

Halton Borough Council

Access to Healthy and Affordable Food in Halton



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Executive Summary

The purpose of this report is to examine how easy it is for Halton's residents to access healthy and affordable food. The report follows a comprehensive study to examine food availability and the attitudes and experiences of residents. The study followed three key phases:

- Geographical mapping: Assessment of the location and quality of food outlets in relation to the local population.
- Community audit: An examination of the schemes and facilities that are available to support access to food and which could be used to support future interventions.
- Consulting the community: Gain an understanding of the attitudes, experiences and opinions of residents in relation to food access through a survey and focus groups.

Overall the study found that there was good availability of food in the borough with 77% of residents living within 500m of a retail shop with good food availability. However the situation was less positive for fruit and vegetable availability. Only 57% of residents lived within 500m of a shop where an adequate quantity of fruit and vegetables could be purchased.

The study found there is no general correlation between food provision and areas of deprivation. Some of the boroughs more deprived areas had very good food availability whereas in other deprived areas there was less availability particularly of fresh fruit and vegetables.

The study found that those residents with transport and mobility issues who could not access the town centres would pay a significant premium to shop in some local centre locations.

Three areas were identified where retail food provision could be improved.

70% of households live within 500m of a takeaway. However Halton has one of the lowest takeaway densities of in the North West with most takeaways concentrated in the town centres of Runcorn and Widnes. The survey highlighted the significance of takeaway delivery and web based ordering services. 47% of respondents did not physically visit the takeaway and relied on a delivery ordered over the phone or internet.

The survey suggested that most people do not habitually use a takeaway as an alternative to food purchased from shops and prepared at home. Although young people were underrepresented in the survey the results suggested younger people used takeaways more frequently than other groups.

Food poverty can be viewed as a spectrum ranging from those in acute food need who would go hungry without emergency food aid to those who have sufficient food to avoid hunger but can't afford enough of the foods that make up a healthy balanced diet.

Although it is difficult to measure food poverty in absolute terms the use of food banks provides a good indicator of the numbers of people in the most extreme food poverty. Overall between 2013 and 2018 there has been a five-fold increase in the number of people seeking emergency food aid from Halton's food banks. Analysis of food bank data suggests the principle reason for this increase was due to changes or delays in benefits.

Overall inadequate income was the principal barrier reported to accessing sufficient healthy and affordable food.

Just 31% of universal credit recipients reported having enough of the food they wanted to eat with 68% of those respondents citing lack of money as the principle reason. The survey also revealed that a significant proportion of people skipped meals or reduced the size of their meals because they had insufficient food or to ensure there was enough food for their children.

Transport and mobility were also a barrier particularly for older and younger people. 68% of universal credit recipients were reliant on a means other than their own car to get to the shops.

The survey identified that respondents had good food knowledge and a strong desire to eat healthy food. However some families suggested extra assistance in the form workshops and demonstrations would be welcome.

The study identified the following recommendations.

Recommendation 1: The Council's future development plans should consider options to improve retail provision in Bechers and West Bank in Widnes and Halton Brook in Runcorn.

Recommendation 2: The Council build on its existing work with partners such as the local housing trusts, CAB and Job Centre plus to provide advice, guidance and support to universal credit recipients to ensure they are maximising their benefit entitlement and also to help recipients avoid the circumstances that may result in a sanction.

Recommendation 3: Whilst the Trussell Trust food banks provide an essential service to those in acute food poverty - the Council and partners such as the CCG should investigate options to facilitate access to alternative surplus food schemes for

all Halton residents who require longer term assistance with access to sufficient food. The 11 O'clock club on Halton Brook could be used as a model.

Recommendation 4: The proposed community shop should be supported by the council. The shop should be centrally located to facilitate access for all residents of the borough who require longer term assistance with access to food.

Recommendation 5: Currently 73% of eligible households take up healthy start vouchers. The council and partners should work to further improve this high level of uptake.

Recommendation 6: The Council's future transport plans could consider options to improve access to town centres for parents with infant children, older people and low income households.

Recommendation 7: The existing supplementary planning document on Hot Food Takeaways should be applied in relation to all new applications for change of use to prevent the over concentration and clustering of takeaways.

Recommendation 8: Develop a series of workshops and associated menus and recipe cards on preparing and cooking healthy food on a budget. The workshops should be available to all household in receipt of healthy start vouchers.

An action plan to address these recommendations will be produced as a separate document that will develop over time.

Introduction

The purpose of this report is to examine how easy it is for Halton's residents to access healthy and affordable food. The report follows a comprehensive study to examine food availability across the borough. Whilst the study did not seek to establish a causal link between excessive weight and other health impacts of a poor diet, the study did examine some of the factors that would influence a healthy diet such as takeaway prevalence, takeaway consumption, food knowledge and attitudes to healthy eating.

There were 3 principle reasons for initiating this study;

- **Cost of Living**

Although the recession ended in 2009 a combination of wage stagnation, price inflation and changes to benefits have created significant pressures on the cost of living. In real terms salaries have remained the same as they were in 2004, many benefit recipients - whether in or out of work - will have seen a reduction in their income, whilst the cost of food, energy and housing have increased significantly over this period.

- **Halton's high level of obesity**

The latest National Child Measurement Programme data shows that 22.9% of year 6 pupils in Halton are obese against an England average of 20.0% and an England low of 11.3%. Public Health England data also shows that 3 in 5 adults are either overweight or obese.

- **The need for evidence to support future public health interventions.**

It is well established that deprivation is a significant adverse influence on public health. Areas with high levels of deprivation generally report poorer public health outcomes for their populations. Overall Halton is ranked the 27th most deprived local authority area in England. Deprivation will influence Halton's obesity levels and the ability of residents to access healthy and affordable food.

This study sought to examine whether there are further influences either from the local environment or other circumstances that may affect the ability of residents to access healthy and affordable food.

In addition, due to a reduction in central government funding, It is essential that spending on public health interventions is focussed on what is needed and what works. This study will help inform priorities for future public health interventions around food access and healthy eating.

Many previous studies that have examined food availability have focussed on the concept of food deserts. Food deserts are defined as areas with limited access to

healthy and nutritious food. These studies have tended to have a narrow focus on the physical location of shops in an area and do not consider the wider individual circumstances which may influence access to food. This study sought to examine the local food environment and food availability in more detail and in the context of 5 key factors that influence the availability of food to individuals and communities.

These 5 key factors are;

Access: The physical location of shops and an individual's ability to get to those shops. Access will include issues around mobility and transport.

Affordability: The ability of an individual to purchase sufficient food or the types of food they want to eat.

Awareness: The knowledge to purchase, cook and prepare food and the concept of a healthy, balanced diet.

Acceptability: Is food available that is acceptable to an individual's personal needs? This will include special diets and medical conditions.

Appropriateness: Is the food that is available appropriate to an individual's personal requirements? This will include cultural aspects such as religious and ethical requirements.

In practice this study will predominately focus on the first 3 areas; access, affordability and awareness. There is frequently an interaction between these factors for example an individual may have enough money to purchase sufficient food providing they are able to access a range of shops to secure the best value for their money.

There were 3 key phases to the study and these will be reflected in the sections of this report.

1 Geographical food mapping

This stage of the study examined the physical location of significant food shops and other sources of food such as takeaways and their accessibility to the local population. The study also looked in detail at the quantity, quality and price of food available in each local centre area to determine how easy it was for the community to shop for the components of a healthy, affordable and balanced diet.

2 Community Audit

This stage examines what is taking place or proposed within the community to facilitate access to healthy and affordable food and included an assessment of emergency food provision through the Runcorn and Widnes food banks. This stage also examined schemes that are no longer in existence but may be used to help inform future interventions.

3 Consulting the community

This stage involved a detailed study via survey and focus groups to seek the views of Halton residents and their experiences of accessing healthy and affordable food.

Objectives

The overall objectives of the study are;

- 1 To identify barriers and enabling factors to food access
- 2 To inform council policy
- 3 Improve food access

The final section of the report will summarise the conclusions that can be drawn from the study and put forward recommendations in order to achieve the study objectives.

Chapter 1

1.0 Geographical mapping of food availability.

This phase of the study examined the physical location of shops and other sources of food such as takeaways. The study examined how easy it was to shop for the components of a healthy balanced diet within each local centre area and examined the cost of food in local and town centre locations.

1.1 Retail Food Shops

1.1.1 Scope of Study

The study of retail food shops will assess whether it is possible for households to purchase a standard basket of healthy food within a 500m distance of their home.

This methodology has been influenced by a number of similar studies in other areas of the UK notably Hackney, Newcastle, Sandwell and Ceredigion. A key feature of all these studies is that they reflected local circumstances. It is therefore necessary to adapt these previous studies to Halton's local circumstances. These previous studies have also approached the issue of food availability from different perspectives. The Newcastle study for example set out to examine "whether food deserts exist" and so looked at whether shops stocked not only the requirements for a healthy balanced diet but also the foods that people wanted to eat – and so included some items that may be viewed as unhealthy.

1.1.2 Method

The purpose of the Halton study was to examine whether Halton residents could purchase a healthy "basket" of shopping within 500m of their home. This would provide an indicator of the quality of food availability in the borough.

1.1.3 The Standard Basket of Shopping

The standard basket of shopping has been based very closely on a study undertaken in Hackney by the Food Policy Unit at City University London. http://openaccess.city.ac.uk/489/7/Shopping_for_Food.pdf. The Hackney approach was preferred to other studies because the Hackney study was practical and was based around shopping for the food items required for a 7 day healthy balanced menu. For the purposes of the Halton study the menu has been adapted for 2 adults and 2 children.

It is acknowledged that the menu and the basket of shopping may not be typical for every household. It is also acknowledged there are factors that may prevent a family shopping and eating in this way, e.g. affordability and adequate time for shopping and preparation. However the purpose of the menu and standard basket is to examine how easy it is for a household to shop for the components of a healthy balanced diet within their locality and thereby provide an indicator of food availability in that locality.

Figure 1 below sets out the Healthy menu for a family for a week and Figure 2 sets out the shopping basket that is required to produce this menu.

Figure 1 7 day healthy balanced menu

<p>Breakfast</p> <p>Weetabix, Cornflakes or porridge – semi skimmed milk</p> <p>Eggs and Toast at weekend</p> <p>Glass of Orange</p> <p>Lunch</p> <p>School / nursery meals for children</p> <p>Sandwiches for Parents (and children at weekend)</p> <p>Evening Meal</p> <p>1 Cottage Pie, broccoli and carrots</p> <p>2 Chicken Casserole, potatoes, carrots and cabbage</p> <p>3 Bolognaise sauce and pasta</p> <p>4 Cod and Parsley Sauce, Potatoes, broccoli, peas</p> <p>5 Salmon with pasta salad</p> <p>6 Beans on toast</p> <p>7 Chicken curry and rice</p> <p>Dessert</p> <p>Fruit Yoghurts</p> <p>Fruit</p> <p>Snacks / supper</p> <p>Pieces of fruit, toast, cereal with milk</p>

Figure 2 The standard shopping basket

Item	Recommended quantity
Apples	400g
Oranges	800g
Satsuma or similar	400g
Grapes	200g
Bananas	1kg
Broccoli	1.3kg
Onion	250g
Fresh Tomatoes	1.3kg
Peas / tinned / frozen	500g
Carrot	1kg
Cabbage	1kg
Potatoes	3kg
Unsweetened Orange	3 litres
Tinned Tomatoes	1 x 400g tin
Baked Beans	2 x 415g tin
Wholemeal bread	3 x 800g
Weetabix	24 pack
Cornflakes	250g pack
Oats	500g
Pasta	500g
Rice	500g
Fresh Chicken	750g
Lean minced beef	1kg (2x 500g)
Fresh / tinned salmon	450g
Fresh cod / white fish	500g
Fresh eggs	1 Dozen
Semi skimmed	8 ltr
Fruit Yoghurt	4 x 125g x 4
Hard cheese	250g
Cooked lean meat e.g. ham / turkey	500g

1.1.4 Retail survey

The standard shopping basket was used as the basis for the survey of retailers. A survey form was produced to record the availability of each of the items from the shopping basket at each location.

There are over 250 food retailers in Halton ranging from small corner shops and newsagents to superstores. Resources did not permit a comprehensive survey of all food retailers. The list of food retailers included newsagents, off licenses and corner shops who stock some basic food items and therefore provide an important service to the community. However the primary purpose of these retailers is not to enable a family to complete a weekly shop and so there was considered little benefit including these smaller retailers in the survey. A more pragmatic, targeted approach was required.

The survey therefore focused on Halton's established Town, District and Local Centre's. The survey started with the largest shop in each location to establish if the basket can be purchased there. Further smaller shops in each location were surveyed if the largest shop did not stock the full basket to establish if the complete basket could be purchased in that location.

With respect to the town centres it was not considered necessary to survey all supermarkets – the retail provision in the town centres is known to be excellent and so only one large supermarket and one “discount” supermarket was surveyed in each town centre to enable comparison with local centre provision.

In addition a number of larger shops and local convenience stores were identified outside of the established local centres that were likely to be important to local food provision.

In total 37 town and local centre areas were surveyed. These locations are detailed in Appendix 1 to this report. In addition 14 further shops in key locations were surveyed to examine whether they made a significant contribution to food provision. Those that sold more than 50% of the standard basket or more than 50% of the fruit and vegetable items were included in the survey results.

The results of the shopping basket survey were analysed and each local centre area was categorised depending on the percentage of the standard basket and the percentage of fruit and vegetable items available.

1.1.5 Affordability

The survey recorded the cost of the individual items in the basket at each of the locations. This provided an assessment of the cost of providing a healthy, balanced menu for the week and enabled a comparison of cost between locations and retailer type. The purpose of the survey is to inform future food policy rather than provide detailed price comparison data. Therefore the data on cost and affordability is presented in general terms and does not identify a specific retailer.

1.2 Takeaways

The Environment Health food safety team hold comprehensive data on all takeaways in the borough. This enabled the location of all takeaways to be plotted on a map and compared with population data to identify how many households lived within 500m of a takeaway.

1.3 Survey Results

The results of the shopping basket and takeaway survey have been analysed and the data plotted onto 10 maps to provide a visual representation of the survey results. This data has been compared with other population based data to examine any relationships that may further influence access to food.

1.3.1 Overall food availability

Overall 77% of Halton households live within 500m of a shop where at least 50% of the standard basket of shopping can be purchased. As an indicator, 500m is around a 10 minute walk. It is acknowledged that the distance is “as the crow flies” and does not take into account the actual route a pedestrian would take and the terrain but it is never the less considered to indicate that the majority of Halton residents enjoy good food availability close to their homes.

The results of the survey have been plotted onto a series of maps. Each location surveyed has been colour coded as follows

Green 75% to 100% of basket available.

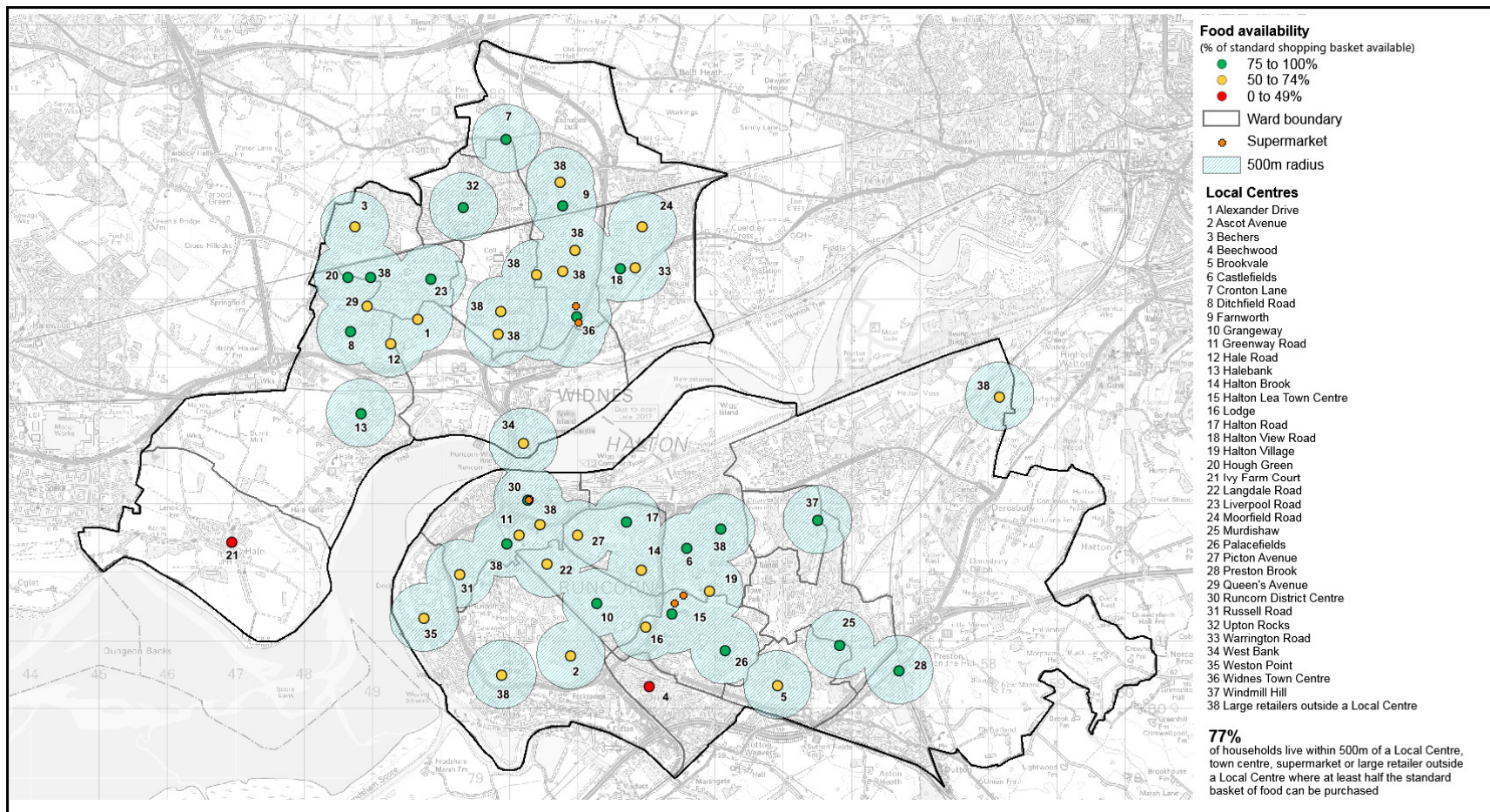
Yellow 50 to 74% of basket available.

Red Less than 50% available.

Map 1 details the survey results for each location. A numbered key accompanying Map 1 identifies each local centre area. The map also includes all supermarkets and those of the 14 shops surveyed outside a local centre that provided over 50% of the standard basket of food.

As can be seen from map 1, only 2 local centre areas Beechwood in Runcorn and Hale in Widnes provide under 50% of the standard basket. In addition there are a number of areas that are not within the 500m radius of a local centre or significant shop. In Runcorn these areas include Sandymoor, parts of Norton and Murdishaw and parts of Weston point. The new Aldi development will improve access in the Murdishaw area. In Widnes these areas include Hough Green and parts of North Widnes around Moorfield Road, the eastern section of Derby Road and Barrows Green Lane. A proposed new Aldi development in North Widnes will also improve access in these areas.

Map 1 Overall Food Availability



Food availability by Local Centre and large retailers outside Local Centres in Halton, with locations of supermarkets
Survey completed November 2015 to April 2016



Produced by Public Health Intelligence Team health.intelligence@halton.gov.uk

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1.3.2 Fruit and vegetable availability

Whilst overall the level of food availability is considered good the picture changes with regard to the availability of fresh fruit and vegetables. 57% of Halton households live within 500m of a shop where 50% or more of the fruit and vegetable items in the standard basket can be purchased. Map 2 details the survey results for each location. In total there are 13 local centre areas where less than 50% of the fruit and vegetable items can be purchased. Some of these areas are close to areas where availability is good, for example Halton Village and Halton Lodge are all close to Halton Lea and Grangeway where provision is very good. This may explain the lack of availability in these locations.

However there are locations where local provision of fresh fruit and vegetables is low and that are not close to alternative locations with good availability. In Widnes these local centres included Bechers, West Bank, Moorfield Road and Hale; areas in Runcorn included Halton Brook, Beechwood, Weston Point and Russell Road. These areas are in addition to the areas that are not within the 500m radius of a local centre or significant shop. In Runcorn these areas included Sandymoor, parts of Norton and Murdishaw and parts of Weston point. The new Aldi development will improve access in Murdishaw. In Widnes these areas include Hough Green and parts of North Widnes around Moorfield Road, the eastern section of Derby Road and Barrows Green Lane. The new Aldi development in North Widnes will improve access in this area.

1.3.3 Deprivation

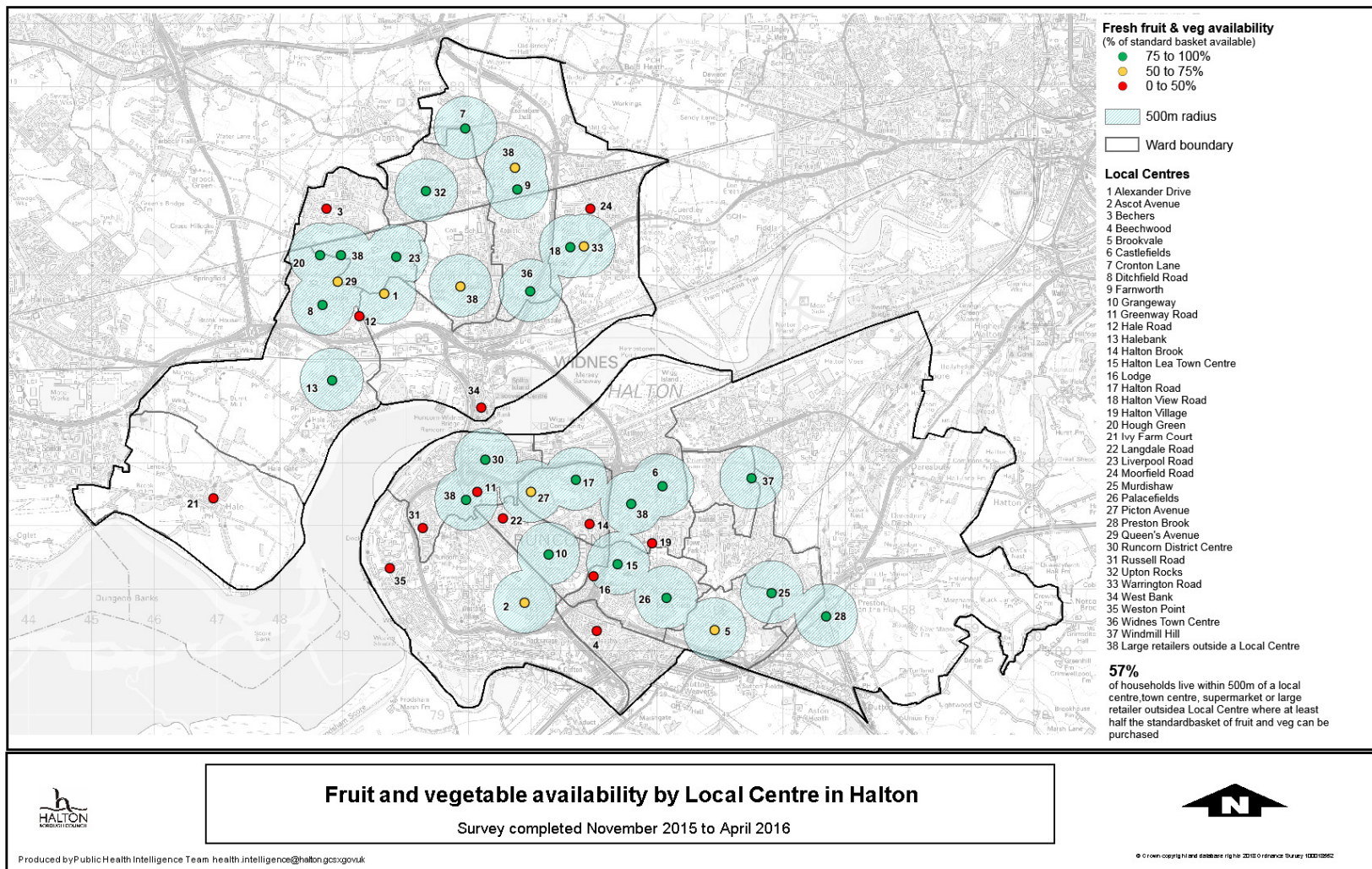
The data from the shopping basket survey has been analysed and geographically mapped at ward level to identify any correlation between areas of deprivation and food availability.

