

## What is Healthy Eating?

Healthy eating means eating a variety of foods that give you the nutrients you need to maintain your health, feel good and have energy. These nutrients include protein, carbohydrates, fat, water, vitamins, and minerals. Healthy dietary practices start early in life – breastfeeding fosters healthy growth and improves cognitive development and may have longer term health benefits such as reducing the risk of becoming overweight or obese and developing noncommunicable diseases (NCDs, for examples, heart disease, stroke, cancer, diabetes, and chronic lung disease) later in life.

The key to eating healthy is eating a balanced diet. This means eating a wide variety of foods in the right proportions, and consuming the right amount of food and drink to achieve and maintain a healthy body weight and ensure your body is receiving all the nutrients your body needs. The NHS recommend men have around 2,500 calories and women have 2,000<sup>1</sup>.

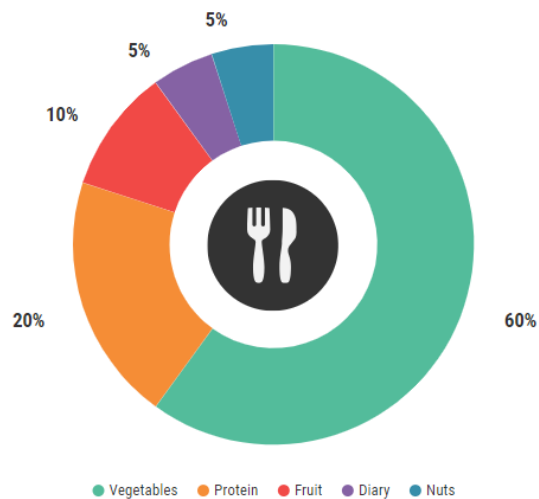


Figure 1: Percentage of each food group you should for each

However, this could be different bases on your age, weight, height and how physically active you are.

If you eat or drink more than your body needs, you'll put weight on as the energy you do not use is stored as fat. Contrastingly, if you eat and drink too little, you'll lose weight. It is also important to eat a wide range of foods to make sure you're getting a balanced diet, and your body is receiving all the nutrients it needs. To ensure you are eating a healthy, the NHS have outlined 8 practical tips which cover the basics of healthy heating and making healthier choices. More information can be found here: [8 tips for healthy eating - NHS \(www.nhs.uk\)](https://www.nhs.uk/healthyliving/8-tips-for-healthy-eating/).

### 1. Base your meals on higher fibre starchy carbohydrates.

Starchy carbohydrates should make up a third of the food you eat, and they include potatoes, bread, rice, pasta, and cereals. It is recommended to choose unrefined and high fibre or whole grain options, aiming for one starchy food as part of a main meal.

### 2. Eat lots of fruit and vegetables.

It is recommended that adults and children should have 5 portions of a variety of fruit and vegetables a day and these can be fresh, frozen, canned, dried, or juiced. For children, a portion is roughly the size of your palm and for an adult a portion is 80g. More information on portion sizes can be found here: [5 A Day portion sizes - NHS \(www.nhs.uk\)](https://www.nhs.uk/healthyliving/5-a-day-portion-sizes/).

### 3. Eat more fish, including a portion of oily fish.

Fish is a good source of protein and contains many vitamins and minerals. The aim is to eat at least two portions of fish a week, including at least one portion of oily fish. This is because oily fish are high in omega-3 fats which may help to prevent heart disease. They include salmon, trout, herring,

sardines, pilchards, and mackerel. Non-oily fish include haddock, plaice, coley, cod, tuna, skate, and hake.

#### **4. Cut down on saturated fat and sugar.**

There are two main types of fat: saturated and unsaturated. On average, it is recommended that men should have no more than 30g of saturated fat a day and women should have no more than 20g of saturated fat a day. Children under the age of 11 should have less saturated fat than adults, but a low-fat diet is not suitable for children under 5. Saturated fat is found in many foods, such as fatty cuts of meat, sausages, butter, hard cheese, cream, biscuits, cakes, lard, and pies. It is recommended to choose foods that contain unsaturated fats instead such as vegetable or olive oil, but they should be eaten in small amounts.

Sugary foods and drinks are often high in energy, and if consumed too often can contribute to weight gain. They can also cause tooth decay, especially if eaten between meals. Free sugars should be reduced and are found in many foods such as, sugary fizzy drinks, sugary breakfast cereals, cakes, biscuits, pastries, sweets and chocolate and alcoholic drinks. For reference, more than 22.5g of total sugars per 100g means the food is high in sugar, while 5g of total sugars or less per 100g means the food is low in sugar.

#### **5. Eat less salt: no more than 6g a day for adults.**

Eating too much salt can raise your blood pressure and people with high blood pressure are more likely to develop heart disease or have a stroke. About three-quarters of the salt you eat is already in the food when you buy it, such as breakfast cereals, soups, breads, and sauces. For reference, more than 1.5g of salt per 100g means the food is high in salt. Adults and children aged 11 and over should eat no more than 6g of salt (about a teaspoonful) a day. Younger children should have even less.

#### **6. Get active and be a healthy weight.**

As well as eating healthily, regular exercise may help reduce your risk of getting serious health conditions. It's also important for your overall health and wellbeing. Being overweight or obese can lead to health conditions, such as type 2 diabetes, certain cancers, heart disease and stroke. Being underweight could also affect your health.

#### **7. Do not get thirsty.**

You need to drink plenty of fluids to stop you getting dehydrated. The government recommends drinking 6 to 8 glasses every day. Try to avoid sugary soft and fizzy drinks, as they're high in calories. They're also bad for your teeth. Even unsweetened fruit juice and smoothies are high in free sugar.

#### **8. Do not skip breakfast.**

A healthy breakfast high in fibre and low in fat, sugar and salt can form part of a balanced diet and can help you get the nutrients you need for good health. A wholegrain lower sugar cereal with semi-skimmed milk and fruit sliced over the top is a tasty and healthier breakfast.

#### **The Eatwell Guide**

Government advice on a healthy, balanced diet is encapsulated in the UK's national food model, the Eatwell Guide<sup>2</sup>. The Eatwell Guide reflects the latest dietary recommendations and key public health messages. It applies to most people over the age of 5 and is suitable for vegans and vegetarians too. The Eatwell Guide provides a visual representation of the types and proportions of foods needed for a healthy balanced diet to promote long-term health at a population as shown in figure 2.

# Eatwell Guide

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

Check the label on packaged foods

Each serving (150g) contains

Energy	Fat	Saturated	Sugars	Salt
1046kJ 250kcal	3.0g LOW	1.3g LOW	34g HIGH	0.9g MED
13%	4%	7%	38%	15%

of an adult's reference intake

Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars

Eat at least 5 portions of a variety of fruit and vegetables every day

Fruit and vegetables



Eat less often and in small amounts

Choose wholegrain or higher fibre versions with less added fat, salt and sugar

Potatoes, bread, rice, pasta and other starchy carbohydrates



6-8 a day

Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.

Beans, pulses, fish, eggs, meat and other proteins

Eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat

Dairy and alternatives

Choose lower fat and lower sugar options

Choose unsaturated oils and use in small amounts

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

Figure 2: The Governments Eatwell Guide.

## What are the Benefits of Healthy Eating?

Key health benefits to eating well are displayed in figure 3. As well as physical health benefits, benefits of improving your health also include:

- Having more energy for work, play, and family

- Feeling better about yourself
- Managing stress better
- Setting a good example for you children, friends, and other family members.

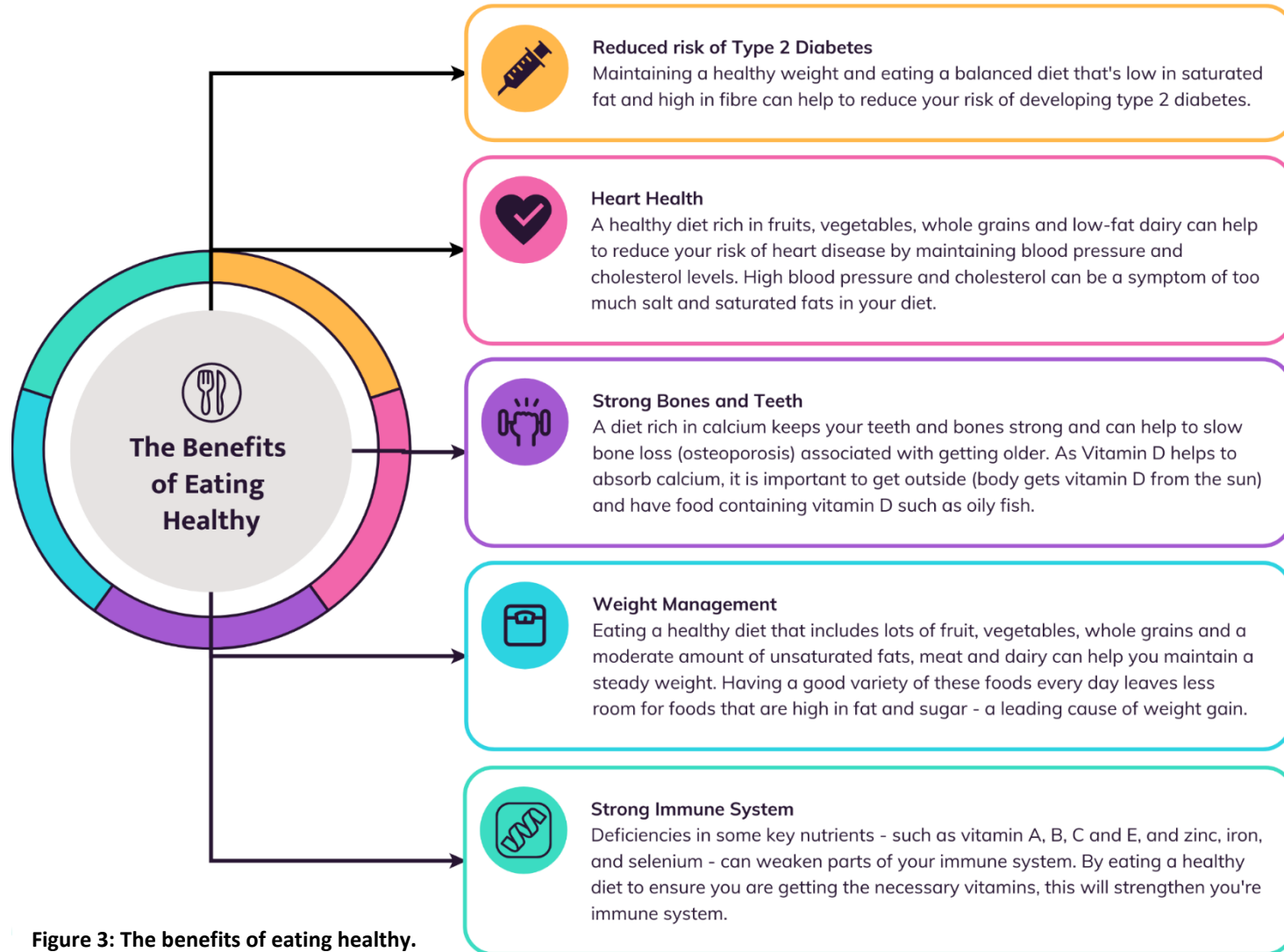


Figure 3: The benefits of eating healthy.



## **What are the Consequences of not Eating Healthy?**

### **Individual Consequences**

The World Health Organization (WHO) outlines how an unhealthy diet and lack of physical activity are currently leading global risks to health<sup>3</sup>. If you have a poor, un-nutritional diet, you are at a higher risk of becoming obese, heart disease, type 2 diabetes, certain cancers, and a reduced life expectancy. Two of the leading causes of heart disease and stroke are high blood pressure and high blood cholesterol, which can be the consequence of an unhealthy diet.

In the UK, research shows that most people in the UK do not meet government dietary recommendations. The most recent UK National Diet and Nutrition Survey (NDNS)<sup>4</sup> data shows that population intakes of saturated fat, sugar, and salt are above the government recommendations whereas intakes of fibre, fruit and vegetables, and oily fish are below government recommendations. Consuming food and drink that is high in saturated fat and sugar can lead to weight gain, obesity, and other chronic conditions that put people at a higher risk of at least 13 types of cancer.

It is therefore important to understand the consequences of the amount of food and drink you're consuming. It is estimated that on average, an adults' diets contain 200 to 300 more calories than recommended a day, and children who are already overweight or living with obesity up to 500 more calories than are required for a healthy body weight<sup>5</sup>. Calories are important as we need the energy from them to function properly. However, if you eat or drink more calories than your body needs, you'll put weight on as the energy you do not use is stored as fat. This is an issue as fat stores can build up, leading to obesity and related health problems.

