



# Statistics on Obesity, Physical Activity and Diet

England: 2018

# Key facts

Key facts cover the latest year of data available (2016 or 2016/17).

The report also includes information on:

- Hospital admissions directly attributable to obesity.
- Obesity related bariatric surgery.
- Prescriptions items for the treatment of obesity.
- Perception of weight and weight management.
- Food and drink purchases and expenditure.
- Physical activity levels.
- Walking and cycling rates.



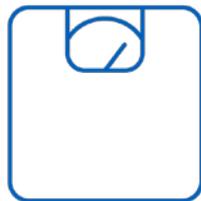
**617  
thousand**  
admissions where  
obesity was a factor<sup>1</sup>

An increase of 18% on 2015/16



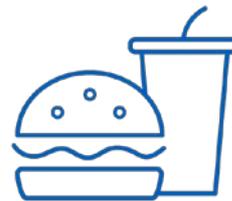
**5+**  
**26%**  
of adults  
**16%**  
of children

Consumed 5 or more portions of fruit and vegetables a day



**26%**  
of adults  
classified as  
obese

Up from 15% in 1993, but has remained at a similar level since 2010



**1 in 5**  
of year 6 children  
classified as  
obese

1 in 10 reception year children classified as obese

1) Hospital admissions with a primary or secondary diagnosis of obesity.

# This is a National Statistics publication

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is NHS Digital's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly.

National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Find out more about the Code of Practice for Official Statistics at:

[www.statisticsauthority.gov.uk/assessment/code-of-practice](http://www.statisticsauthority.gov.uk/assessment/code-of-practice)

This report may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.

# Contents

|   |    |
|---|----|
| <u>Part 1: Introduction</u>                                     | 5  |
| <u>Part 2: Obesity related hospital admissions*</u>             | 6  |
| <u>Part 3: Prescription items for the treatment of obesity*</u> | 11 |
| <u>Part 4: Adult obesity</u>                                    | 14 |
| <u>Part 5: Childhood obesity</u>                                | 22 |
| <u>Part 6: Physical activity*</u>                               | 30 |
| <u>Part 7: Diet</u>   | 37 |

# Part 1: Introduction

This statistical report presents a range of information on obesity, physical activity and diet drawn together from a variety of sources for England<sup>1</sup>. More information can be found in the source publications which contain a wider range of data and analysis.

Newly published data includes:

- Analyses from NHS Digital Hospital Episode Statistics (HES).
- Analyses from NHS Digital prescribing data.
- Analyses of physical activity data at Local Authority level from the Active Lives Survey (ALS).

The latest information from already published sources includes data from:

- NHS Digital: The Health Survey for England (HSE).
- NHS Digital: National Child Measurement Programme (NCMP).
- NHS Digital: What About YOUth Survey (WAY).
- Organisation for Economic Co-operation and Development (OECD): Health at a glance
- Department of Transport: Walking and Cycling Statistics

1) Most figures quoted in this report have been rounded to the nearest whole number. Unrounded data may be found in related data sources.

## Part 2: Obesity hospital admissions: background

- This chapter focuses on hospital admissions relating to being obese. Data is taken from the Hospital Episode Statistics (HES) databank produced by NHS Digital.
- The association between obesity and increased risk of many serious diseases and mortality is well documented and has led to the National Institute for Health and Clinical Excellence (NICE) developing guidelines on identifying and treating obesity<sup>1</sup>.

Three measures are presented for the number of obesity related hospital admissions:

- NHS hospital finished admission episodes with a primary diagnosis of obesity (admissions directly attributed to obesity).
- NHS hospital finished admission episodes with a primary or secondary diagnosis of obesity (admissions where obesity was a factor)<sup>2</sup>.
- NHS hospital finished consultant episodes with a primary diagnosis of obesity, and a primary or secondary procedure for bariatric surgery (obesity related bariatric surgery).

1) [Link to NICE guidelines](#)

2) A secondary diagnosis of obesity does not necessarily indicate obesity as a contributing factor for the admission, but may instead indicate that obesity is a factor relevant to a patient's episode of care.

# Obesity related hospital admissions – notes

- This section presents Finished Admission Episodes (FAEs)<sup>1</sup> where there was a primary or secondary diagnosis of obesity, and Finished Consultant Episodes (FCEs) in England where there was a primary diagnosis of obesity and a main or secondary procedure of bariatric surgery.
- An FAE is the first period of inpatient care under one consultant within one provider. Admissions do not represent the number of inpatients, as a person may have more than one admission within the year. In this section an FAE is referred to as a ‘hospital admission’. The same applies to FCEs where one person may have more than one episode within the year.

## Bariatric Surgery

- Bariatric surgery encompasses a group of procedures that can be performed to facilitate weight loss, although these procedures can also be performed for other conditions. It includes stomach stapling, gastric bypasses, sleeve gastrectomy and gastric band maintenance. In general, such surgery is used in the

treatment of obesity for people with a BMI above 40, or those with a BMI between 35 and 40 who have health problems such as type 2 diabetes or heart disease.

## Caveats

- Admissions directly attributable to obesity / Obesity related bariatric surgery: Analysis uses inpatient activity only, although it is known that there has been a recent move by some providers to change recording of gastric band maintenance procedures from outpatients to inpatients, and vice versa. However, the quality of diagnosis codes collected in outpatient settings are not sufficient to be sure the procedure was carried out for obesity reasons, so they are excluded. This switch in commissioning practices may explain some of the recent changes over time.
- Admissions where obesity was a factor: The data quality of secondary procedures has increased over time so increases in admissions compared to 10 years ago may partly reflect an improvement in data quality as well as an increase in activity.

# Obesity related hospital admissions<sup>1</sup>

## Admissions directly attributable to obesity

In 2016/17 there were 10,705 Finished Admission Episodes (FAEs) with a primary diagnosis of obesity<sup>2</sup>. This is an increase of 8% on 2015/16.

Around 3 in every 4 patients were female (72%).



## Admissions where obesity was a factor

In 2016/17 there were 617 thousand admissions in NHS hospitals where obesity was recorded as the primary or a secondary diagnosis. This is an increase of 18% on 2015/16<sup>3</sup>.

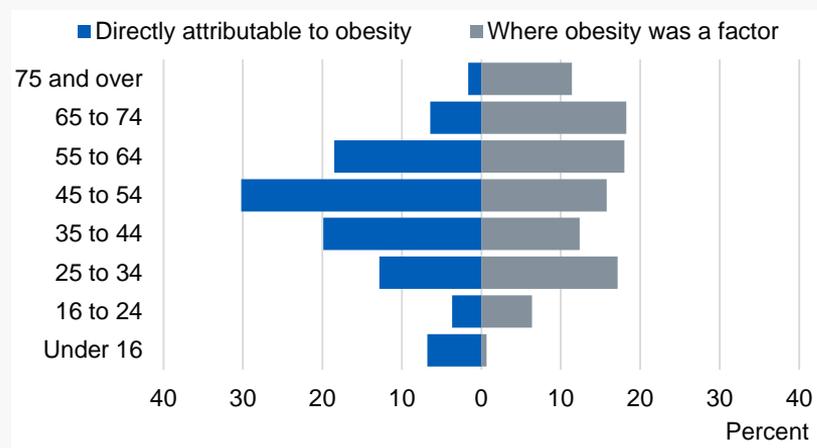
Around 2 in every 3 patients were female (66%).



## Admissions by age group

For admissions directly attributable to obesity the majority of patients were aged between 35 and 64 (69%).

For admissions where obesity was a factor, the age distribution is more uniform.

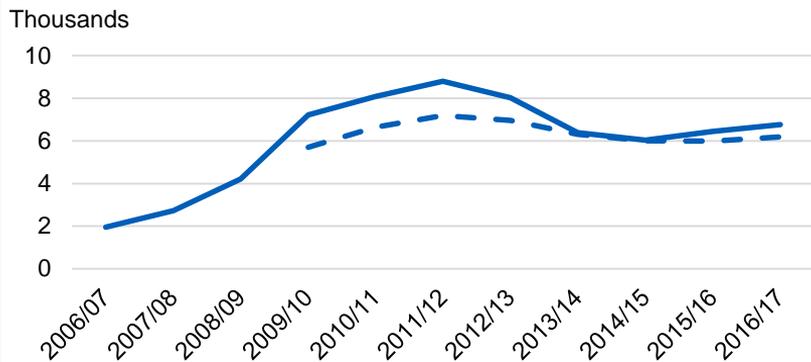


1) In inpatient settings only. 2) The majority of these admissions involved bariatric surgery procedures (see slide 9 for further details). 3) Some of this increase may be due to hospitals being more likely to record obesity as a secondary diagnosis than they were previously (see table 5 for further details).

# Obesity related hospital admissions for bariatric surgery<sup>1</sup>

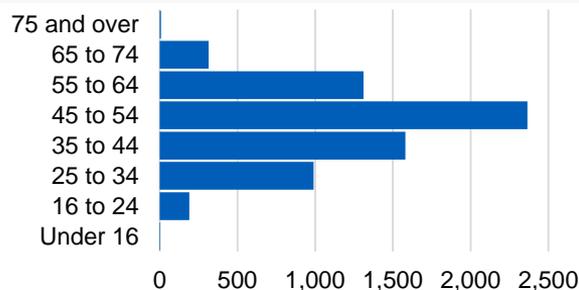
In 2016/17 there were 6,760 Finished Consultant Episodes (FCEs) with a primary diagnosis of obesity and a main or secondary procedure of bariatric surgery.

This is 23% less than the peak in 2011/12, but 5% more than in 2015/16 (Also shown on the chart is data that excludes gastric band maintenance)<sup>2</sup>.



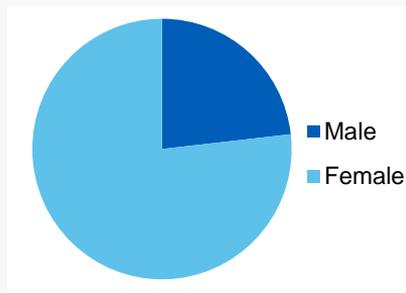
Dashed line represents bariatric surgery excluding gastric band maintenance<sup>2</sup>.

## Bariatric surgery by age



Over three quarters of patients (78%) were aged between 35 and 64.

## Bariatric surgery by sex



Over three quarters (77%) of patients were female.

1) Data includes procedures carried out in inpatient settings only. 2) Some of the changes over time are due to changes in practice as to whether gastric band maintenance procedures are recorded as outpatient or inpatient settings. In order to illustrate the effect on time series data, the dashed line on the time series chart represents inpatient data excluding gastric band maintenance, for the years when this data is available.

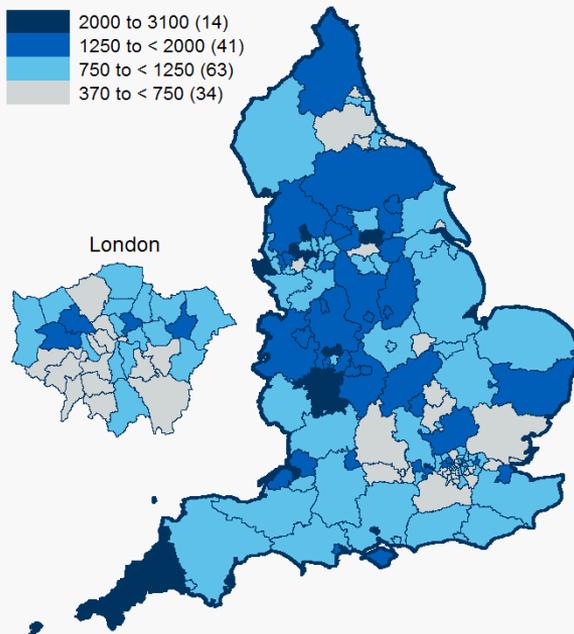
# Obesity related hospital admissions by Local Authority

An additional visualisation of this data, including time series, is available at the following link: [Obesity related admissions data visualisation tool](#)

## Admissions per 100,000 population

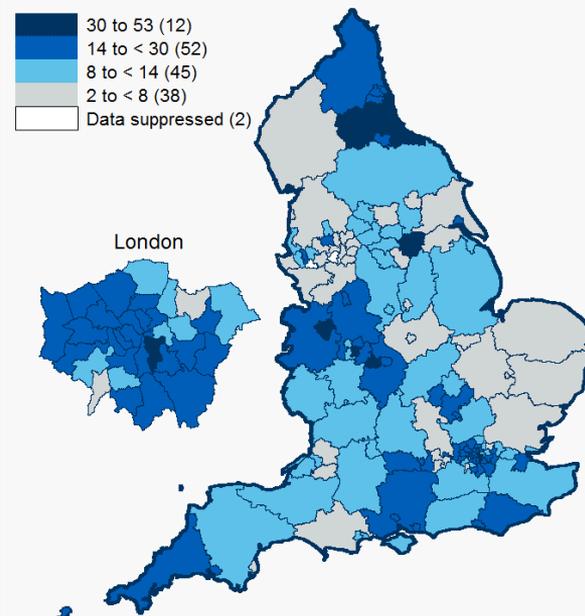
### All where obesity was a factor<sup>1</sup>

Wirral, Southampton and Slough all recorded admission rates of over 2,500 per 100,000 population.