Levels of deprivation using national quintiles (fifths) were used for this analysis, to show which areas in Halton fall within the 20% most and least deprived relative to the rest of England.

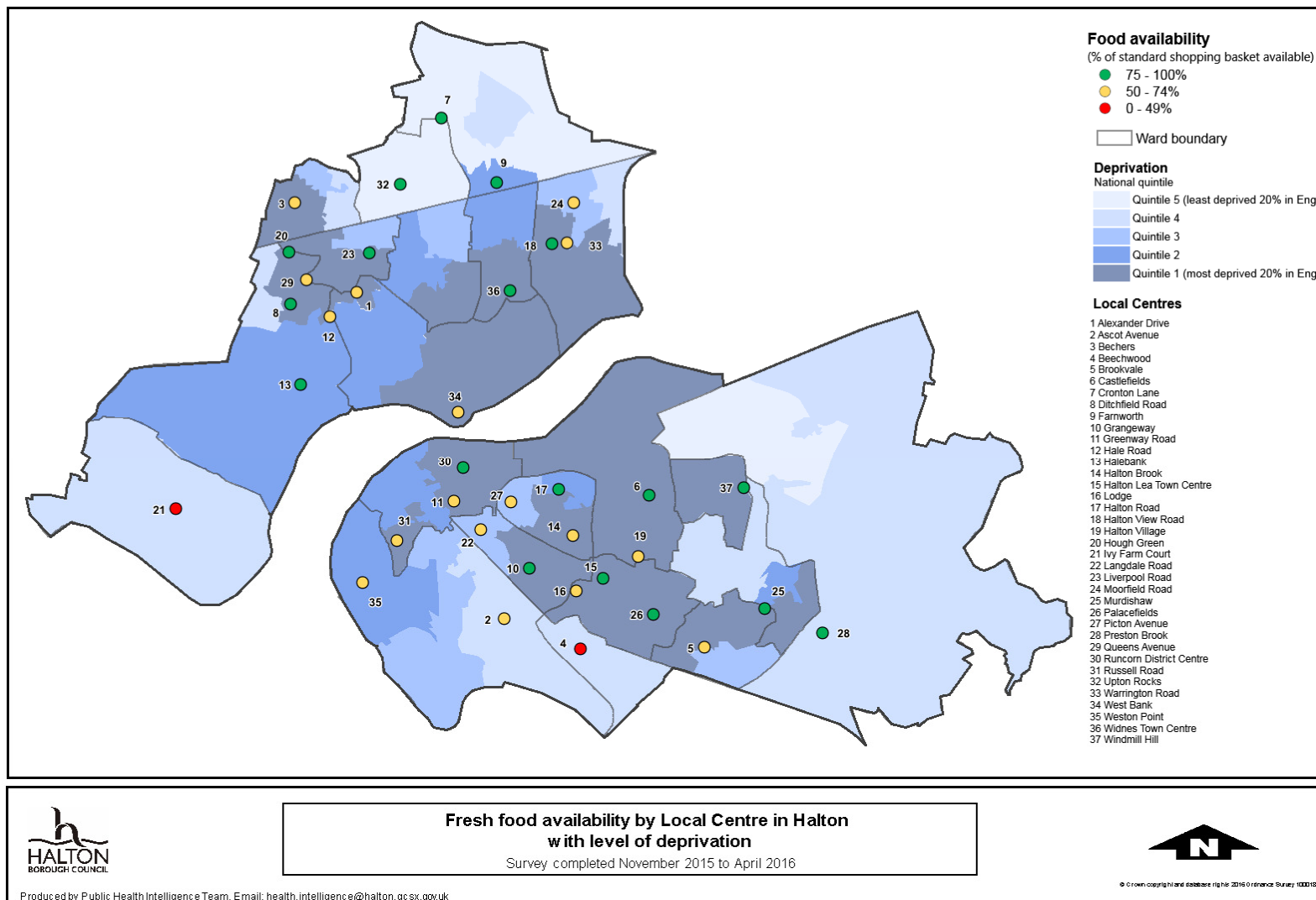
Map 3 below details the findings from this analysis.

No obvious correlation between deprivation and food availability was identified. In fact some of the more deprived areas of the borough actually have very good local availability such as Windmill Hill and Castlefields and the areas adjacent to the town centres of Runcorn and Widnes. Some of the areas of lowest availability, Beechwood and Hale, are amongst the least deprived areas in the borough.

Map 2 Fruit and veg availability



Map 3 Overall food availability and level of deprivation

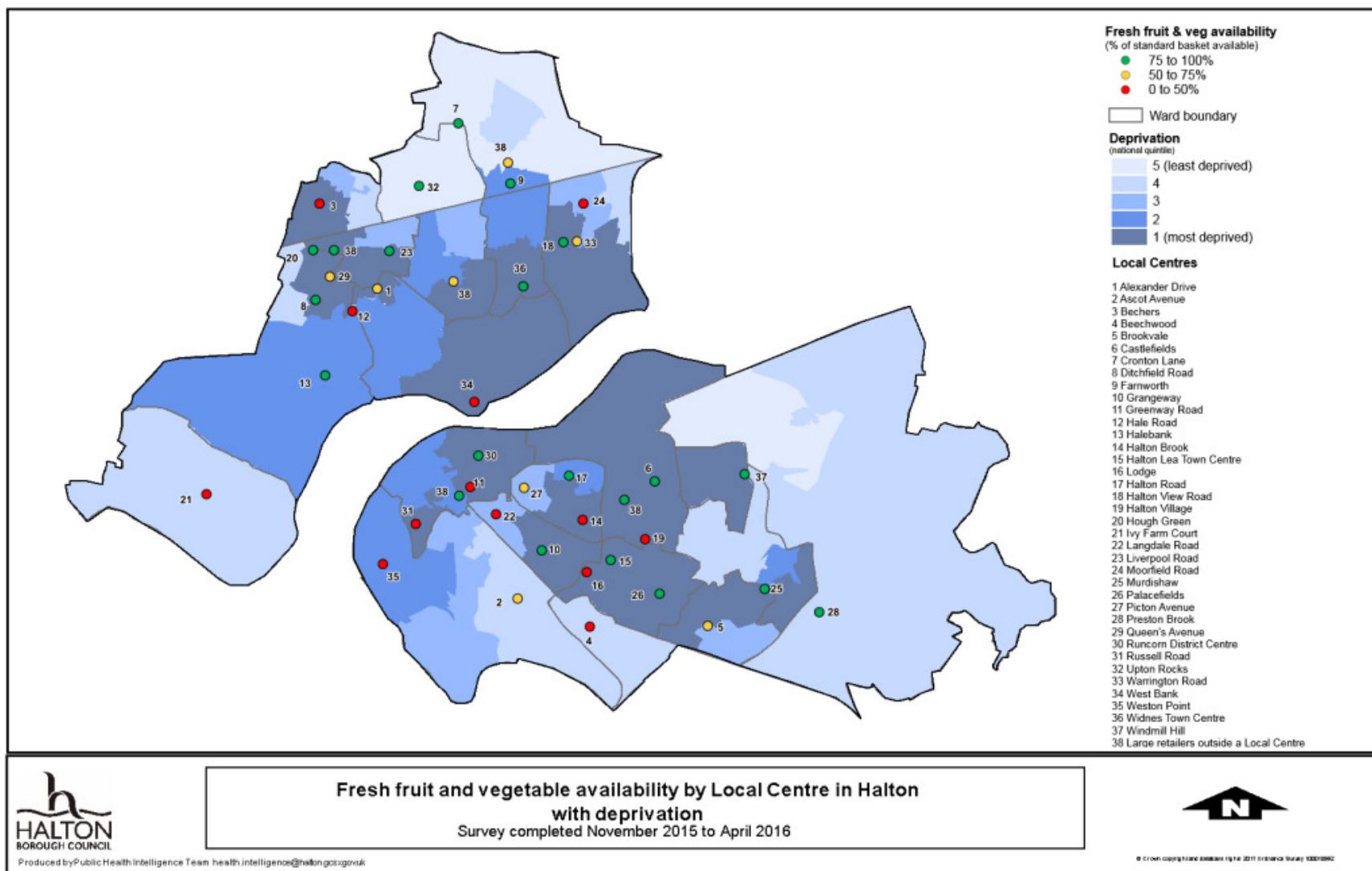


1.3.4 Fruit and veg availability and indices of deprivation

The position with regard to local fruit and veg availability is more complex. Generally there is no overall correlation between the level of deprivation and fruit and veg availability. It is a mixed picture. Some of the more deprived areas such as Windmill Hill and Castlefields have very good availability of fruit and veg with over 75% of the fruit and veg items available in these locations. Some of the more deprived wards are adjacent to the town centres of Runcorn, Widnes and Halton Lea and so residents in those areas have good access to fruit and vegetables. However it also possible to say that some of our deprived areas do have low availability of fresh fruit and vegetables – some of these areas are close to areas where availability is good e.g. Halton Lodge, however some areas with poor availability are more isolated in terms of distance from other areas where availability is good. These areas include Halton Brook, Bechers/Hough Green, West Bank, Weston Point, Russell Road.

Map 4 below illustrates this analysis.

Map 4 Fruit and vegetable availability and areas of deprivation



1.3.5 Car ownership and public transport

The results of the survey were analysed to examine food availability in the context of car ownership and public transport. The results are illustrated on maps 5 and 6 below.

No obvious correlation between low car ownership and availability was observed. The results indicated a mixed picture across the borough and the results were comparable with the results for deprivation. Car ownership is a factor in assessing the level of deprivation and so it might be expected that results are similar. Availability is good in some areas of low car ownership – whereas some of the areas where availability is poor are areas of highest car ownership.

However there are some areas of low car ownership such as Bechers/Hough Green and West Bank where the local provision of fruit and vegetables is poor. The mapping of bus routes suggests that public transport is available to all local centre areas including those where availability is poor, although no assessment was made of the quality or frequency of the bus service.

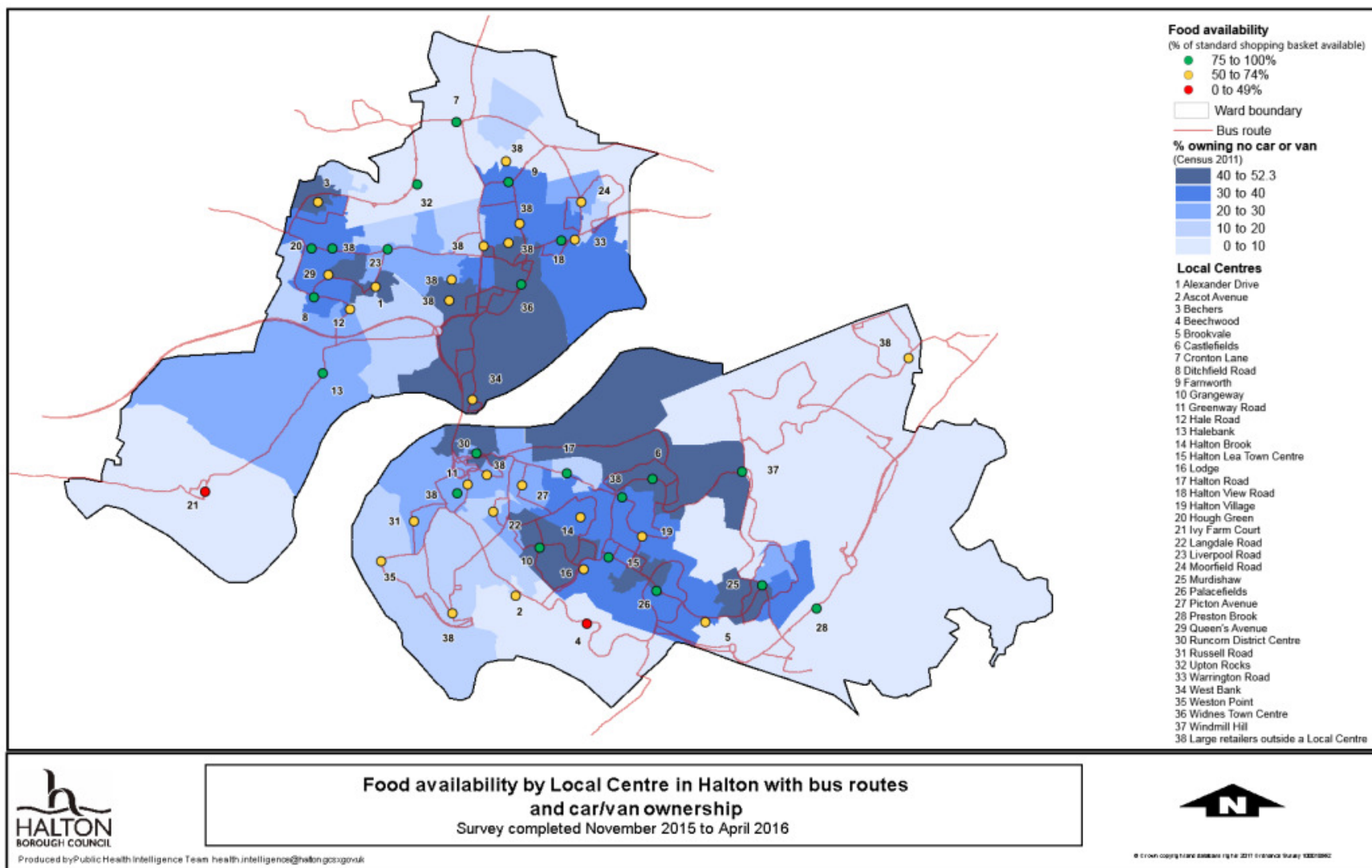
Many wards in Halton benefit from their proximity to the town centres of Widnes, Runcorn and Halton Lea where many of the major supermarkets are located providing excellent retail provision in those areas. This contrasts with other towns where there has been a trend during the 90's and early 00's for larger retailers to be located "out of town".

1.3.6 Food availability and older people

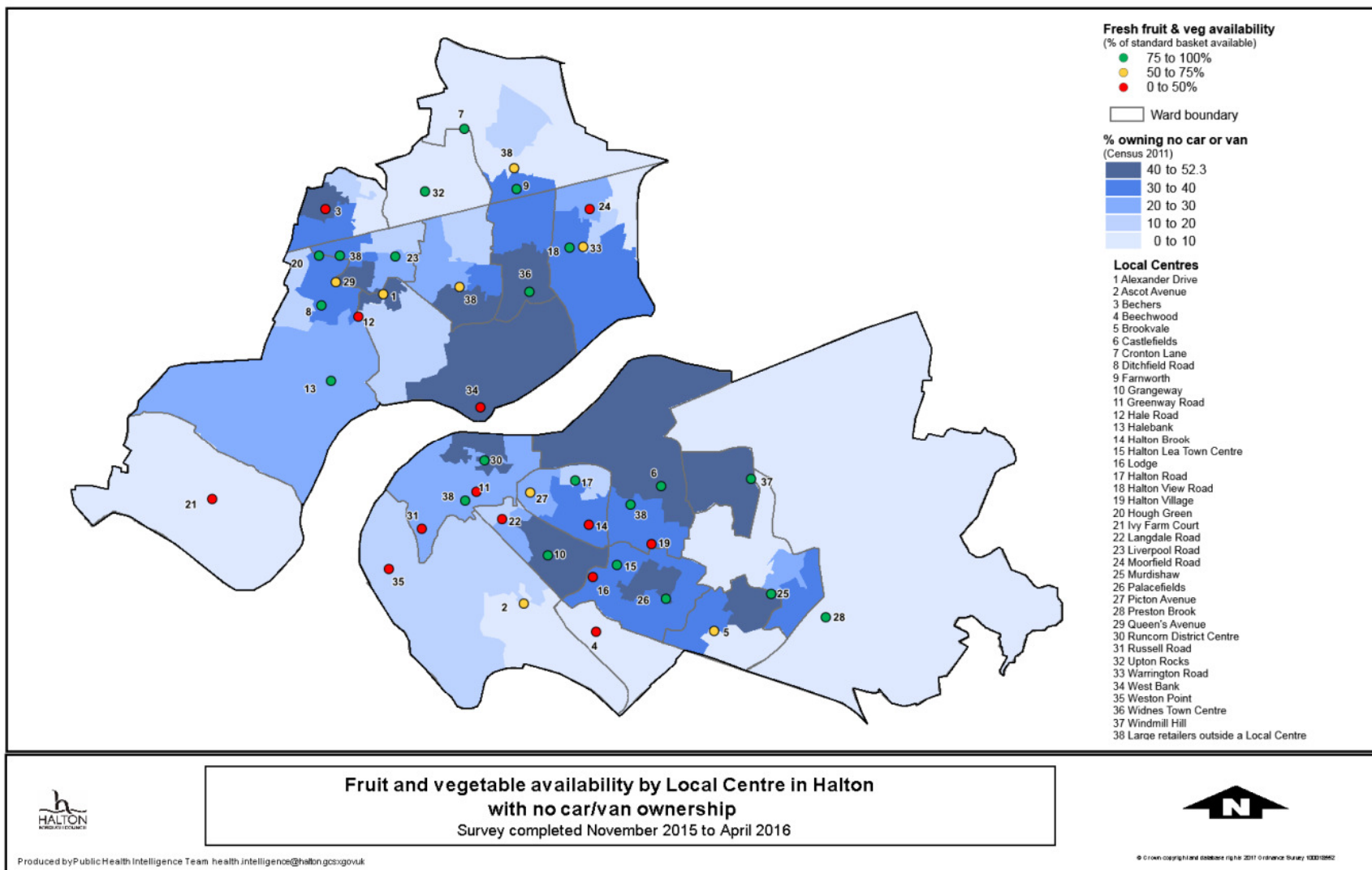
The results of the survey were analysed in the context of the number of older people living in an area. In general no correlation between age and local food availability was found with the exception of Hale which has one of the highest percentage of residents over 70 and the poorest availability of food locally. However Hale does have high levels of car ownership. This suggests that older people living in Hale without access to transport or an alternative source of purchasing food may have their access to food limited. Maps 7 and 8 illustrate this analysis.

The experiences of older people were examined in more detail in the survey and focus groups and the results of these studies provide a more meaningful insight into the issues affecting food access for older people than the geographical mapping.

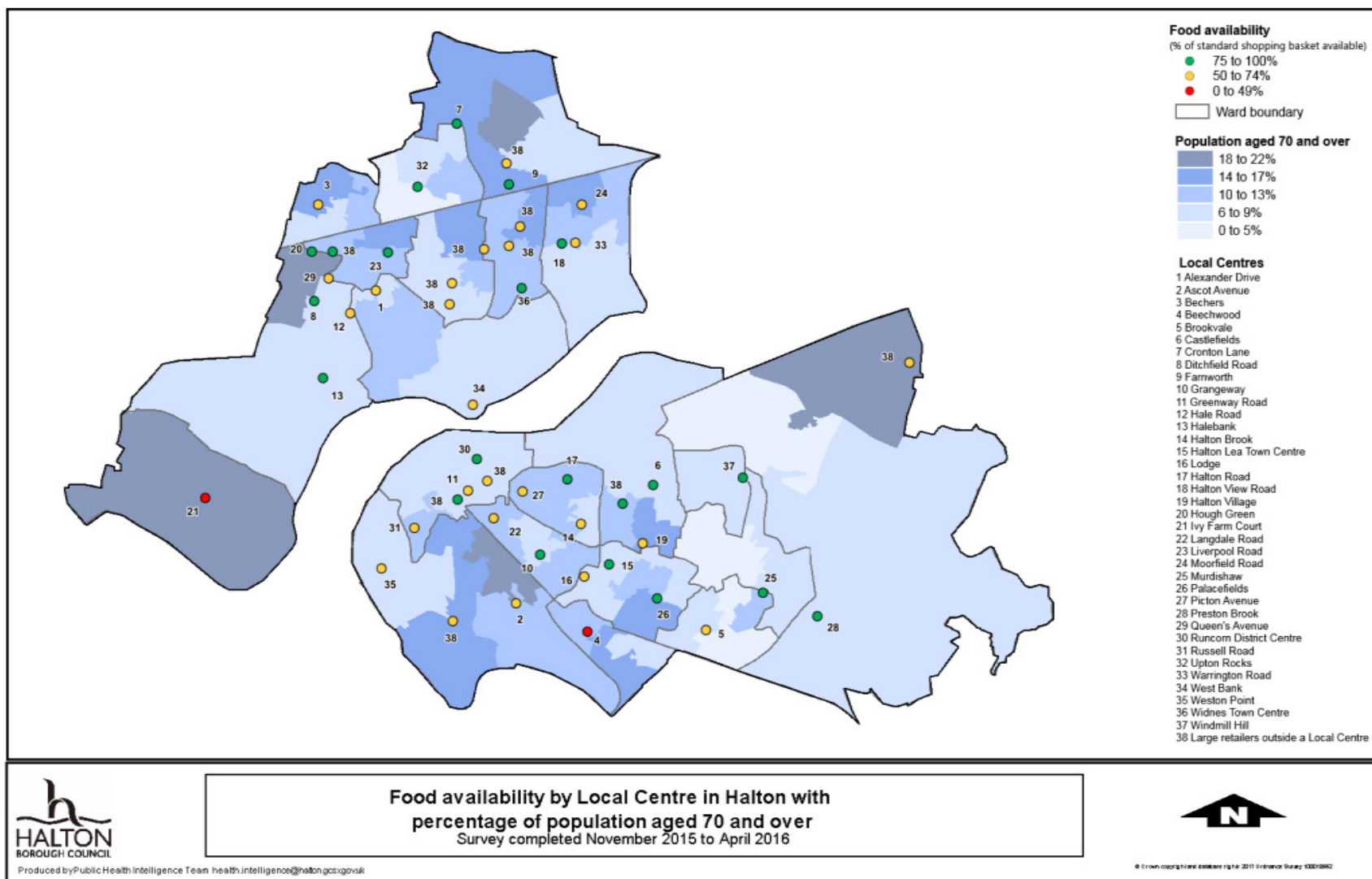
Map 5 Overall food availability and car ownership



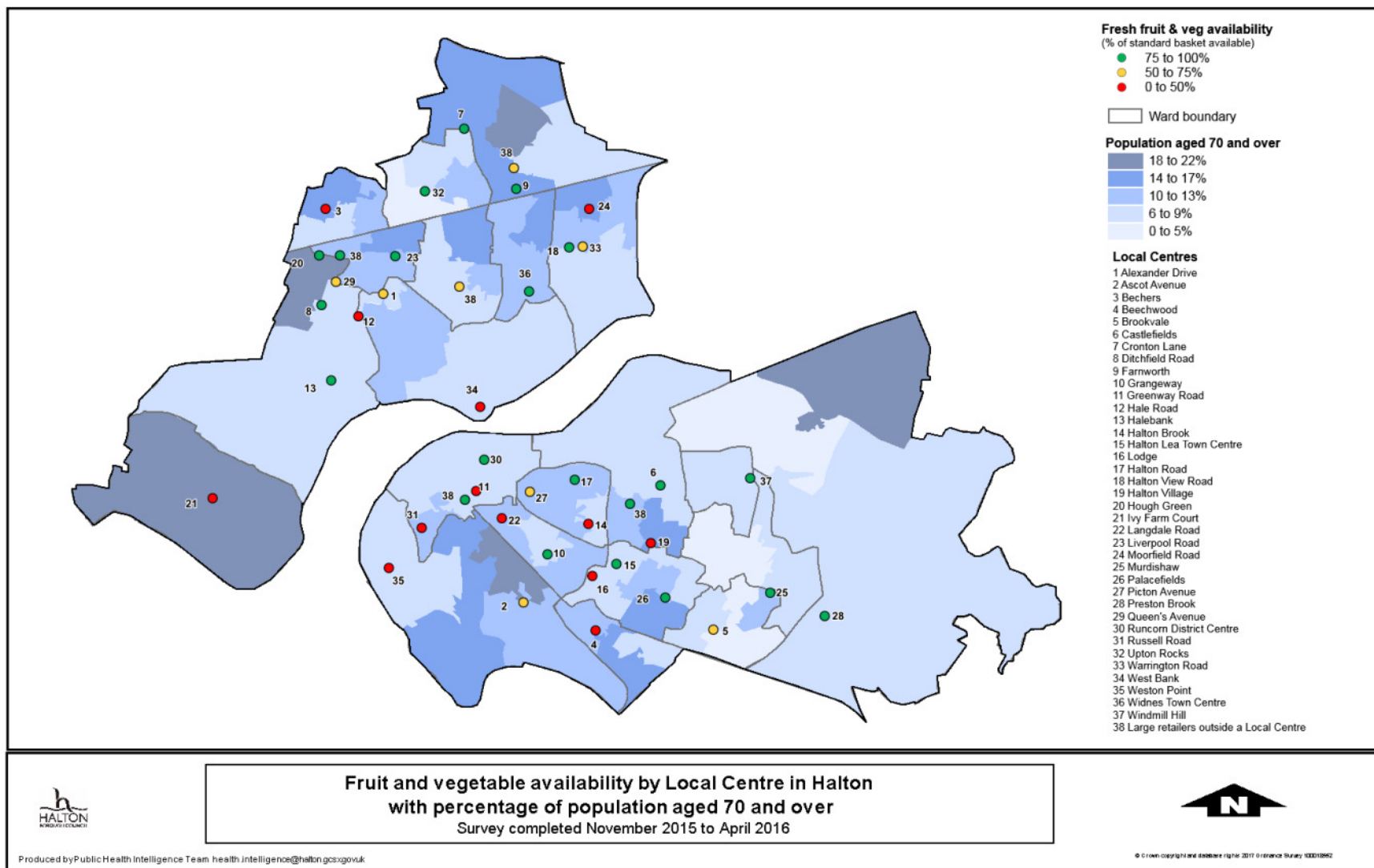
Map 6 Fruit and vegetable availability and car ownership



Map 7 Overall food availability and older people



Map 8 Fruit and vegetable availability and older people



1.3.7 Takeaways

70% of Halton households live within 500m of a takeaway – this suggests the majority of Halton residents have easy access to a takeaway within their immediate location. However the fact that 77% of households also live within 500m of a shop offering a good standard of food provision indicates that alternatives to the takeaway are available in most locations.