Contrastingly, if you eat and drink too little, you'll lose weight. This is because your body will use its stored fat for energy, as it is not getting this

energy from calories (food). The primary risk of undereating is becoming underweight, and the health risks associated with this include osteoporosis, infertility, a weakened immune system, malnutrition, and chronic fatigue. Further to this, if you are not eating enough calories, it's likely you're not getting enough vitamins and minerals either. This can cause nutrient deficiencies which can cause further health complications such as anaemia, bone loss, poor dental health.

Globally, it is estimated that 1.5 million years of healthy life are lost to diet-related illness, disease, and premature death each year. Bringing everyone to a healthy BMI range alone could increase life expectancy by 2.7 years<sup>6</sup>. This highlights the importance of choosing healthier food options. As well as this, it is important to highlight that healthy eating starts from an extremely young age as good nutrition is essential to keeping current and future generations healthy across the lifespan. A healthy diet helps children grow and develop properly and reduces their risk of chronic diseases.

### **Wider Societal Consequences**

The consequences of an unhealthy diet can surpass that of the individual. It is estimated that the societal cost of obesity in the UK is around £58 billion per year<sup>7</sup>. Therefore, increasing rates of obesity pose a threat to the longevity of our health system, with the responsibility for treating obesity-related conditions falling on the NHS. Annually, obesity costs the NHS £6 billion, and this is set to rise to over £9.7 billion by 2050<sup>8</sup>. In the financial year 2020 to 2021, the NHS in the UK is estimated to have spent £6.5 billion on overweight and obesity related ill-health. This is around 4.7% of the NHS budget<sup>9</sup>. Reducing obesity and improving diets is essential to increasing life expectancy and reducing costs on the NHS. As well as financial pressures, in 2019/20 there were over 1 million hospital admissions where obesity was recorded as the primary or secondary diagnosis (a 17% increase from

2018/19)<sup>10</sup>. There is a risk of overwhelming the NHS if diet-related disease is not brought under control with it being projected that by 2035/36 type 2 diabetes alone will cost the NHS 1.5 times the amount currently spent on treating all cancers<sup>11</sup>.

With more people suffering with health-related illnesses, this is also impacting the workforce. As ill people are less likely to work, the Organisation of Economic Co-operation and Development (OECD) estimates that the combined cost of conditions related to high BMI, in lost workforce productivity, reduction in life expectancy and NHS funds, is £74 billion every year. This is equivalent to cutting the UK's GDP by 3.4%. To cover these costs, each person in the United Kingdom pays an additional £409 in taxes per year<sup>12</sup>.

## **National and Local Picture**

In the UK, unhealthy diets account for 13% of all deaths<sup>13</sup>. Most of this is because a poor diet causes obesity, high blood pressure, high cholesterol, and type 2 diabetes, all of which can lead to cardiovascular disease. What we eat can also increase our risk of some cancers, especially bowel cancer, which is linked to eating too much red or processed meat. Obesity is linked to 13 different cancers, including post-menopausal breast cancer and bowel cancer.

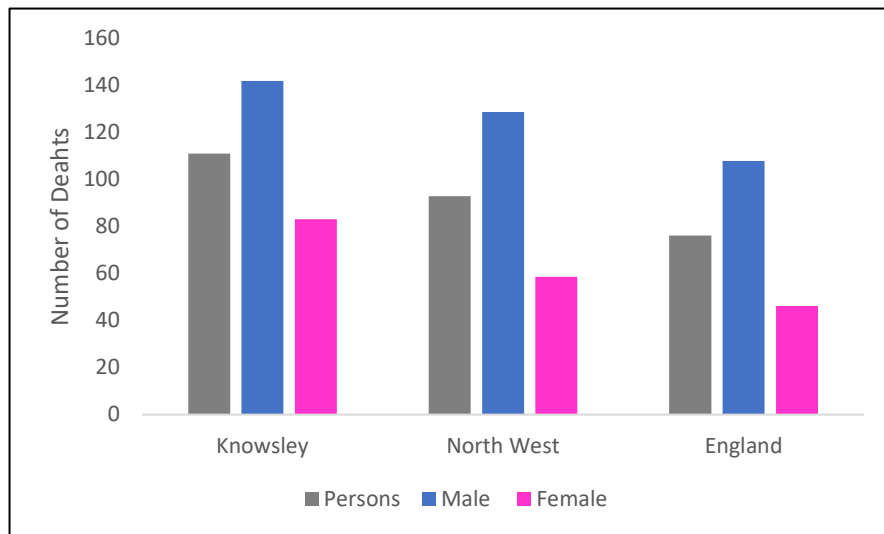
To understand healthy eating habits nationally and in Knowsley, there are several indicators to look at which will indicate the healthy food choices residents are/aren't making. These are:

- Heart Health
- Diabetes
- Cancer
- Obesity
- Dental Health in Children

## **Heart Health**

A healthy diet can help to reduce the risk of developing coronary heart disease. In England, one in three people over the age of 45 has diabetes or a heart condition – both conditions of which are strongly associated with dietary ill health<sup>14</sup>. The mortality from all cardiovascular diseases in Knowsley is higher than regional and national averages for all persons (Figure 4).

**Figure 4: Under 75 Mortality Rate from all cardiovascular diseases. (Source: OHID)**



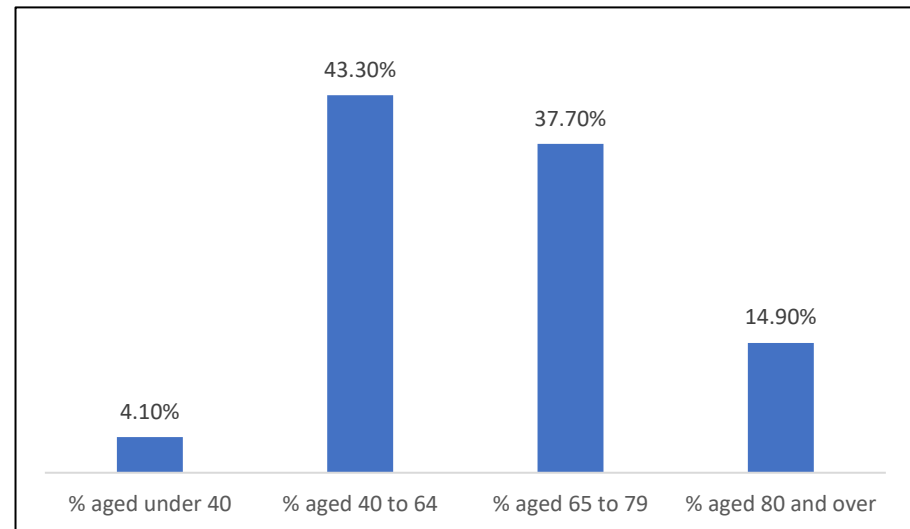
### Diabetes

Of type 1 and type 2 diabetes, type 2 is the most common type, and it can be developed by anyone. Type 2 diabetes is where someone has high blood sugar levels due to your body not making enough of a hormone called insulin. High blood sugar levels can be caused by several factors, but two main factors are eating too much sugary or starchy food and not being active. Therefore, if you are overweight or obese you are at high risk of developing type 2 diabetes. There is no cure but some people with type 2 diabetes can put their diabetes into remission by losing a significant amount of weight. Type 2 diabetes is entirely preventable and eating a healthy diet could make a meaningful contribution to reducing the risk of getting type 2 diabetes and it is recommended to follow a diet that is low in saturated fat, sugar, and salt, and to increase physical activity. Diabetes UK have an online tool which can be used to find out your risk of developing type 2 diabetes: [Diabetes UK's Know Your Risk Online Tool](#).

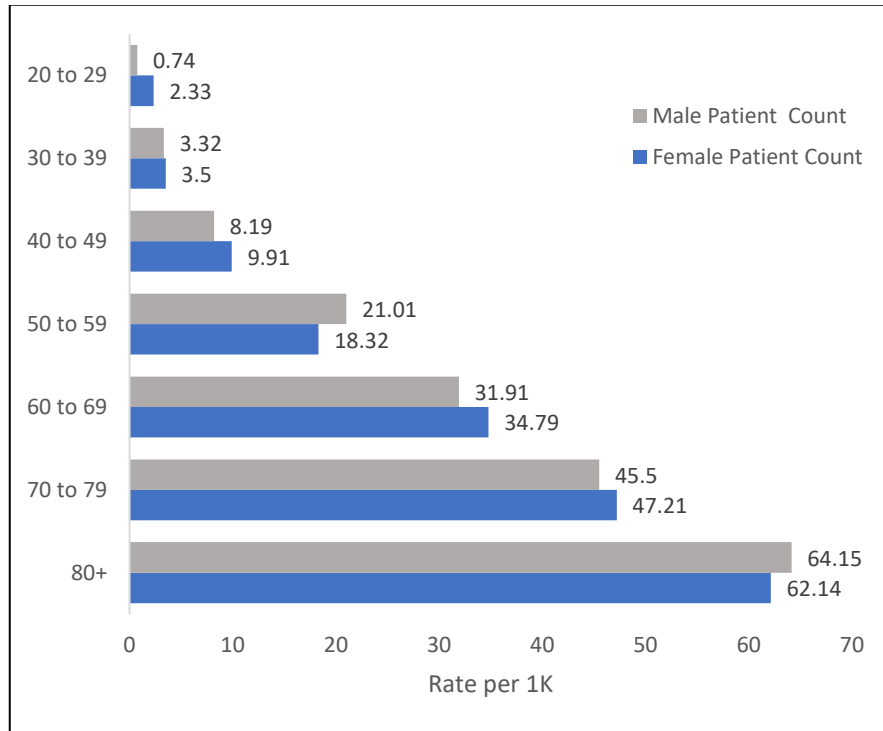
In England, it is estimated that 3.8 million people aged 16 and over have diabetes (8.6%)<sup>15</sup>. With around 90% of this 3.8 million people having type 2 diabetes, the cost of this to the NHS is estimated at £10 billion a year, which is around 10% of its entire budget<sup>16</sup>. In England, data shows that the percentage of the population with type 2 diabetes increases with age (Figure 5). Only 4% of the total population under 40 have type 2 diabetes compared 43% of the population in the age group 40 to 45.

In Knowsley, type 2 diabetes is slightly more common in men than in women (Figure 6). However, in Knowsley there are slightly more females (1,174 compared to 1,056). Rates are also higher in women with the exception of 80+. This may reflect the fact women are more likely to attend GPs, but more information is needed to understand the difference.

**Figure 5: Percentage of the population with type 2 diabetes in England by age group. (Source: OHID)**



**Figure 6: Prediabetes (Type 2) in Knowsley by age group and sex (2023).**  
 (Source: CIPHA)



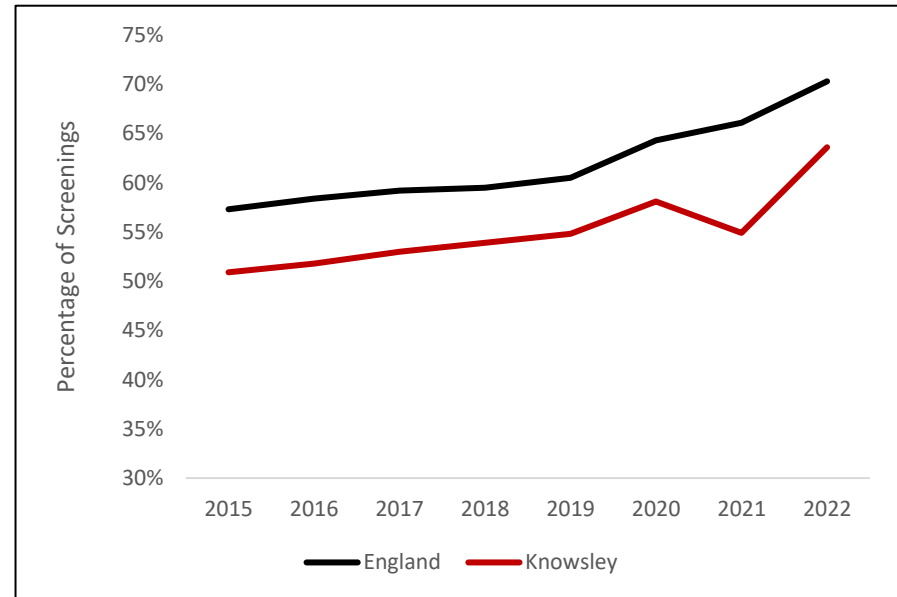
**Cancer**

A healthier diet could help to prevent up to one third of cancers in the UK, with research showing that being overweight increases the risk of developing some types of cancer. Whilst there are many reasons why people are overweight, an unhealthy diet and lack of physical activity are often key factors. The link between diet and the risk of developing cancer is complicated and scientists do not completely understand it yet. However, some research does indicate that eating more fibre may reduce

the risk of certain cancers, particularly bowel cancer as fibre can help the cells in our bowel stay healthy so that tumours are less likely to develop<sup>17</sup>. However, eating a lot of red and processed meat can increase the risk of bowel cancer. Bowel cancer screening coverage in Knowsley is 7% below the England average, however, the data is showing an upwards trend of bowel cancer screenings in Knowsley since 2021, closing the gap between Knowsley and the England average (Figure 7). An increase in bowel screening coverage is positive as this means any early signs of bowel cancer can be detected, increasing health outcomes.

