

REPORT TO: Health and Wellbeing Board

DATE: 4th November 2015

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: A study to examine access to healthy and affordable food in Halton.

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

- 1.1 This report is to inform the board of a study by the Public Health Department to examine the ability of residents in Halton to access a healthy, affordable diet.
- 1.2 This project is currently at the planning stage. The purpose of the report is to make members of the board and their organisations aware of the project and provide them with an opportunity to participate. Further updates will be provided to the board as the project progresses.

2.0 RECOMMENDED: That

- 1) the report be noted; and
- 2) the Board take the opportunity to raise questions or comments regarding the project.

3.0 SUPPORTING INFORMATION

3.1 Overview

The project will examine the ability of residents to access a healthy and affordable diet by mapping the availability of food across the borough and assess the barriers that may prevent residents from accessing a healthy diet. The findings of the project will provide an evidence base to inform future policy with regard to improving the diet and reducing levels of obesity in Halton.

3.2 Background and local context

3.2.1 Obesity and cardiovascular disease

Obesity and the associated health consequences such as heart disease and diabetes are of a national concern. Since 1993 there has been a rapid increase in the rate of obesity in adults from 14.9 in 1993 to 24.9 in 2013 (Source: Health Survey for England 2013).

Obesity is an important risk factor for a number of chronic diseases which are the principal causes of death in England including Coronary Heart Disease, stroke and some cancers (Foresight, 2007). Being overweight and obese is also associated with several other serious life shortening conditions such as type 2 diabetes, hypertension and dyslipidaemia, which are strongly linked to an increased risk of Coronary Heart Disease (Foresight, 2007, HWHL, 2008). Diseases such as type 2 diabetes are expected to increase by 70%, stroke by 30% and CHD by 20% by 2050 if current trends in obesity continue (Foresight, 2007).

There has been improvement in the rate of childhood obesity for school age children in Halton which is now close to the national average at 21.1% However Halton's rate of adult obesity and pre school obesity is worse than the national average.

This data provides a case for action to understand and address the causes of excess weight and obesity in the borough.

It is recognised that the obesity epidemic is national phenomena but with local and regional variances in rates of obesity. These variances suggest a differing interaction of factors at a local level – although one well established factor is the link between poor health outcomes and multiple deprivation. However deprivation alone does not fully explain additional local factors that may influence access to a healthy affordable diet. The purpose of the food mapping project is to explore some of these local factors.

The treatment of individual cases of obesity will continue to be important, however from a public health perspective the trend in rising rates of obesity can only be addressed and reversed by a population based approach. While measures at a national level would help, such as legislation on planning and development, and changes in the composition of processed food, population based measures at a local level will also be required.

3.2.2 Household income and welfare reforms

Recent Government welfare reforms which began with the Welfare Reform Act 2012 and have continued with proposals announced in the Summer Budget 2015 have resulted in a reduction in income for many households. The 2012 reforms were estimated to reduce the income of households claiming benefits by £1615 a year (£31 per week). The institute of Fiscal studies has estimated that the latest reforms will disproportionately affect lower income households and will result in significant reduction in income. The income of 13 million households is estimated to fall by £260 per year, whilst tax credit changes will result in 3 million households being £1000 worse off. Those households in the lowest 20% income group will be the most seriously affected by these changes. This will place further pressure on the ability of lower income households to access a healthy affordable diet. The links between

deprivation and health outcomes are well established and have been referred to in section 3.2.1 above – significant reductions in household income may lead to increased deprivation and poorer health outcomes. Of further concern is the implications that the latest proposals have for child poverty. Whilst the government is looking to amend the current definition of child poverty from a measure based on relative income – the new rules limiting the payment of universal credit and tax credit to the first two children in a family will have a detrimental impact on larger families with implications for infant and childhood nutrition.

A 2013 report by the Institute of Fiscal Studies reported the findings of a survey looking at food purchasing habits since the recession in 2008 and the nutritional quality of food purchased. Some notable headlines from this report are;

- British households have cut real expenditure on food brought into the home.
- Households with young children reduced real expenditure, calories and real expenditure per calorie more, on average, than other household types.
- These changes coincided with an increase in the calorie density of foods, as households switched to foods with more calories per kilogram.
- The nutritional quality of the foods that households purchased also changed: a number of measures show a reduction in quality, on average, over this period.
- All of these measures suggest that pensioner households, single-parent households and households with young children saw the largest declines in the nutritional quality of the foods purchased between 2005–07 and 2010–12.
- This decline in the average nutritional quality of foods purchased was primarily driven by a substitution towards processed sweet and savoury food and away from fruit and vegetables.
- On average, all household types moved away from calories from fruit and vegetables, with the largest switches away being by households with young children and single-parent households.