There is a perception that Halton has a high number of takeaways and that more should be done to control numbers – however when compared to other areas, data published by Public Health England shows that Halton has one of the lowest takeaway densities in the North West at 91.9 per 100,000 population. (<https://www.gov.uk/government/publications/fast-food-outlets-density-by-local-authority-in-england>). This is compared with an England average of 96.5 per 100,000 and a North West Average of 117.9 per 100,000. In this latest assessment of takeaway density Public Health England have expanded their definition of a takeaway food premises to include some restaurants that also serve takeaway food. This definition is different to the definition used to map takeaway density for this study. For the purposes of this study the Food Standards Agency definition of a “takeaway” was used and includes typical takeaway premises such as fish & chips, kebab, pizza, Indian and Chinese.

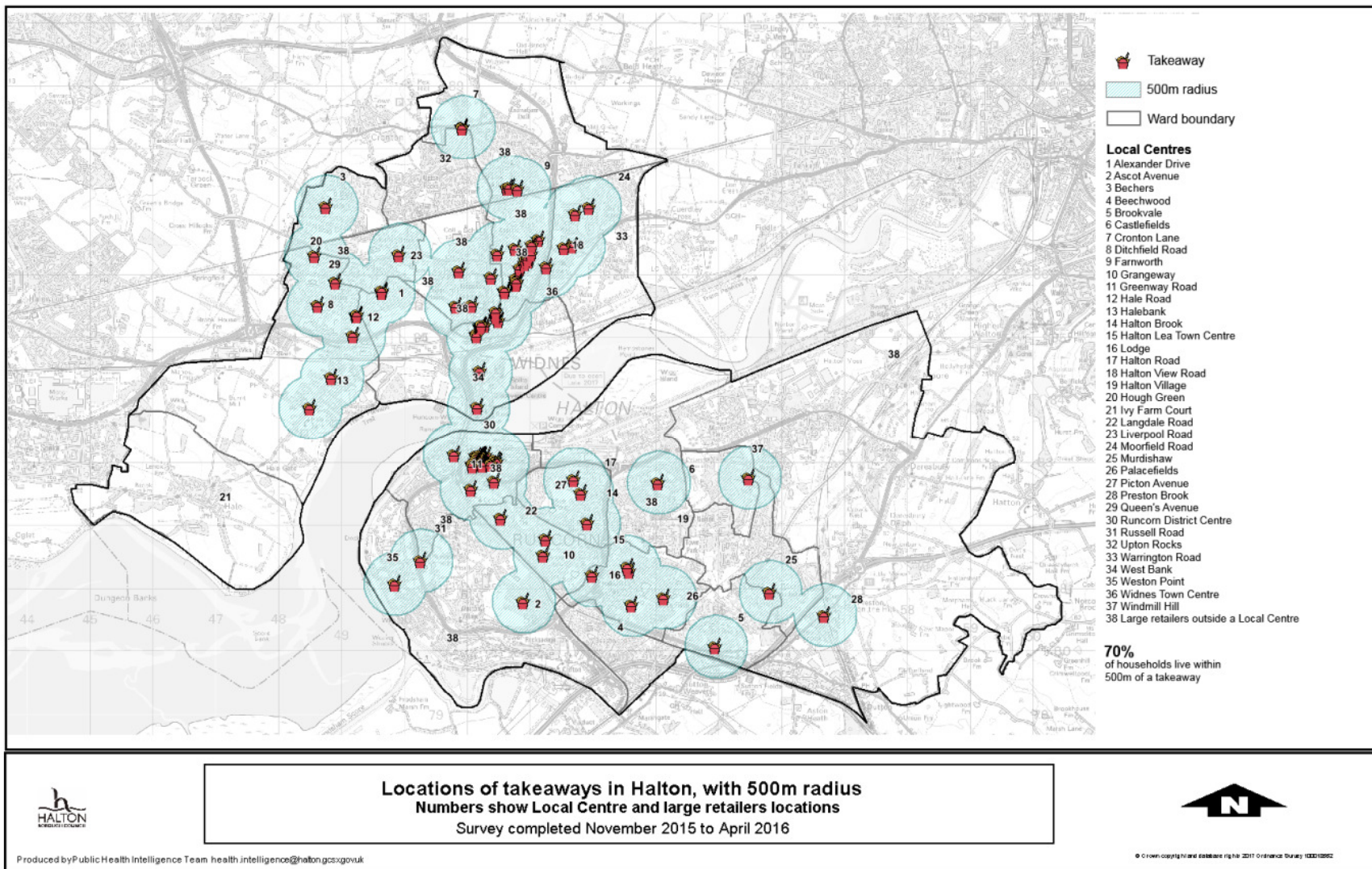
It is clear from the maps that the majority of takeaways are concentrated within established town centres of Runcorn and Widnes and elsewhere they are evenly distributed. There are 19 takeaways in Runcorn town centre and 20 in Widnes Town Centre. In general it is not possible to make a correlation between the number of takeaways and levels of deprivation. However because some of the more deprived areas of the borough are close to the town centres of Widnes and Runcorn and the high density of takeaways in those areas, it is possible to say that some of Halton’s more deprived wards do have a high density of takeaways and this may influence consumption in those areas.

Unfortunately responses to the more detailed survey from the wards closest to the town centres were insufficient to examine the impact this proximity had on takeaway consumption in these wards.

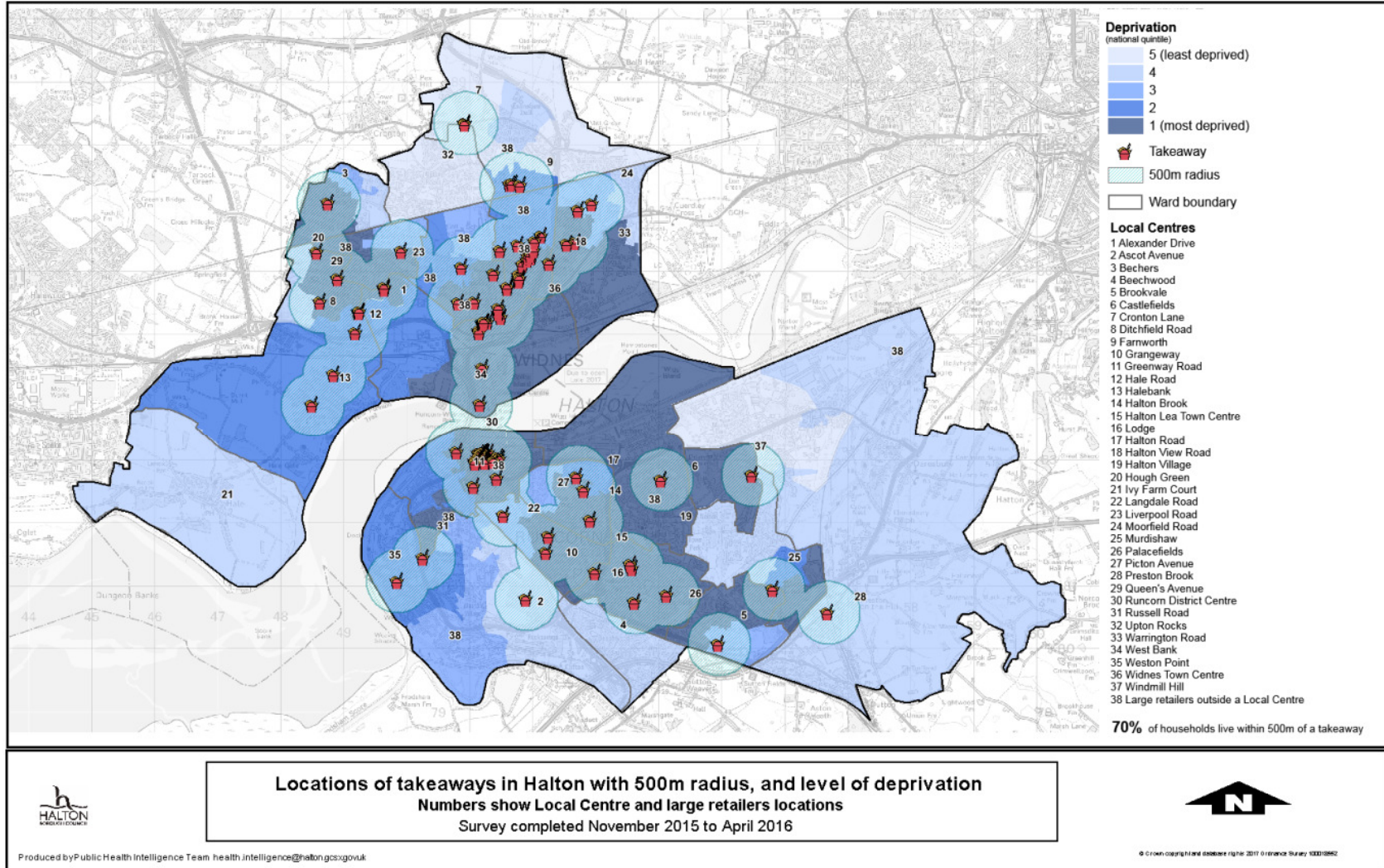
However an examination of the overall data from the surveys suggests that the location of takeaways may not have the influence on consumption as might be expected. Only 21% of respondents walked to the takeaway whilst 27% used their car – the most significant figure is that 47% of respondents did not actually visit the takeaway at all and placed their order by internet or phone.

Maps 9 and 10 below illustrate the analysis of takeaway locations.

Map 9 Takeaway locations in Halton



Map 10 Takeaway locations and deprivation



1.3.8 Price comparison between locations

As well as assessing availability of the shopping basket items, the survey also examined the price of individual items and the total cost of the basket at each location.

100% of the basket was available in both designated Town Centres (Widnes and Halton Lea) and Runcorn Old Town. 100% of the basket was also available at four local centre sites. These locations enable a price comparison between local and town centres.

A significant difference was observed between the cost of the shopping basket at Town Centres compared with local centre locations.

The average cost of the complete shopping basket at local centre stores was £69.68. Whereas the average cost at Town Centre Stores (Widnes and Halton Lea) was £54.00: a difference of £15.68. This represents a 29% difference between town and local centre locations.

The cost of the basket in Runcorn Old Town was £63.36. This was 9% cheaper than local centres but 11% more expensive than the designated town centre locations.

It is welcome that many local centres provide good food availability and are a strong asset to the community. However it is clear that residents who are unable to easily access a town centre will pay significantly more for their basket of shopping if they shop at their nearest store. This indicates that mobility and access to transport are key factors in an individual's ability to access affordable food.

This is further illustrated by the significant discrepancy between the cost of individual items at various locations. The survey methodology required the shopper to select the cheapest option available for each product at each location including multi buy offers where available. The table below shows the highest and lowest price observed during the survey for 10 of the key food items. In general the higher price was observed at a local centre location and will include premium branded products if they were the only option available. The lower price was generally available at a town centre supermarket and may include items that are own brand or part of a budget range. Therefore the individual products may not be directly comparable but provide an indication on the breadth of price and choice available.

Table 1 Price Comparison highest and lowest priced items

Product	Shopping basket quantity	Total cost of shopping basket quantity (lowest price observed during survey)	Total cost of shopping basket quantity (Highest price observed during survey)
Apples	400g (approx. 5 apples)	79p	£3.00
Bananas	1kg (approx. 7 bananas)	68p	£2.58
Potatoes	3kg	£1.38	£3.98
Milk	8 litres	£3.47	£7.28
Wholemeal Bread	3 x 800g	£1.32	£5.37
Rice	500g	40p	£3.10
Tinned Tomatoes	1 x 400g tin	31p	£1.00
Lean minced beef	1kg	£5.50	£11.19
Weetabix (or similar)	1 x 24pk	69p	£3.38
Cornflakes	250g	25p	£2.59
Total		£14.79	£43.47

The difference between the total price of the highest price items observed during the survey and the lowest price items available was £28.68. The highest price is almost three times more than the lowest price shopping basket.

It is acknowledged that some caution is needed with the figures. Whilst the products compared are similar, they are not identical although the pack / unit size was comparable. Also the individual items were sourced from a number of different premises in a range of locations and so the figures do not represent an actual shopping trip. It should also be noted that many local centre locations also stocked own brand, budget lines and multi-buy offers. However the analysis does provide further evidence of the significant range in prices between locations and illustrates how those individuals who are less mobile will have their choice limited with a significant impact on the affordability of some of the key food items that form part of a healthy balanced diet.

Chapter 2

Community Audit

2.1 Food Poverty and health

Various definitions of food poverty have been proposed but in essence food poverty can be considered to mean that an individual or household cannot afford or does not have access to sufficient nutritious food to make up a healthy diet.

Food poverty should not be viewed in absolute terms, but as a spectrum ranging from individuals and households in acute food need who would go hungry without immediate support, to households that have enough money to avoid hunger but can't afford or don't have access to the food that makes up a healthy balanced diet.

The components of a healthy balanced diet are well established. See Figure 3 below.

Figure 3 – The eatwell plate



In particular fruit and vegetables are important as a source of fibre and provide a range of vitamins, minerals and antioxidants that are essential to good health. It is fresh fruit and vegetables that are frequently absent from household diets due to the cost and limited access in some localities.

A diet that is high in fruit and vegetables can help prevent cancer, heart disease and diabetes. There has been much public health focus on rising levels of obesity. Obesity can be viewed as a disease associated with over consumption of foods that are high in fat and sugar along with inadequate exercise. Obesity can be a cause of cancer, heart disease and type 2 diabetes.

Individuals experiencing chronic food poverty are at a greater risk of malnutrition. This can lead to serious health conditions such as low birth weight in infants, inadequate growth and development in children, poor mental function and a susceptibility to disease due to impaired immune function.

Because the definition of food poverty is so broad it is difficult to quantify how many people may be in food poverty. It is however possible to identify those who are most at risk. It is known that the poorest 10% of households spend 23% of their income on food compared to the wealthiest 10% who spend just 4%. It is also known that there have been considerable pressures on the cost of living with food prices rising by 20% over the last 5 years.

<https://www.ifs.org.uk/uploads/publications/bns/BN213.pdf>.

A study by the Institute of Fiscal Studies in 2013 demonstrated that households with young children reduced expenditure on food whilst at the same time the calorie density of food increased as households switched to foods with more calories per kilogram.

<https://www.ifs.org.uk/bns/bn143.pdf>.

Further pressures on the cost of living have been created by significant changes to both in and out of work benefits and changes in terms and conditions of employment. With the intention of reducing the amount of public money spent on welfare the government has since 2010 introduced a number of changes that have seen a reduction in the amount of benefit received by low income households. Notable changes have been the introduction of universal credit, the spare room subsidy and the imposition of sanctions. Households that are in work have also seen a loss or reduction in working tax credits. To compensate for this loss of income for working households the government increased the minimum wage – a move supported by many – to ensure that the burden for paying a fair living wage was borne by employers. However this does not assist the income security of the increasing number of low paid workers who are employed on zero hours contracts and do not know with any certainty what their salary will be from one week to the next.

Food Banks help to alleviate the most extreme form of food poverty i.e. hunger and acute shortage of food - and there has been a significant increase in their use in recent years. However they are not intended to address longer terms food insecurity. Many commentators have observed that the very presence of food banks in a wealthy country such as the UK represents a failure of the welfare state. This concern is

reflected in the fact that a 2017 UNICEF report ranked the UK as 34th for food security out of 41 higher income countries.

https://www.unicef.bg/assets/NewsPics/2017/PDFs/Innocenty_Report_card_14.pdf

However it has long been recognised that there are many households that may not be hungry to a point where they need emergency food aid but are in a position where they either cannot afford, or do not have convenient access to, fresh fruit and vegetables. The geographical food mapping in chapter 1 confirmed that in some locations availability is inadequate and without access to transport, access will be limited. Where availability is good locally the cost is likely to be higher and this may make fruit and vegetables unaffordable for those on lower incomes and without access to transport.

This higher cost paid for goods and services by people on lower incomes due to the lack of choice available to them is often referred to as a “poverty premium”. A number of initiatives in Halton have attempted to address access to fruit and vegetables and these will be examined later in this chapter.

2.2 Healthy Start Programme

The healthy start programme is a national scheme to provide vouchers to purchase fruit, vegetables, milk and infant formula. In addition vitamins are provided through a variety of outlets including children’s centres, midwives and health visitors. The scheme is available to women who are at least 10 weeks pregnant and families with a child under 4 who are in receipt of certain benefits and a total monthly income under £408. Approximately 73% of eligible households in Halton have registered for healthy start vouchers and vitamins.

It is recommended that the council and partners implement measures to maximise take up of healthy start vouchers in the borough.

2.3 Food Banks

There are two food banks in Halton; one in Runcorn and one in Widnes. Each operates from a central hub with a network of distribution centres in the areas of most need. They are both operated by the Trussell Trust a charitable organisation who operate a network of 400 food banks across the UK.

Trussell Trust food banks provide emergency food aid to individuals in acute food need and who would go hungry without this help. When food banks first came to the public’s attention some commentators suggested the rise in usage was due to supply of free food fuelling demand. However this is not the case. The food banks are not open to the general public. Recipients of emergency food aid must be referred by a partner organisation who issues a food voucher. This voucher can be exchanged at a food bank for a 3 day supply of food. Trussell trust food banks are run by volunteers and

food is donated by members of the public. Major food retailers and manufactures also contribute.

It is clear that those who use food banks are those in the most acute food need. The Runcorn and Widnes food banks provide an essential local service to support households at the extreme end of the food poverty spectrum. Therefore whilst an examination of food bank statistics provides a useful indicator of those in acute need it does not provide a full picture of those living in food poverty. If food bank usage represents the “tip of the iceberg” in terms of food poverty the increase in food bank usage suggests that food poverty has grown substantially in recent years.

Food bank statistics in Halton reveal the potential scale of the food poverty problem and indicate how the situation has worsened over recent years.

The charts and data tables below show the number of recipients of food aid from Runcorn and Widnes food bank and the overall figures for Halton.

2.3.1 Runcorn: Numbers of adults and children assisted with emergency food provision by year

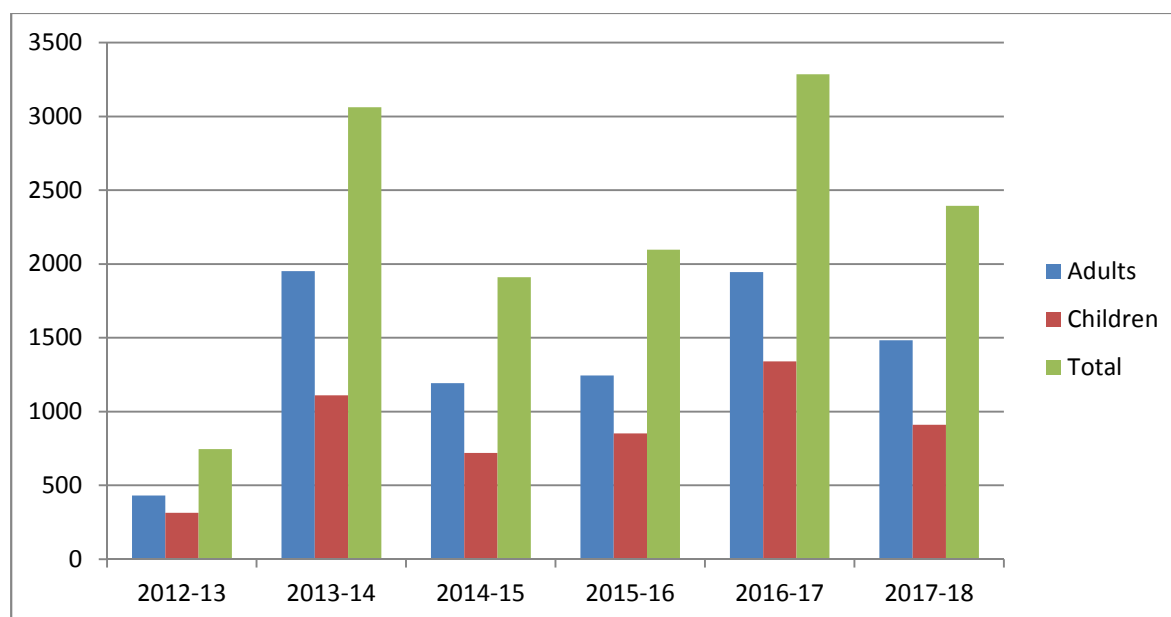


Table 2 Numbers of adults and children assisted with emergency food provision by year: Runcorn

Year	Adults	Children	Total
2012-13	431	314	745
2013-14	1951	1111	3062
2014-15	1192	719	1911
2015-16	1244	853	2097
2016-17	1945	1341	3286
2017-18	1484	911	2395

2.3.2 Widnes: Numbers of adults and children assisted with emergency food provision by years

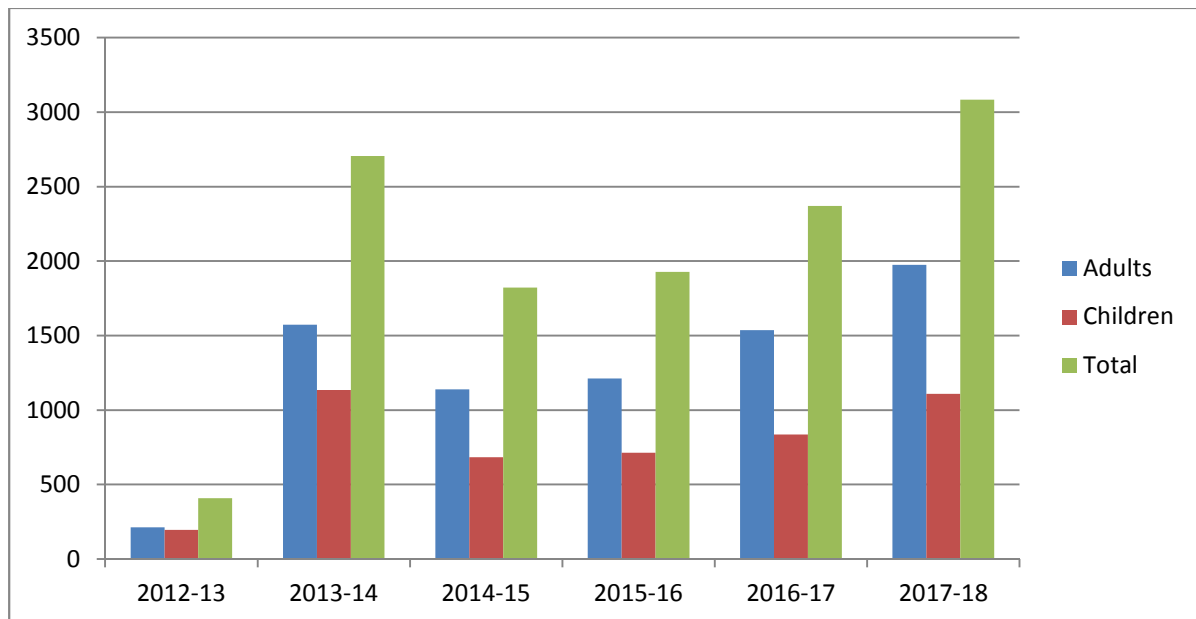


Table 3 Widnes: Numbers of adults and children assisted with emergency food provision by years

Year	Adults	Children	Total
2012-13	213	195	408
2013-14	1572	1135	2706
2014-15	1139	683	1822
2015-16	1212	713	1928
2016-17	1536	835	2371
2017-18	1975	1108	3083

2.3.3 Halton Total: Numbers of adults and children assisted with emergency food provision by years

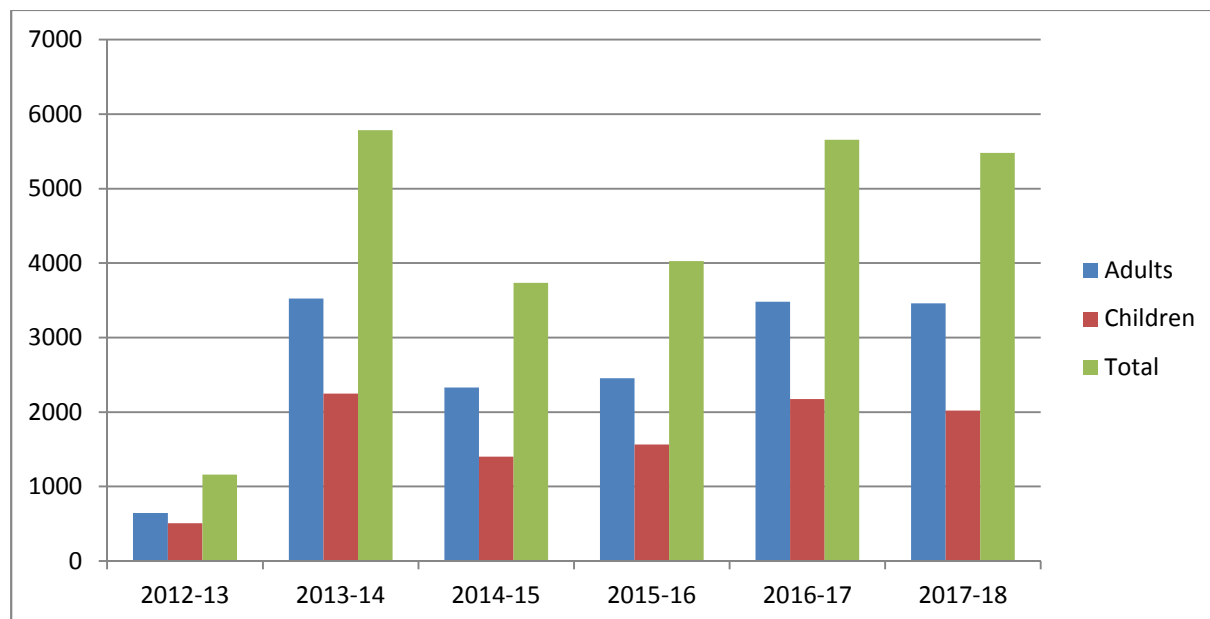


Table 4 Numbers of adults and children assisted with emergency food provision by years

Year	Adults	Children	Total
2012-13	644	509	1162
2013-14	3523	2246	5786
2014-15	2331	1402	3733
2015-16	2456	1566	4025
2016-17	3481	2176	5657
2017-18	3459	2019	5478

2.3.4 Analysis of food bank usage data

The tables above show a fluctuation over the years but in general there is an upward trend with sharp increases in 2013-14 and 2016-17. The increase in 2013-14 coincides with the introduction of the benefits sanctions regime in October 2012 and the introduction of the spare room subsidy - or bedroom tax as it was more commonly known - in April 2013. The Government's own data reported that nationally over the year from Nov 2012 to Nov 2013 580,000 benefit sanctions were issued. These sanctions had a significant acute impact on the income of recipients. The Governments own figures show that social housing tenants who remained in their home but were deemed to have a spare bedroom could expect to lose between 14% and 25% of their housing benefit payments.