Under 75 mortality rates in Knowsley are 160.1 per 100,000, and these rates are the highest in the LCR after Liverpool (161.5). Under 75 mortality rates in Liverpool and Knowsley are very high especially compared to the

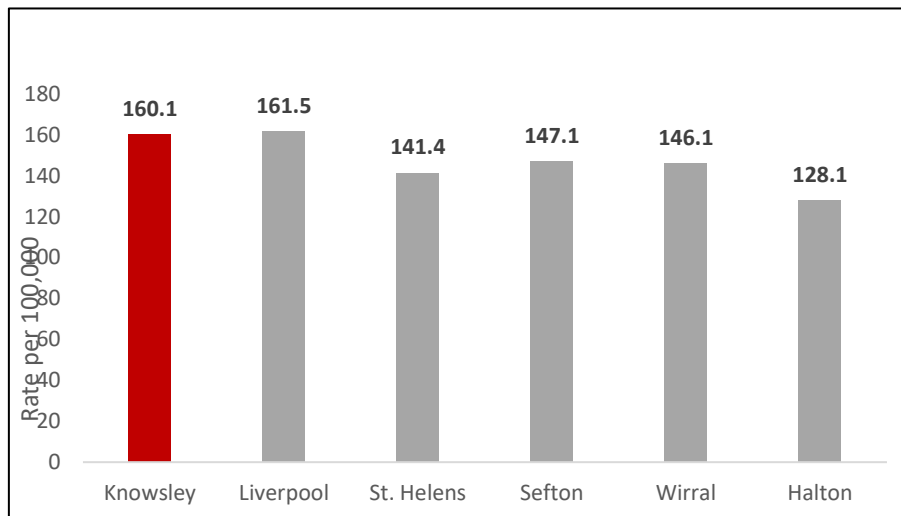
**Figure 7: Bowel cancer screening coverage percentage in Knowsley and England (2015-2022).** (Source: OHID)





LCR with the third highest rate per 100,000 being in St Helens at 141.4 and the England rate at 122.4. Generally, a healthy and balanced diet can reduce the risk of cancer however, this is partly from the effect of the diet itself, by helping people to keep a healthy weight or to lose weight. This is because obesity has been shown to cause 13 different types of cancer. Therefore, whilst unhealthy diets (and other lifestyle factors) will not be the sole cause of Knowsley's high rates of premature deaths from cancer, they are likely to be a contributory factor.

**Figure 7: Under 75 mortality rates from cancer in the Liverpool City Region. Rate Per 100,000 (2022). (Source: OHID).**

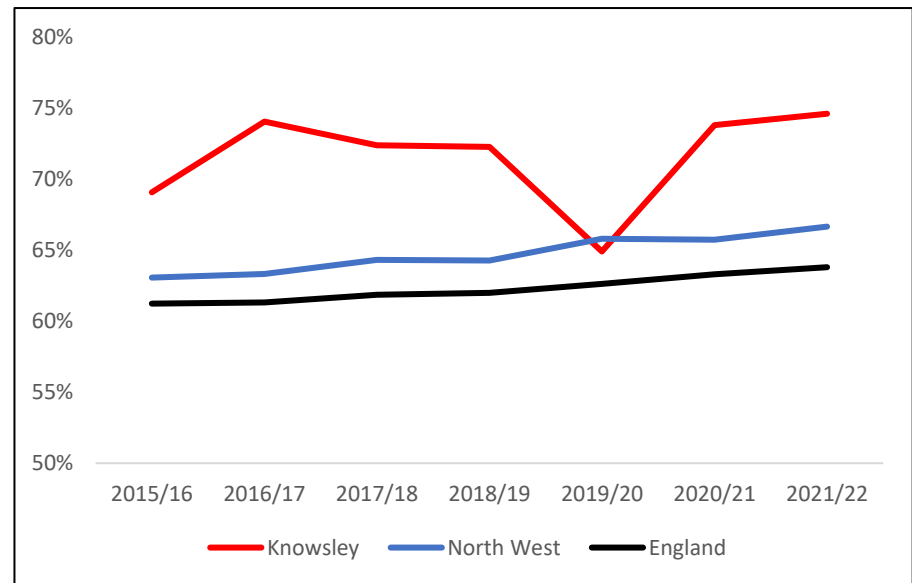


## Obesity

An unhealthy diet and a lack of physical activity can lead to becoming overweight or obese. Latest figures show around a quarter (25.9%) of UK adults, or approximately 15 million people, have a body mass index (BMI) that indicates they are obese<sup>18</sup>. In England, obesity rates have risen steadily for the last 50 years. Most recent national data, shows that obesity levels are very high with 63.8% of adults (aged 18+) classed as overweight or obese and 25.9% classed as obese (Figure 8).

If current trends continue, almost 40% of the UK population will have obesity by 2040. This comes with growing risks of cancer, diabetes, cardiovascular disease, musculoskeletal conditions, and poor mental health. Despite these statistics, government policies surrounding obesity have

**Figure 8: Percentage of adults (18+) classed as overweight or obese from 2015/16 to 2021/22. (Source: OHID).**



been unsuccessful with every government since 1992 missing targets to reduce obesity, despite publishing 14 strategies and implementing almost 700 policies.

***The percentage of adults that are classified as overweight or obese in Knowsley, is higher than the national average and has been for the past 7 years.***

In Knowsley, data shows that almost three quarters of Knowsley residents (74.6%) are classed as overweight or obese (figure 8). This is higher than the national average (63.8%) and regional average (66.7%). Trends indicate that the percentage of adults that are overweight or obese are steadily increasing at local, regional, and national levels.

Whilst regional and national averages have been steadily increasing over the years, Knowsley saw a sharp drop in adults that were overweight or obese in 2019/20 to 64.9%, falling below the North West average. However, this then increased to 73.8% in 2020/21. This may have been due to data coming from surveys and so peaks and troughs are more likely to be seen due to the smaller geography of survey data collection. The high levels of obesity are a cause for concern in Knowsley as this puts residents at a higher risk of obesity related health issues.

### **Child Obesity**

Childhood obesity is a serious medical condition that affects children and adolescents. It is particularly troubling as being overweight or obese at a young age can often start children on the path to health problems such as diabetes, high blood pressure, and high cholesterol. Research found that, children and young people living with obesity are more likely to be obese adults. In England, obesity in children has risen by 50% in the past year (2022) and based on current trends, more than 80% of children born in 2022 will be overweight or obese by the age of 65<sup>19</sup>. This is also disproportionately affected by socio-economic factors with children in the

most deprived fifth of households being four times more likely to have severe obesity than the least deprived fifth. Childhood obesity can adversely affect their ability to learn in school, their self-esteem, their physical health and their mental health.

The main risk factors of childhood obesity are:

- Diet
- Lack of exercise
- Family factors - If children come from a family of overweight people, they may be more likely to put on weight.
- Psychological factors - Personal, parental, and family stress can increase a child's risk of obesity.
- Socioeconomic factors - People in some communities have limited resources and limited access to supermarkets.
- Certain medications - Some prescription drugs can increase the risk of developing obesity.

However, the scale number is not always an accurate way to know if a child is overweight. This is because some children can have larger than average body frame and can carry different amounts of body fat at the various stages of development. The body mass index (BMI) provides a guideline of weight in relation to height and is the accepted measure of overweight and obesity. Further to this, doctors can use growth charts, the BMI and, if necessary, other tests to help you figure out if your child's weight could pose health problems.

***In 2022/23, Knowsley has the highest reception obese % in England for Upper tier Local Authorities.***

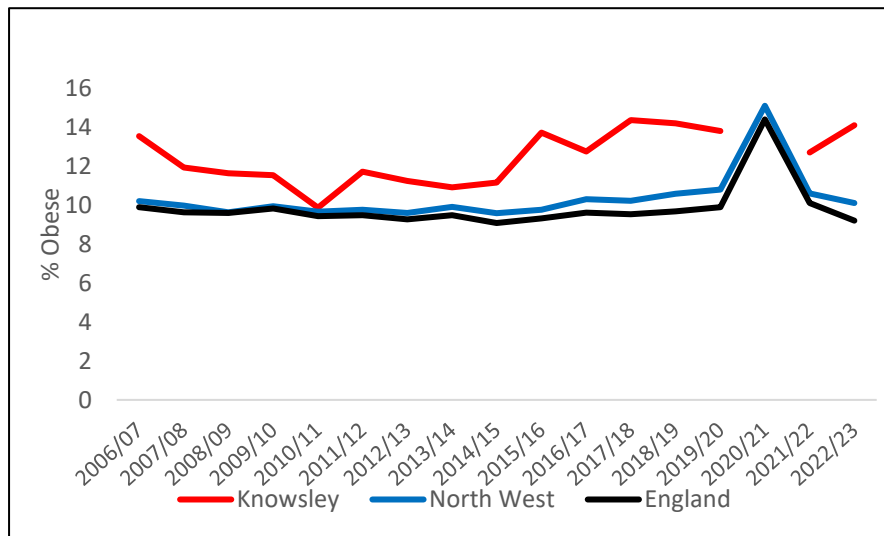
In Knowsley, most recent data (2022/23) shows the percentage of obesity in year 6 and reception pupils is higher than the England average and North West average. The percentage of obesity in reception pupils is 14.1% and

is higher than the England average (9.2%) and North West average (10.1%). This trend also seems to be increasing for Knowsley whereas national and regional trends look to be decreasing.

The percentage of obesity for year 6 pupils is 30.7% and is higher than the England average (22.7%) and the North West average (23.8%). High obesity rates are concerning in Knowsley as there is the risk of children going on to develop health related issues further on in life such as diabetes if no changes are made. When looking at the percentage of overweight as well as obese, 2022/23 data shows that almost 50% of year 6 pupils are overweight or obese and this is the highest percentage in England for all upper tier local authorities.

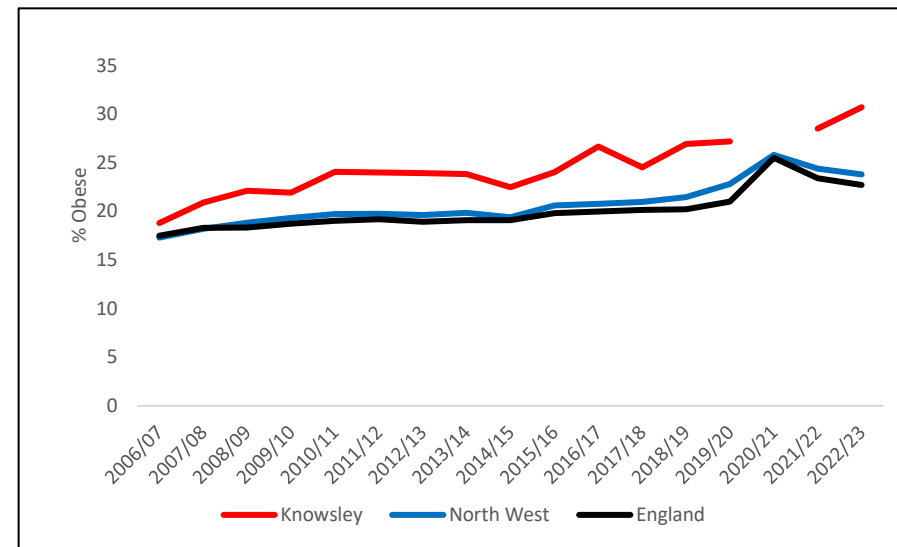
When looking at this data on a ward level, there are geographical variations in the prevalence of children living with obesity (Figure 11). The north of