Households have proved resilient to reduced food shopping budgets by changing their shopping habits. The discount supermarket chains have experienced a significant growth in demand at the expense of the established retailers. However there is a perception that healthier foods are more expensive and some households may consider that more

energy dense processed and takeaway foods provide a cheaper more cost effective means of feeding the family.

The latest welfare reforms announced by the Government are unlikely to reverse the trends in food shopping set out above.

The economic factors outlined above provide further rational for the project.

3.3 Project methodology

3.3.1 Principles influencing methodology

Firstly it is useful to examine two concepts that have influenced the methodology – Food Poverty and Food Deserts. These concepts feature in much of the academic literature on this subject. Food Poverty is defined by the Department of Health as “*the inability to afford, or to have access to, food to make up a healthy diet*”. Food deserts are defined as “*an area where there is limited local availability of healthy food*”.

Therefore the concept of a “food desert” is a physical characteristic of an area whereas “Food Poverty” is a condition experienced by an individual or group of individuals.

The simple mapping of local retail and catering provision will determine whether or not an area is considered a “food desert” – but it will not identify whether the individuals in that area are experiencing food poverty.

Although the concept of food deserts features widely in academic literature it is not considered helpful to focus on this element alone as it is primarily focussed on a locality.

Five factors influence food choice; access, affordability, awareness, acceptability and cultural appropriateness. Thus locality is only one parameter and must be considered in the context of other factors such as cost, individual mobility, dietary knowledge and cooking skills. Therefore a simple mapping of food premises alone will not provide a meaningful basis to inform future policy.

3.3.2 Stage 1 Census of shops and GIS mapping

It is proposed to conduct a census of all retail food outlets such as supermarkets, grocers and convenience stores. Consideration will be given to including shops that are predominantly off licences or newsagents as they frequently sell some fresh food lines such as milk and bread.

We will draw on research that has been conducted elsewhere notably London and Newcastle to create a standard basket of 33 food items that can be used to produce a healthy weekly menu – the mapping exercise will examine where in the borough it is possible to buy that standard weekly basket. Price data will also be collected and this will allow the cost of the basket to be compared between different shops and locations. Once the census is completed the data will be mapped by the public health evidence and intelligence team using GIS mapping software to provide population data on distance from healthy food shops. Discussions have already taken place with Planning Policy regarding the sharing of data relating local centres and existing retail studies.

3.3.3 Stage 2 Community Audit

A community audit will be undertaken to assess all existing and potential sources of food provision such as food banks, community and voluntary food groups and soup kitchens. This audit will also capture project work already being undertaken by voluntary groups and other council departments to improve access to healthy food.

This will provide information on assets that are currently available within the community to help improve food provision and support future food policy.

Although this stage is listed separately it can run concurrent with stage 1. It is important to ensure any existing work already being done is identified to ensure it contributes to the study.

3.3.4 Stage 3 Consulting the Community

This stage involves an in depth study to examine where people buy their food, the types of shops preferred, the foods they buy, typical meals consumed, how people get to the shops and household food budgets. The survey will also seek to explore the reasons for personal choices and any barriers to accessing a healthy diet. It will examine any improvements residents would like to see in food provision. This stage of the project will require more in depth research. We have reached an agreement in principle with Chester University for students on the Masters in Public Health Nutrition programme to undertake certain aspects of this research as part of their studies. This will have mutual benefits to both organisations.

3.3.5 Stage 4 Report and analysis

The data obtained during the first 3 stages will be analysed to produce a report and recommendations. It is anticipated the findings will form an evidence base to help inform future policy and facilitate the integration of public health policy with future corporate policies on planning, transportation, open spaces and community engagement. The project

will also identify areas and groups that may benefit from further specific public health projects. E.g. food co-ops / box schemes, cooking skills demonstrations, or healthy food awards.

4.0 POLICY IMPLICATIONS

There are no significant policy implications with regard to this report in itself – however there are likely to be policy implications arising from the findings of the study. These will be set out in future reports.

5.0 FINANCIAL IMPLICATIONS

The project will be undertaken using existing public health resources.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The study will assess the ability of families to access a healthy and affordable diet and will provide an evidence base to inform future policy aimed at improving access to health food and childhood nutrition.

6.2 Employment, Learning and Skills in Halton

There are no significant implications for this priority

6.3 A Healthy Halton

The study aims to inform future policy on food access and nutrition with a view to improving access to healthy food and reducing the incidents of adult and childhood obesity.

6.4 A Safer Halton

There are no significant implications for this priority

6.5 Halton's Urban Renewal

The study will involve a detailed assessment of community assets and food provision in town and local centres. The findings of the survey may have implications for this priority and these will be set out in future reports.

7.0 RISK ANALYSIS

There are not considered to be any significant risks associated with this project

8.0 EQUALITY AND DIVERSITY ISSUES

The survey methodology will address any equality and diversity issues. However the survey is likely to focus on lower income groups and is aimed at informing future policy ensuring equitable access to a healthy affordable diet.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None.