The larger peak in 2016-17 coincides with the full roll out of universal credit in the Borough. In Runcorn the number of people assisted dropped slightly in 2017-18 but in Widnes the upward trend continued.

2.3.5 Analysis of Food Bank referral data

To access emergency food aid recipients must be issued with a voucher from one of the referral agencies. The Trussell Trust require the agency issuing a voucher to record the primary reason for the crisis resulting in the referral.

A summary of the “reasons for referral” data for Runcorn and Widnes is given in Table 5

Table 5 Halton: most common reasons for referral - % of all referrals

Reason	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Benefit delay	29	35	29	34	28	30
Benefit change	20	25	22	20	33	27
Low income	10	10	13	14	14	16
Debt	13	8	7	6	7	8

The data confirms that benefit changes or delay are by far the most common reasons for food bank referrals. Overall 57% of referrals in 2017-18 were benefit related. At the peak of referrals in 2016-17 - 61% were benefit related appearing to confirm the impact of the introduction of universal credit on the number of food bank referrals.

A number of organisations issue vouchers and make referrals to the food banks. These agencies include health service providers, Citizens Advice, community groups, job centres, housing associations, GP practices, welfare support organisations, churches, children’s centres, social services, schools and colleges. In total over 100 agencies are registered with Trussell trust to issue vouchers and provides a comprehensive network of support across the borough. However in practice the majority of vouchers are issued by a smaller number of key referral agencies.

Tables 5 and 6 below shows the top 5 referral agencies in Runcorn and Widnes and the percentage of vouchers issued

Table 6: Runcorn: Top 5 voucher referral agencies 2017-18

Agency	No of vouchers issued	% of total vouchers issued
Job Centre Plus	225	16
CAB Halton	197	14
YMCA Halton	178	12
Children in need Runcorn	60	4
Halton People into Jobs	59	4

Table 7: Widnes: Top 5 voucher referral agencies 2017-18

Agency	No of vouchers issued	% of total vouchers issued
CAB Halton	574	16
Job Centre Plus	510	15
Children in Need Widnes	243	7
Change Grow Live	176	5
Brennan Lodge	104	3

The fact job centre plus are one of the most significant referral agencies in both Runcorn and Widnes appears to confirm that benefit related issues are a significant factor in the increase in food bank usage observed in Halton.

2.4 11 O'clock Club – Halton Brook

Four Estates is a local charity based in Runcorn providing support and services to local people via independent community centres located in Halton Brook and Palacefields. Running a community cafe from one of the centres, they found there was a small surplus of food and so they began The 11 O'clock Club as a means of redistributing this food to residents across Halton. As well as participating in the Fare Share programme the scheme has received food donations from Nando's, Tesco, Greggs, Aldi, local businesses and residents. Unlike the food banks there is no voucher referral scheme but the organisers do try to ensure that supply is based on need to ensure the system is not abused. Because there is no voucher required for referral the organisers have found that a considerable number of people have been referred by the Trussel Trust food banks because they have reached the maximum voucher entitlement (3 in 6 months) for the food banks. In total the organisers estimate they have provided 1585 food parcels to 181 families across Halton. The organisers have currently stated that they are at capacity because they do not have sufficient food supplies to provide for all the people in emergency need of food.

Four Estates also provide free toast in the morning from the community centre for children on their way to school and during the school summer holiday they provided 766 free packed lunches to children to compensate for the loss of the free school meals during the holiday period.

It is clear from the work of Four Estates that some families require longer term support beyond the acute shortage of food addressed by the established food banks.

There was a perception amongst the workers and volunteers interviewed for this report that benefit changes, in particular the sanctioning regime, had caused a significant increase in the number of families in food poverty.

Although the Four Estates scheme is open to residents across Halton it is inevitable access may be restricted for those who live outside the Runcorn area. Therefore it is recommended that the council, CCG and health partners examine opportunities to increase access to redistribution schemes across Halton.

2.5 Previous Community Schemes to improve food access

2.5.1 Halton Food Co-Operative

This initiative ran for over 10 years but closed in around 2005. It was initially run by volunteers who purchased fruit and vegetables from market based on pre-orders from members of the scheme. The food was distributed via community centres. It was reported to be popular and demand grew over time. However the project ultimately closed. Prior to closure the project had benefited from SRB funding and had expanded and a manager had been appointed.

2.5.2 New Shoots

Following the Food Co-Op the “New Shoots” scheme started in 2010 with the first club in Kingsway Ward. The scheme was similar to the food co-op with members of the scheme being able to purchase seasonal fruit and vegetables. A small bag cost £2 and a large bag cost £4. The scheme grew to 7 new shoots clubs across the borough based in community and children’s centres. The new shoots club formed into a Community Interest Company (CIC) but closed in 2014. Additional funding was found from Halton BC and other organisations to continue the scheme but it closed permanently around 12 months later.

There are some anecdotal reports that that the scheme was not as popular as the food co-op as there was less choice. The fruit and veg bags were seasonal and members did not always know in advance what they were going to get and this made overall meal planning difficult. There was also some reports that on occasion the quality of produce was poor.

2.5.3 Lessons learned

This has not been a detailed study of the successes and failures of previous schemes and so no criticism of the schemes or those involved is intended. Both schemes were popular and appeared to thrive as small scale, local initiatives with some external funding and the support of volunteers. However it would appear the schemes failed - despite the benefit of further external funding - once they were scaled up and the overheads of staff, management and transport were factored into costs.

What seems clear is that both schemes were not sustainable as a standalone purchasing co-operative without the subsidy of external funds. Such a co-operative in Halton is unlikely to generate sufficient membership to enable fruit and vegetables to be purchased on a wholesale scale that can compete with the retail price in major supermarkets particularly with the emergence of discount chains such as Aldi and Lidl to challenge the existing “big 4” supermarkets on quality and price.

2.6 Commentary - Market Forces and local retail provision

The demise of the food co-op and new shoots suggest market forces have a strong role to play in the success or failure of any co-operative purchasing scheme.

It is also important to comment that price is only one component of value and that consumers also demand quality and choice and that for a scheme to be successful it must address all these factors.

The constraints on public funding mean it is unlikely a food co-operative could be subsidised in future. A self-sustaining alternative is required. As will be discussed in the conclusions to this report one option might be to facilitate permanent improvements to the local environment by improving retail provision in areas of lower food availability.

Price and availability of items including fruit and vegetables within a market are a function of supply and demand. During the course of the research for this study it was often stated that fruit and vegetables are not sold in certain areas because people do not buy them. However the analysis in chapter 1 indicates that in some areas retail provision of fruit and vegetables is very good inferring there must be good demand in that area for those goods. There is no correlation in the availability of food and areas of deprivation. Some areas of high deprivation have good availability of fruit and vegetables. So it cannot be inferred that because the area is more deprived the demand is low. One factor that may influence demand where provision is poor is price and the wholesale purchasing power of the retailer in that locality. Larger retailers are likely to be able to purchase at an economy of scale that ensures the retail price is affordable to people within that locality. Whereas a smaller retailer with less purchasing power will have higher wholesale costs that must be passed on to the

consumer in the retail price. It follows that the produce will be less affordable and demand at that price will therefore be low. That does not mean demand is not there – it would return if the quality was acceptable and the price was more affordable.

2.7 Community Shop

One option that is being investigated in Halton is a partnership with Community Shop CIC. Community shop purchase bulk surplus stock from major manufacturers and retailers which enable them to sell the products at a discount to members. Membership is limited to people who live locally and receive universal credit. Negotiations with Community shop are taking place with a view to locating a branch of community shop in Halton.

2.8 Community Assets

In addition the food bank network there are a number of key assets across Halton that currently support families and households and can be used as a focus for future for initiatives.

2.8.1 Community Centres

There are 5 community centres across Halton at; Castlefields, Murdishaw, Grangeway, Ditton and Upton. With the exception of Ditton all the centres operate a community café. The cafés are popular with community groups and local residents and whilst healthy options are available they cater for the demand of their customers and so some of the popular meals may not be considered healthy options. The café's provide an important community resource and provide a venue for people to meet and socialise but they must be self-sustaining and to be successful they do have to meet their customer's needs.

The centres provide a venue for a number of community groups and clubs with a comprehensive programme of activities throughout the week including weight watchers, sports and dance classes. Kitchens and rooms are available to support healthy food and cooking initiatives in the future. Castlefields community centre has also hosted a market.

The community centres provided valuable assistance with the distribution of the survey that is discussed in chapter 3 of this report.

2.8.2 Children's Centres

There are 8 Children's centres across Halton.

Widnes:

Ditton, Upton, Warrington Road and Kingsway

Runcorn:

Windmill Hill, Brookvale, Halton Lodge and Halton Brook.

The centres operate a number of initiatives to help promote healthy eating and support access to a healthy balanced diet.

A number of the centres operate community cafés with healthy options. The centres distribute healthy start vitamins and promote and support breastfeeding.

The children's centres deliver their own family cook sessions "fun with food" which includes healthy lifestyle advice and cooking on a budget. In addition Halton's Health Improvement Team deliver "fit for life" and "family cook and taste" programmes at the centres.

The children's centres provided a distribution outlet for the new shoots scheme and are referral agents for the food banks.

The centres provided a venue and significant support for the focus group sessions that will be discussed in section 3 of this report.

2.8.3 Community lunch clubs

In addition to the children's and community centres there are numerous lunch clubs in social clubs, community centres and church halls that provide nutritional meals and opportunities to socialise for older people.

Chapter 3

3.0 Introduction

The final stage of the project was a more in depth study of residents' experiences and opinions around accessing healthy food.

This part of the study had two phases.

3.1 Focus Groups

The first phase was a series of focus groups with residents who shared similar demographic characteristics. The 3 groups chosen for this study were:

- Families with young children
- Housing Association tenants
- Older People

The focus group phase was carried out with significant assistance from a post graduate student from Chester University who used the families with young children focus group as the basis for a dissertation to satisfy the requirements of an MSc in Public Health Nutrition. The dissertation focussed on the barriers to accessing healthy and affordable food for parents with children under the age of 5 in two areas of Runcorn and Widnes. The post graduate student recruited participants, devised the format and conducted the focus group sessions. Although the university were only actively involved in the family's focus group the format was used as the basis for the other focus group sessions.

The focus groups were semi structured in that five broad open ended questions were posed to explore the five key factors that influence how individuals and families obtain their food;

- Availability
- Access
- Affordability
- Awareness
- Appropriateness

Further supplementary questions were posed in response to comments made by participants to help fully understand an issue or comment raised. Care was taken not to ask leading questions and the facilitators ensured no comments or opinions of their own were put forward. This ensured that the content of the discussion was a genuine, authentic representation of the participant's views and experiences.

Participants for the family's focus group were recruited through Windmill Hill and Upton Children's centres. In total 4 focus groups were held (2 Runcorn and 2 Widnes) with 13 participants in total. Participants for the housing association study were recruited with the assistance of Liverpool Housing Trust, Riverside Housing Trust and Halton Housing Trust. In total 6 participants agreed to take part but on the day of the focus group session only one participant attended. Although the facilitators proceeded with the focus group session the content could not be considered representative of this group. However the personal circumstances of the individual attending was consistent with the participants in the Children's centre's group and so the results will be considered alongside the findings from the families with young children group.

With regard to the older peoples group an existing older people's community group on Windmill Hill was used for the group session. 10 members of that group took part in that study.

3.2 Results

3.2.2 Families with young children

The results of the focus groups were grouped into 4 key themes that represented the perceived barriers that inhibited access to healthy food. Whilst some of the issues raised may reflect the locality of the participants they can be considered representative of areas with similar characteristics and circumstances. To illustrate some of the points made some direct quotes from participants will be included.

Theme 1: High cost to access healthy food locally.

In both Runcorn and Widnes the cost of healthy food available locally was considered a key barrier to purchasing it. The retailers available within the immediate locality of the participants was considered a key barrier to purchasing healthy food. The retailer available locally was considered as one of the more expensive shops when compared with other retailers.

"it's like local [brand of shop] everywhere and most people can't afford to use them"

"even if you just go to the local [brand of shop] it's dear to go in there and get anything"

The cost of home delivered food from the main supermarkets was discussed as a means to overcome the cost of food locally however this was perceived to be expensive which presented a barrier to buying food this way.

"I started using [brand of shop] and [brand of shop] delivery but it is so expensive ...you have to reach a certain amount and I was buying crap"

"[brand of shop] do deliver online but they charge extra for the delivery"

It became apparent that the short shelf life of fresh produce and fruit and vegetables going off quickly was a key barrier to purchasing healthy food and this became a sub theme of the cost to accessing healthy food locally. Households did not want to waste money purchasing food that would not keep.

"You can spend like £10 on just getting chicken breast and some veg and fruit in the house or you can go to [fast food brand] for a couple of quid can't you – so you obviously end up having stuff left over but then it's like are you going to have time to reuse the stuff you've got left over"

It was clear that affordability and shelf life were less of an issue if households were not reliant solely on local retailers and had access to a range of supermarkets – in particular the newer discount supermarkets such as Aldi and Lidl were popular with participants.

"There's only [brand of supermarket] that's really cheap for fruit and veg you can get like a punnet of strawberries for a pound.....but you go elsewhere and you can pay 2 pound 2 pound fifty for small box of strawberries"

Theme 2 Transport and mobility

One of the key circumstances that influenced access to healthy food was lack of own transport and difficulties with using public transport.

"It's getting to the supermarket. I will admit sometimes I have just brought microwave meals for convenience...even fed my daughter them...and I don't think I should have to do that...I prefer fruit and veg but it's getting out to get it"

"They've got a lot of shops in the shopping city anywhere will do anything you need – but it's getting up there".

Whilst bus routes were described as frequent with convenient stops there were issues with using the bus particularly for families with young children.

"It's baby space its [the bus] only got one baby space"

"I have to go into town.. I shop.. but it's like getting the bus with a three year old and the pram...and all the bags getting them back home and its quite inconvenient"

"You don't want to get on it (the bus) around 5pm because you'll never get on it...I remember when I didn't have my car I had to wait until the 4th bus. I was just standing there for an hour because I had the baby in a pram and you're only allowed two prams on (the bus)".

In addition the difficulties of using public transport with young children and the cost of public transport was also highlighted.

I don't pay for the baby but for me to take [name of 2nd child] on the bus – its 6 pounds for us to go to shopping city.

Theme 3 High prevalence of unhealthy food v cost of healthy food.

Both Runcorn and Widnes focus groups highlighted the high prevalence of takeaway food in the area and the relatively cheaper cost of takeaway and convenience foods when compared to healthy food.

"I'd rather eat a healthy meal but when you are so busy it's more convenient to order fast food"

"It's far too easy to order a takeaway"

"I got Pizza [from supermarket] for 25p – so I went back and got another 4!"

Theme 4 Inadequate support and guidance with healthy diet.

All participants were able to demonstrate an understanding on the components of a healthy diet without prompts from the facilitators. However there was some confusion expressed about the consistency of healthy eating messages.

"They're on about five a day and all of a sudden it was supposed to be seven a day"

"I think there a lot of things that people think are healthy and good for you that aren't...even things that are low in fat – they're full of sugar".

"You just don't know what you should be having and what you shouldn't".

The groups talked about the availability of weight loss groups but these were perceived as expensive and inconvenient for people with young children.

Some participants felt more could be done to support families which was a surprising outcome given the support already available in children's centres.

"no one put their hand out to say you know "if you need any help or support with this – this is where you'd come"

"Even if they do a couple of cooking sessions it's not promoted"

Some participants suggested improvements that might help them.

"...like ideas on recipe cards you could pick from places – so if you've got ideas and recipes you haven't got to think about it....even here [children's centre] or doctors or wherever it is – just more promotion about it"

"It would be nice if you could go somewhere and do like a bit of a course or something...I heard someone talk about cooking on a budget ...I'd be interested in that".

The participant from the housing association focus group largely picked up on the same themes. However the locality of the participant was different in that she had a greater choice of food shops in her locality and so she could purchase an adequate amount of food locally. However she also highlighted the increased cost of fruit and veg in her local shops compared with the larger supermarkets which were much cheaper. However this would require a bus journey with two children and the participant again highlighted the cost of the bus fare and the difficulty of taking two children on the bus. So although she had good access to food – her access to fruit and vegetables was limited by the increased cost locally and the difficulty of getting to more affordable shops on public transport.

The participant also highlighted the same perception from the children's centres focus groups that less healthy convenience foods are often considered cheaper and better value than healthy food.

"A lot of people have said to me it's cheaper to eat crap than it is to eat healthy – I do try and eat healthy but I notice the difference – I think it's cheaper to get frozen it works out cheaper than making it from scratch"

3.2.3 Older People's focus group

The older people's focus groups took an established community group on Windmill Hill as participants. Whilst the views will naturally reflect their local circumstances these opinions and experiences are likely to be representative of residents in similar circumstances.

Interestingly the themes that came out of the older people's focus group were very similar to those that came out of the families with young children focus group. However

in addition to the barriers that inhibited access to healthy food, older people reported a key factor that facilitated their ability to shop, cook and eat healthy.

Theme 1 Cost locally compared with supermarkets

The participants reported a good availability of healthy food in their local shop but that it was more expensive than the supermarkets.

“..the [local supermarket] provide reasonably healthy food – but it’s dearer

“It’s very expensive in [local supermarket]”

“I wouldn’t say it very expensive – it is more expensive”

Participants reported that the discount supermarkets Aldi and Lidl were a good source of cheap healthy food.

However this led onto the 2nd theme.

Theme 2 Transport and Mobility

Those that had their own transport or family with transport were able to drive to shopping city or elsewhere.

“Well the likes of Aldi’s and Lidl’s – they do a lot of cheap veg and fruits but a lot of people can’t get to them”

“You either shop in the [local supermarket] or you get a taxi”

Other participants without their own transport reported getting the bus to shopping city where availability was good. However some stores were still a considerable walk from the bus station. Also participants who got the bus reported difficulties carrying large amounts of shopping.

“When you are up there you can get everything you need – healthy food you can get it – but it’s carrying it back”.

For some participants who used the bus walking to and from the bus stop was also a difficulty.

Internet shopping was discussed as an alternative to overcome the barriers identified in themes 1 and 2. Whilst some had experience through family members who ordered for them few of the participants ordered online for themselves. Many participants reported not owning or knowing how to use a computer.

“The other route is going on the internet and ordering it for delivery – but most people haven’t got computers”

“I wouldn’t know how to turn one on!”

Participants reported a strong preference for being able to select their own produce and did not trust what the internet order pickers selected.

“I always think you don’t get the freshest (with internet delivery) – you get what’s convenient - what they pick up quickly you know – whereas if you go in yourself you would look at the dates and look at the produce and make sure it was fresh”

As an alternative to the bus some participants reported using a taxi to do their shopping. Whilst this has the advantage of being door to door and easier to carry and transport their shopping it was far more expensive than the bus.

“The taxi is nearly £10 from shopping city each way. If we go to shopping city with a taxi it costs us £20 pound on top”.

The food box scheme (discussed in chapter 2) that has previously operated out of the local children’s centre was discussed as being one option to improve access to fruit and vegetables. It was clear the scheme had been popular and well used initially however the quality and choice of produce declined and people stopped using it.

“Some weeks – it was excellent (the quality of produce) and other weeks it was starting to go”

“we did use it – but once again the quality started to drop off especially the fresh fruit”.

Theme 3 Food knowledge and budgeting skills

The third theme that developed with the older people’s group was considered a factor that facilitated their ability to shop and eat healthy. It was clear that the respondents had no problems with the affordability of healthy foods and being able to cook and prepare healthy food at home as long as they could get to the shops. They considered it a generational issue and that they had been provided with the necessary skills earlier in life – skills that they perceived a younger generation lacked.

“I think personally we older people eat easier than younger people – like we buy a pound of mince – does us two good meals – whereas young people would go and buy a ready meal thing – we do our own cooking”.

“In our days there was home economics – all the girls learned how to bake and how to cook and the boys did woodwork”

“They were taught how to prepare food – I mean I was a war baby – you were on rationing – so you had to eat healthy – I mean vegetables – kids don’t eat vegetables now because parents don’t put them on their plate – they don’t bring them up eating vegetables because they can’t cook themselves – that’s the whole problem”.

Clearly these views reflect the generation of the participants – however the point about home economics classes was not that they should be offered based on gender but that young people would benefit from cooking and budgeting skills on the curriculum and the older people perceived that they had benefited from those classes when they were younger.

Theme 4 Time

The other area that older people perceived to be an advantage to them was time. They currently had more time to cook and prepare food at home but also as younger people bringing up their own families they had more time.

“To give them (young people) their due – some of them are working full time – that’s why they are buying stuff that is easy”

“There is another social aspect – the majority of women go out to work now – which in our day we didn’t – that was our job”

“..but now everyone is working”.

Again these views reflect their generation. Clearly the participants were not advocating that women should stay at home and prepare food – but they were making the broader point that society had changed and the modern economy and cost of living demand that all adults in a household need to work – which will obviously impact on the time available to the household to shop for and prepare food.