**Figure 9: Reception Obesity percentage (including severely obese) from 2006/07 to 2022/23. (Source: OHID).**

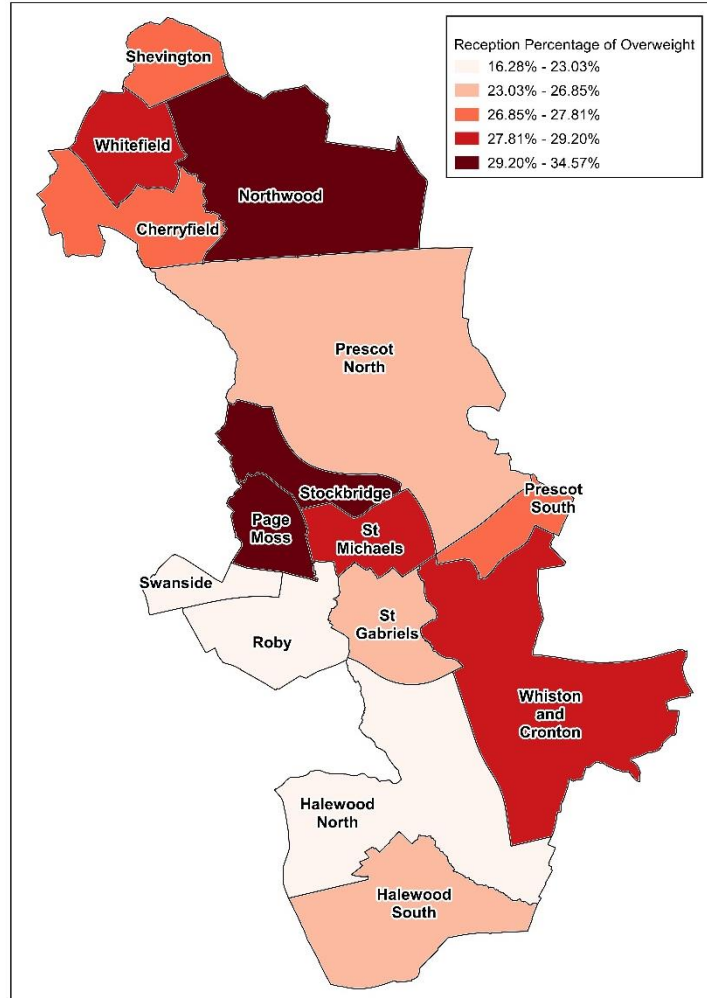


the borough has a high percentage of overweight or obese children at the reception stage, particularly in Prescot North and Northwood. Page Moss and Whiston and Cronton also have a high percentage of reception children that are overweight or obese. Roby, Halewood North and Prescot South have the lowest percentage.

**Figure 10: Year 6 Obesity percentage (including severely obese) from 2006/07 to 2022/23. (Source: OHID).**



**Figure 11: Reception Obesity percentage (including severely obese) by ward for 2022/23. (Source: OHID).**



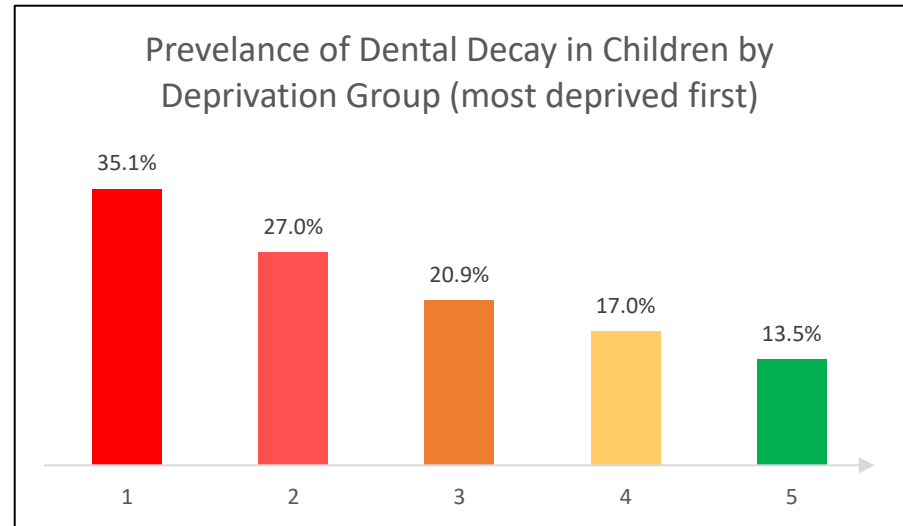
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### Dental Health in Children

Whilst childhood obesity is a major concern due to its significant consequences in later life (including type 2 diabetes, heart disease, stroke, some cancers, and many other conditions), it is not the only diet-related concern caused by poor diets in early childhood. High consumption of sugar is well known to lead to dental decay. It is a highly prevalent and completely preventable problem in children. The gravity of dental decay shouldn't be underestimated as it is the leading cause of hospital admissions in 5–9-year-olds in the UK<sup>20</sup>. As with obesity there are large discrepancies across deprivation groups with children in the most deprived group more than twice as likely to have tooth decay compared to those in the least deprived groups (Figure 12).

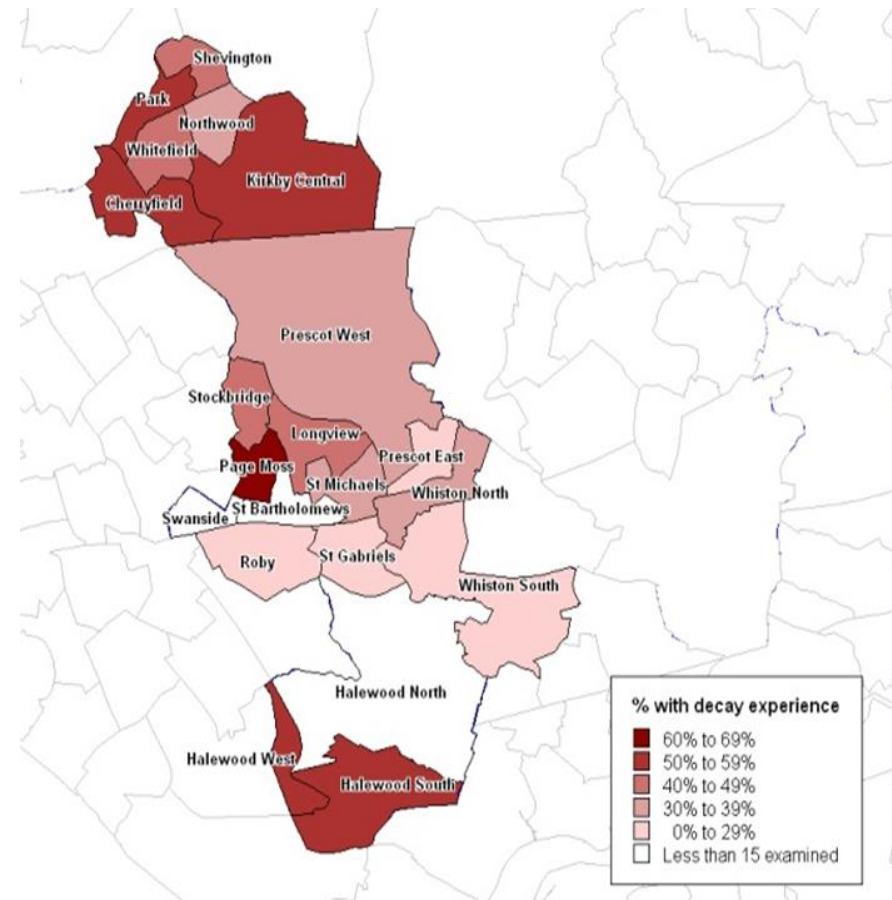
In 2021/22, 31.2% of five-year old children in Knowsley experienced tooth decay compared to an average of 23.7% across England. Knowsley is the

**Figure 12. Prevalence of Dental Decay in Children by Deprivation Group (most deprived first) (Source: Broken Plate).**



second most deprived LA in England, with 46% of the population living in the 10% most deprived areas. Additionally, 8,660 children are living in relative poverty, and there are 290 looked after children. These factors have been shown to put children at an increased risk of poor dental health. The oral health survey of 12-year-old children conducted in 2009 shows the percentage of Knowsley children who have experienced tooth decay as 56.1% which was much higher than the Northwest (39.8%) and England average (33.4%). Children aged 12 and 15 years who were eligible for free school meals were more likely to report toothache in the past 3 months. Twelve-year olds who were eligible for free school meals were also more likely to report bleeding or swollen gums (21%) or a broken tooth (12%) in the previous 3 months than their counterparts who were not eligible for free school meals (14% and 7%). There are local discrepancies in terms of tooth decay in Knowsley with Kirkby, Page Moss and Halewood South having between 60% go 69% of children having tooth decay (Figure 13).

**Figure 13. Percentage of children with tooth decay by ward in Knowsley (2020/21) (Source: OHID)**



# Barriers to Healthy Eating in Knowsley

## Barriers to Healthy Eating

### Affordability



#### Affordability of a Healthy Diet

Research shows that the most deprived fifth of UK households need to spend around 50% of their disposable income to eat in line with the Eatwell Guide. With 25.1% of Knowsley's population being income deprived, affordability is a major barrier to healthy eating.



#### Cost of Healthy Food

It is estimated that healthy foods cost nearly three times as much per calorie than less healthy foods. Fruit and vegetables remain the most expensive costing an average £11.72 per 1,000Kcal compared to £5.82 for high in fat/sugar food and drinks.

### Cost of Living



#### Food vs Fuel

Which? Index of priority places for food ranks Knowsley as second for having the highest proportion of priority places. This is based on factors including fuel poverty and supermarket accessibility. In a survey, 80% of Knowsley residents say they have been affected most by increasing costs of food and fuel.

### Availability



#### Availability of Places to Buy Food

It is estimated that 1 in 4 places to buy food are fast food outlets. This proportion is higher in deprived areas (31%). This can be seen in Knowsley with the north of the borough having the most fast-food outlets (11 to 16).



#### Availability of Low Sugar Options in Children's Food Categories

Only 7% of breakfast cereals and 8% of yogurts marketed to children are low in sugar.

### Food Deserts

A Food Desert is defined as 'an area containing two or fewer supermarkets/convenience stores.'



#### Northwood

Knowsley is ranked 10<sup>th</sup> for food deserts in the UK with a key area being Northwood. Car ownership is a big factor in a food desert and 47% of households in Northwood have no car/van. There is also a lack of affordable supermarkets and instead there are small convenience shops that tend to be more expensive. This can lead to people unwillingly making unhealthy food choices.

### Appeal



#### Marketing of Baby and Toddler Snacks

97% of snacks marketed towards babies and toddlers feature a nutritional or health claim on the front of the packaging despite often being high in sugar for this age group.



#### Advertising Spend on Food

A third (33%) of food and soft drink advertising spend goes towards confectionery/soft drinks compared to 1% for fruit and veg. People in more deprived areas are more likely to be exposed to this advertising, making Knowsley residents particularly vulnerable.

### Ultra-Processed Foods



UPF often contain high levels of saturated fat, salt and sugar. They are on average three times cheaper per calories than healthier food. Knowsley residents can therefore be financially restricted to buying healthier, unprocessed foods.

Figure 14. Summary of the barriers to healthy eating in Knowsley.



## Barriers to Healthy Eating

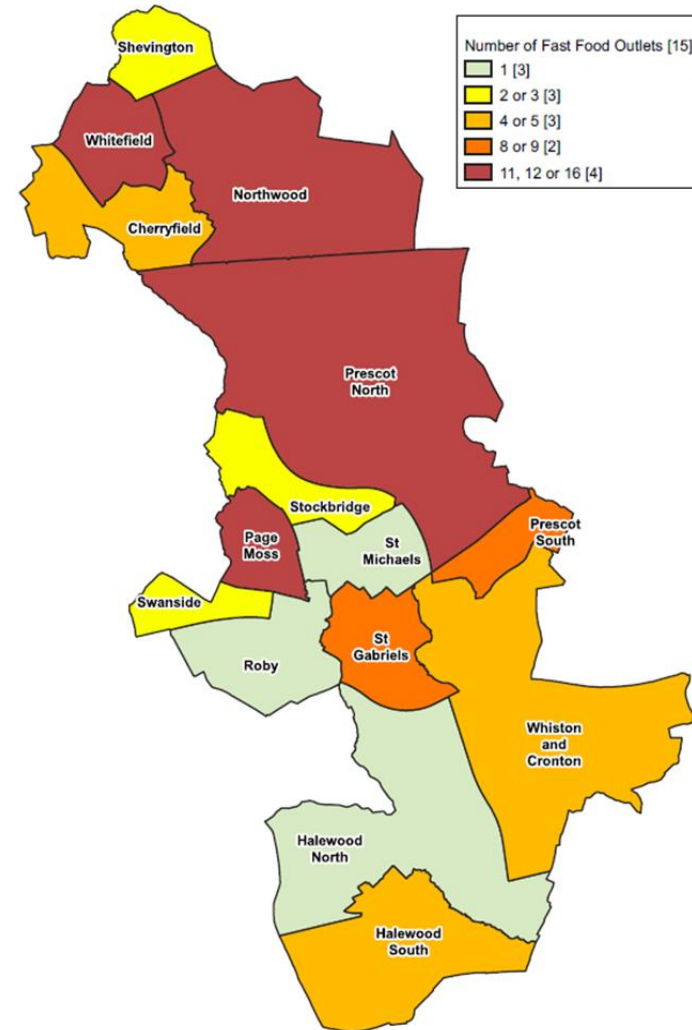
Cost of healthy food, time, fuel poverty, food banks, processed food, food deserts, cost of living, cost of appliances. It costs to eat healthily. There are several factors to consider regarding healthy eating such as affordability, accessibility, and convenience. These barriers may be the reason for so few adults (16+) in Knowsley eating the recommended 5-a-day, with only 22% meeting this target which is significantly lower than the national average (32.5%) and is also the lowest in the North West<sup>21</sup>.