### Obesity related bariatric surgery<sup>2,3,4</sup>

Telford and Wrekin (53 per 100,000 population) and Redcar & Cleveland (44) had the highest rates of obesity related bariatric surgery.



1) With a primary or secondary diagnosis of obesity. 2) To reduce the need for disclosure control, data for Rutland have been combined with Leicestershire, City of London with Hackney, and Isles of Scilly with Cornwall. 3) With a primary diagnosis of obesity and a main or secondary procedure of bariatric surgery.

4) Data has been suppressed where the number of admissions was between 1 and 5.

**For more information:** Tables 7 & 11 of [Statistics on Obesity, Physical Activity and Diet - England 2018](#)

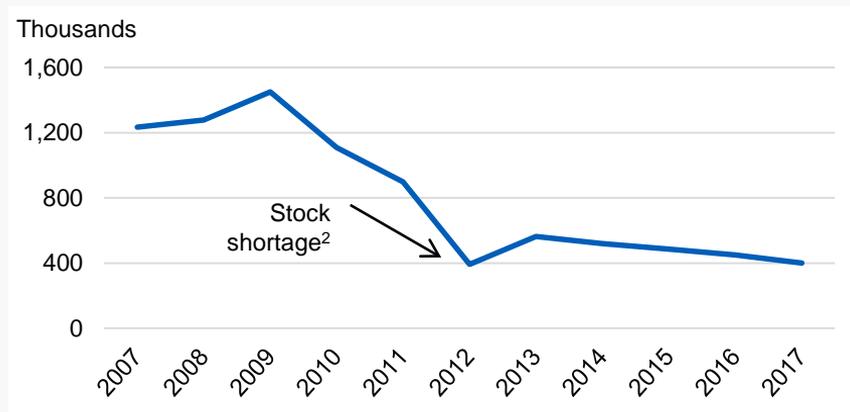
# Part 3: Prescription items for the treatment of obesity: background

- This section presents information on the number of prescriptions for drugs used to treat obesity and the Net Ingredient Cost (NIC) of these prescriptions. The data source is Prescription Analysis and Cost (PACT) data from NHS Prescription Services.
- The NIC is the basic cost of a drug as listed in the Drug Tariff or price lists; it does not include discounts, dispensing costs, prescription charges or fees.
- Orlistat (Xenical®) is the main prescription item for treatment of obesity by General Practices in England. Orlistat is a capsule that prevents the absorption of fat in the intestine.

# Prescription items for the treatment of obesity<sup>1</sup>

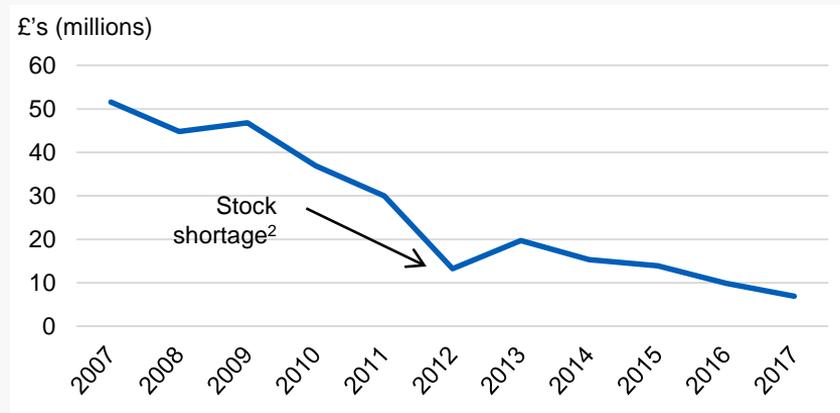
## Items prescribed

401 thousand items were prescribed for the treatment of obesity in primary care in 2017. That is 10% less items than in 2016 and continues a downward trend since a peak of 1.45 million in 2009.



## Net Ingredient Cost (NIC)<sup>3</sup> of items

The NIC in 2017 was £6.9 million, which has fallen from £9.9 million in 2016, and from £51.6 million in 2007.



The NIC per item in 2017 was £17, which is £5 lower than 2016, and less than half compared to 10 years ago.

1) Prescribed in primary care and dispensed in the community. 2) [Link to stock shortage details](#) 3) NIC is the basic cost of a drug, not taking into account discounts, dispensing costs, fees or prescription charge income.

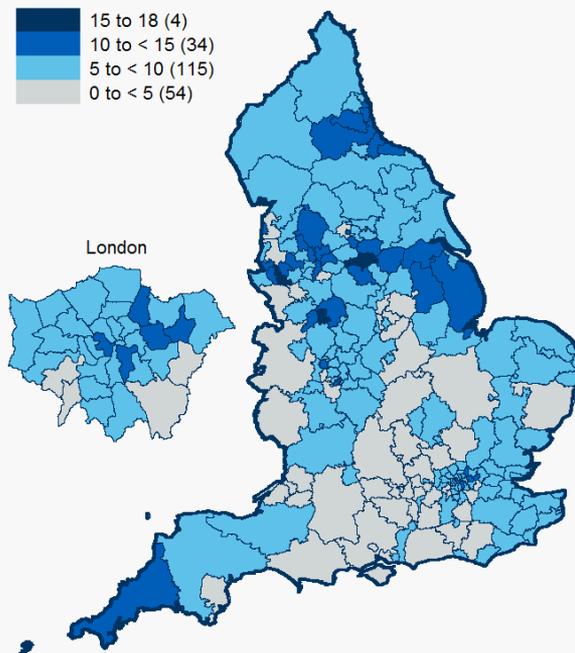
# Prescription items for the treatment of obesity<sup>1</sup>

## Prescriptions per 1,000 population

### By Clinical Commissioning Group (CCG)

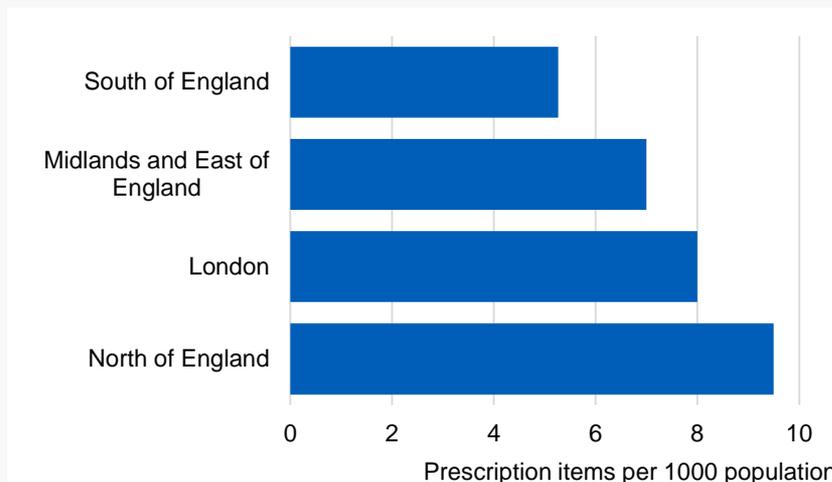
NHS Stoke on Trent and NHS Knowsley had the highest prescription rates with 18 and 17 items per 1,000 population.

NHS Nene, NHS Corby and NHS Mansfield and Ashfield all recorded almost zero rates.



### By NHS Commissioning Region

North of England had the highest prescription rate with 9 items per 1,000 population, and South of England the lowest rate with 5.



1) Prescribed in primary care and dispensed in the community.

# Part 4: Adult obesity: background

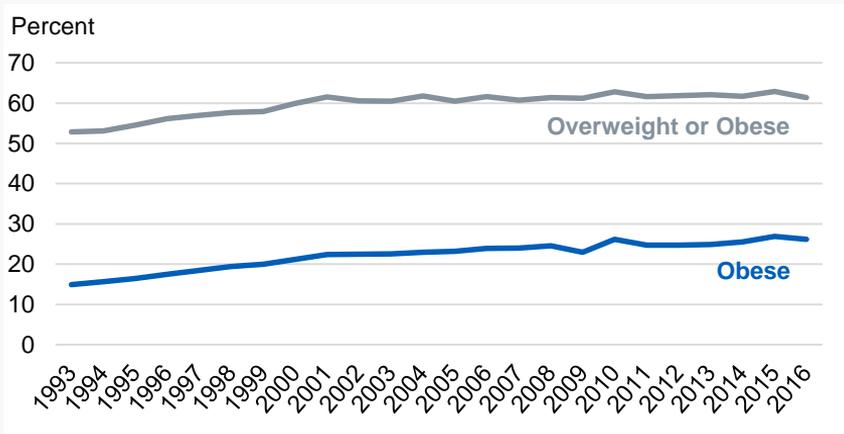
- Main source of the data on overweight and obesity prevalence is the Health Survey for England (HSE), the latest published being HSE 2016.
- Overweight and obesity are terms that refer to an excess of body fat and they usually relate to increased weight-for-height. The most common method of measuring obesity is the Body Mass Index (BMI)<sup>1</sup>.
- In adults, a BMI of 25kg/m<sup>2</sup> to 29.9kg/m<sup>2</sup> means that person is considered to be overweight, a BMI of 30kg/m<sup>2</sup> or higher means that person is considered to be obese.
- The National Institute for Health and Clinical Excellence (NICE) recommends the use of BMI in conjunction with waist circumference as the method of measuring overweight and obesity and determining health risks.
- BMI does not distinguish between mass due to body fat and mass due to muscular physique, nor the distribution of fat. In order to measure abdominal obesity, waist circumference is measured, and categorised into desirable, high and very high, by sex-specific thresholds (cm):  
Men: Desirable = Less than 94, High = 94-102, Very high = More than 102  
Women: Desirable = Less than 80, High = 80-88, Very high = More than 88

1) BMI = Person's weight (kg) / Person's height (in metres)<sup>2</sup>

# Adult obesity: Prevalence

## Prevalence over time

The proportion of adults who were obese was 26% in 2016. This has increased from 15% in 1993, but has remained at a similar level since 2010; between 25% and 27%.

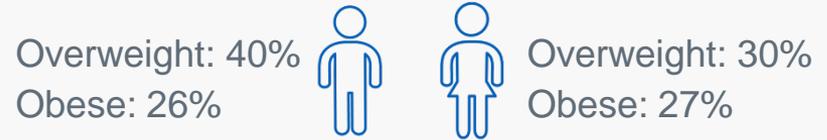


2% of men and 4% of women were morbidly obese<sup>1</sup> in 2016.