3.3 Residents Survey

3.3.1 Method

The 2nd stage of the consulting the community phase included a comprehensive survey of the public to examine their experiences and opinions around accessing healthy and affordable food.

The survey questions have been adapted from interview questions used as part of the more comprehensive Low Income Diet and Nutrition Survey (Food Standards Agency 2007)

The Halton survey was undertaken online and as a paper version to ensure that individuals and groups without convenient access to a computer were also able to take part. The survey was distributed online with a link circulated via the councils established social media platforms, community groups and partner organisations.

The paper version of the form was distributed by Halton Open an older people's support group and through Halton's community centres.

The results of both paper and online versions were collected and analysed and the results of some of the key questions will be examined below. The results of the survey were further categorised into two significant groups. Older people and universal credit recipients. These groups were chosen for additional analysis as they figured significantly in the survey and were two groups likely to have the most difficulty accessing healthy food. A third significant group "younger people" was also examined in further detail where the results indicated a significant difference with other groups.

Overall 479 responses were received – of these 137 were from older people (over 65) and 189 from recipients on universal credit.

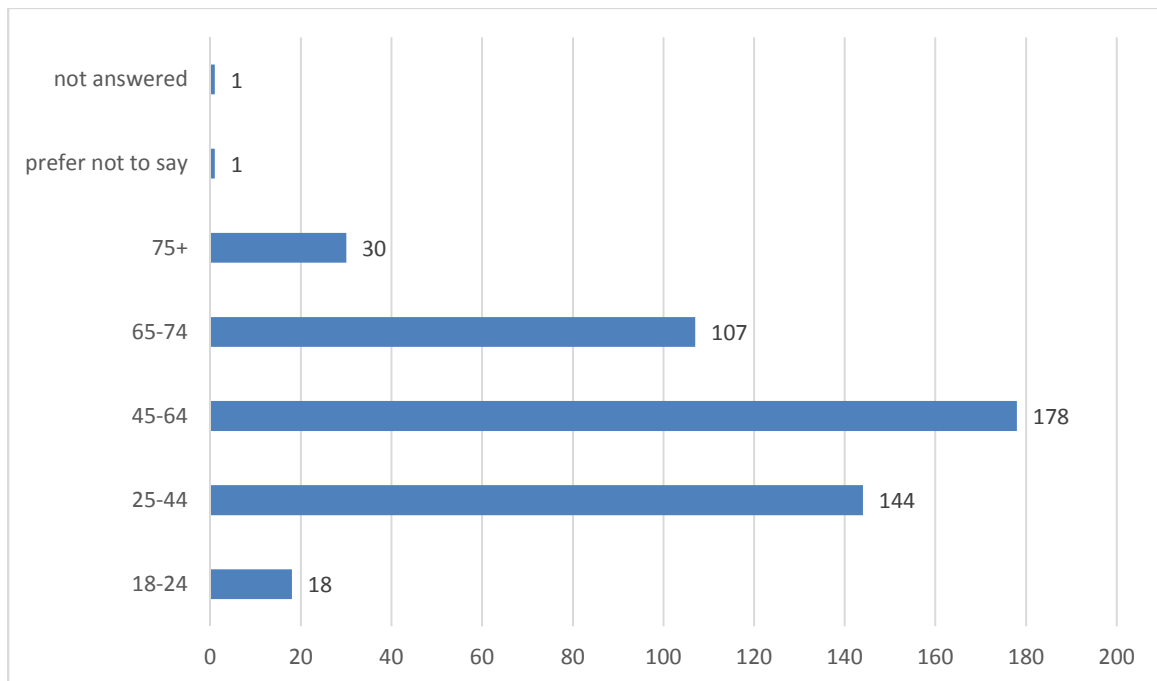
Whilst the number of survey responses is not sufficient to be statistically significant it is considered a very good response rate for a survey of this type. However some groups were under represented and they will be discussed with the results below.

3.3.2 Age

The majority of respondents 89% are aged between 25 and 74.

Only 4% of respondents were young people aged under 24. Therefore young people were unfortunately under-represented in the survey and the results may therefore not be representative of this group. The survey results for young people have only been considered in detail where they differ significantly from other groups.

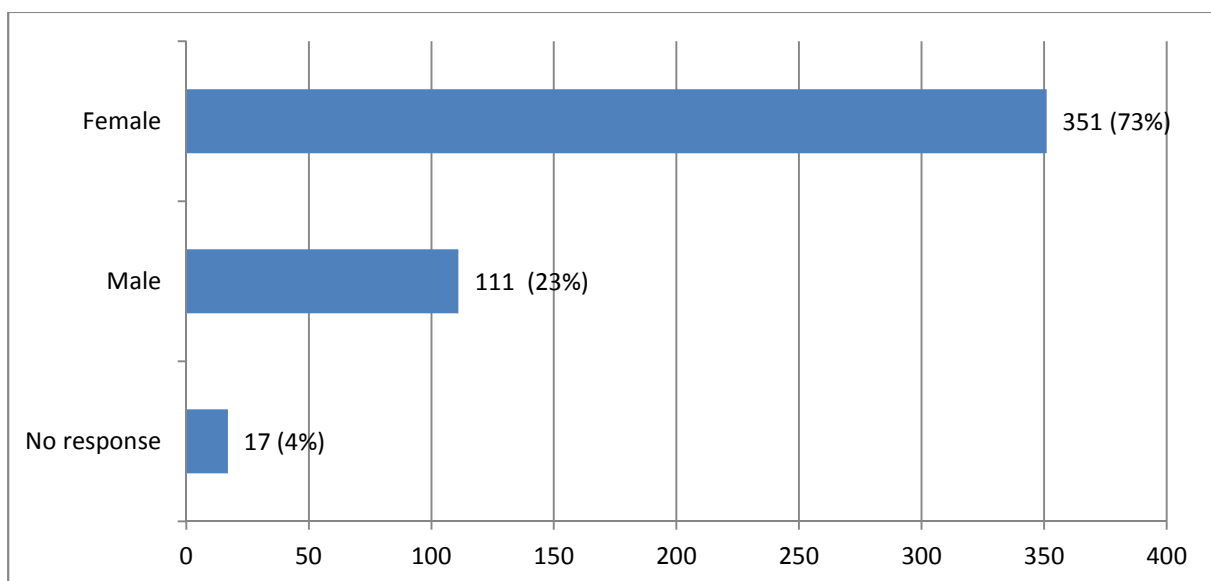
Chart 1 Survey Respondents by age



3.3.3 Gender

73% of respondents were female. Therefore male respondents were heavily under-represented in this survey. This is consistent with similar surveys conducted elsewhere. Whilst males were under-represented – respondents had been asked to answer the question on behalf of their households and therefore the results of the survey should be representative of household circumstances irrespective of the respondent’s gender.

Chart 2 Survey Respondents by gender

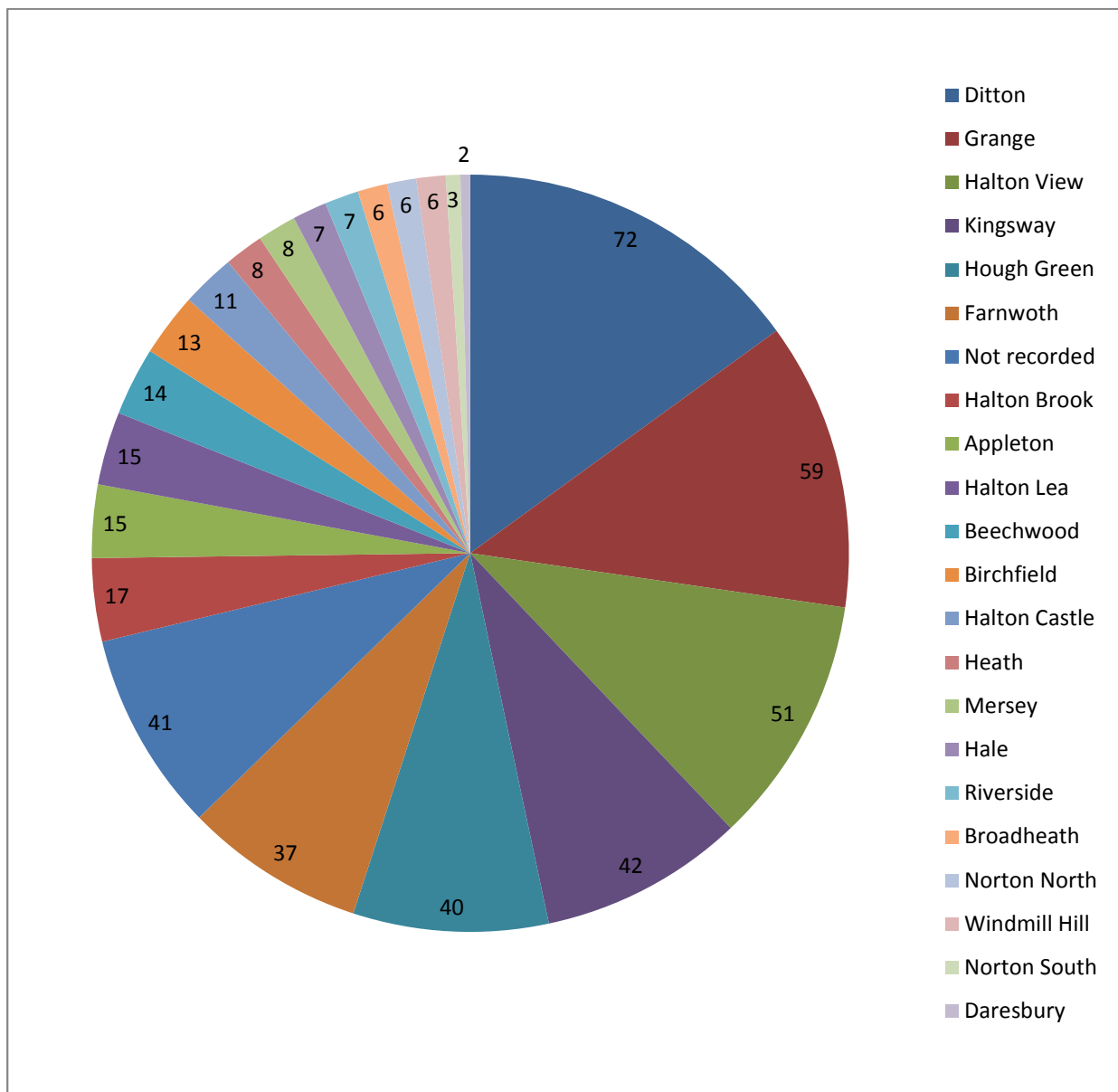


3.3.4 Location

62% of respondents were from Widnes with 29% of respondents from Runcorn. 9% of respondents did not respond or did not know which ward they lived in.

Ditton in Widnes (15%) and Grange in Runcorn (12%) had the largest number of responses.

Chart 3 Survey Respondents by location



3.3.5 Household make up

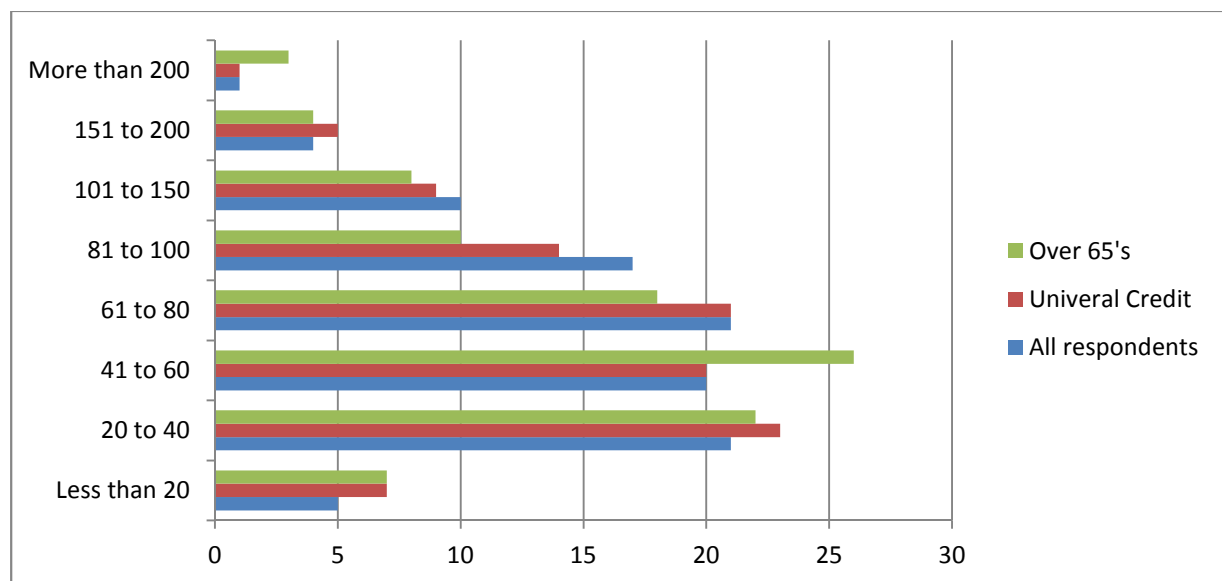
43% of responses were from households with children and 40% were in receipt of universal credit.

3.3.6 Spend per household

The analysis of spend per household indicated a wide range of spending per week per household – however when the results are analysed spending between groups is consistent.

67% of households spend less than £80 per week. Of those that are on universal credit 71% spend less than £80 per week. Older people – as may be expected with smaller household size spend less with 73% spending less than £80. This suggests that whilst spend per household on food is similar across all groups those on universal credit will be spending a greater proportion of their income on food.

Chart 4 Spend per household - £ per week by % of respondents

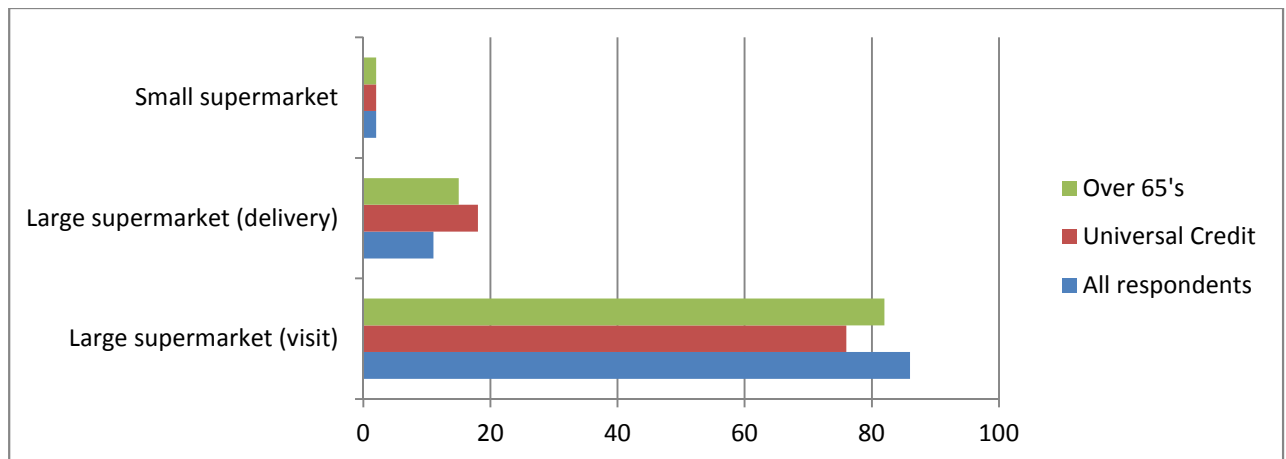


3.3.7 Main shop

97% of respondents used one of the large supermarkets for their main shop with 11% choosing home delivery and 86% visiting in person.

There was no significant difference in main shop preferences between groups – however more universal credit recipients (18%) and older people (15%) used internet delivery – this may indicate some households are using internet delivery as a means of overcoming transport or mobility issues.

Chart 5 Main Shop Type by % of respondents

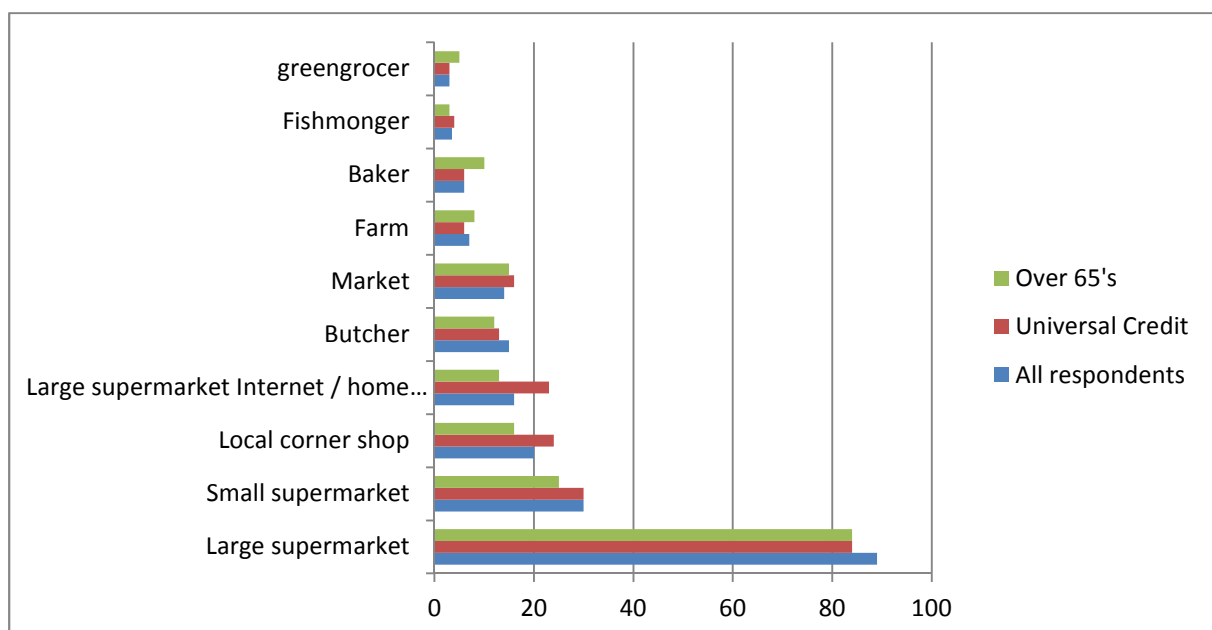


3.3.8 Other shops

The main shop question above asked respondents to record where they did their main weekly shop. However the survey also asked which other shops people used throughout the week. The survey indicated a considerable range of other shops visited for food.

30% of respondents used smaller supermarkets and 20% used local corner shops. 15% of respondents reported using a butchers shop and 15% of respondents reported using the market.

Chart 6 Other types of shops used by % of respondents

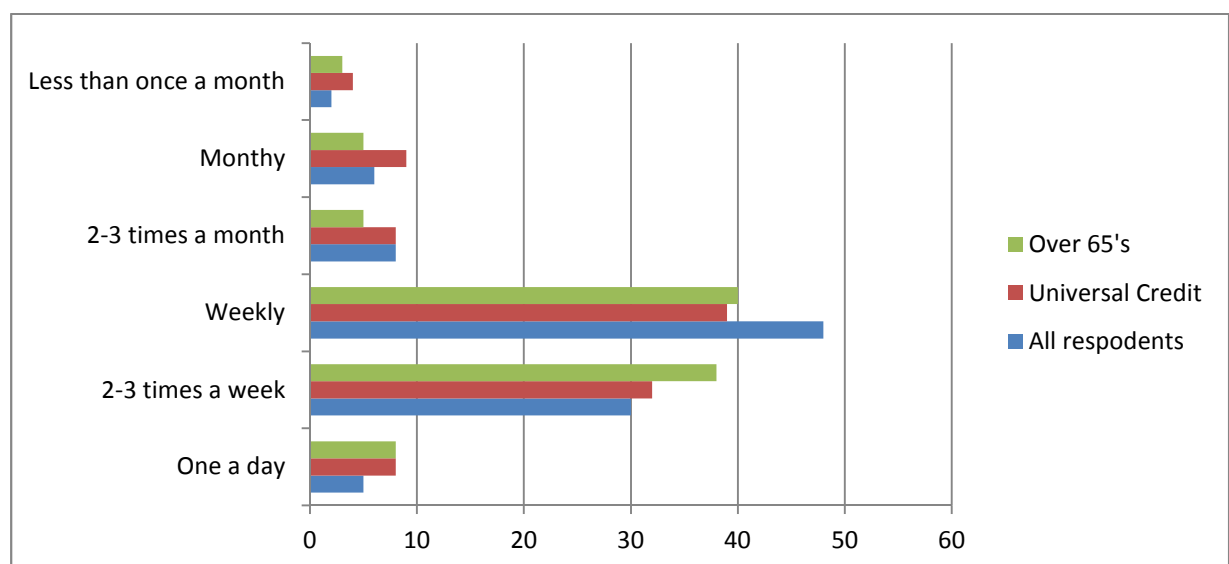


3.3.9 Shopping frequency

The majority of households (83%) shopped at least once a week – with 35% of respondents shopping more than once a week. This data when compared with the types of shops visited suggests that most people do a single main shop once a week at large supermarket and then “top up” as necessary at smaller stores closer to home or work.

There was no significant difference in shopping frequency between groups. Although 46% of over 65's shopped more than once a week – more than any other group – this may reflect this group have more spare time available to them. A higher proportion of universal credit recipients 9% - did their main shop once per month. This may suggest some households find it easier to budget by reducing transport costs and ensuring they have an adequate supply of food at the start of the month. However it also suggests greater reliance on frozen and longer shelf life products as perishable food will not stay fresh for that period of time.

Chart 7 Main shop frequency by % of respondents



3.3.10 Travel and Transport

Of all the survey questions, responses to this question demonstrated the most significant range of responses and differences between groups.

It is therefore worth examining the responses to this question in some detail as it indicates that transport is one of the key factors that influence local food access.

Overall 52% of people use their car – which is lower than might have been expected – but this may reflect that some areas of the borough have low car ownership.

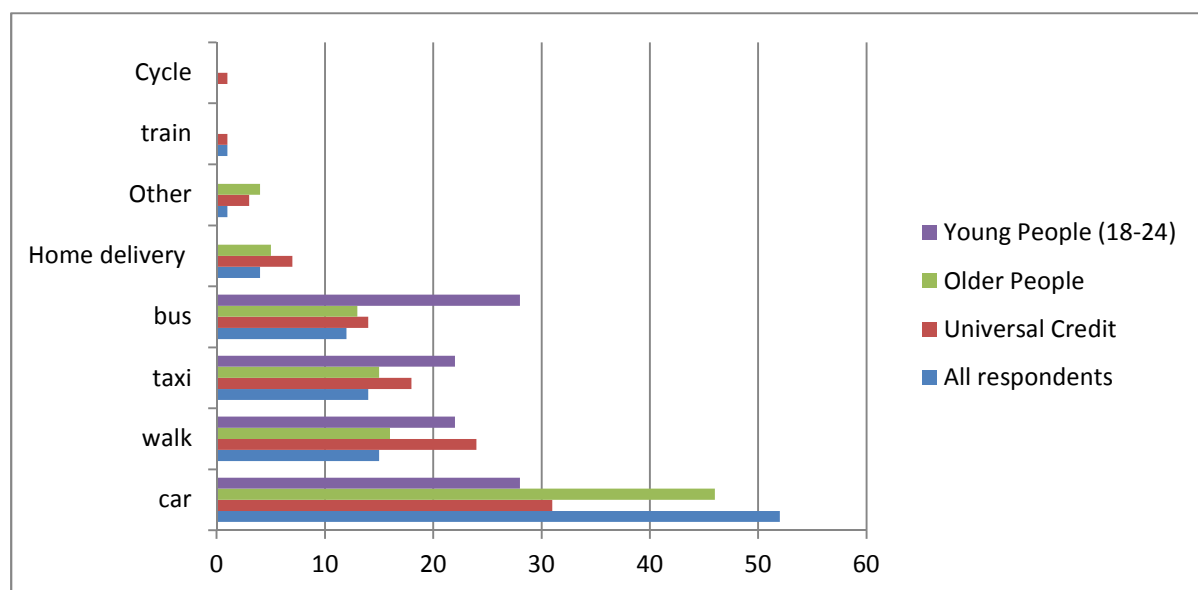
A much lower proportion of households on universal credit – 31% used a car – and a higher proportion – 24% walked to their main shop whilst 18% took a taxi. The percentage of people taking taxis to their main shop is higher than expected across all groups.

Overall 69% of universal credit recipients used a means other than their own car to reach their main shop. This indicates low car ownership but also highlights how the cost of taxis or public transport limits the disposable income available to spend on food.