## Accessibility and Availability

Healthy and nutritious foods are more difficult to access, especially those in disadvantaged areas. The Food Foundation estimates that one in four (25%) places to buy food on our high streets are fast-food outlets. There is a fast-food outlet for approximately every 1,200 people in the UK which is much more numerous than other countries in a similar economic status. For example, Spain has a fast-food outlet for every 3,000 people, almost half that of the UK<sup>22</sup>. The average proportion of fast-food outlets is much greater in more deprived areas of the country with 31% in the most deprived areas compared to 22% in the least deprived areas<sup>23</sup>. The increase in fast food apps also increases the likelihood of ordering fast food and data shows that 38% of the UK ordered fast food online in 2021<sup>24</sup>.

Figure 15 illustrates the areas of Knowsley that have the most fast-food outlets. There is clearly a high number of fast-food outlets (between 11 to 16) in the north of the borough and in Prescot. This is also where some of the most deprived areas of Knowsley are, particularly Northwood. A high number of fast-food outlets can be expected in Prescot due to the retail park hosting several fast-food chains. Page Moss also has between 11 to 16 fast food outlets and is also one of the most deprived areas of Knowsley. Comparatively, Roby is the least deprived area in Knowsley and only has

Figure 15. Number of fast-food outlets in Knowsley by ward (2020/21)  
(Source: OHID)



one fast food outlet. This highlights how there are more fast-food outlets in the more deprived areas of Knowsley.

Proximity to fast food outlets has been shown to be linked to increased fast-food consumption and increased bodyweight<sup>25</sup>. It is possible for local areas to do more to improve food environments through regulation of fast-food takeaways. For example, in 2022, South Tyneside Council refused plans for new takeaways because of their drive to reduce obesity. Gateshead Council have also shown strong leadership in this area, successfully reducing the proportion of fast-food outlets by 14% by utilising their planning policy<sup>26</sup>.

The availability of healthy food is also a barrier to healthy eating with the abundance of cheap, commercially produced, high sugar food driving harmful dietary patterns. Government research indicated that 1 in 4

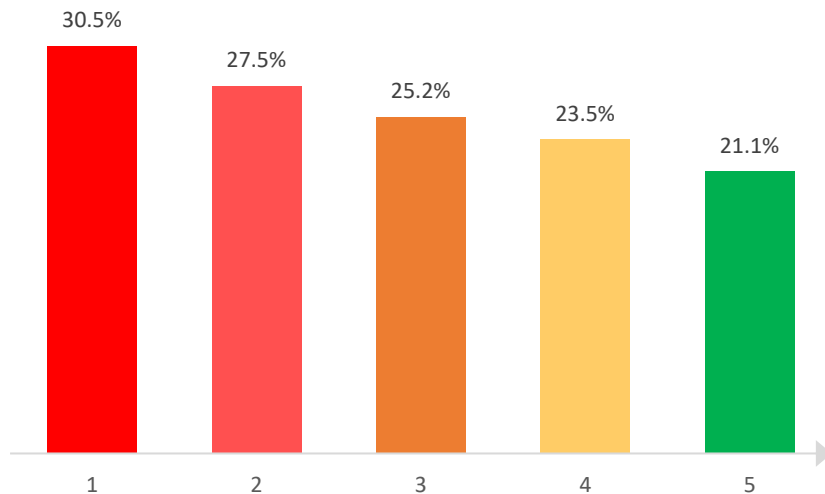
people feel that the only foods realistically available to them are heavily processed<sup>27</sup>.

#### ***Availability of low sugar options in key children's food categories:***

On average, children in the UK consume double the recommended amount of sugar, contributing to two of the greatest health issues facing children in the UK: unhealthy weight and tooth decay<sup>28</sup>. Research shows that only 7% of breakfast cereals and 8% of yogurts marketed to children are low in sugar<sup>29</sup>. In contrast to foods like cake and confectionery, yogurt and cereal are foods that parents often give their children in the belief that they are part of a healthy diet, not expecting that hidden sugars are one of the main ingredients.

It's not just the consumer who is trapped in this cycle: food companies are too. Of the manufactured food products sold in the UK, 85% are deemed to be so unhealthy they are unsuitable for marketing to children. In 2018, the home-grown fruit and vegetables market in the UK was worth £2.2bn, whereas confectionery alone – one small section of the processed food market – was worth £4.2bn<sup>30</sup>.

**Figure 16. Percentage of Fast-Food Outlets in England by Deprivation Group (most to least deprived) (Source: Food Foundation)**



#### **Marketing and Advertising**

A study by the Food Foundation has identified how advertising and marketing can influence people's perceptions of foods and food brands, which in turn affects what how much people eat<sup>31</sup>.

#### ***Marketing of Baby and Toddler Snacks***

Data has shown that 97% of snacks marketed towards babies and toddlers feature a nutritional health claim on the front of the packaging despite often being higher in sugar for this age group. These health claims include '100% fruit', 'No added sugar', 'Organic', 'Naturally occurring sugars' as a few examples. Whilst these claims are factually correct, these snacks are

now perceived as ‘healthy’ despite being high in sugar. Such marketing tactics can mislead parents into thinking these products are beneficial for their child over homemade or natural alternatives such as fruit.

### Advertising

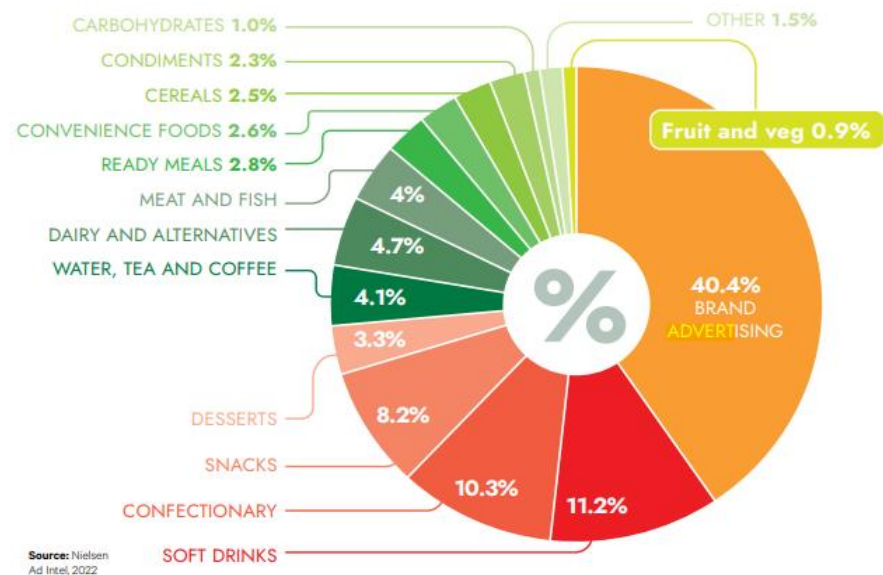
A third (33%) of food and soft drink advertising spend goes towards confectionery, snacks, desserts, and soft drinks compared to just 1% for fruit and vegetables (Figure 17). Data has shown that in the UK in 2022, there was £10 million (1% of total advertising spent on food and drink) was spent on fruit and vegetable advertising, compared to £360 million (33%) spent on food products such as confectionery, soft drinks, snacks, and deserts<sup>32</sup>. Advertising significantly contributes to normalising unhealthy foods in society and people are often unaware of how advertising affects their decision-making. Children are particularly vulnerable to these marketing techniques with scientific evidence showing that advertising can consistently and reliably influence children’s food preferences and purchasing habits, driving up their calorie consumption<sup>33</sup>. Further to this, people from lower socio-economic groups are more likely to be exposed to this advertising than those from higher socio-economic groups, with one study findings that adverts for junk food in Liverpool were concentrated in poorer areas<sup>34</sup>. This could make Knowsley residents particularly vulnerable given the high deprivations rates in the area. Knowsley Council have taken the steps to reduce this exposure by becoming the first council in the North West to restrict advertising for junk food in the borough.

The UK Government acknowledged the harmful influence of advertising on health in their 2020 Obesity Strategy, and subsequently passed legislation to restrict advertising of high fat, salt, and sugar (HFSS) food and drink online and on TV before 9pm<sup>35</sup>. However, they have since delayed the implementation of these urgently needed policies until October 2025. These policies have the potential to be extremely effective; the Government’s own assessment predicts that the proposed restrictions will

reduce levels of obesity. Similarly, evaluations of a ban on advertising HFSS food and drink across the Transport for London network showed that advertising restrictions successfully reduced calorie consumption and led to 100,000 fewer obesity cases which is expected to save the NHS £200 million<sup>36</sup>.

Food systems have become more profit driven, and processed foods are an emergent property of today’s commercialised and commodified food systems. For example, buy-one-get-one-free offers in supermarkets often tempt us to buy more and supermarket promotions in Britain are generally the highest in Europe with around 40% of our food expenditure going on promoted products. This type of advertising tempts people to buy more unhealthy food products than they may want<sup>37</sup>.

**Figure 17. Percentage of advertising money spent on different food groups (2022). (Source: Food Foundation)**



## Affordability

People's ability to afford healthy food is a major determinant in the nutritional quality of their diets. Research shows that the most deprived fifth of UK households would need to spend an estimated 50% of their disposable income (after housing costs) on food, in order to eat in line with the Eatwell Guide, the Government's recommended healthy diet<sup>38</sup>. This has increased from the previous year (2022) by 7%. This can largely be due to inflation hitting a high of 19.1% in April 2023 according to government figures. Rising prices following the pandemic and increased demand for certain products has left the UK feeling the effects of rising food prices to a greater extent than many other countries. Rising prices are also due to Brexit's impact on trade. According to a study by the London School of Economics, leaving the EU increased the price of food by 6%, adding £5.8 billion to UK food bills in 2020/21<sup>39</sup>.

It is estimated that healthy eating costs nearly three times as much per calorie than less healthy foods. Analysis by The University of Cambridge found that on average, more healthy foods are over twice as expensive as less healthy foods (£10.00 per 1,000kcal compared to £4.45)<sup>40</sup>. When broken down by Eatwell Guide category, fruit and vegetables remain the most expensive category by a significant margin, costing on average £11.79 per 1,000kcal compared with food and drink high in fat and/ or sugar costing just £5.82 per 1,000kcal<sup>41</sup>.

Affordability is becoming a national issue with government research indicating that 76% of people were quite or extremely concerned about future food prices<sup>42</sup>. Further to this, more than half (53%) said they felt "priced out" of buying healthy food. The affordability of a healthy diet is particularly challenging for people in receipt of benefits with much greater levels of food insecurity experienced by this group compared with the general population. As 20% of Knowsley residents receive benefits (almost

double the national average) this can prevent them from being able to afford to make healthier food choices<sup>43</sup>. The working status of households has a significant impact on whether household expenditure meet or exceeded the Eatwell cost. It was found that households spending enough on food to meet or exceed the Eatwell Guide costs had higher average disposable income than those not meeting the Eatwell Guide costs.

In Knowsley, affordability will be a barrier to healthy eating as Knowsley is the second most deprived borough in England with 25.1% of the population being income deprived. Of the 98 neighbourhoods in Knowsley, 58 were among the 20% most income-deprived in England. Further to this, the average weekly earnings in Knowsley are currently £589 compared to the national average of £640. Based on this, it can be estimated that for a family of 2 adults and 2 children (aged 2-4), it would cost around £93 a week to eat healthy according to the Eatwell guide. This price may be higher now due to inflation. Income deprivation can leave some residents stuck in a cycle of eating cheaper, processed foods which in turn can impact their health.