1) BMI 40kg/m<sup>2</sup> or higher 2) Data has been age standardised

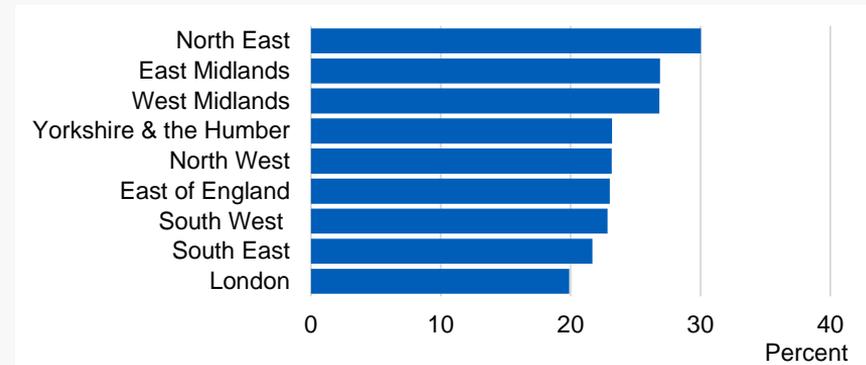
**For more information:** Tables 1 & 2 (Adult overweight and obesity) and table 4 (Adult trends), [Health Survey for England, 2016](#)

## Prevalence by sex



## Prevalence by region<sup>2</sup>

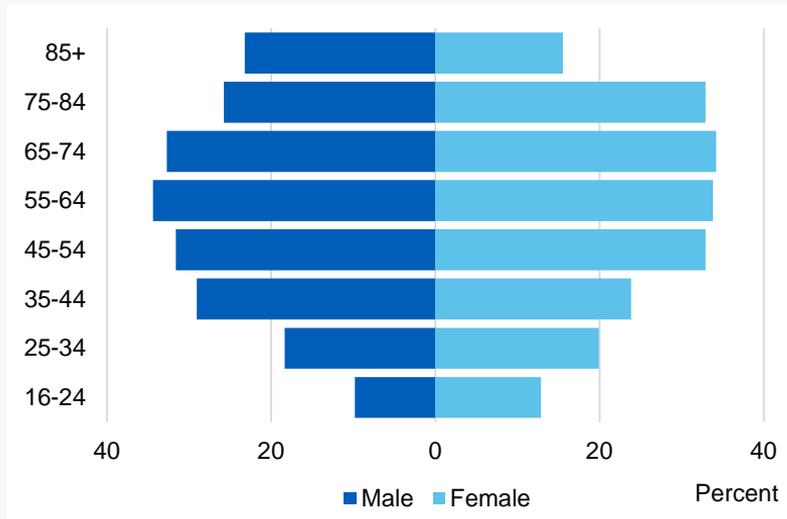
Obesity varied by region but was generally more prevalent in the North of England and Midlands than in the South of England.



# Adult obesity: Prevalence

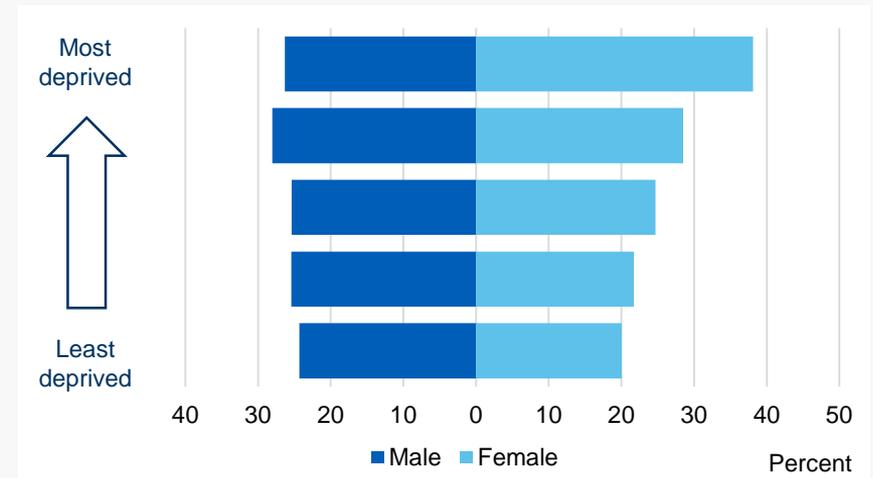
## Prevalence by sex and age

Obesity prevalence varies with age for both males and females, with the highest levels from 45 to 74 for men, and 45 to 84 for women.



## Prevalence by sex and area deprivation<sup>1</sup>

Obesity prevalence varied with area deprivation in women but not in men: 38% of women in the most deprived areas were obese, compared with 20% of women in the least deprived areas.



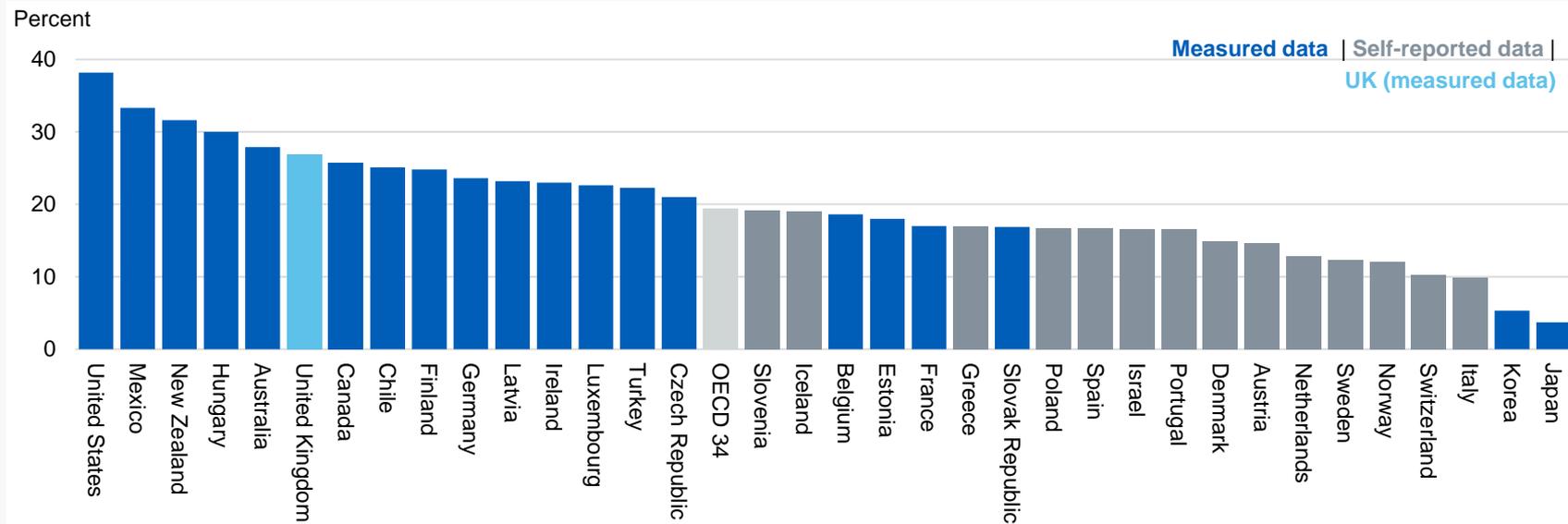
1) Based on the Index of Multiple Deprivation (IMD) 2015 which is a measure of the overall deprivation experienced by people living in a neighbourhood. IMD rankings have been split into quintiles. They are calculated by the Department for Communities and Local Government: [English Indices of Deprivation 2015](#)

**For more information:** Tables 1 & 3, [Adult overweight and obesity: Health Survey for England, 2016](#)

# Adult obesity: UK comparison with other OECD<sup>1</sup> countries<sup>2,3</sup>

The UK reports an adult obesity level of 27%. This is 11 percentage points lower than the USA which reports the highest adult obesity level.

Japan, Korea and Italy report obesity levels of less than 10%.



1) Organisation for Economic Co-operation and Development. 2) 2016 or nearest available year. Measured data is included where available.

3) Based on persons aged 15 and over.

For more information: [OECD Health Statistics](#) and [OECD Health at a glance report, 2017](#)

# Adult obesity: Health risk associated with Body Mass Index (BMI) and waist circumference

NICE guidance<sup>1</sup> suggests that the measurement of waist circumference should be used for people with a BMI less than 35kg/m<sup>2</sup> to assess overall health risk.

For adults with a BMI of 35kg/m<sup>2</sup> or more, risks are assumed to be very high with any waist circumference.

## Health risk for men<sup>3</sup>

22% were in the very high risk group.

13% were in the high risk group.

44% were at no increased risk.

|                                 |            | Waist circumference |                 |                    |
|---------------------------------|------------|---------------------|-----------------|--------------------|
|                                 |            | Desirable (<94cm)   | High (94-102cm) | Very high (>102cm) |
| BMI classification <sup>2</sup> | Normal     | 29%                 | 4%              | 0%                 |
|                                 | Overweight | 11%                 | 19%             | 11%                |
|                                 | Obese I    | 0%                  | 2%              | 16%                |
|                                 | Obese II   | 5%                  |                 |                    |
|                                 | Obese III  | 2%                  |                 |                    |

## Health risk for women<sup>3</sup>

24% were in the very high risk group.

18% were in the high risk group.

41% were at no increased risk.

|                                 |            | Waist circumference |                |                   |
|---------------------------------|------------|---------------------|----------------|-------------------|
|                                 |            | Desirable (<80cm)   | High (80-88cm) | Very high (>88cm) |
| BMI classification <sup>2</sup> | Normal     | 27%                 | 10%            | 3%                |
|                                 | Overweight | 3%                  | 12%            | 18%               |
|                                 | Obese I    | 0%                  | 1%             | 14%               |
|                                 | Obese II   | 7%                  |                |                   |
|                                 | Obese III  | 3%                  |                |                   |

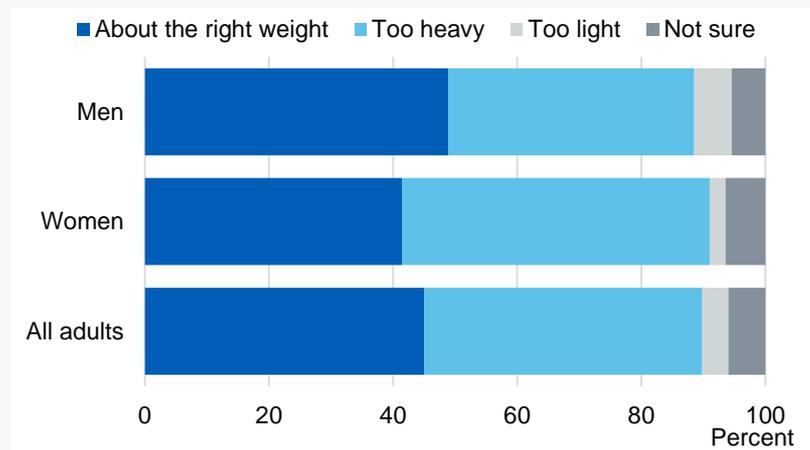
No increased risk | Increased risk | High risk | Very high risk

1) [NICE guidance](#) 2) Obese I: 30 to less than 35kg/m<sup>2</sup>; Obesity II: 35 to less than 40kg/m<sup>2</sup>; Obesity III: 40kg/m<sup>2</sup> or more 3) Quoted totals may not equal sum of parts due to rounding.

# Adult obesity: Perception of own weight

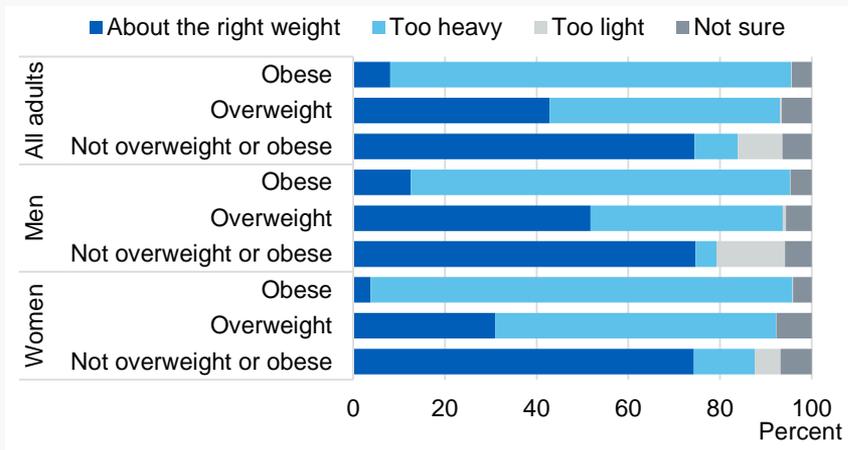
## Perception of weight by gender

Overall, 45% of adults said they were about the right weight, and the same proportion (45%) said they were too heavy. 4% said they were too light. Women were more likely than men to say they were too heavy (50% and 40% respectively).