The responses for young people all demonstrated a significant difference compared to other age groups. It is important to emphasise that young people were under represented in the survey and so the results may not be representative of that group. However the results appear to suggest there is low car ownership amongst young people and that they are more reliant on taxi's and public transport to get to the shops. This appears to confirm some of the issues discussed and highlighted in the focus groups with parents of young children.

The relatively high number of people who walk to the shops particularly amongst universal credit recipients is indicative of low car ownership – however a more positive interpretation is that shops are easily accessible. This appears to confirm the analysis of geographical mapping data discussed in chapter 1 that 77% of the population live within 500m of a shop with good food availability. The results also demonstrate the benefits of having supermarkets within our town centres where they are more accessible than out of town locations.

Chart 8 Mode of transport to main shop by % of respondents



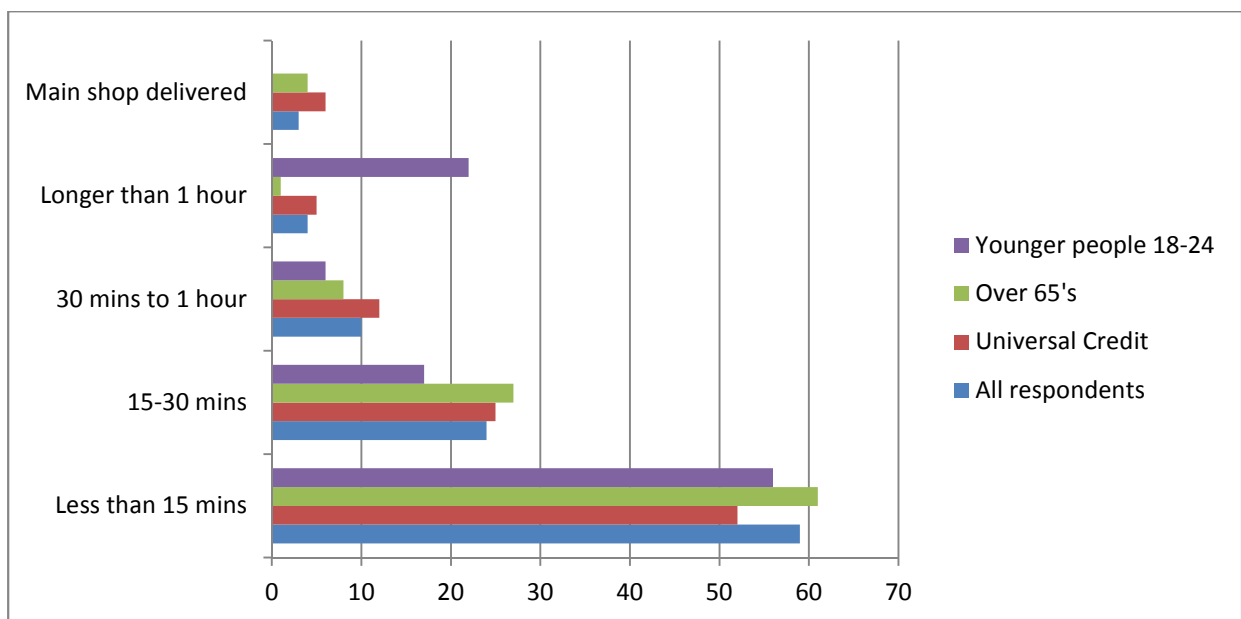
3.3.11 Proximity of shops – journey times

The good availability of shops in the area is further reflected in the journey times for people to reach their main shop.

The majority of people – 59% can reach their main shop in less than 15 minutes and overall 83% of respondents can reach their main shop within half an hour.

However a higher proportion of younger people (22%) took over an hour to reach the shops when compared with other groups. This is consistent with the higher usage of public transport identified in the previous question.

Chart 9 Journey time to main shop by % of respondents



3.3.12 Takeaway food consumption

Overall the majority (60%) of households use takeaways once a month or more. However only 15% of households use a takeaway once a week and only 4% of households use a takeaway greater than once a week.

These findings do not suggest habitual takeaway usage as an alternative to cooking and preparing food at home.

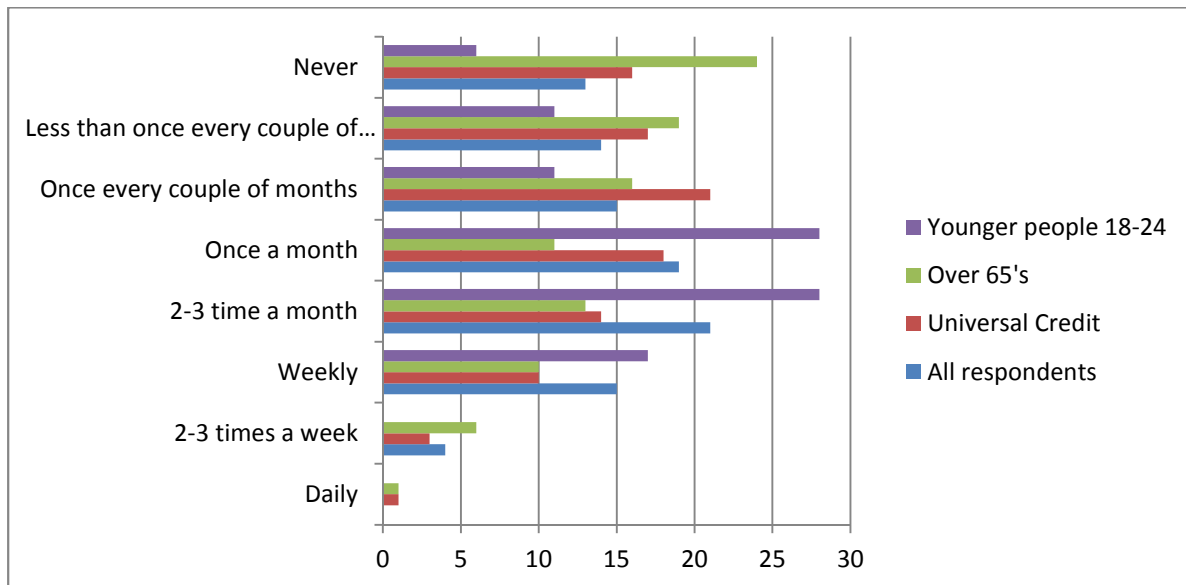
The results for universal credit recipients suggest that this group used takeaways less than the overall group with 72% using a takeaway once a month or less.

However a higher proportion (72%) of young people use a takeaway at least once a month. Also fewer younger people report never using a takeaway compared with the overall responses and other groups.

As with the previous questions that have examined the responses for 18-24 yr olds the results need to be treated with some caution because of the low sample size.

However the results appear to suggest there may be a higher prevalence of takeaway usage amongst young people

Chart 10 Frequency of takeaway usage by % of respondents



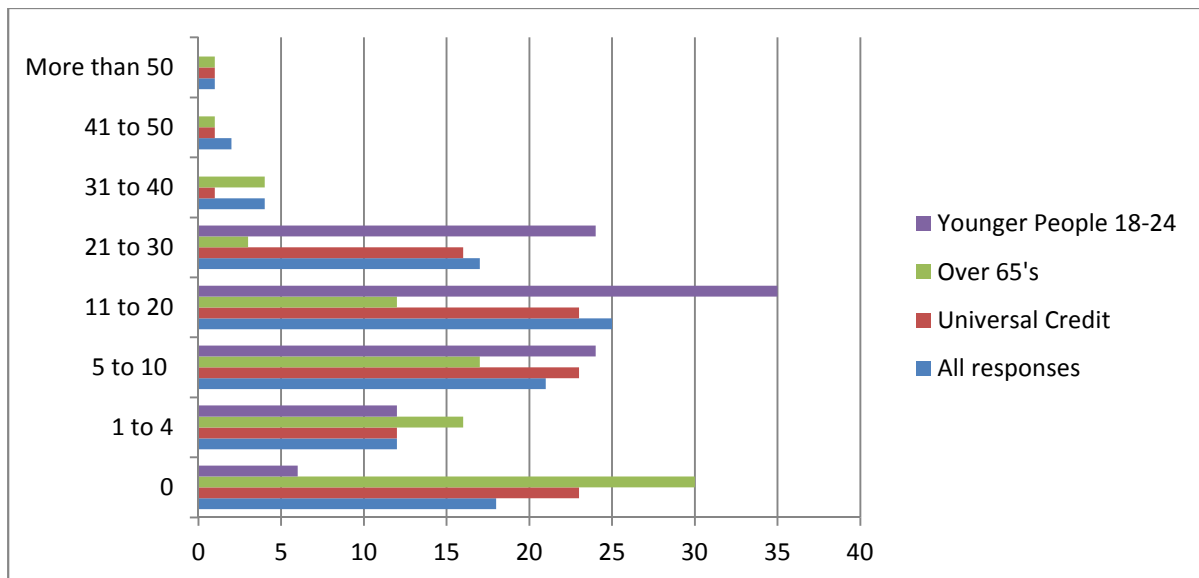
3.3.13 Takeaway spend

The results for takeaway spend were consistent across all groups and reflected the low takeaway usage reported in the earlier questions.

Overall 51% of households spent £10 or less a week – the results indicate universal credit recipients and older people spent less on takeaway food. 58% of universal credit recipients and 63% of older people spent less than £10 week on takeaway food in a week.

Younger people appear to spend more than any other group on takeaway food. This is consistent with the higher usage of takeaways reported by this group.

Chart 11 Takeaway spend per week by % of respondents



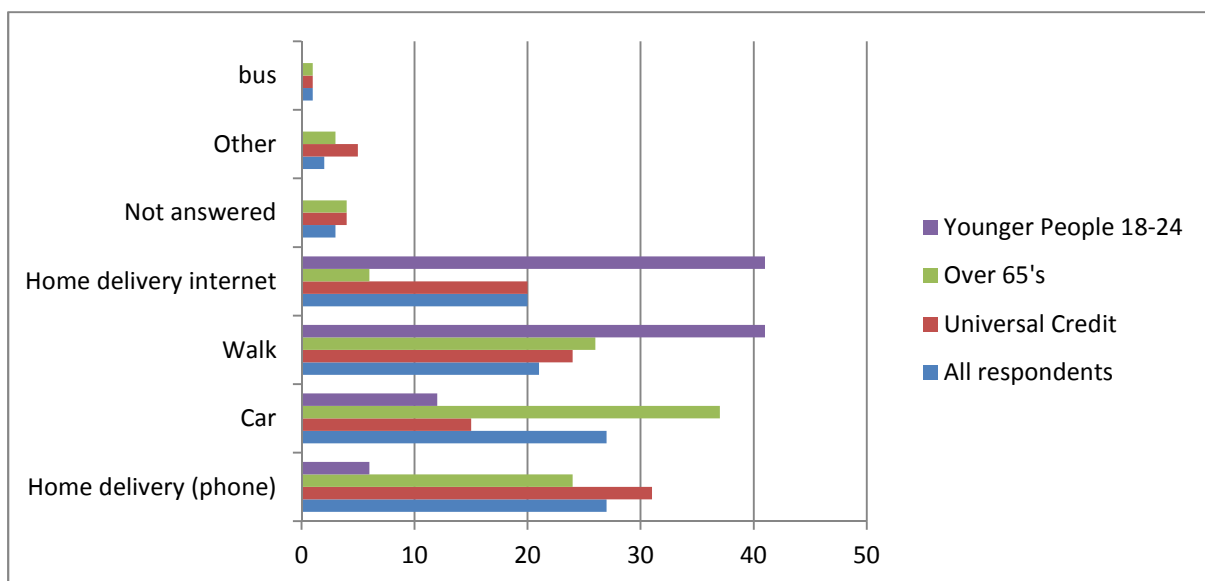
3.3.14 Transport to preferred takeaway

The results for this question indicate a significant proportion of people - 47% - don't actually visit the takeaway and either order over the internet or by phone. Only 21% of people walk to the takeaway while 27% use the car.

Overall this indicates that 79% of people do not walk to their preferred takeaway and suggests that the physical proximity of a takeaway to an individual's home is a less significant factor than might have been thought.

A far higher proportion of younger people (41%) use internet ordering facilities compared with other age groups.

Chart 12 Mode of Transport to takeaway by % of respondents



3.3.15 Food knowledge and awareness

Confidence in cooking and lack of food knowledge is often perceived to be one of the key barriers to healthy eating.

However the results of the survey indicated that confidence and awareness was relatively high.

Respondents were asked to score their confidence in being able to cook a meal from raw ingredients and following a simple recipe on a scale of 1 to 10 with 1 being not very confident and 10 being highly confident.

Overall 81% of respondents reported a score of 7 or higher for confidence in cooking from raw ingredients. 85% reported a score of 7 or above for confidence in following a simple recipe. Younger people appeared slightly less confident cooking from raw ingredients or following a simple recipe and perhaps this reflects less experience of independent living amongst this group.

These results were consistent for both Male and Female groups.

Chart 13 Confidence cooking from raw ingredients – self-selected score (10 highest confidence to 1 lowest confidence)

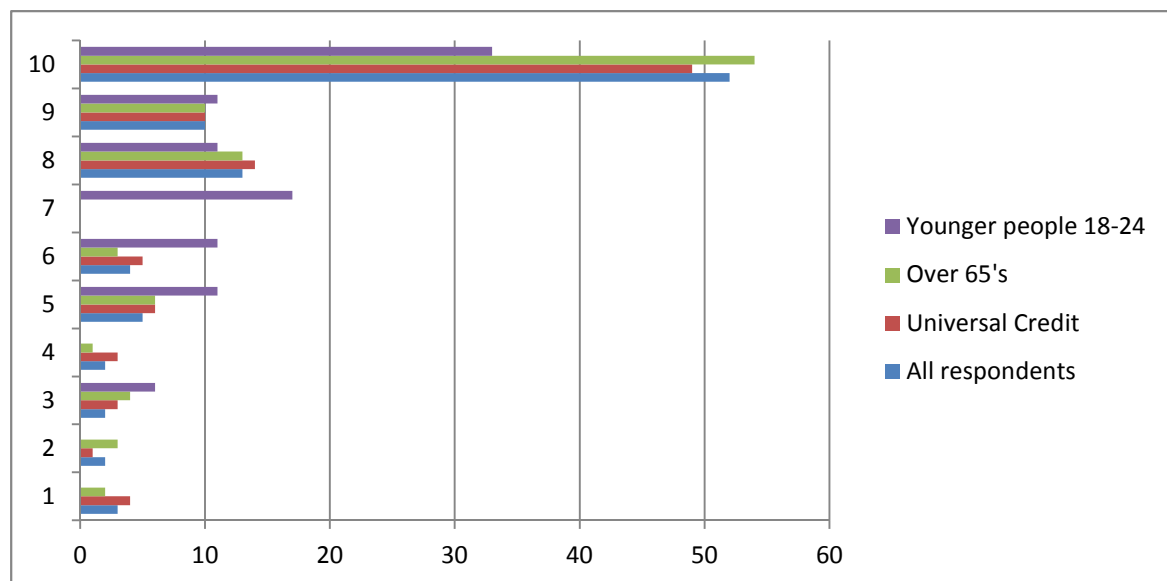
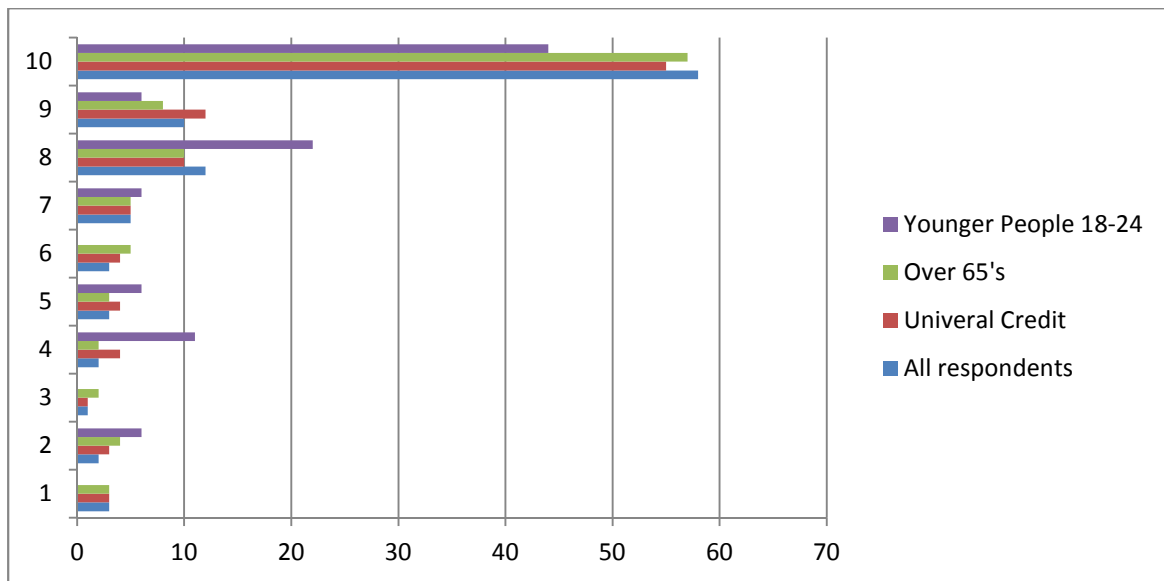


Chart 14 Confidence following a simple recipe - self-selected score (10 highest confidence to 1 lowest confidence)



3.3.16 Fruit and vegetable consumption

With hindsight the survey design for this question does not allow for an easy assessment of whether people are consuming at least 5 portions of fruit and vegetables as the survey asked separate questions in relation to fruit and vegetables.

Whilst it was clear that some people are eating plenty of fruit and veg with 68% eating 3 or more portions of fruit and 51% eating 3 or more portions of vegetables. It is clear that a significant number are eating less than the recommended number of 5 portions of fruit and veg a day.

Chart 15 Fruit Consumption – number of portions by % of respondents.

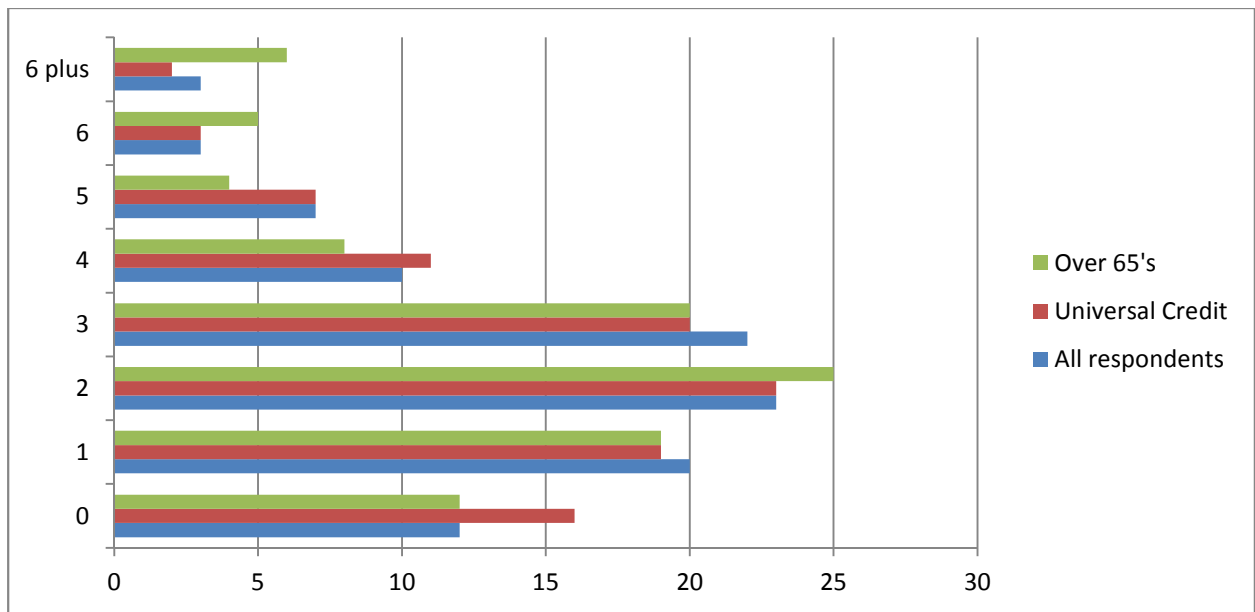
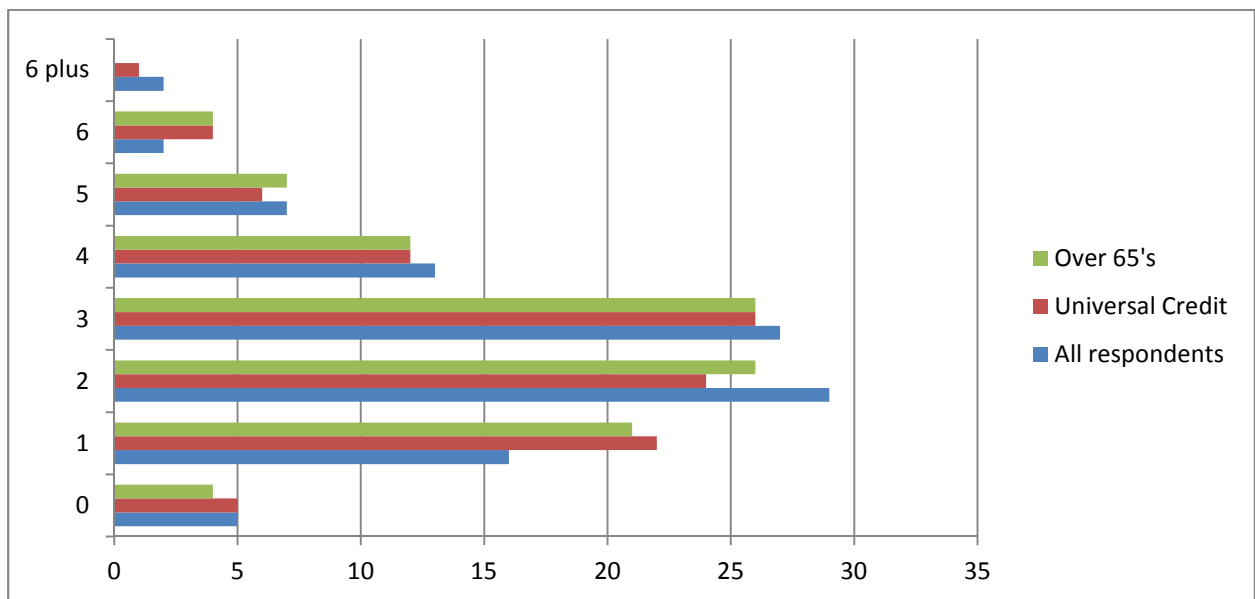


Chart 16 Vegetable Consumption – number of portions by % of respondents.



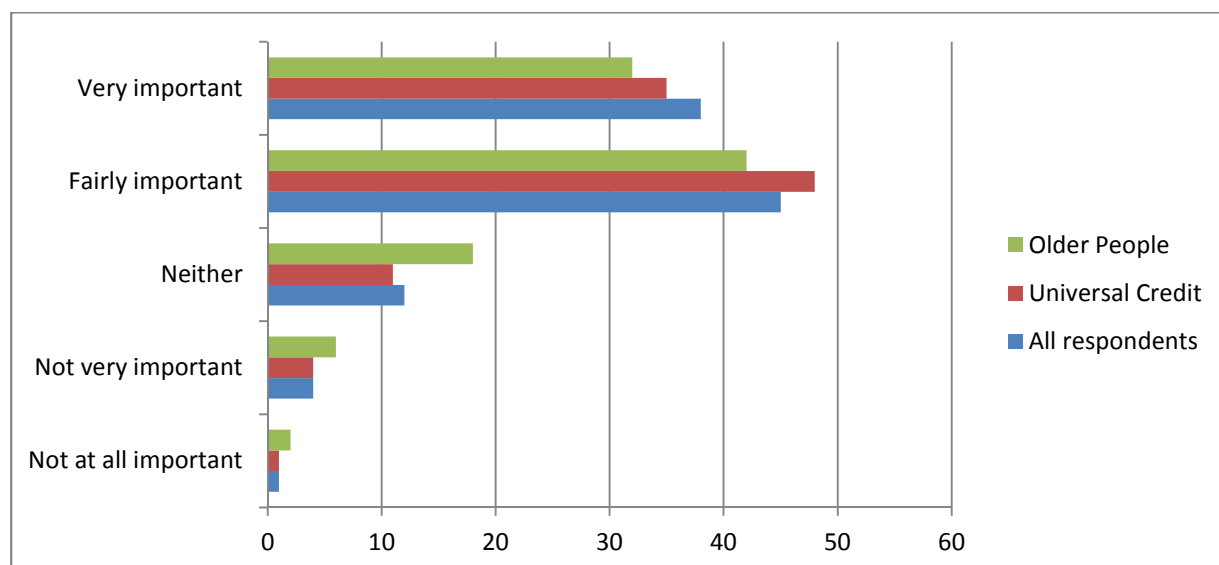
3.3.17 Attitudes to healthy eating

83% of respondents reported healthy eating being fairly or very important to them with the result being consistent across all groups.