## ***Cost of Living***

***The annual rate of UK food price inflation increased to 19.1% in the 12 months to April 2023 – the largest rise for over 40 years<sup>44</sup>.***

Although food price inflation has now slowed to 13.6%, it remains much higher than overall inflation which was at 6.7% in August 2023<sup>45</sup>. Although food price inflation is thought to have peaked, food is now the biggest overall contributor to inflation in the UK and is predicted to contribute to 47% of overall inflation by Q1 2024 (compared to 21% in Q1 2023)<sup>46</sup>. With households facing the highest rates of food price inflation since the 1970s, low-income households are disproportionately affected as they spend a greater share of their budgets (14%) on food compared to the highest-income households (9%). As a result, the inflation rate for the poorest tenth of households is around 2 percentage points higher than it is for the richest tenth of households<sup>47</sup>. This will therefore affect Knowsley residents with 25.1% being income deprived.

The Resolution Foundation estimates that annual food bills for the average family are now £1,000 higher than their pre-pandemic level<sup>48</sup>. This has led to higher rates of food insecurity increasing the risk of negative long-term health outcomes for many. This can be due to the costs of bread, cereals, dairy, meat, and vegetables seeing the largest increases so far. This has led to 16 million people cutting back on food essentials due to the cost-of-living crisis and more than a quarter of British buying less meat, which is perceived as expensive<sup>49</sup>. During times of economic crisis, research shows that people tend to gravitate towards cheap, energy-dense foods, while sales of fruit and vegetables have fallen. This means that we aren't seeing the positive dietary changes needed for health, and hunger and inequality is getting worse.

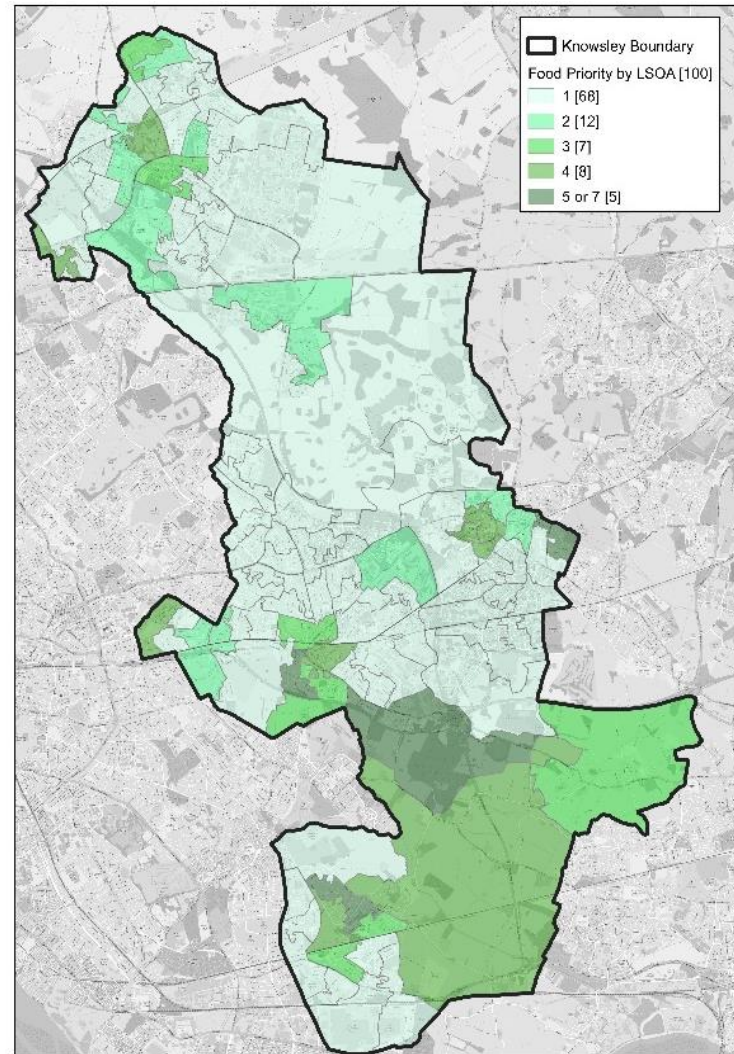
With costs of food and other household bills rising faster than income, more people are facing the prospect of food poverty or food insecurity.

Food poverty is defined as the inability of individuals and households to secure an adequate and nutritious diet. The NHS Providers Cost of Living Survey found that staff were struggling to afford to come to work and it was also found that 27% of Trusts had already set up food banks for their staff<sup>50</sup>. On a government level, to support those struggling to afford even the basics, the UK government provided two Cost of Living Payments to people in receipt of means tested benefits owing to low income. These were distributed in July 2022 and November 2022. Data from the Trussell Trust shows that at the time each of these Cost-of-Living Payments were distributed, there was a short-term reduction in need at food banks in the Trussell Trust network<sup>51</sup>. However, the impact of this was short-term, with levels of need quickly rising again with food banks in the Trussell Trust network recording their busiest ever August (following the July 2022 cost of living payments). The fact that these periods of respite from the Cost-of-Living payments were short-lived shows that one-off payments are unable to make a lasting difference when people's regular income (from social security and from work) is just too low to enable people to afford the essentials.

The spike in food prices has also created a widespread impact on consumers food shopping habits (99%) with 55% looking for items on promotion and 50% are opting for cheaper products nationally<sup>52</sup>. In Knowsley, 80% of survey respondents say they have been affected most by the increasing costs of food and fuel. Which? (UK's consumer champion) has created an index to identify the priority places for food<sup>53</sup>. This priority places for food index's goal are to identify neighbourhoods that are most vulnerable to increases in the cost of living and which have a lack of accessibility to cheap, healthy, and sustainable sources of food. Knowsley has the second highest proportion of priority places. This is because there are high levels of fuel poverty, high need for family food support, low levels of supermarket proximity and low accessibility to e-commerce in some

areas. Food insecure places are highlighted on the map (Figure 18). Areas marked with a decile 1 are in the top 10% of Priority Places for food according to the index. Areas in the north and middle of the borough (Kirkby, Prescott, Huyton) are identified as food priority areas, making them vulnerable to increases in the cost of living as well as having a lack of accessibility to cheap, healthy, and sustainable sources of food.

**Figure 18. Food Priority in Knowsley in 2022. (Source: Which?)**



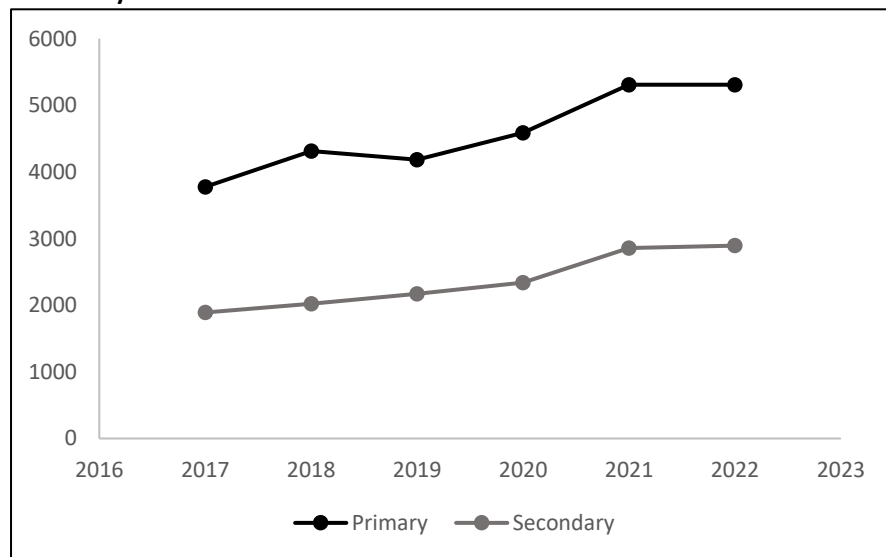
Map created by the Local Government and Communities Directorate, Knowsley Council, in collaboration with the Local Enterprise Partnership, Knowsley LEP, in 2022.



## School Meals

In January 2023, there were around 2 million pupils eligible for free school meals, representing 23.8% of state funded pupils<sup>54</sup>. The eligibility rate has increased sharply in the past few years (since 2018) and is the highest rate recorded since the current time series began in 2006. The importance of free school meals can be highlighted by this statistic: ‘If we give the 800,000 children who need one a free school meal (FSM), it will boost the economy by £8.9 billion over 20 years because well-fed children thrive at school’<sup>55</sup>. In Knowsley, the number of pupils of Free School Meals has increased by 40% for primary schools and by 53% for secondary schools since 2016 (Figure 19). Children are eligible for FSM if their parents receive income support, income-based Jobseeker’s allowance and income-related employment and support allowance. As it is generally children who come from income deprived families that receive FSM, they are most likely will not have a nutritional, healthy diet at

**Figure 19. Number of pupils on free school meals in Knowsley primary and secondary schools from 2016 to 2023.**



home given income restrains. This provides an opportunity for them to get a healthy meal when in school. However, with the quality of school meals reducing and becoming more processed, this is not the case. This means children in Knowsley may face health related issues compared to children who live in less deprived areas.

A recent survey by the Soil Association found that 12.8% of schools have begun to reduce the standards of school meals<sup>56</sup>. This is in part due to the rise in food costs, with caterers warning that the 20% rise in food costs is putting the quality of school meals at risk. To support this, the National Diet and Nutrition Survey between 2007 and 2018 found that ultra-processed foods account for 64% of calories in schools’ meals and 82% in packed lunches<sup>57</sup>. To add to this, only one in four state schools in England are known to be meeting school food nutritional requirements<sup>58</sup>.

Unhealthy school meals can lead to health problems from children. There is a correlation between the rise in food costs and children suffering worsening levels of tooth decay, anxiety and stunted growth as found by school nurses. In relation to stunted growth, research shows that British 5-year-old are shorter than five-year-old populations of our European neighbours, and this is primarily due to poor nutrition<sup>59</sup>. School nurses have reported children trying to take home school meals to their parents as well as a growing number being taken to A&E after fainting due to hunger. A survey of 313 school nurses and dentists found that two-thirds said the health issues facing children had worsened in the past year, with parents in work struggling to afford nutritious meals. The School and Public Health Nurses’ Association (Saphna) found that two-thirds of school nurses surveyed had seen an increase in children’s health issues related to hunger or poor nutrition<sup>60</sup>. Further to this, 78% reported higher rates of tooth decay than usual, over half said they were encountering more children who had low energy or were unusually slow or anxious and 53% had

encountered children who were not growing or putting on weight at the expected rate because of poor nutrition.

There is also a correlation between the above health issues and deprivation. Children in the most deprived fifth are 2.5 times more likely to have dental decay compared with the least deprived fifth. Further to this, children in the most deprived tenth are on average 1.3cm shorter than children in the least deprived tenth by age 10-11<sup>61</sup>. Finally, children in the most deprived fifth are over twice as likely to be living with obesity as those in the least deprived fifth by their first year of school. The deprivation gap in obesity levels clearly illustrates that any action to improve the health of our children will not be effective if it does not directly tackle these inequalities and help the poorest children in society to eat well.

## Food Deserts

One in ten deprived areas in the UK are food deserts with 41% of households in Great Britain living in deprived food deserts lack access to a car<sup>62</sup>. One in eight people say that ‘not being near a supermarket offering healthy food at low prices’ was a barrier to eating more healthily. A Food Desert is defined as ‘an area containing two or fewer supermarkets/convenience stores.’ A deprived food desert is a food desert which is in the most deprived 25% of areas, according to the Index of Multiple Deprivation measures. There are clusters of deprived food deserts in the North West of England, South Wales, West Midlands, along the North East Coast and in London (Figure 20).

Examples of deprived food deserts include out of town housing estates with limited walking distance access to supermarkets as well as inner city areas which are mainly served by small and relatively expensive food stores rather than better value supermarkets.

### *Impact of Living in a Food Desert*

There are many health-related impacts as a result of living in a food desert, mainly due to the lack of availability and accessibility of healthy food. People living in food deserts often don’t have access to a car with 41% of households in Great Britain living in deprived food deserts lack access to a car, compared to 23% for Britain as a whole. This makes it more difficult to have the choice of affordable fruit and vegetables, meaning people may have to get a taxi to an affordable supermarket which can deplete their food budget. Social Market Foundation (SMF) found that one in eight (12%) of individuals stated that “not being near a supermarket offering healthy food at low prices” was a barrier to being able to eat more healthily<sup>63</sup>. Further to this, 7% said not having access to a car to travel to the supermarket was a barrier to eating healthily.

Figure 20. Map of food deserts in the UK (red dots). (Source: SMF).