## Perception of weight by BMI category and gender

87% of obese adults, and 50% of overweight adults, thought they were too heavy. 9% of adults who were not overweight or obese said they were too heavy. For all BMI categories, women were more likely than men to say they were too heavy.

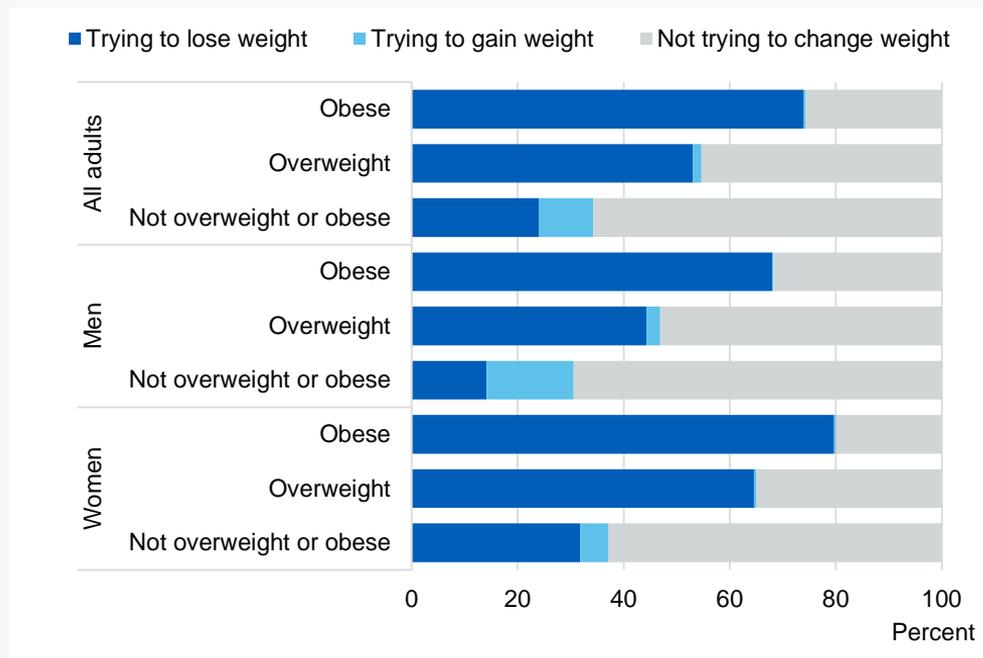


# Adult obesity: Weight management

## Whether trying to change weight, by BMI category and gender

74% of obese adults, 53% of overweight adults, and 24% of adults who were not overweight or obese, said they were trying to lose weight.

Women were more likely than men to be trying to lose weight: 80% of obese women compared with 68% of obese men; 65% of overweight women compared with 44% of overweight men.



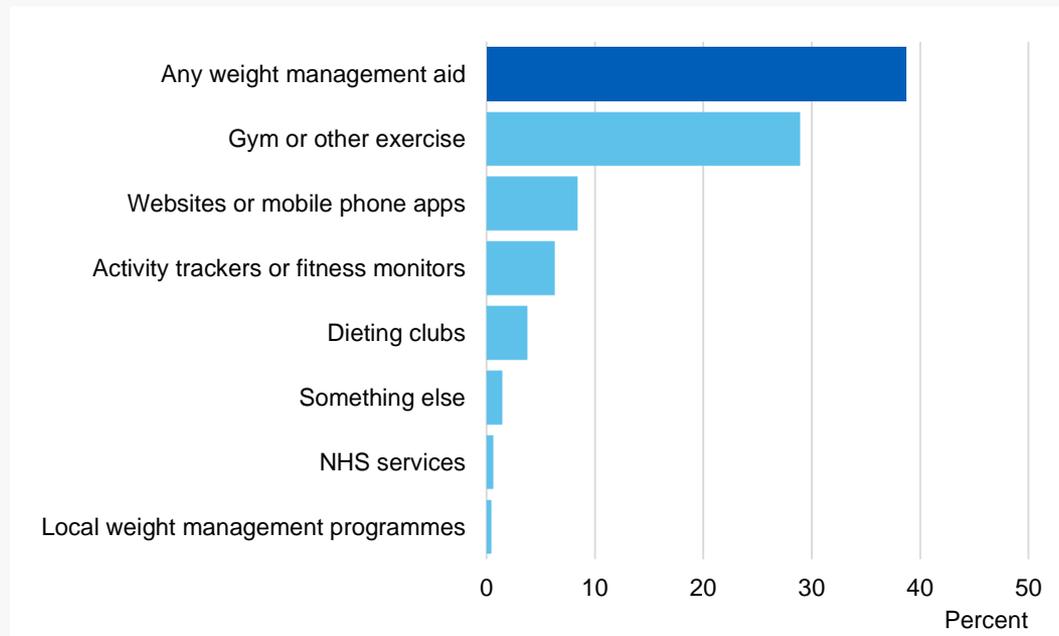
# Adult obesity: Weight management

## Use of weight management aids

Overall 39% of adults reported current use of at least one weight management aid.

The majority of them said they were going to the gym or doing other exercise (29%).

Half (50%) of people who said they were trying to lose weight were not currently using any weight management aids.



## Part 5: Childhood obesity: background

- The main source for this section is the National Child Measurement Programme for England (NCMP) which includes nearly all children in reception year (aged 4-5) and year 6 (aged 10-11)<sup>1</sup>.
- Health Survey for England also collects data on childhood obesity; covering all children aged 2-15, although as a sample it has much lower coverage than NCMP and therefore the estimates are less precise.
- The NCMP and HSE collect height and weight measurements to calculate BMI<sup>2</sup> for each child. BMI (adjusted for age and gender) is recommended as a practical estimate of overweight and obesity in children as it takes into account different growth patterns in boys and girls at different ages. Each age and gender group needs its own level of classification and this section uses the British 1990 growth reference (UK90) to describe childhood overweight and obesity.

1) 95% of eligible children were measured in 2016/17.

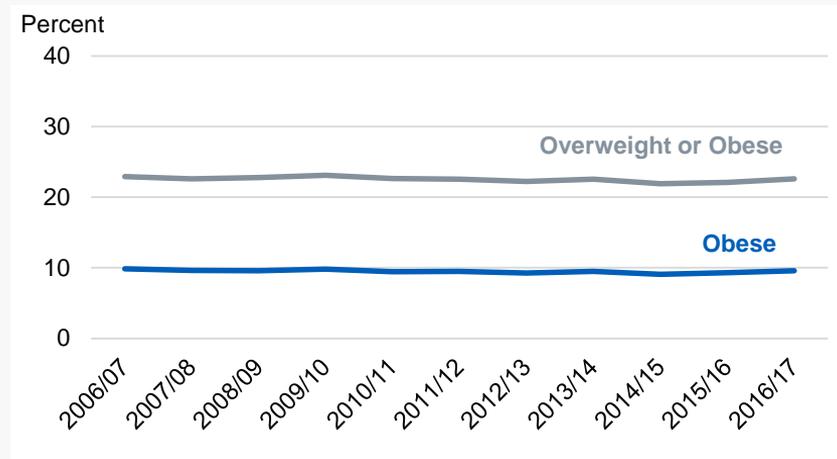
2)  $BMI = (\text{Person's weight (kg)} / \text{Person's height (in metres)})^2$

# Childhood obesity: Prevalence

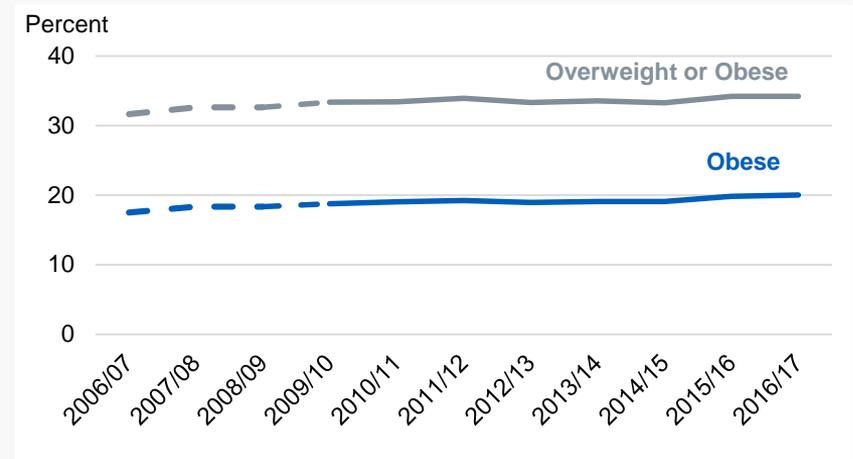
Childhood obesity prevalence in 2016/17 was 10% in reception year, and 20% in year 6.

Over time, obesity prevalence has fallen slightly in reception year compared to 2006/07, but it is higher for year 6 compared to 2009/10<sup>1</sup>.

## Reception year



## Year 6

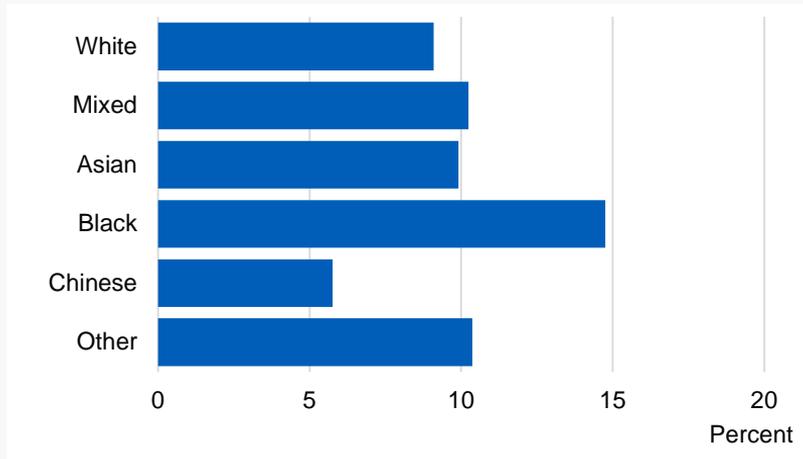


1) It is likely that year 6 obesity prevalence in the first years of the NCMP (2006/07 to 2008/09) were underestimates due to low participation. For more information see Annex B of the 2016-17 NCMP report at the link below.

# Childhood obesity: Prevalence by ethnicity

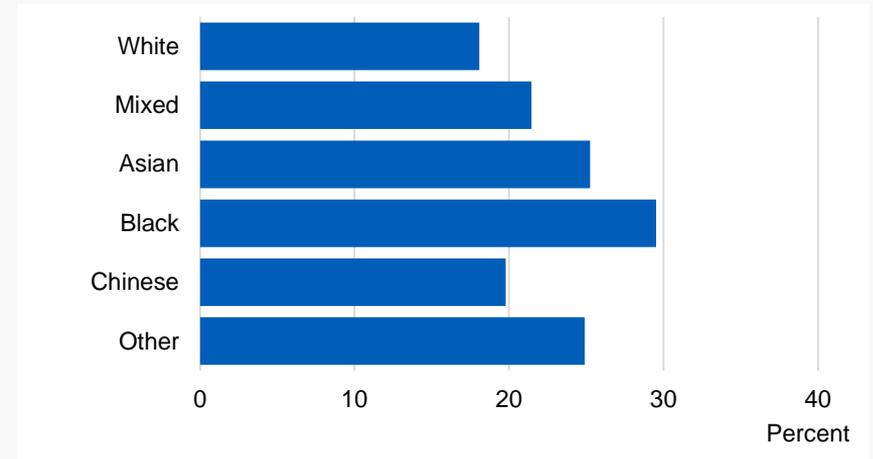
## Reception year

Obesity prevalence rates ranged from 6% for Chinese children to 15% for Black/Black British children.