This indicates a strong recognition amongst respondents of the importance of healthy eating.

The majority of respondents – 86% felt they ate healthily some or most of the time – with 84% saying they would like to eat healthier than they do currently.

Chart 17 Attitudes to healthy eating – by % of respondents



3.3.18 Barriers to healthy eating

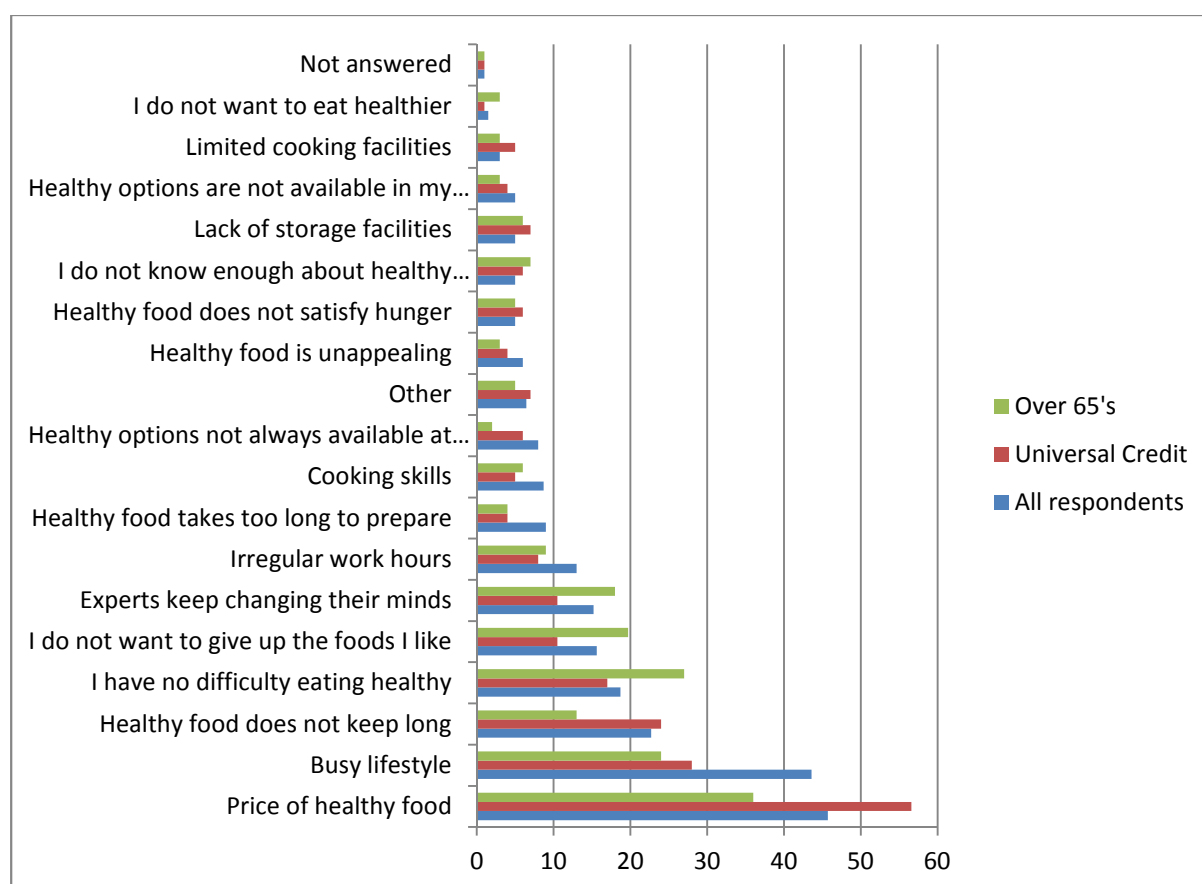
The survey examined in detail the barriers to healthy eating by asking respondents to select all the major difficulties they experience when trying to eat healthier.

Across all groups price of healthy food was the most significant barrier with 45% of respondents overall reporting this as an issue. However price was more significant factor for universal credit recipients with 56.6% of reporting this as a barrier. Overall the next most significant barrier was busy lifestyle with 43.6% of respondents reporting this as a factor – although this was less important for universal credit recipients and older people.

The third most significant factor was “healthy food does not keep long” with 22% of respondents citing this as a difficulty in trying to eat healthier. This was consistent with the experiences of participants in the focus group survey who also reported that fresh food did not keep and they were reluctant to purchase food that they may end up wasting. Overall 18% of respondents reported that they had no difficulties eating healthier.

Interestingly some of the factors often cited as reasons for unhealthy eating did not feature significantly in the survey. Only 8% of respondents overall reported cooking skills as a factor whilst 3% reported limited cooking facilities and 5% a lack of storage facilities.

Chart 18 Barriers to Eating Healthily by % of respondents



3.3.19 Choice and affordability

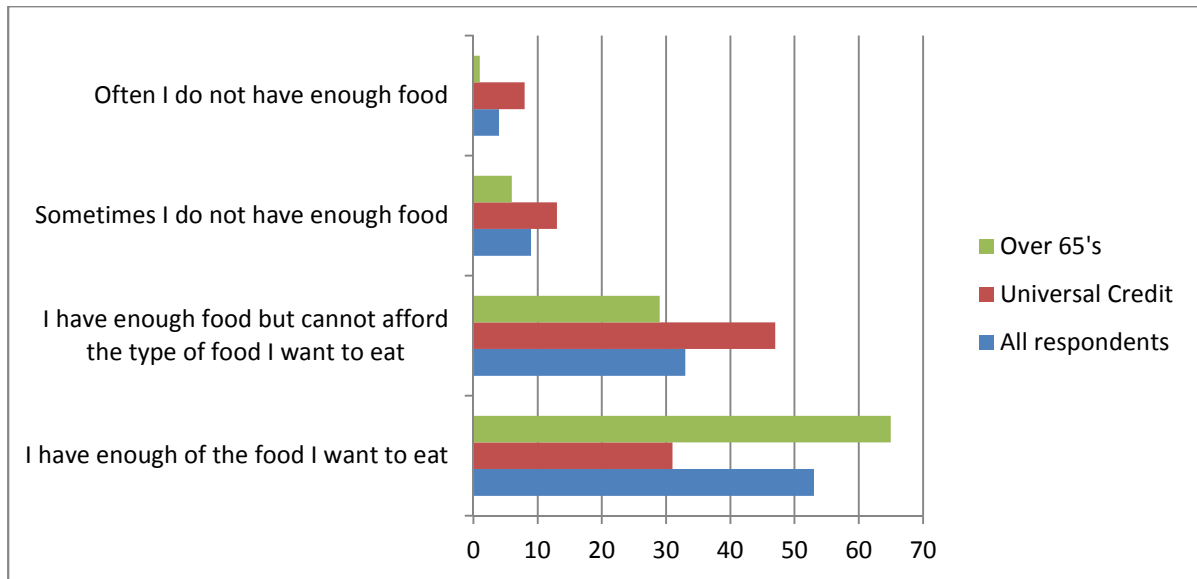
The survey results for choice and affordability showed a clear difference between the survey groups and indicated that those on lower incomes frequently had difficulty affording enough food. Families with children were rationing their own meals as a means to ensure there was enough food for their household.

53% of respondents overall and 65% of older people reported having enough of the foods they wanted to eat. However this was only the case for 31% of universal credit recipients.

47% of universal credit recipients reported that they have enough food but cannot afford the types of food they want to eat. This was the case for 37% of the overall survey group and 29% of older people.

21% of universal credit recipients reported either sometimes or often not having enough food compared with 13% overall and just 7% of older people.

Chart 19 Response to question: Which of these statements best describes the food eaten by your household over the last 12 months - by % of respondents.

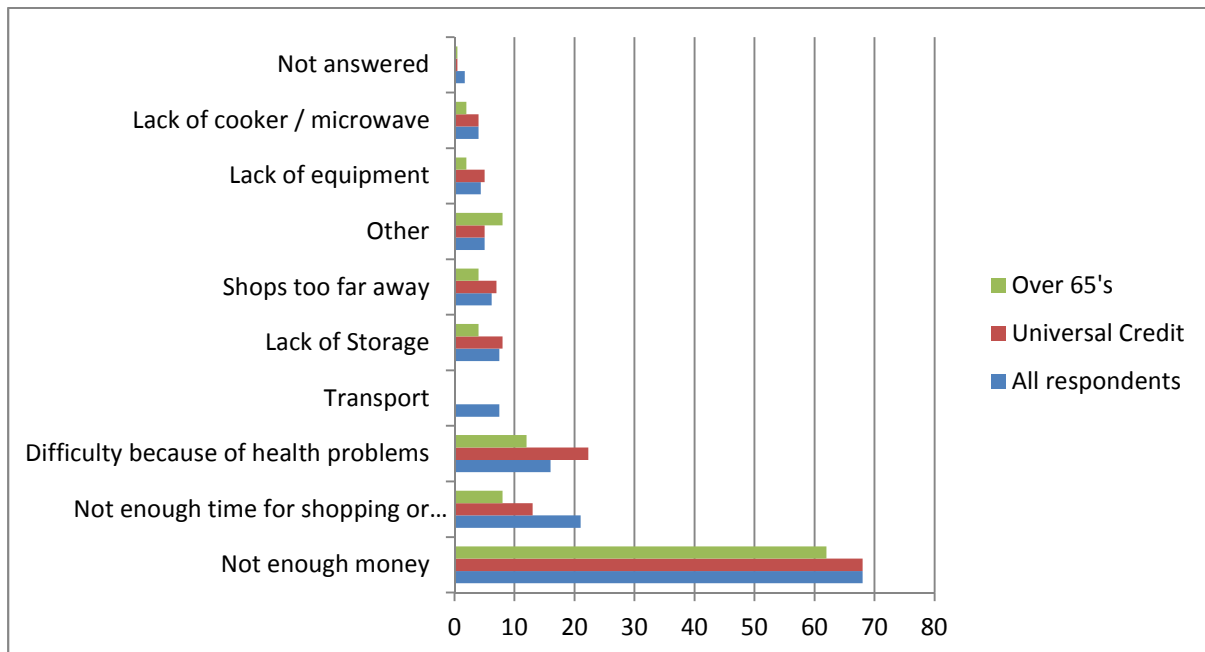


The survey examined the reasons why respondents may not have enough food or the quality or variety of food they would like to eat.

Overall - and this was consistent across all groups – 68% of respondents reported “not enough money” as the principal reason followed by “insufficient time” - 21%.

Health problems were also cited by a significant proportion of respondents on universal credit with 22% reporting that this prevented them from having enough of the food they want to eat. Interestingly this was a less significant issue for older people with only 12% citing this as a reason. This suggests a higher proportion of residents on universal credit are suffering from health problems or disabilities that limit their ability to shop for and prepare food.

Chart 20 Response to question: What are the reasons why you may not have enough food or the quality and variety of food you would like – by % of respondents

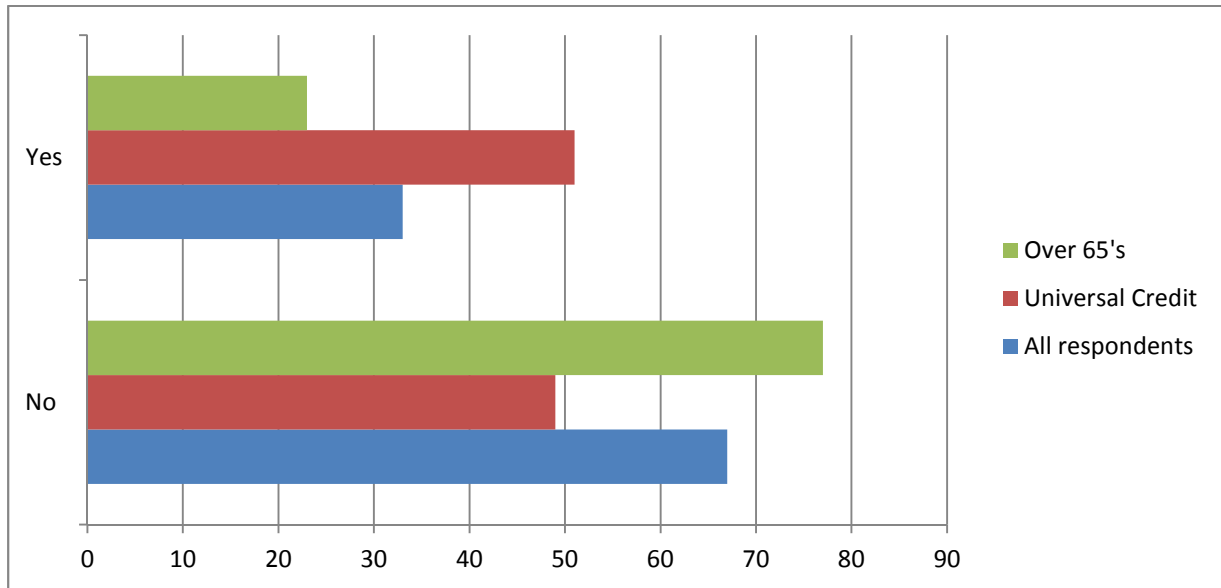


3.3.20 Running out of food

The survey asked respondents whether in the last 12 months adults in their household had ever brought food that did not last and then they did not have enough money to buy more.

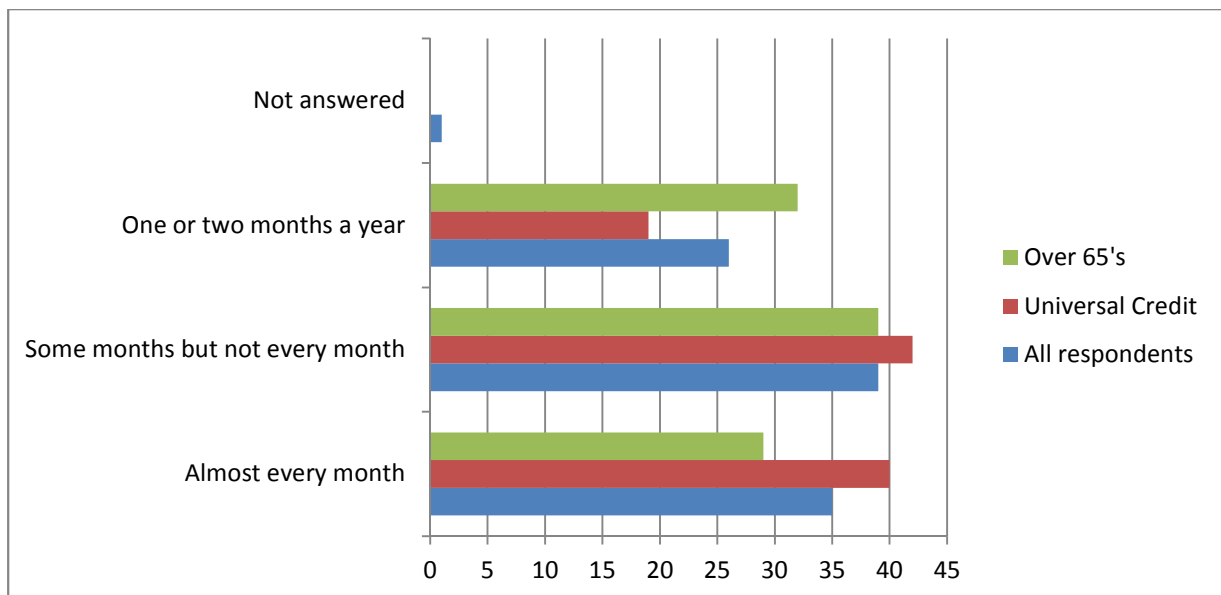
Overall 33% stated of respondents stated that they had run out of food and did not have enough money to buy more - however this was much higher for universal credit recipients with 51% reporting this had happened to them.

Chart 21 Responses to question by % of respondents: In the last 12 months have you ever bought food that did not last and you did not have enough money to buy more?



Of those that reported running out of food, overall 35% reported that this happened once a month, 38% stated some months but not every month and 26% reported this happened one or two months a year. The rates of respondents reporting this happening every month were higher for universal credit recipients (40%).

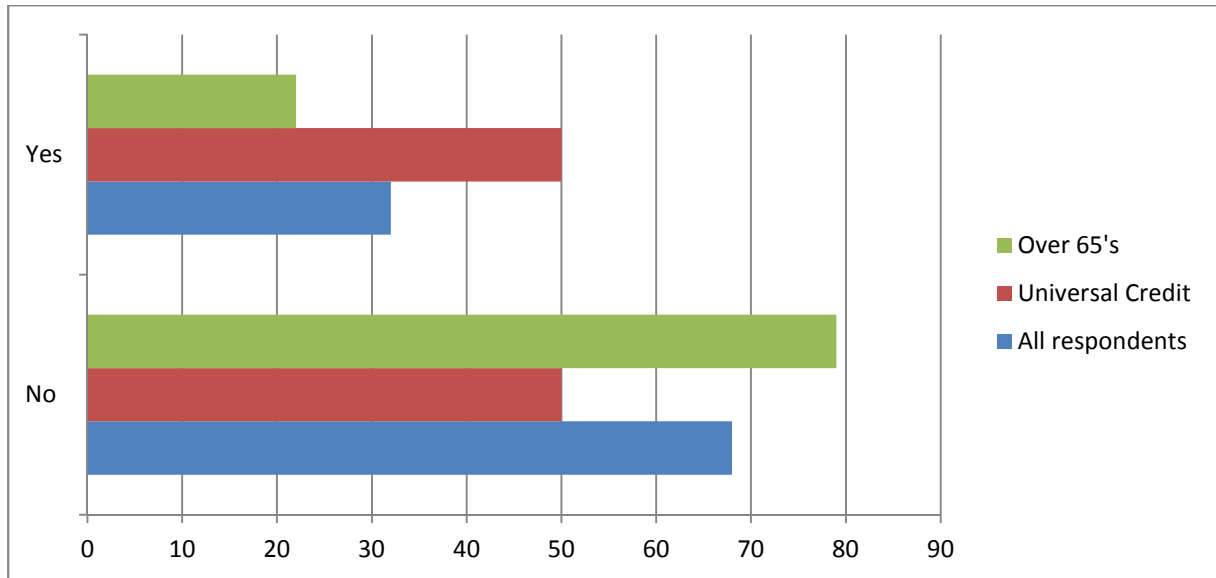
Chart 22 Frequency that respondents ran out of food and did not have enough money to buy more by % of respondents.



3.3.21 Skipping meals

Overall 32% of survey respondents reported that in the last 12 months they had either reduced the size of their meals or skipped meals because they did not have enough food. However this rose significantly to 50% of universal credit recipients.

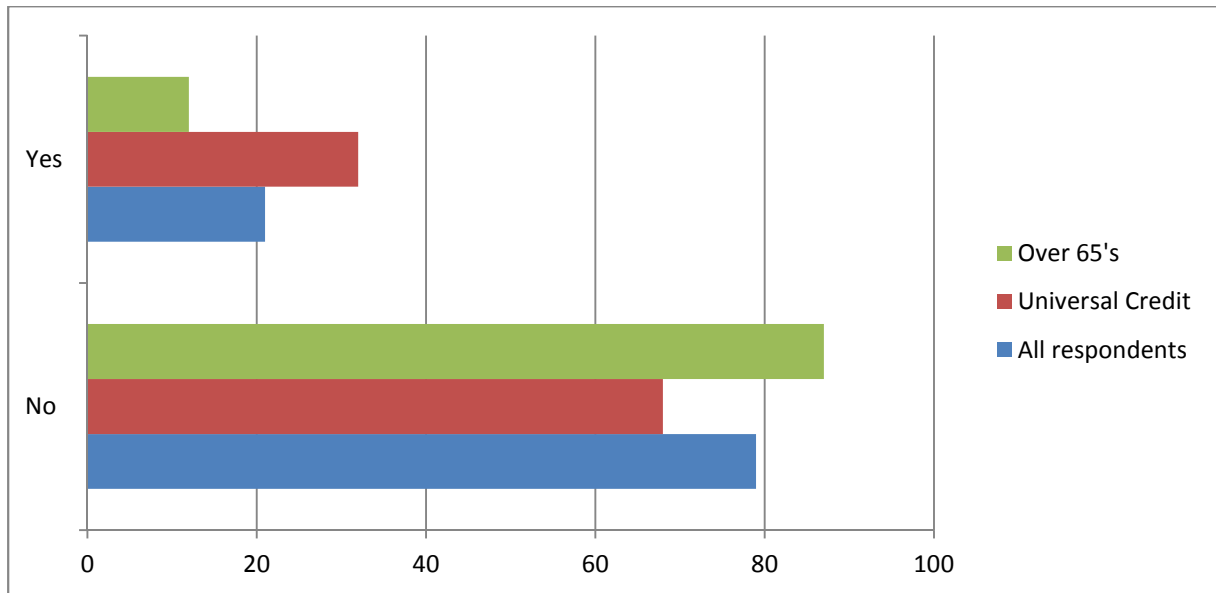
Chart 23 Response to question by % of respondents: In the last 12 months did you ever reduce the size of your meal or skip a meal because there wasn't enough money to buy food.



3.3.22 Hunger

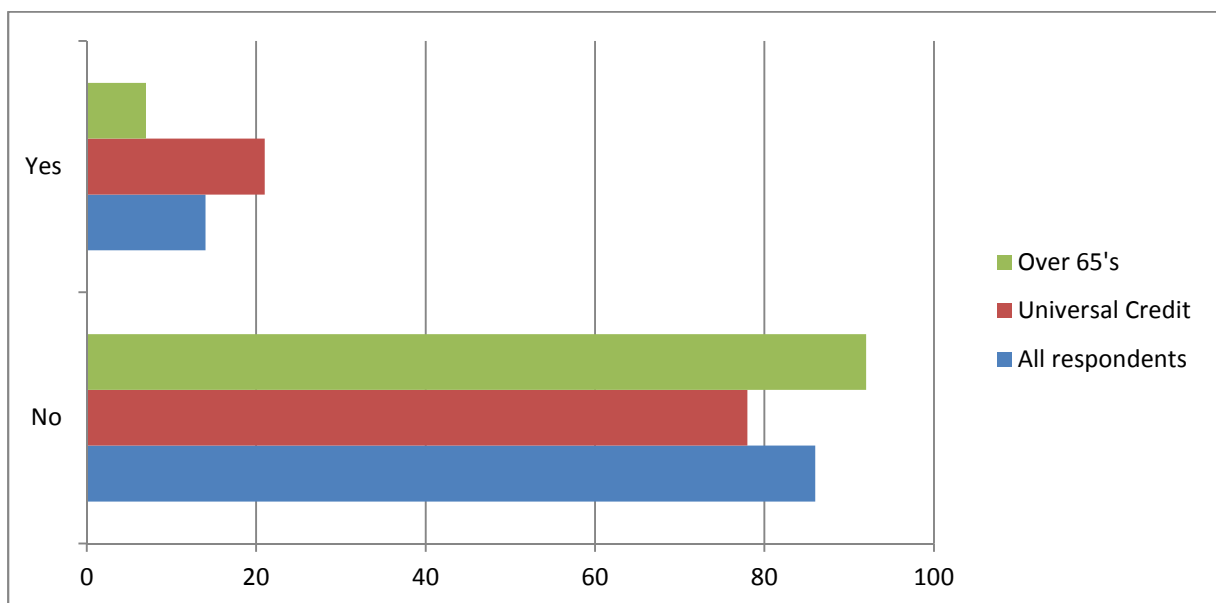
Overall 21% of respondents and 12 % of older people reported that in the last 12 months they had been hungry but didn't eat because they could not afford enough food – but this rose to 32% of universal credit recipients.

Chart 24 Response to question by % of respondents: In the last 12 months were you ever hungry but didn't eat because you couldn't afford enough food?



Overall 14% of all respondents and 7% of older people reported not eating for a whole day – but this rose to 21% of universal credit recipients.

Chart 25 Response to question by % of respondents: In the last 12 months did you ever not eat for a whole day because there wasn't enough money for food.