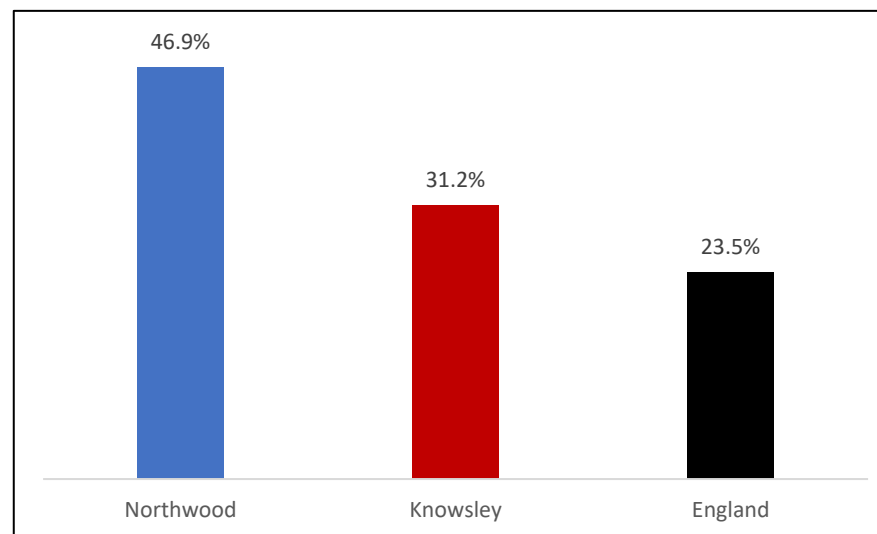
The rise of online grocery deliveries could also limit the extent to which food deserts are a problem. The minimum order for online shopping delivery could be more than a weekly shopping budget for people on low incomes (Morrison’s minimum online shopping order is £40, Tesco charges a minimum basket charge of £4 for all orders under £40, Sainsbury’s has a minimum order of £25 for online shopping delivery). SMF stated that a third of those on lower incomes were more likely to say that online shopping was something they do not and would never use.

The top 10 food deserts in the UK are outlined in table 1, with five of them located in the LCR. Northwood is identified in the top 10 food deserts in the UK and is also the 7th most deprived ward in the UK with an IMD deprivation score of 68.9<sup>64</sup>.

The impact of Northwood being a food desert is that there are limited affordable options where residents can do their food shopping, meaning they may have to unwillingly make unhealthy food choices. One reason for this is the lack of accessibility to an affordable supermarket. Almost half of Northwood residents have no car or van to travel to an affordable

supermarket (Figure 21). This is higher than the Knowsley average (31.2%) and almost double the England average (23.5%)<sup>65</sup>.

**Figure 21. Percentage of households in Northwood, Knowsley, and England with no car/van (2021) (Source: ONS).**



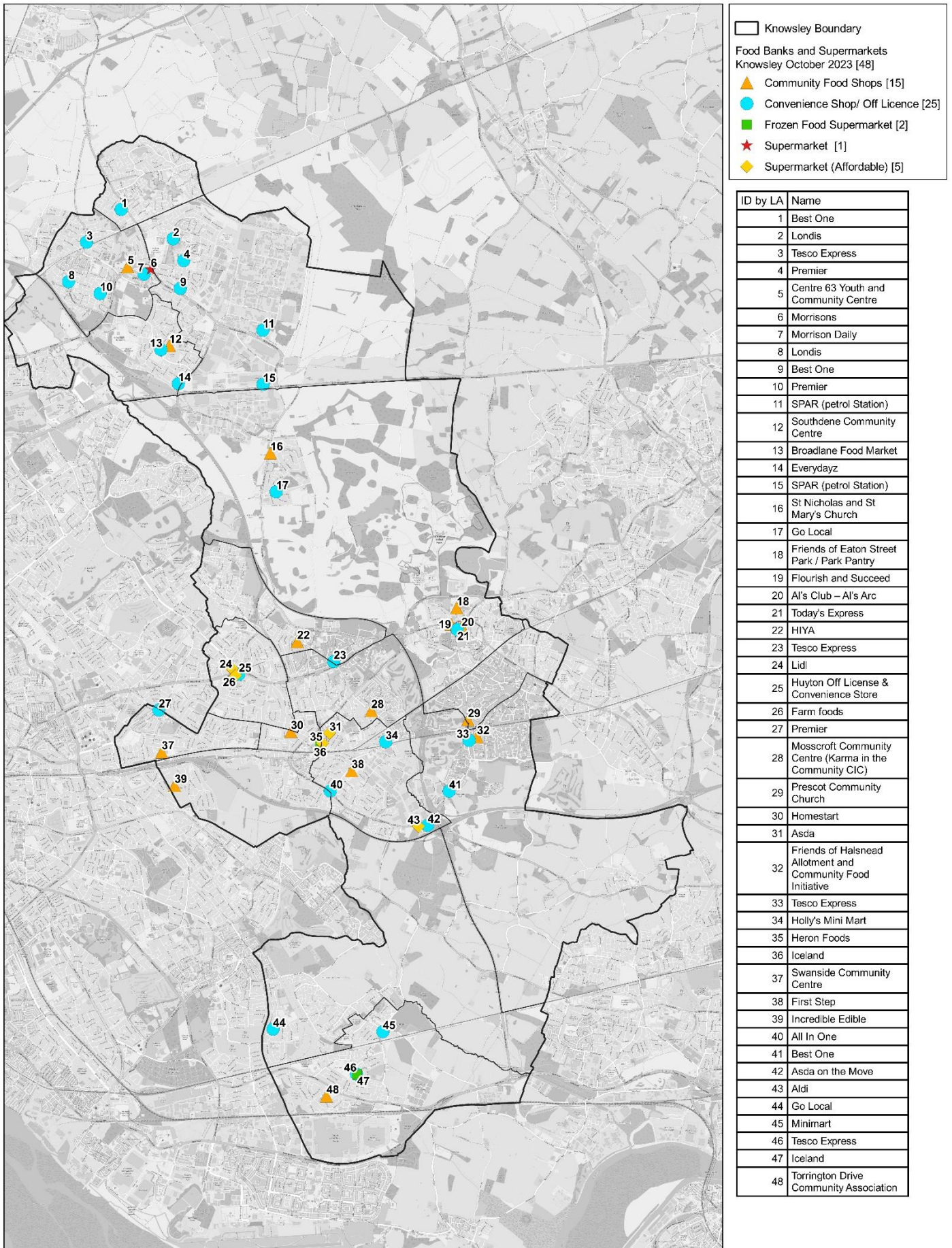
**Table 1. Top 10 food deserts in the UK (Source: SMF).**

	Super Output Area	Description/key areas
1 <sup>st</sup> (most deprived)	Kingston Upon Hull	Some areas in the Marfleet electoral ward
2 <sup>nd</sup>	Bristol	Parts of Hartcliffe area of Bristol
3 <sup>rd</sup>	Tameside	Hattersley
4 <sup>th</sup>	Sefton	Parts of Seaforth
5 <sup>th</sup>	Bristol	Withywood area of Bristol
6 <sup>th</sup>	Liverpool	Parts of Norris Green
7 <sup>th</sup>	Birmingham	Sparkhill, Birmingham
8 <sup>th</sup>	Halton	Castlefield’s
9 <sup>th</sup>	Liverpool	Everton Park area
10 <sup>th</sup>	Knowsley	Parts of Northwood, Kirkby

When looking at the distribution of supermarkets in Knowsley, you can see how there are limited options, especially of affordable supermarkets in Northwood, as well as other areas of the borough (Figure 22). Although there are a lot of convenience stores in Knowsley, these tend to be more expensive and have less choice of healthy foods. The majority of food banks and affordable supermarkets in Knowsley are mainly concentrated in the middle of the borough, in Huyton. This can make it difficult for people from Kirkby or Halewood to have access to these food banks/supermarkets if they have no access to a car.



**Figure 22. Location of different supermarkets and community food shops in Knowsley (2023).**



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## Ultra Processed Foods

Ultra-processed foods (UPF) often contain high levels of saturated fat, salt and sugar and when we eat them, we leave less room in our diets for more nutritious foods. The difference between ultra processed food and processed food can be seen in their definitions:

- **Processed foods:** Freshly made, unpackaged bread, tinned fruits and vegetables, salted nuts, ham, bacon, tinned fish, and cheese.
- **Ultra processed:** Ice cream, ham, sausages, crisps, mass-produced bread, breakfast cereals, biscuits, carbonated drinks, fruit-flavoured yogurts, instant soups, and some alcoholic drinks including whisky, gin, and rum.

Generally, UPFs contain ingredients found in industrial food manufacturing, such as hydrogenated oils, high-fructose corn syrup, flavouring agents, and emulsifiers. UPFs can therefore have negative health related effects that include but are not limited to obesity. Studies on UPFs have been observational and therefore there has been no conclusive cause and effect. However, the research done typically demonstrates that the consumption on these foods offer no beneficial outcomes. For example, a small-scale study of 20 adult volunteers, conducted by researchers at the NIH's National Institute of Diabetes and Digestive and Kidney Diseases studies the volunteers for one continuous month with half on an ultra-processed diet and half on an unprocessed diet<sup>66</sup>. The study found that on the ultra-processed diet, people ate about 500 calories more per day than they did on the unprocessed diet. They also ate faster on the ultra-processed diet and gained weight, whereas they lost weight on the unprocessed diet. Participants, on average, gained 0.9 kilograms, or 2 pounds, while they were on the ultra-processed diet and the equivalent amount was lost on the unprocessed diet. Further to this, a review was done in 2020 of 43 studies relating to UPF's, finding there was

at least one adverse health outcome associated with consumption of ultra-processed foods in 37 of the studies<sup>67</sup>. Another large study of more than 100,000 French adults followed over five years showed that eating more ultra-processed foods was linked with a greater risk of heart disease<sup>68</sup>.

The UK is one of the biggest consumers per head in Europe of UPF's, with manufacturers often keen to produce more and more of these industrial cheap foodstuffs. Pre-packaged, convenient, long shelf lives, and ultra-processed food now makes up 57% of the average UK diet<sup>69</sup>. Further to this, even among children aged approximately 21 months, a recent study estimated UPFs accounted for 47% of calories<sup>70</sup>. The reason for UPF's making up such a high percentage of people's caloric intake is in part due to them being easily hyper-palatable, accessible, convenient, and generally cheaper than unprocessed foods. Table 2 outlines examples of UPF's with some home-made unprocessed options.

Although UPF's are bad for us, they make such a large proportion of people's diets as they are generally cheaper than unprocessed foods. Highly processed foods are on average three times cheaper per calories than healthier foods. Therefore, people from households with lower financial security or food security report consuming fewer fruit and vegetables, less fish, and more sugar-sweetened soft drinks than those who are more financially secure. As Knowsley is the second most deprived borough in England, this can provide another reason for the high rates of health-related issues in Knowsley as residents are financially restricted to buying healthier, unprocessed foods.



**Table 2. Examples of ultra processed foods and processed/home version alternatives.**

<b>Ultra-processed</b>	<b>Processed</b>	<b>Home version</b>
Sweetened breakfast cereals	Plain bran cereal	Oatmeal made with rolled oats and sweetened with honey
Fizzy drinks	Artificially flavoured sparkling water	Carbonated water with a splash of fruit juice or fruit slices
Flavoured crisps	Plain tortilla crisps	DIY pitta crisps
White bread	Whole wheat bread with minimal ingredients	Homemade whole wheat bread
Fried chicken	Deli rotisserie chicken	Roast chicken from scratch
Flavoured chocolate bar with long ingredient list	Simple chocolate bar with short ingredient list	Dark chocolate squares
Frozen, blended coffee drink	Store-bought cold brew	Drip coffee
Mashed potato flakes	Frozen potatoes	Fresh, whole potatoes
Energy drink	Sweetened fruit juice	Fresh-squeezed orange juice
Flavoured granola bars with added sugar and preservatives	Granola bars with minimal additives	DIY granola
Artificially flavoured cheese crackers	Naturally flavoured crackers	Whole grain crackers (check ingredients on label) and cheese slices

## What Works

### *Brighton & Hove Food Partnership*

Since 2003, the Brighton & Hove Food Partnership has transformed the Council's approach to food in the city. The local organisation helps people learn to cook, to eat a healthy diet, to grow their own food and to waste less food. The local organisation worked with Brighton & Hove Council to develop a 5-year strategy to achieve a healthy, sustainable and fair food system for everyone in the city. The strategy proved successful when they became the first Gold Sustainable Food City. Part of their strategy included getting involved with schools, working with business such as Lidl, and promoting vegetables in people's diet. They provided actions for residents, schools and businesses<sup>71</sup>.