## Year 6

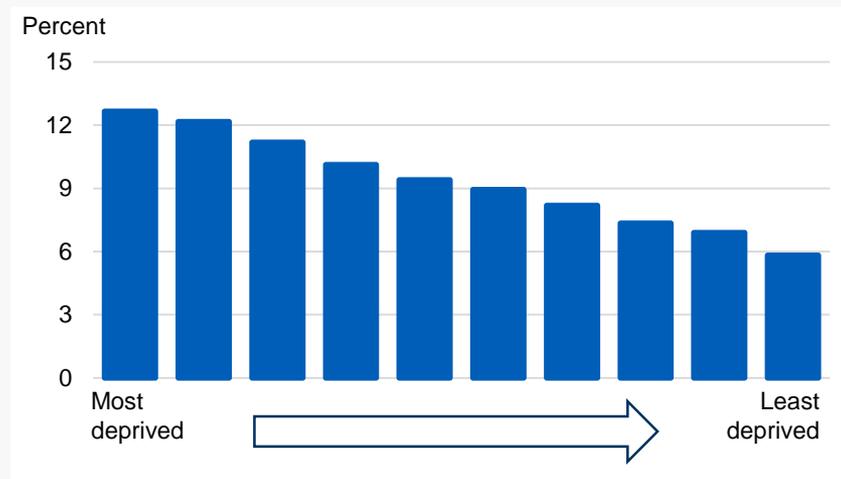
Obesity prevalence rates ranged from 20% for Chinese children to 30% for Black/Black British children.



# Childhood obesity: Prevalence by level of deprivation<sup>1</sup>

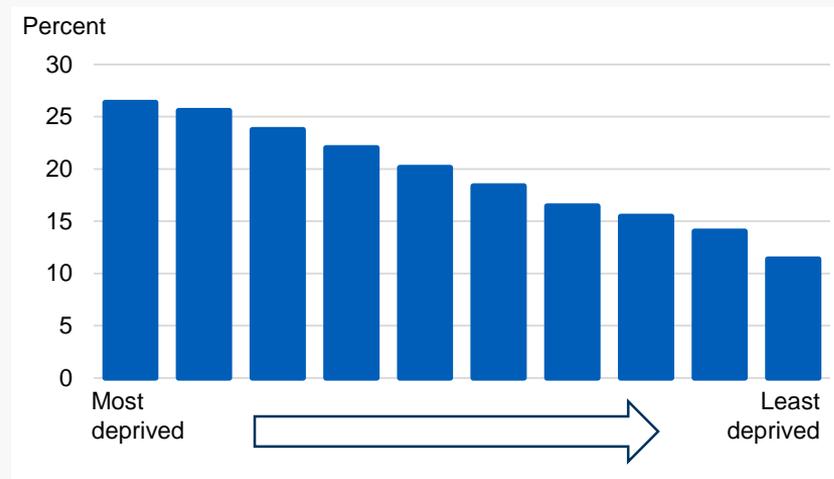
## Reception year

13% of children living in the most deprived areas were obese compared to 6% of those living in the least deprived areas.



## Year 6

26% of children living in the most deprived areas were obese compared to 11% of those living in the least deprived areas.



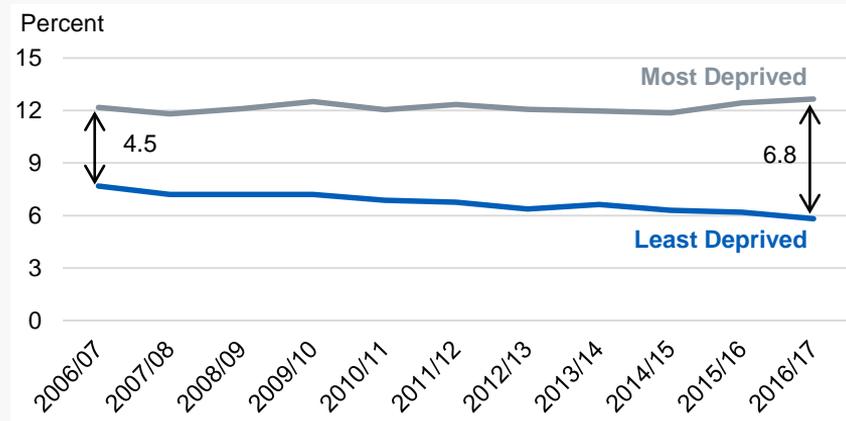
1) Deprivation has been defined by the deprivation decile of the local super output area which the child lives. For more information see [Department of Communities and Local Government Index of Multiple Deprivation deciles](#)

# Childhood obesity: Prevalence by level of deprivation<sup>1</sup>

The difference in obesity prevalence between children attending schools in the most and least deprived areas has increased over time.

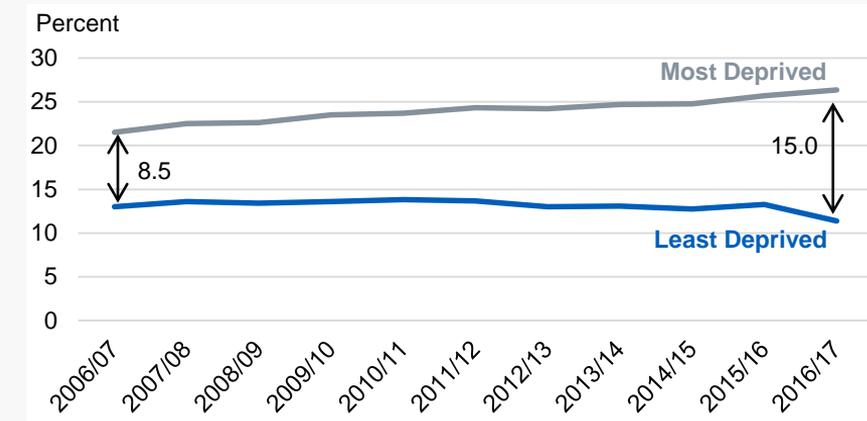
## Reception year

Between 2007/08 and 2016/17, the difference between obesity prevalence in the most and least deprived areas has increased from 4.5 to 6.8 percentage points.



## Year 6

Between 2007/08 and 2016/17, the difference between the most and least deprived areas has increased from 8.5 to 15.0 percentage points.

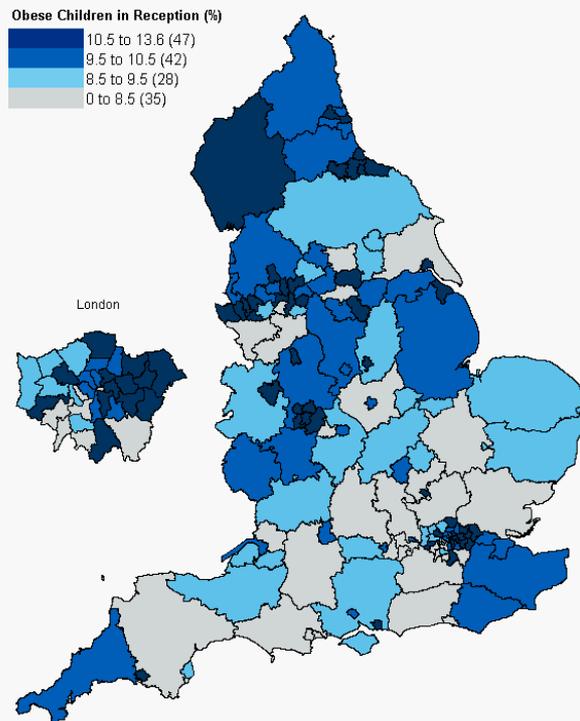


1) Deprivation has been defined by the deprivation decile of the local super output area where the child lives. For more information see [Department of Communities and Local Government Index of Multiple Deprivation deciles](#)

# Childhood obesity: Prevalence by Local Authority

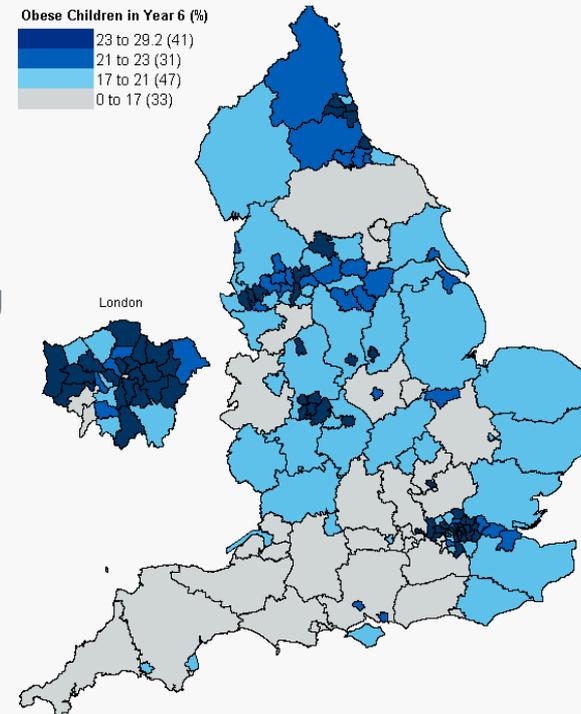
## Reception year

Obesity prevalence ranged from 5% in Kingston upon Thames, to 14% in Wolverhampton.



## Year 6

Obesity prevalence ranged from 11% in Rutland, to 29% in Barking & Dagenham.



*Please note, that the two maps are not directly comparable due to the different ranges used.*

# Childhood obesity: Parents perception of child's weight by BMI status

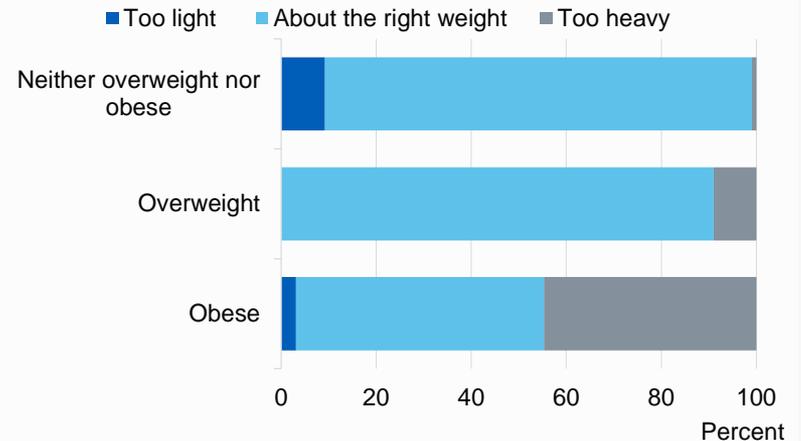
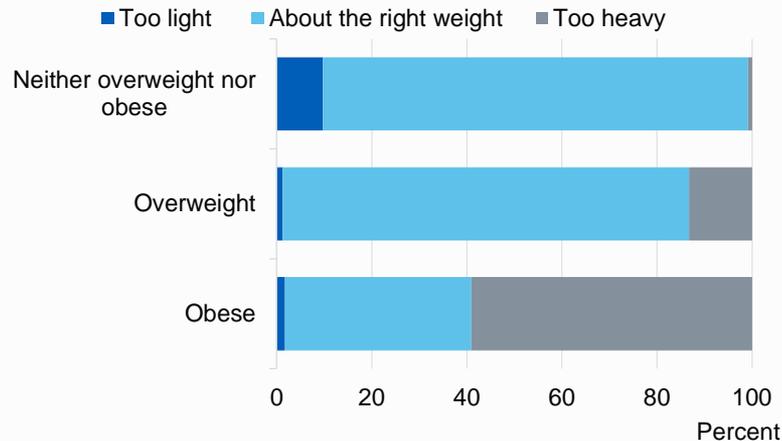
Parents of overweight and obese children often thought their child was the right weight, with fathers more likely to think this than mothers.

## Mothers perception

For obese children, 41% of mothers said their child was about the right weight or too light, with 59% describing their child as too heavy.

## Fathers perception

For obese children, 55% of fathers said their child was about the right weight or too light, with 45% describing their child as too heavy.

