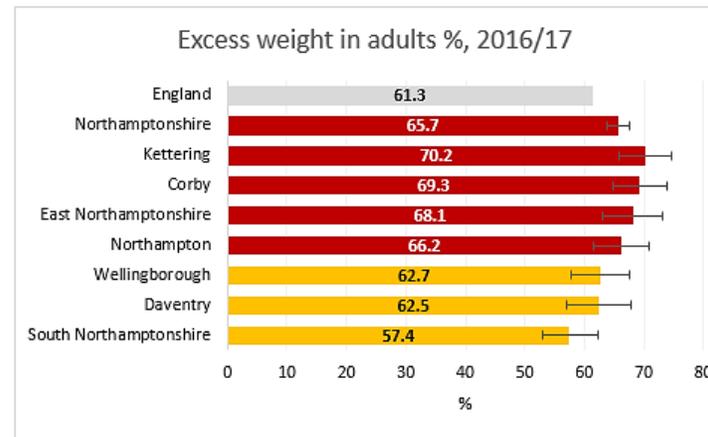
2.5 portions of **fruit** consumed daily

2.5 portions of **vegetables** consumed daily

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

22.1% Reception children were classified as overweight or obese

8.1% estimated diabetes in the county (16+ yrs)



Prevention

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

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**.

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.

26 admissions for **diabetes** for children aged **0-9**, 2016/17.

78 deaths from cancer considered preventable per 100,000 population (under 75 years), 2014-16.

64 admissions for **diabetes** for children aged **10 to 18**, 2016/17.

90 admissions for **diabetes** for children and young people aged **under 19 years**, 2016/17.

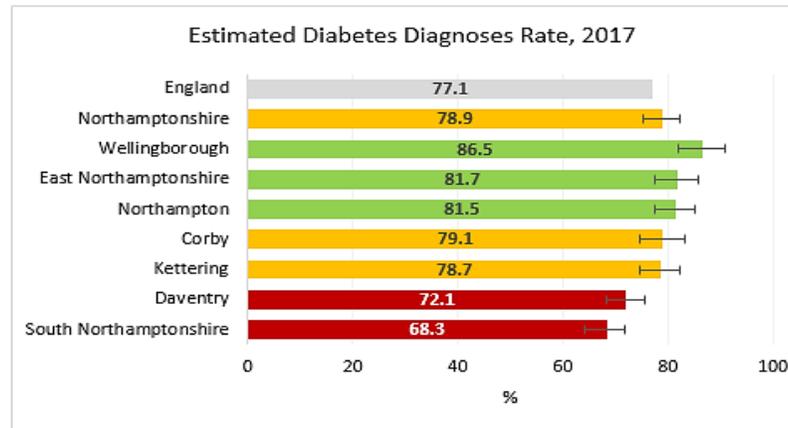
49 deaths from cardiovascular diseases considered preventable per 100,000 population (under 75 years), 2014-16.

670 admissions for **coronary heart disease** per 100,000 population, 2016/17.

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**.



Treatment

Good blood sugar control: (2016/17)

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

Whole system approach

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.

Achieved through:

- Partnership working
- Joint commissioning
- Health in all Policies
- Starting early - in families and schools

Commissioning

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.

Achieved through:

- Evidence based commissioning
- Quality assurance
- Healthy workplace and school programmes
- Joint commissioning

Behaviour, knowledge and skill based approaches

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.

Achieved through:

- Behavioural science
- Communications in health promotion
- Improved health literacy in the general public

Evidence based approach

Using evidence of local need to tailor and target. Use evidence of effective approaches to improve outcomes.

Achieved through:

- Joint Strategic Needs Assessment (JSNA)
- Health Needs Assessments (HNA)
- Return on Investment (ROI) tools
- Literature and policy reviews

Our Commitment / Enablers

Reducing inequalities – healthy food costs more than unhealthy food[^], so working to make healthy food choices available to all.

System partnerships - engage and co-produce with partners / stakeholders e.g. NHS, schools, prisons, workplaces and local government.

Integrated delivery services, accessible high quality lifestyle services - integrated, tailored prevention messaging.

Engagement and co-production of research and programmes to align with established evidence and population needs and wants.

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.

Measures of Success

- Reduction of obesity prevalence in adults
- Reduction of obesity prevalence in children
- Increased intake of vegetables and fruit
- Reduction of diet related health conditions
- Improved levels of understanding of risks in general population'
- Reduction of diabetes incidence
- Increase diabetes diagnoses rates and reduce variation

*Adverse Childhood Experiences; [^] [Centre for Diet and Activity Research](#)