### *Clackmannanshire: Clacks Good Food Partnership*

The council is working with national charity greenspace Scotland to develop a Local Allotments and Food Growing Strategy<sup>72</sup>. The scheme has included:

- Creation of a Good Food Charter to improve food systems and access to good food.
- Working with the Breastfeeding Network to improve nutrition of babies, children and families.
- Holding outdoor cooking sessions for families and providing certified hygiene training.
- Providing training for young people wanting to champion food and cooking
- Offering elementary cooking, food and health qualifications

The food partnership is committed to addressing food poverty especially with COVID 19 seeing food banks struggle to get fresh food. One key action

they have taken is to develop a wellbeing strategy that includes environmental sustainability to recognise the connection between foods that have higher health outcomes and higher sustainability outcomes, i.e., plant-based foods. To do this, they are going to increase the use of allotment spaces in Clacks and involve the most deprived communities in this scheme.

### *Bristol Council<sup>73</sup>*

Bristol Council are mapping urban growing potential as the area has a lot of Grade 1 growing land that is currently underutilised. Large-scale farms are less resilient to unpredictable weather and some farmers are choosing not to plant this year or next, due to these uncertainties. By growing salads and other fruit and veg that provide the vitamins and minerals that are vital for health, small-scale farms within cities could make a reasonable dent in nutrition. The aim is that this will increase food security in Bristol. This project is being adapted to support the cost-of- living crisis. They want to reduce the consumption and procurement of heavily processed foods along with reduction in meat and meat-based products. They also highlight the co-benefit of this being environmental sustainability. One area they are also focusing on is school. As the number of free school meals is increasing in the areas, they are seeking advice to make sure that their offer is healthy and low carbon – e.g., by increasing the vegetarian offering and avoiding processed food.

### *Middlesborough Food Partnership*

Middlesborough's Food Partnership has initiated various schemes and initiatives delivered by the partners<sup>74</sup>. They include community growing projects; a settings approach to healthy and sustainable food; a myriad of community led good food projects; and investment into the physical food environment in the town which, coupled with Growing Middlesbrough, saw a significant social benefit and sparked a good food movement. More

recently through their Green Strategy, they are achieving greater results with regards to a more joined-up holistic approach to healthy and sustainable food, working closely with our local Food Partnership and across multiple council departments. Their work has led to more plant-based options into our school meals, as well as trying to make sure as many of these ingredients are as local as possible. They are also working in partnership with local organisations to help families struggling with the cost-of-living crisis. They have a growing network of initiatives that take a resilience, not reliance approach, such as the 30+ Eco Shops and Community pantries that redistribute good quality surplus food. There has also been a resurgence in community growing and urban agriculture initiatives, and they are supporting these through resources, new sites and making more land available.

#### *Leeds City Council*

In 2019, Leeds City Council carried out a healthier vending trial in 18 machines across its council-owned leisure centres<sup>75</sup>. An increase in the availability of healthier products (savoury snacks, confectionery, and other snack options) was achieved by introducing nutrition criteria based on the Government Buying Standards for food and catering services and government sugar reduction guidelines. The project resulted in over 11,000 fewer calories purchased on average per vending machine per week and a significant decrease in overall fat, saturated fat, sugar and salt vended compared to baseline. The research also found there was no overall reduction in sales.

## **What do we Commission?**

We commission MerseyCare to deliver the Healthy Knowsley Service, their contract includes adult WM Tier 2 which is free 12-week Slimming World vouchers, Tier 3 which is specialist dietetic led service and for people on the bariatric pathway.

**Children and families' healthy lifestyles programme** - to primary school aged children in schools, 5 weeks programme consisting of healthy eating, increasing physical activity, and cooking on a budget. The families are targeted via the school mentors e.g., those children that have regular absences, the wrong uniform, poor oral health etc.

**Henry programme** - running on Thursday afternoon at Hilltop Children's Centre and we are also planning to deliver Henry Weaning Workshops, which are stand-alone sessions. Health, Exercise and Nutrition for the Really Young (HENRY) is a childhood obesity prevention programme that supports families with children aged 0-5 to develop healthy lifestyles – training delivered across an 8-week course. We are hoping to also provide HENRY Training for children aged 5 – 11.

**Community Cycling Project** - Wheels for All provide volunteer-led cycle rides across the life course, targeting all abilities.

**Physical Activity Grants** - Small pot of funding for physical activities, funded by the Public Health Grant. These target all ages - different groups bid for the grants each year, a snapshot of 2022/23 programme for more background info as follows:  
<https://sway.office.com/pezsgR4s8RDhYkWz?ref=Link>

## What can we do Locally?



Public Health England

Healthmatters Ways to encourage healthier eating

By gradually making the following simple changes, local authorities can help businesses help their customers make healthier choices



Reduce  
portion size



Reduce fats &  
frying practices



Reduce salt



Reduce sugar



Increase the content  
of fruit, vegetables  
and fibre



Promote  
healthier options



Procuring healthier  
ingredients and food  
products from suppliers



Provide  
calorie  
information

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- <sup>1</sup> [What should my daily intake of calories be? - NHS \(www.nhs.uk\)](https://www.nhs.uk)
  - <sup>2</sup> [The Eatwell Guide - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
  - <sup>3</sup> [Healthy diet \(who.int\)](https://www.who.int)
  - <sup>4</sup> [National Diet and Nutrition Survey - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
  - <sup>5</sup> [Healthy eating: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
  - <sup>6</sup> [The National Food Strategy - The Plan](#)
  - <sup>7</sup> [PowerPoint Presentation \(frontier-economics.com\)](https://frontier-economics.com)
  - <sup>8</sup> [B1590-iii-Modifiable-Risk-Factors-High-Impact-Interventions.pdf \(england.nhs.uk\)](https://www.england.nhs.uk)
  - <sup>9</sup> [Healthy eating: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
  - <sup>10</sup> [Part 1: Obesity-related hospital admissions - NHS Digital](#)
  - <sup>11</sup> [Estimating the current and future costs of Type 1 and Type 2 diabetes in the UK, including direct health costs and indirect societal and productivity costs - PubMed \(nih.gov\)](#)
  - <sup>12</sup> [The Heavy Burden of Obesity: The Economics of Prevention | en | OECD](#)
  - <sup>13</sup> [Chapter 1: The nation's plate, our diet and food choices today | Food Standards Agency](#)
  - <sup>14</sup> [BHF UK CVD Factsheet](#)
  - <sup>15</sup> [PHE standard publication template \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
  - <sup>16</sup> [How many people in the UK have diabetes?](#)
  - <sup>17</sup> [Wholegrains, fibre and cancer risk | Cancer Research UK](#)
  - <sup>18</sup> [Key findings \(hscic.gov.uk\)](https://hscic.gov.uk)
  - <sup>19</sup> [Major report highlights impact of Britain's disastrous food policy | Food Foundation](#)
  - <sup>20</sup> [The Critical Importance of Early Years Nutrition in Prevention of Childhood Obesity | Food Foundation](#)
  - <sup>21</sup> [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk)
  - <sup>22</sup> [Broken Plate podcast: Finding healthy food on the high street | Food Foundation](#)
  - <sup>23</sup> [Levelling up on Local Food Environments | Food Foundation](#)
  - <sup>24</sup> [The Most Popular Goods Purchased Online In The UK: Statistics To Help You - Meteor Space](#)
  - <sup>25</sup> [Fast food proximity and weight gain in childhood and adolescence: Evidence from Great Britain - Libuy - 2024 - Health Economics - Wiley Online Library](#)
  - <sup>26</sup> [EFRA Committee: Fairness in the food supply chain written evidence submission | Food Foundation](#)
  - <sup>27</sup> [The UK Public's Interests, needs and concerns around food](#)
  - <sup>28</sup> [\[Withdrawn\] Young children still exceeding sugar recommendation - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
  - <sup>29</sup> [TFF At a glance.pdf \(foodfoundation.org.uk\)](https://foodfoundation.org.uk)



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<sup>30</sup> [National Food Strategy Independent Review \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

<sup>31</sup> [The Broken Plate 2023 | Food Foundation](#)

<sup>32</sup> [TFF The Broken Plate 2023 Digital FINAL..pdf \(foodfoundation.org.uk\)](#)

<sup>33</sup> [Introducing further advertising restrictions on TV and online for products high in fat, salt and sugar: government response - GOV.UK \(www.gov.uk\)](#)

<sup>34</sup> [Ads for junk food in the UK seem to be concentrated in poorer areas | New Scientist](#)

<sup>35</sup> [Tackling obesity: government strategy - GOV.UK \(www.gov.uk\)](#)

<sup>36</sup> [Junk food advertising restrictions prevent almost 100,000 obesity cases and is expected to save the NHS £200m | LSHTM](#)

<sup>37</sup> [Ultra-processed Food - Hansard - UK Parliament](#)

<sup>38</sup> [New data: Government-recommended diet costs poorest 5th of UK half their disposable income | Food Foundation](#)

<sup>39</sup> [By the end of 2021, Brexit had already cost UK households a total of £5.8 billion in higher food bills – new LSE research](#)

<sup>40</sup> [The Broken Plate 2023 Digital Report.pdf \(foodfoundation.org.uk\)](#)

<sup>41</sup> [The Broken Plate 2023 Digital Report.pdf \(foodfoundation.org.uk\)](#)

<sup>42</sup> [Executive summary | Food Standards Agency](#)

<sup>43</sup> [No dataset selected - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

<sup>44</sup> [Food and energy price inflation, UK - Office for National Statistics \(ons.gov.uk\)](#)

<sup>45</sup> [Food and energy price inflation, UK - Office for National Statistics \(ons.gov.uk\)](#)

<sup>46</sup> [TFF PROFIT BRIEFING Final.pdf \(foodfoundation.org.uk\)](#)

<sup>47</sup> [TFF PROFIT BRIEFING Final.pdf \(foodfoundation.org.uk\)](#)

<sup>48</sup> [Food for thought • Resolution Foundation](#)

<sup>49</sup> [What actions are people taking because of the rising cost of living? - Office for National Statistics](#)

<sup>50</sup> [NHS Providers cost of living survey - NHS Providers](#)

<sup>51</sup> [Microsoft Word - EYS UK Factsheet 2022-23 FINAL \(trusselltrust.org\)](#)

<sup>52</sup> [Affordable Food For All - Which? Policy and insight](#)

<sup>53</sup> [Priority Places \(which.co.uk\)](#)

<sup>54</sup> [Schools, pupils and their characteristics, Academic year 2022/23 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](#)

<sup>55</sup> [Jamie Oliver calls for ‘proper provision’ of free school meals in foreword of report | Public Sector Catering](#)

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<sup>56</sup> [Why Universal Free School Meals Matter Now More Than Ever.](#)

[soilassociation.org](http://soilassociation.org)

<sup>57</sup> [Average UK school meals mostly made of ultra-processed foods | Food | The Guardian](#)

<sup>58</sup> [Major report highlights impact of Britain's disastrous food policy | Food Foundation](#)

<sup>59</sup> [Children raised under UK austerity shorter than European peers, study finds | Austerity | The Guardian](#)

<sup>60</sup> [Thursday briefing: How to tackle the health issues wreaking havoc on UK children | Children | The Guardian](#)

<sup>61</sup> [TFF At a glance.pdf \(foodfoundation.org.uk\)](#)

<sup>62</sup> [Kelloggs\\_Food\\_Desert\\_Brochure.pdf](#)

<sup>63</sup> [Kelloggs\\_Food\\_Desert\\_Brochure.pdf](#)

<sup>64</sup> [Local health, public health data for small geographic areas - Data - OHID \(phe.org.uk\)](#)

<sup>65</sup> [No dataset selected - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

<sup>66</sup> [NIH study finds heavily processed foods cause overeating and weight gain | National Institutes of Health \(NIH\)](#)

<sup>67</sup> [Ultra-Processed Foods and Health Outcomes: A Narrative Review - PMC \(nih.gov\)](#)

<sup>68</sup> [Ultra-processed food intake and risk of cardiovascular disease: prospective cohort study \(NutriNet-Santé\) - PubMed \(nih.gov\)](#)

<sup>69</sup> [Ultra-processed foods: the 19 things everyone needs to know | Food | The Guardian](#)

<sup>70</sup> [Impact of ultra-processed food on children's health - House of Lords Library \(parliament.uk\)](#)

<sup>71</sup> [Brighton and Hove Food Partnership – We're a non-profit organisation helping people learn to cook, eat a healthy diet, grow their own food and waste less food. \(bhfood.org.uk\)](#)

<sup>72</sup> [Members | Sustainable Food Places](#)

<sup>73</sup> [10b - Good Food 2030.pdf \(bristol.gov.uk\)](#)

<sup>74</sup> [mencity.org.uk/project/the-middlesbrough-food-partnership/](#)

<sup>75</sup> [Food Active | Guest Blog: Healthier snack provision in vending machines – findings from Leeds City Council trial](#)