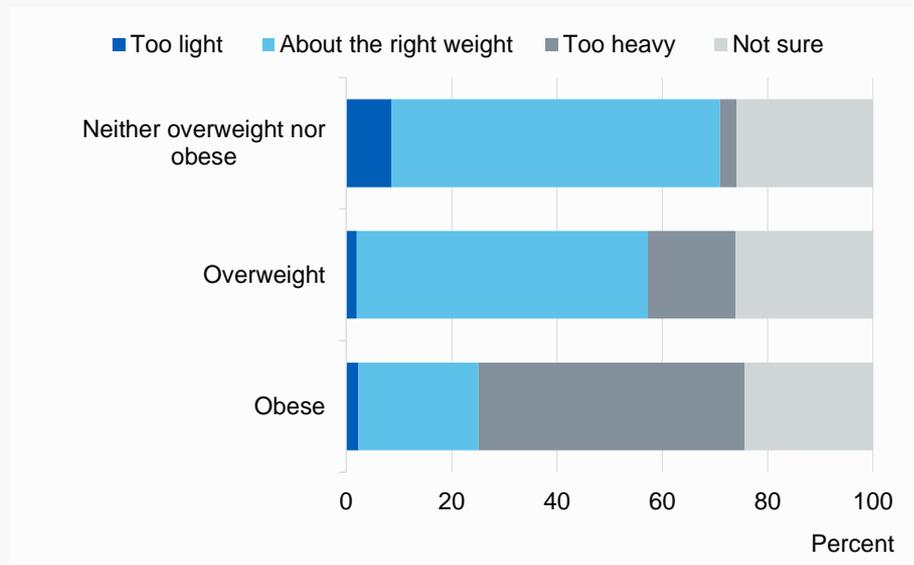


# Childhood obesity: Child's perception of own weight by BMI status

Overweight children were more likely than obese children to think they were the right weight (55% and 23% respectively).

Half (51%) of obese children thought they were too heavy, compared with 17% of overweight children.

Approximately a quarter of children were not sure whether they were the right weight, and this was the same for all BMI categories.



# Part 6: Physical activity: background

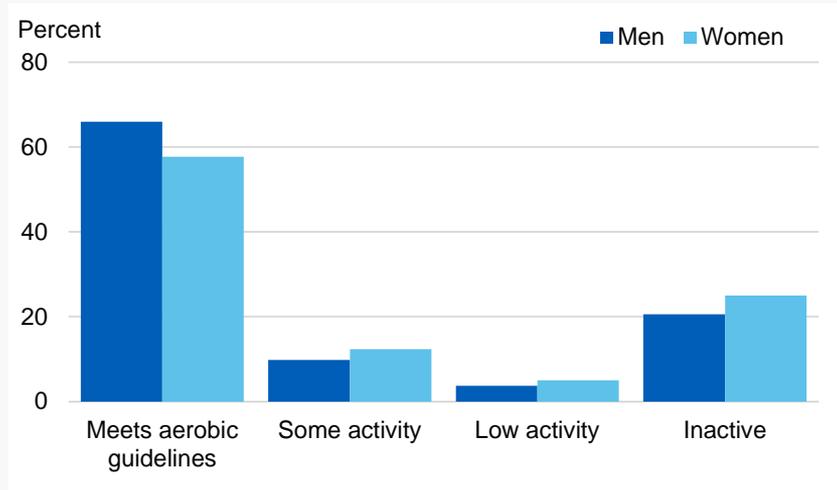
- The health benefits of a physically active lifestyle are well documented and there is a large amount of evidence to suggest that regular activity is related to reduced incidence of many chronic conditions. Physical activity contributes to a wide range of health benefits and regular physical activity can improve health outcomes irrespective of whether individuals achieve weight loss.
- In 2011 new guidelines on the amount of activity recommended for health were published by the Chief Medical Officers of the four UK countries<sup>1</sup>.
- In 2015 the UK government published 'Sporting Future'<sup>2</sup>, a new strategy for sport and physical activity, which includes 23 new key performance indicators to monitor outputs.
- The main data sources used in this section are:
  - The Health Survey for England (HSE), which gathers information on self-reported participation in physical activities by adults (aged 16+ unless stated) and children (aged 5 to 15) in the last week. Parents answered on behalf of children aged 5 to 12. **Childhood physical activity was not included as a topic in the 2016 survey.**
  - Local Authority data is taken from the Public Health England physical activity profiles, which is based on analysis of data from Sport England's Active Lives Survey.
  - Walking and cycling information is taken from the Department of Transport's National Travel Survey, as presented in the Walking and Cycling Statistics 2016 publication.

# Adult physical activity levels

## Activity by gender<sup>1</sup>

66% of men and 58% of women aged 19 and over met the recommended aerobic guidelines<sup>2</sup>.

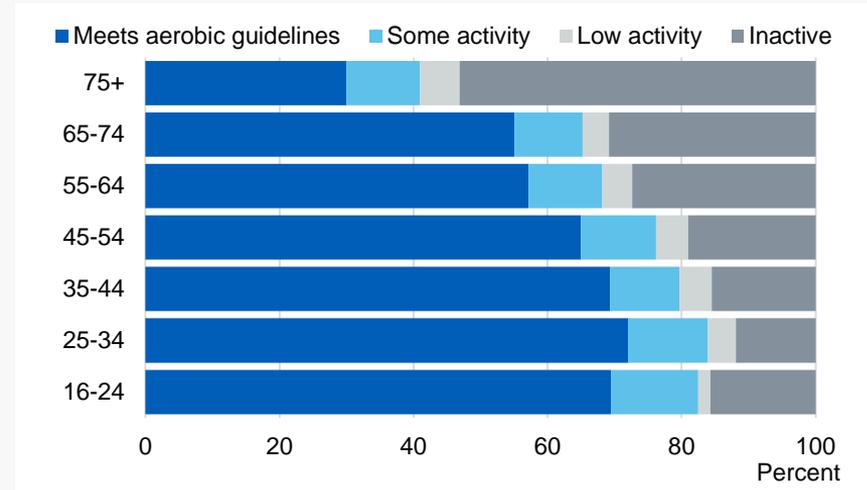
21% of men, and 25% of women were classified as inactive.



## Activity by age group

Activity levels decrease in higher age groups.

69% of 16-24 year olds and 72% of 25-34 year olds met the aerobic guidelines, but falling below 60% for ages 55 and over.



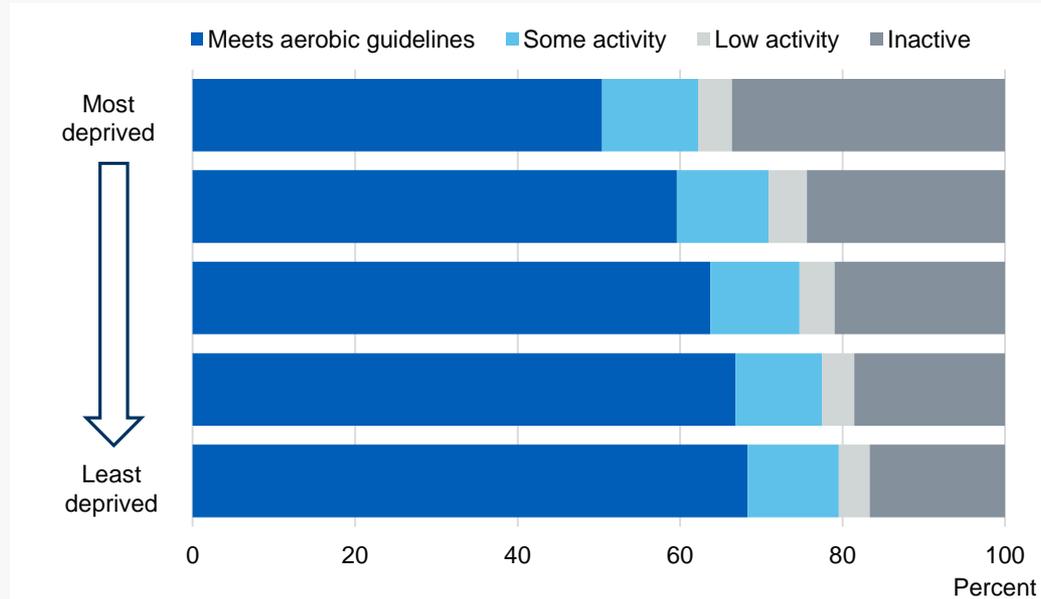
1) HSE generally covers adults aged 16+, but data here is shown for ages 19+ to reflect the government guidelines for adult physical activity. 2) At least 150 minutes of moderate activity or 75 minutes of vigorous activity per week or an equivalent combination of both, in bouts of 10 minutes or more.

# Adult physical activity levels

## Activity by level of deprivation<sup>1</sup>

The proportion of adults meeting the aerobic activity guidelines varied by deprivation level or area, ranging from 50% in the most deprived areas to 68% in the least deprived areas.

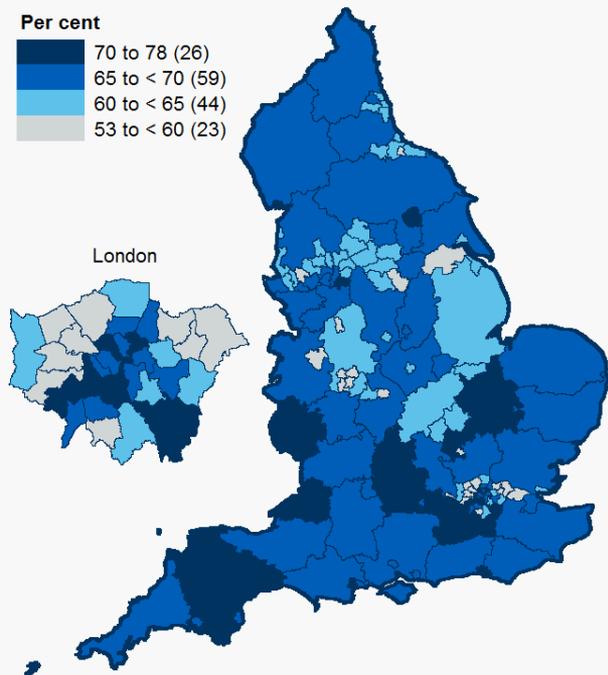
34% of adults in the most deprived areas were classified as inactive.



1) Deprivation has been defined by the deprivation quintile of the local super output area where the adult lives. For more information see [Department of Communities and Local Government Index of Multiple Deprivation](#)

# Adult physical activity levels<sup>1</sup>

## Proportion active<sup>2</sup> by Local Authority<sup>3</sup>



The Local Authorities with the highest proportions of adults classified as active were Brighton & Hove, Islington, Isles of Scilly, and Bristol (all over 74%).

The Local Authorities with the lowest proportions active were Barking & Dagenham, Ealing, Stoke on Trent, Sandwell, Harrow, and Slough (all under 55%).

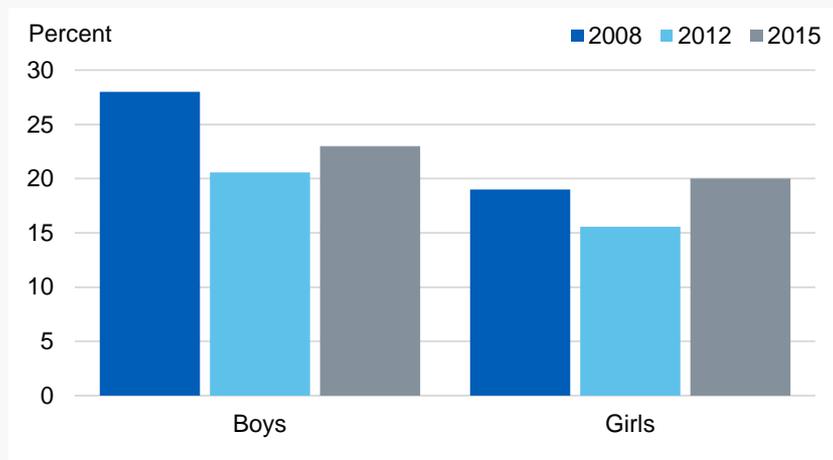
1) Adults aged 19 and over. 2) At least 150 minutes of moderate activity or 75 minutes of vigorous activity a week. 3) Only upper tier LAs are shown.

# Childhood physical activity levels<sup>1</sup>

## Met physical activity guidelines<sup>2</sup>

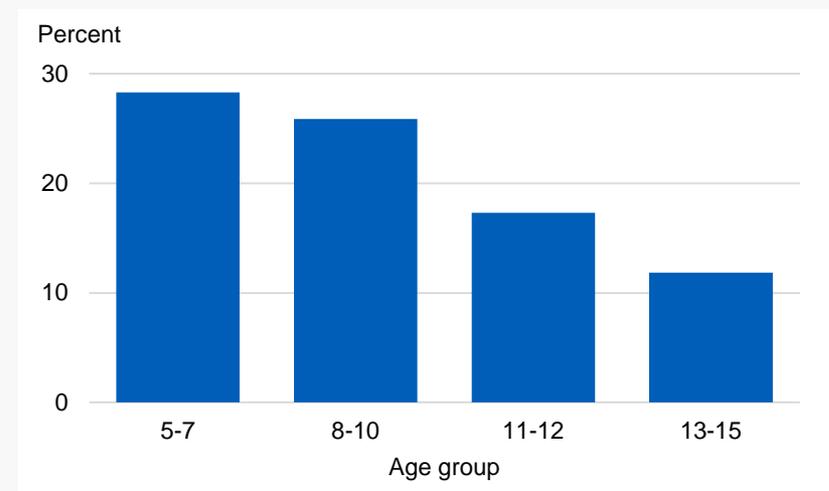
The proportion of boys who met the guidelines increased from 21% in 2012, to 23% in 2015.

The proportion of girls who met the guidelines increased from 16% in 2012 to 20% in 2015.



## Proportion who reported low activity age

In 2015, the proportion of children who met physical activity guidelines decreased with age; 28% of 5-7 year olds, compared to 12% of 13-15 year olds.



1) Excludes activity in school and active travel to/from school. 2) Moderate to vigorous intensity physical activity for at least 60 minutes every day.

# Walking activity<sup>1</sup>

## Summary of walking trips (2016)



25% of all trips made.



3% of all distance covered.

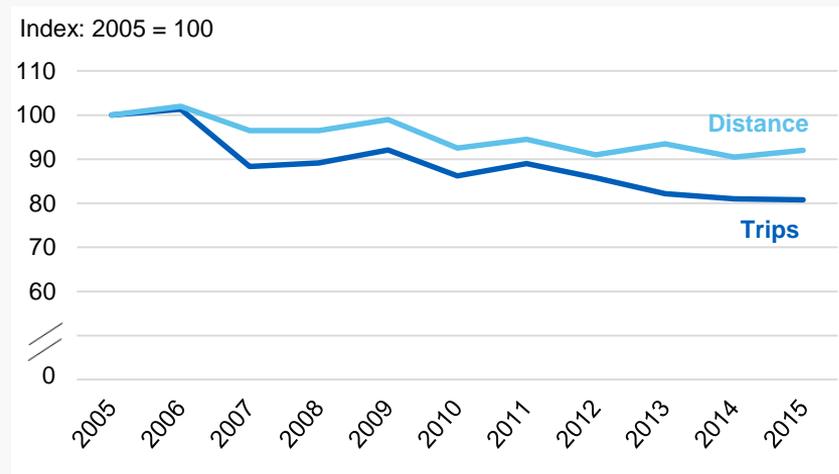
The average person:

- made 243 walking trips.
- walked 198 miles.
- spent about 75 minutes per week travelling by foot.
- walked for an average of 16 minutes per trip.



## Trends in walking trips (2005 to 2015)<sup>2</sup>

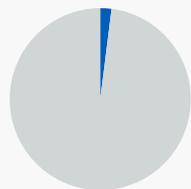
Average walking trips decreased by 19%, from around 4.7 trips per week to 3.8 trips per week. Average distance walked decreased by 8%, from around 3.8 miles per week to 3.5 miles per week.



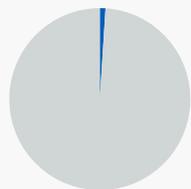
1) Includes both adults and children. Includes all walks over 50 yards on the public highway. 2) Data for 2016 is not comparable due to a change in methodology for recording short trips. See the publication below for more details.

# Cycling activity<sup>1</sup>

## Summary of cycling trips (2016)



2% of  
all trips  
made.



1% of all  
distance  
covered.

The average person:

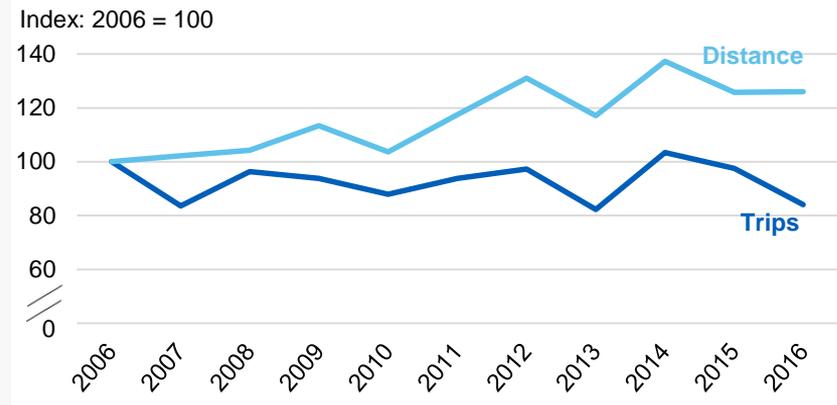
- made 15 cycling trips.
- cycled 53 miles.
- spent about 7 minutes per week travelling by bicycle.
- cycled for an average of 24 minutes per trip.



## Trends in cycling trips (2006 to 2016)

People cycled 26% further in 2016 compared to 2006, up to 53 miles per year from 42 miles per year.

Whilst cycling trip rates have decreased by 16% between 2006 and 2016, the change was not statistically significant.



1) Includes both adults and children.

# Part 7: Diet: background

- Poor diet and nutrition are recognised as major contributory risk factors for ill health and premature death.
- Current UK diet and nutrition recommendations<sup>1</sup> include:
  - At least 5 portions of fruit and vegetables per day for those aged 11 years and over.
  - For adults (ages 19 and over), average intakes of red and processed meat should not exceed 70 grams per day.
  - At least 1 portion of oily fish (140 grams) per week for all ages (equivalent to 20 grams per day).
  - Limit free sugars to no more than 5% of daily calorie intake.
  - Limit saturated fat intake to no more than 11% of daily calorie intake.
- The information for this section comes from three major national surveys:
  - Living Costs and Food Survey (LCF) (as reported in Family Food 2015). The LCF collects information on the type and quantity of food and drink purchased in households.
  - Data on fruit and vegetable consumption are taken from the Health Survey for England (HSE), covering children aged 5 to 15, and adults aged 16 and over.
  - Other food consumption data are taken from the National Diet and Nutrition Survey (NDNS), a continuous, cross-sectional survey of the UK population aged 1.5 and over.

1) For more information see [Government Dietary Recommendations](#)

# Adult diet: Purchases and expenditure on food and drink

In 2015, the percentage of spend on food and non-alcoholic drinks for the average UK household was 11%. The percentage of spend on food and non-alcoholic drinks is highest for households with the lowest 20% of income<sup>1</sup>, at 16%.

|                             |                  |                          |                  |
|-----------------------------|------------------|--------------------------|------------------|
| Total expenditure<br>£42.43 |                  |                          |                  |
| Household<br>£29.24         |                  | Eating out<br>£13.18     |                  |
| Food and drink<br>£25.93    | Alcohol<br>£3.32 | Food and drink<br>£10.00 | Alcohol<br>£3.18 |

In 2015 the amount that an average household spent on all food and drink, including alcoholic drinks and food eaten out was £42.43 per person per week.

When inflation is taken into account, this was 0.1% more than 2014 and 3.7% less than 2012

Purchases of various household foods are on a clear short term downward trends since 2012, including milk and cream, meat and meat products, potatoes, and bread. Fresh fruit are on a short term upwards trend since 2011.

*Please note: There has been no update to this data since last year's report. Family Food 2016 is due to be published by DEFRA in late April 2018.*

1) Based on equivalised income. Equivalisation means adjusting a household's income for size and composition so that the incomes of all households are on a comparable basis.

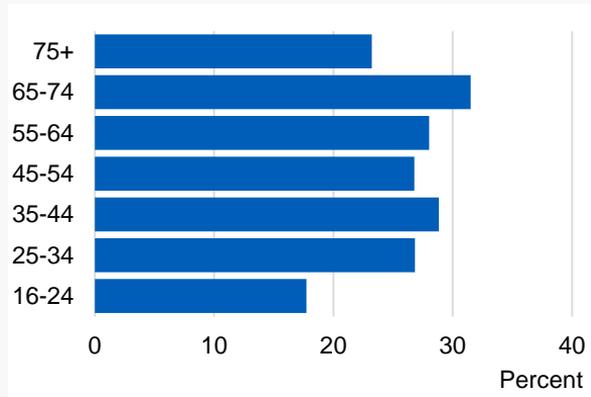
# Adult diet: Fruit and vegetable consumption

## Percentage consuming 5 or more portions a day

26% of adults consumed the recommended 5 portions a day in 2016. Women were more likely to do so than men.



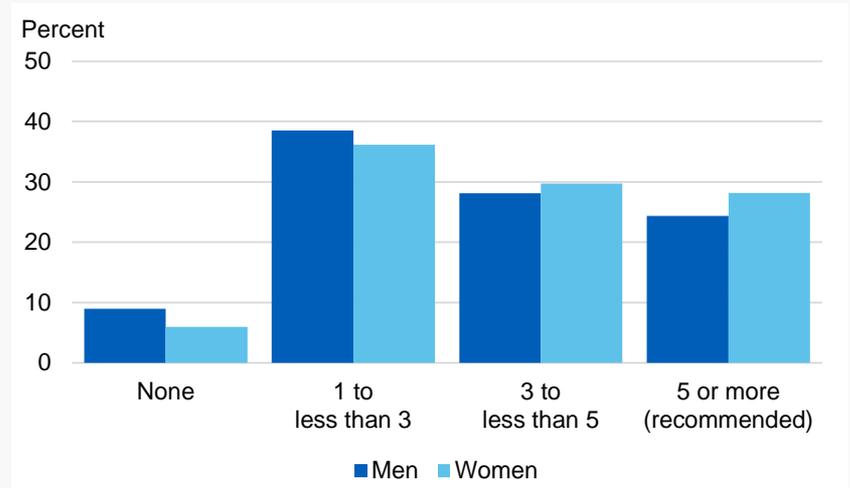
Adults aged 16-24 were least likely to consume the recommended 5 portions a day (18%).



## Mean number of portions a day

More adults consumed fewer than 3 portions a day than met the recommended 5 portions.

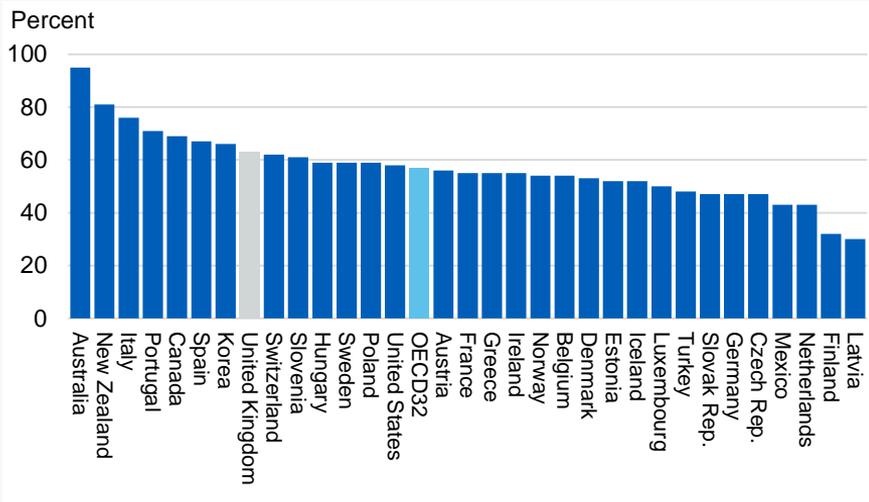
48% of men, and 42% of women consumed fewer than 3 portions a day.



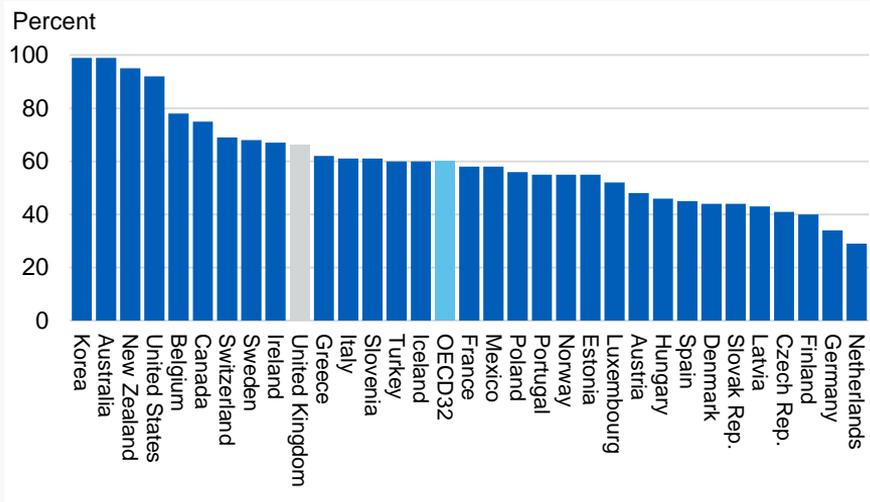
# Adult diet: Fruit and vegetable consumption, UK comparison with other OECD<sup>1</sup> countries<sup>2,3</sup>

## Percentage consuming at least one portion a day

The UK had the 8<sup>th</sup> highest proportion of the population consuming at least one portion of fruit per day (63%). This compares to an OECD average of 57%.



The UK had the 10<sup>th</sup> highest proportion of the population consuming at least one portion of vegetables per day (66%). This compares to an OECD average of 60%.

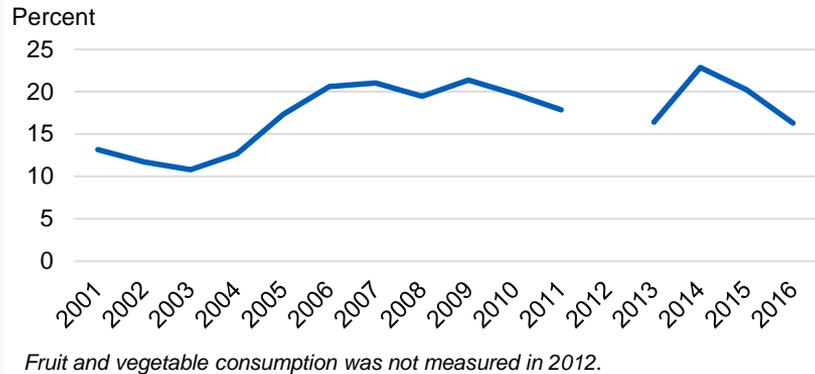


1) Organisation for Economic Co-operation and Development 2) For most countries based on persons aged 15+. Data is for 2016 or nearest available year 3) Data for Australia, Korea and New Zealand are derived from quantity-type questions. Data for the United States on fruit consumption include juice made from concentrate. In these countries, values may be overestimated as compared with other countries.

# Childhood diet: Fruit and vegetable consumption

## Percentage consuming 5 or more portions a day

16% of children aged 5 to 15 consumed the recommended 5 portions a day in 2016. This has fallen from 23% in 2014.



Results were similar for boys and girls.

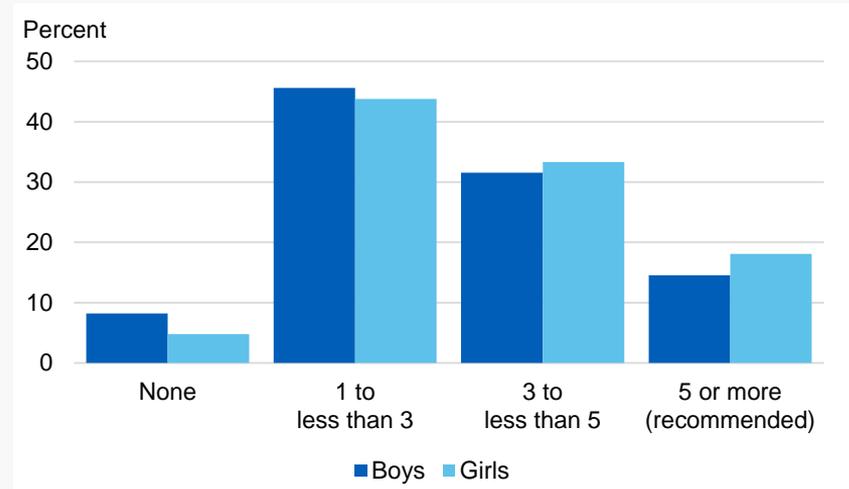
15%



18%

## Mean number of portions a day

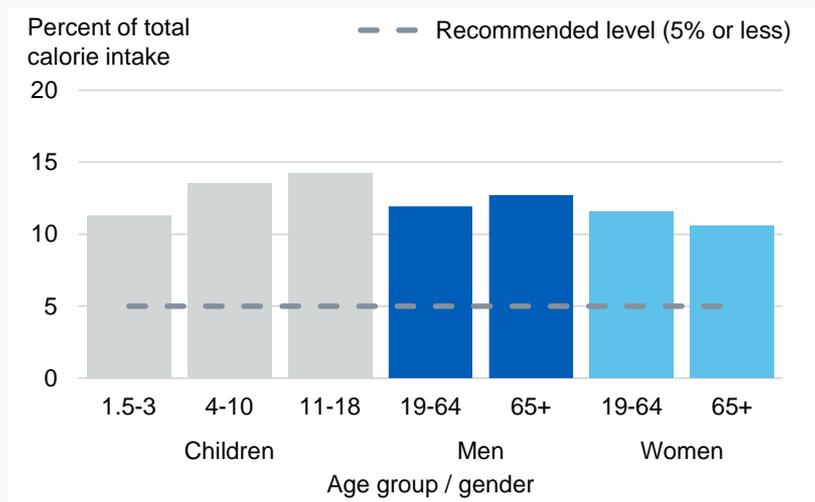
More children consumed fewer than 3 portions a day than met the recommended 5 portions. 54% of boys, and 49% of girls consumed fewer than 3 portions a day.



# Diet: Free sugars and saturated fats consumption<sup>1</sup>

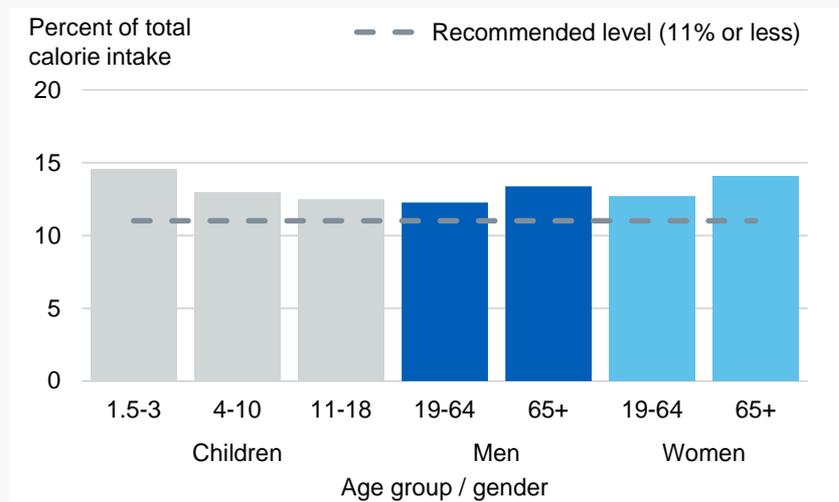
## Free sugars consumption<sup>2</sup>

Mean intake of free sugars exceeded the government recommendation of providing no more than 5% of total calorie intake in all age groups.



## Saturated fat consumption

Mean intake of saturated fat exceeded the recommendation of no more than 11% of total calorie intake in all age groups.



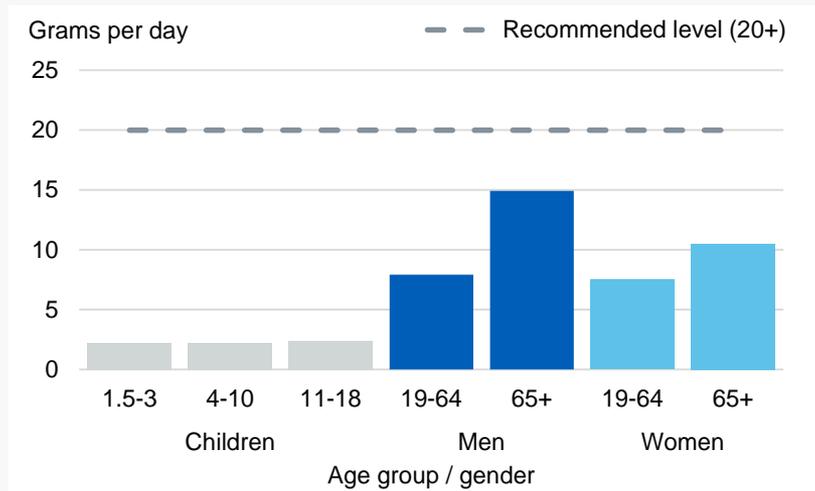
1) Data is for the UK. Latest survey covers a 2 year period for 2014/15 and 2015/16. 2) Free sugars include all added sugars, sugars naturally present in fruit and vegetable juices, purees and pastes, and all sugars in drinks other than from dairy sources.

**For more information:** Tables 3.4 and 3.7, [National Diet and Nutrition Survey, 2014/15 and 2015/16](#)

# Diet: Oily fish and red/processed meat consumption<sup>1</sup>

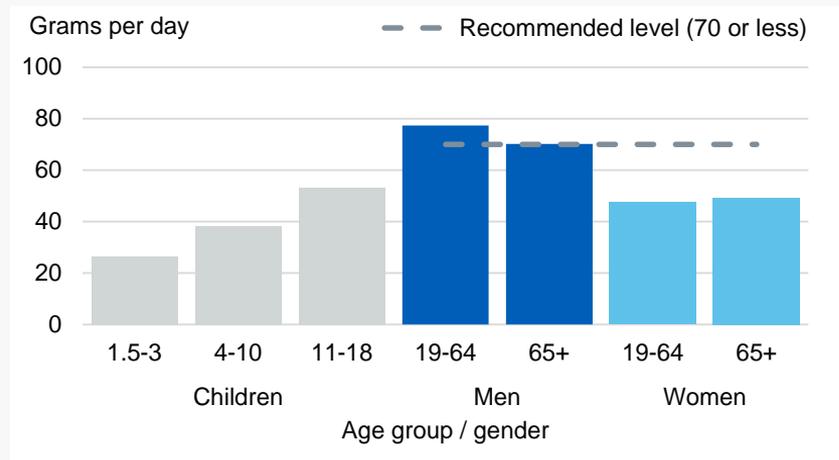
## Oily fish consumption

Mean consumption of oily fish for all age groups was well below the recommended level of at least one portion per week (equivalent to 20 grams per day).



## Red and processed meat consumption<sup>2</sup>

Mean consumption of red and processed meat for women (aged 19-64 and 65+) met the current maximum recommendation (70 grams or less per day). Mean consumption by adult men exceeded the recommendation.



1) Data is for the UK. Latest survey covers a 2 year period for 2014/15 and 2015/16. 2) Maximum recommendation is for adults aged 19+ only, though data for ages 1.5 to 18 is also shown.

Author: Statistics Team, NHS Digital  
Responsible Statistician: Paul Niblett

This publication may be requested in large print or other formats.

**Published by NHS Digital, part of the Government Statistical Service**

Copyright © 2018 Health and Social Care Information Centre.

The Health and Social Care Information Centre is a non-departmental body created by statute, also known as NHS Digital.



You may re-use this document/publication (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0.

To view this licence visit

[www.nationalarchives.gov.uk/doc/open-government-licence](http://www.nationalarchives.gov.uk/doc/open-government-licence)

or write to the Information Policy Team, The National Archives,  
Kew, Richmond, Surrey, TW9 4DU;

or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)

[www.digital.nhs.uk](http://www.digital.nhs.uk)



[@nhsdigital](https://twitter.com/nhsdigital)

[enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk)

0300 303 5678