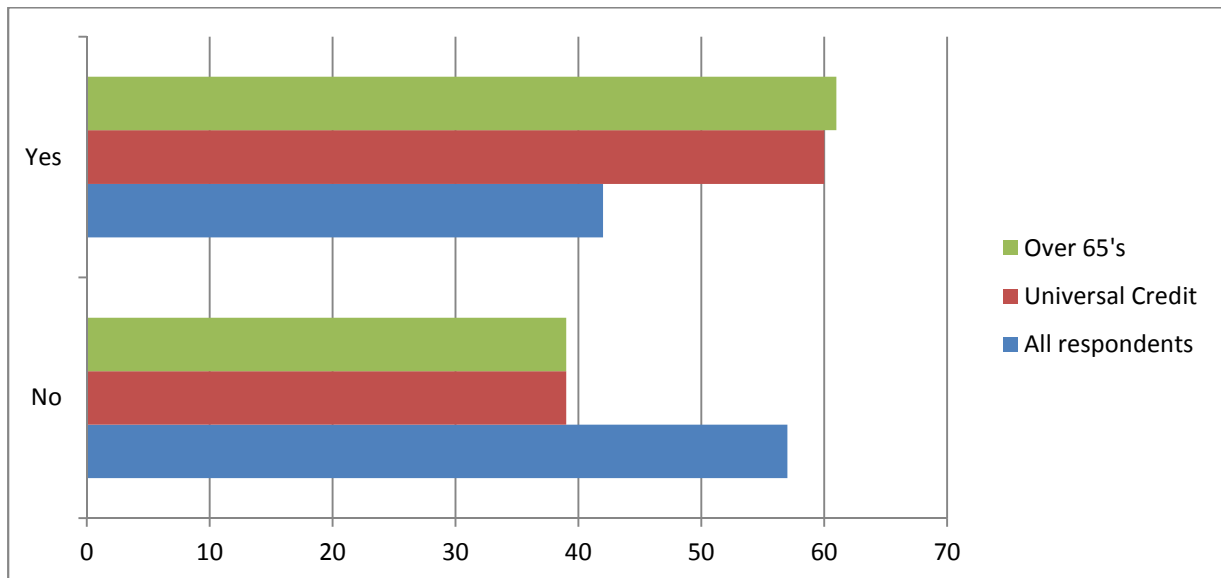


3.3.23 Children

Households with children were asked in the last 12 months whether they ever reduced the size of their own meal or skipped a meal to ensure there was sufficient food for their children. Overall 42% of respondents with children in the household reported this

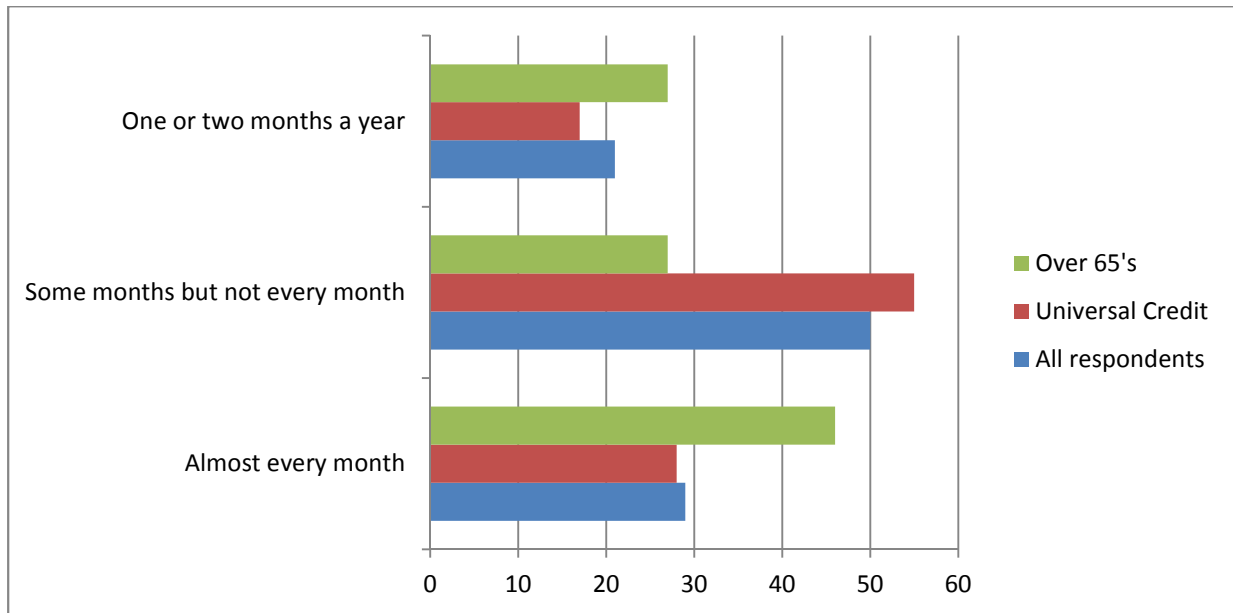
had happened to them but this rose to 60% of universal credit recipients. Unexpectedly, 61% of older people with children living in the household also reported reducing the size of their own meal to ensure there was sufficient food for their children. On further examination a small number of older people (13% of the over 65's cohort) reported that they had children in their household. What is not clear – due to the survey not being specific about the age of children - is whether these are younger children (under 18) or grown up adult family members who are still living at home. It is also likely that some older people may have grandchildren living in their household. Because the number of respondents is small the results need to be treated with caution but it does suggest that some older people who still have dependent children at home are having to reduce the amount of food they eat to ensure other people in the household do not go hungry.

Chart 26: Response to question by % of respondents: In the last 12 months did you ever reduce the size of your own meal or skip a meal to ensure there was sufficient food for your children



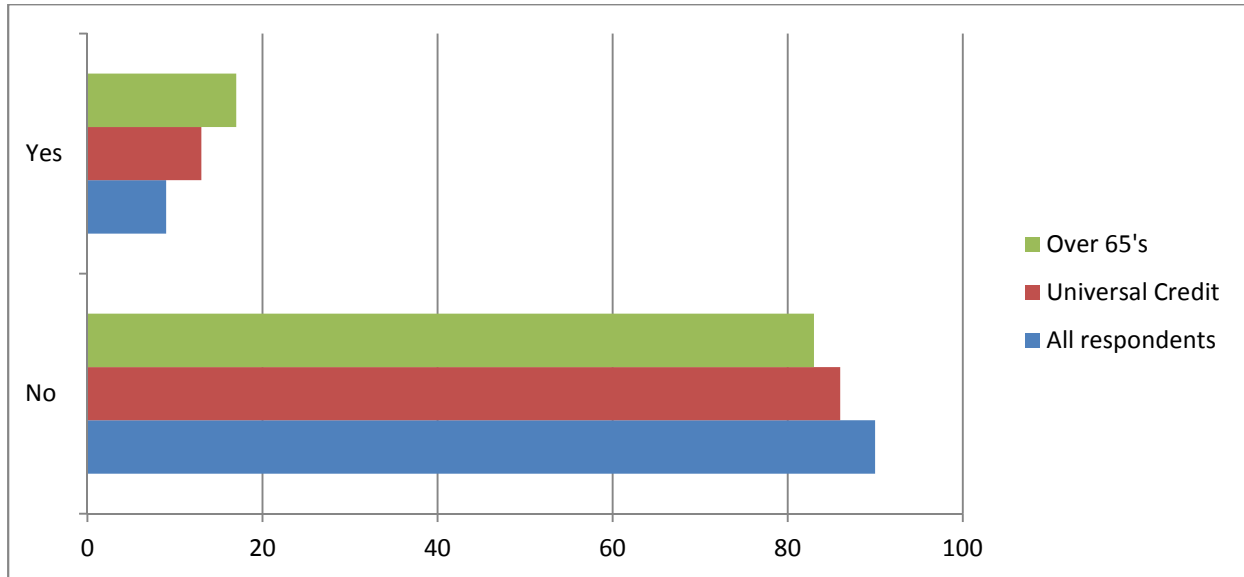
Respondents were then asked how frequently this happened. Overall 27 % of respondents – including universal credit recipients reported that this happened almost every month. However this increased significantly to 46% of older people who had children living at home. Again these figures need to be treated with some caution because of the low sample size.

Chart 27 Response to Question by % of respondents: How often did this happen



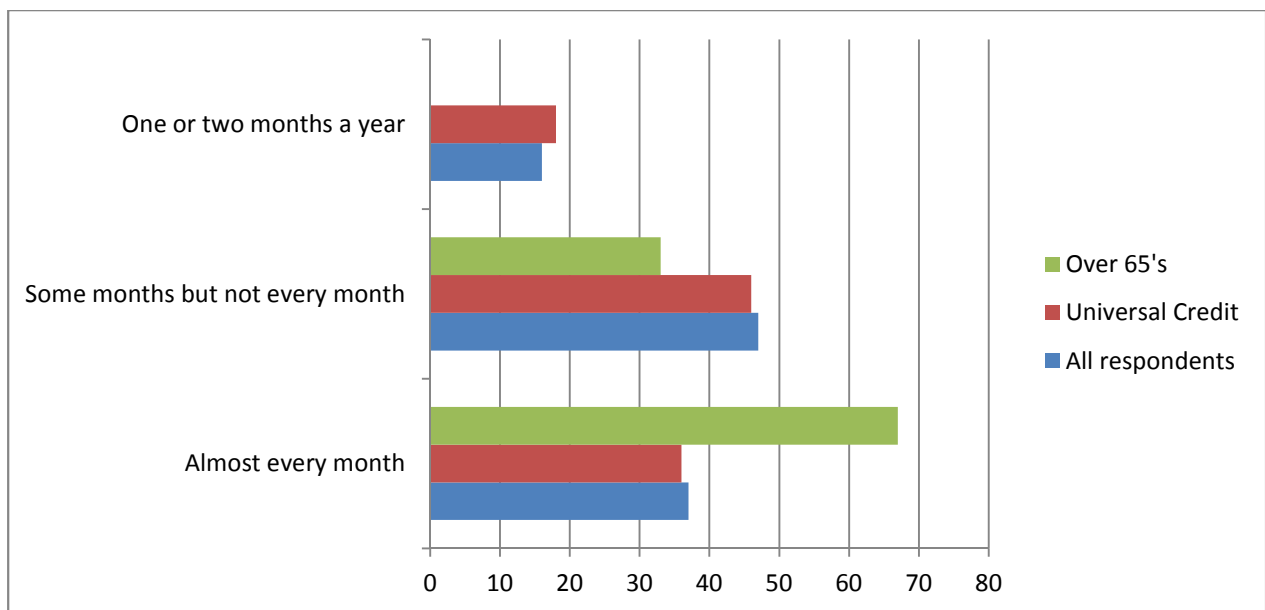
Households with children were then asked whether they had ever cut the size of their children’s meals because there was not enough money for food. Overall 9% of families reported that this happened to them rising to 13% of universal credit recipients and 17% of older people. Again the result for older people was unexpected as it suggests a significant proportion of older people with children in the household have difficulty providing enough food for themselves and their family. However as previously discussed the results must be treated with some caution due to the low sample size.

Chart 28 Response to question by % of respondents: In the last 12 months did you ever have to cut the size of your children’s meals because there wasn’t enough money to buy food.



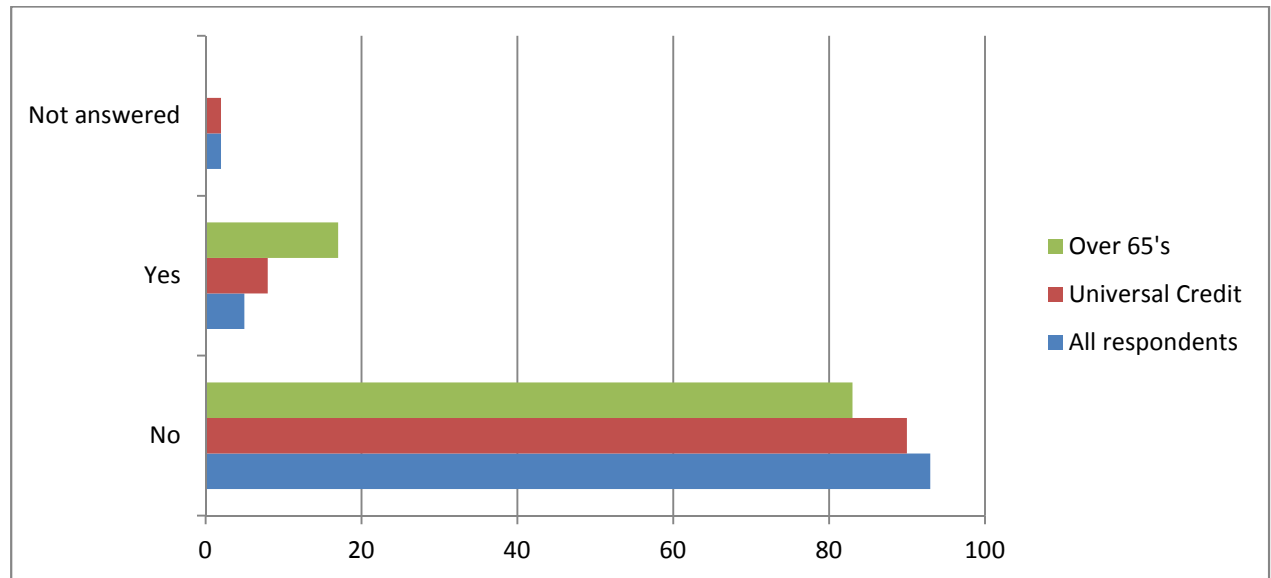
Overall of those households with children who reported having to cut the size of their children’s meals 36% of them reporting this happened almost every month. However a significantly higher proportion of older people – 67% reported this happening to their families. This again suggests older people with children living at home may experience difficulty providing sufficient food for their families.

Chart 30 Response to Question by % of respondents: How often did this happen?



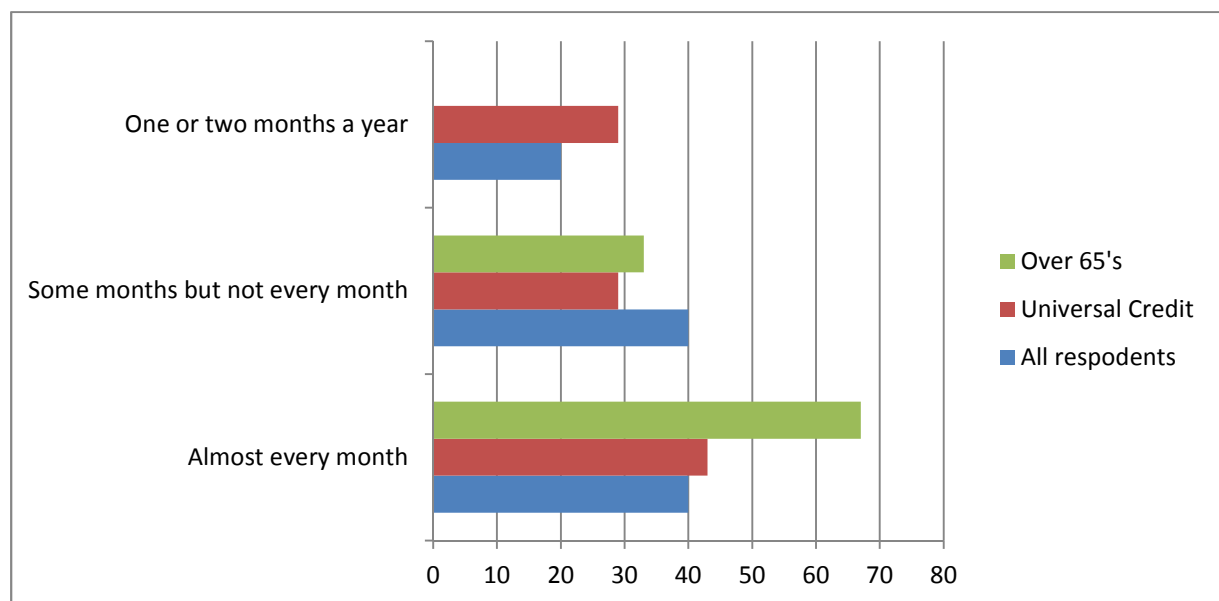
Finally respondents were asked whether in the last 12 months their child had ever skipped a meal because there wasn't enough money for food – overall 5% of respondents reported that this had happened to them – this rose to 8% of universal credit recipients and 17% of older people with children in the household.

Chart 31 Response to question by % of respondents: Did your children ever skip a meal because there wasn't enough money for food



Overall 40% of respondents who reported their children having to skip meals stated this happened almost every month. However this rose to 67% of older people with children living at home.

Chart 32 Response to question by % of respondents: How often did this happen



Chapter 4 Conclusions and recommendations

This chapter sets out the conclusions of the study and the recommendations that those conclusions support. An action plan to address these recommendations will be produced as a separate document that will develop over time.

4.1 Retail Provision

Retail provision in Halton is generally very good. 77% of households live within 500m of a shop where they can purchase at least 50% of the items that comprise a healthy weekly menu for a family of 2 adults and 2 children. However when fruit and vegetable availability was examined in more detail it was found that only 57% of households live within 500 m of a shop where 50% of the fruit and veg items on the standard menu can be purchased. Overall a third of local centres had low availability of fruit and vegetables.

97% of people reported doing their main shop at one of the larger supermarkets which suggests that local retail provision is less significant – however the fact that only 52% of people use a car to do their main shop indicates that local provision will also be important.

There was no direct correlation between areas of deprivation and low car ownership and food provision. Some areas with low car ownership had good availability such as Windmill Hill and Castlefields whilst some had lower availability.

The following areas have been identified as a priority for action to improve retail access. These areas have been identified using the following criteria

- less than 50% of the fruit and vegetable items available in that local centre area
- No alternative location with good availability within walking distance
- Low car ownership (more than 30% of households with no car)

Priority areas for improving retail provision

Bechers (Widnes)

West Bank (Widnes)

Halton Brook (Runcorn)

Cost premium at local shops

Overall the healthy basket of shopping for a family of 4 could be purchased for £54.00 in one of the town centres of Widnes or Halton Lea. However the average cost of purchasing the same basket in a local centre area where all the items were available was £69.68 – a difference of 29%

This difference is further illustrated by an analysis of the cost difference for particular items. The total cost of 10 key items purchased from the shop that sold that item for the cheapest price was £14.79 whereas the cost for the same 10 items purchased

from the shop that sold that item for the most expensive price was £43.47 – a difference of 294%

This indicates that those people who are less mobile and find it more difficult to get to a town centre location will pay a premium for their shopping.

Retail provision and deprivation

No correlation could be drawn between areas of deprivation and food availability. Availability was simply a matter of the quality of retail provision in each area. Some lower income areas had good availability of food locally whilst in some comparable areas the availability was low. Some of the areas where availability was low were more affluent areas of low deprivation and high car ownership indicating that the majority of residents in those areas have the resources to access healthy food even though it is not immediately available in their locality.

By prioritising areas based on low car ownership, poor local availability of fruit and vegetables and no nearby alternative, 3 areas were identified where retail provision should be improved to facilitate access to healthy food for residents in those areas.

Recommendation 1: The Council's future development plans should consider options to improve retail provision in Bechers and West Bank in Widnes and Halton Brook in Runcorn.

4.2 Affordability and Food Poverty

The most significant barrier reported by residents to accessing healthy and affordable food was money.

Overall 53% of respondents reported having enough of the food they wanted to eat. However only 31% of universal credit recipients reported having enough of the foods they wanted. This indicates that irrespective of circumstances a significant proportion of residents are struggling to provide their households with enough of the foods they want to eat – but the problem is most significant for those in receipt of universal credit. Older people seem to fair better with 65% of older people reporting having sufficient food. This may reflect the policy of successive recent governments to protect the incomes of older people. However those older people who reported having children still living at home appeared to struggle to provide sufficient food for their family.

There is no agreed or established definition of food poverty and so it is not possible with any certainty to quantify how many people in Halton are in food poverty. Food poverty should be viewed as a spectrum. Those that are in emergency need of food provision who without assistance would go hungry are at the extreme end. However those at the other end of the spectrum who are not hungry but still cannot afford the components of a healthy balanced diet can also be considered to be in food poverty.

Overall 37% of respondents reported having enough food but not being able to afford the types of food they wanted to eat. However this rose to 47% of universal credit recipients.

At the most extreme end of the spectrum are those households that require emergency food aid from the food banks and other charitable providers. The food banks have seen a significant increase in demand since 2012-13. By far the greatest reason for people seeking support was a sudden change in circumstances due to a benefit delay or sanction. The fact that job centres are one of the most significant distributors of food bank vouchers further illustrates the impact of the benefit and welfare changes.

Three significant changes, the removal of the “spare room subsidy” (more commonly known as the “bedroom tax”) from social housing tenants, the introduction of the benefits sanctioning regime and the introduction of universal credit have had the effect of reducing disposable income for benefit recipients and have also created the risk of a “cliff edge” scenario which can result in a sudden, dramatic loss of income for those affected.

As discussed in Chapter 2 in addition to the established food banks the “11 O’clock” club run by Four Estates in Runcorn to redistribute surplus food is providing longer term support to individuals and families who are struggling to provide their household with sufficient food.

The issues at the heart of food poverty and the acute hardship that is causing the most extreme cases relate to policies of central government and this makes it less easy for the local authority to respond with its own policy measures.

Recommendation 2: The Council build on its existing work with partners such as the local housing trusts, CAB and Job Centre plus to provide advice, guidance and support to universal credit recipients to ensure they are maximising their benefit entitlement and also to help recipients avoid the circumstances that may result in a sanction.

Recommendation 3: Whilst the Trussell Trust food banks provide an essential service to those in acute food poverty - the Council and partners such as the CCG should investigate options to facilitate access to additional surplus food schemes for all Halton residents who require longer term assistance with access to sufficient food. The 11 O’clock club on Halton Brook could be used as a model.

Recommendation 4: The proposed community shop should be supported by the council. The shop should be centrally located to facilitate access for all residents of the borough who require longer term assistance with access to food.

Recommendation 5: Currently 73% of eligible households take up healthy start vouchers. The council and partners should work to further improve this high level of uptake.

4.3 Transport

Transport was a further significant influence on food availability.

Overall only 52% of respondents used a car to get to their main shop. This reduced to 31% of universal credit recipients. However journey time to shops was low with 59% of respondents being able to reach their main shop within 15 minutes and 83% within half an hour.

A positive interpretation of these results is that the good availability of food means that people are in close proximity to good shops which mitigates some of issues around lack of transport.

However those without transport did report that this impacted on their ability to easily shop for the foods they wanted to eat. In particular parents with infant children reported a significant difficulty using the bus with a push chair as most buses had very limited room for push chairs. Older people also reported that carrying their shopping home on the bus was a difficulty. A significant number of younger people were also reliant on public transport to get to the shops.

Many people used taxi's to overcome this difficulty – with 18% reporting using a taxi to do their shop. However this was relatively expensive and inevitably reduces the money they had available to spend on food.

Recommendation 1 above will help to reduce the impact of mobility issues by improving retail provision in areas where it is currently inadequate and car ownership is low.

4.3.1 Transport and affordability

It is clear from the survey results that household in receipt of universal credit are more likely to report not having enough food. Those households are also more likely to report cutting portion sizes or skipping meals and in some cases going hungry due having insufficient food.

Of greater concern is the reports of children having to skip meals because of a lack of food in the house.

The survey also demonstrates that those households on universal credit will be more likely to rely on walking in order to get to the shops. If those households live near the town centre they will have access to a choice of retailers and will be able to secure the best value food for their money. However those households that do not live within walking distance of a town centre will have their options limited to the more expensive shops within their immediate locality.

The study also found that many households on universal credit use taxis to get to the shops and so are spending more of their disposable income on transport instead of food.

Unless they live close to the town centres many households in receipt of universal credit will be paying a “poverty premium” to access sufficient food. In many cases this “premium” results in some households being unable afford sufficient food.

Recommendation 6: The Council’s future transport plans could consider options to improve access to town centres for parents with infant children, older people and low income households.

4.4 Takeaways

Despite perceptions that might suggest otherwise – Halton actually has one of the lowest takeaway densities in the North West at 91 premises per 100,000 population. However because geographically the borough is small 70% of households live within 500m of a takeaway.

There is a perception that there is a high prevalence of takeaways in Halton – but this perception is probably due to the high concentration of takeaways within the town centres of Runcorn and Widnes. There are 19 takeaways in Runcorn town centre and 20 in Widnes. Elsewhere in the borough takeaways are spread evenly and are based within established local centres and high streets

The survey results indicated that the location of takeaways is not as influential on usage as might be expected. 47% of people using takeaways did not actually visit the takeaway and either ordered online or over the phone. 27% used their car and 21% walked. The survey results did not indicate habitual takeaway usage with most respondents using takeaways once a month or less.

There was no obvious correlation between deprivation and takeaway density – however some of the boroughs more deprived wards are within close proximity to the town centres of Runcorn and Widnes. These wards would benefit from measure to prevent the over concentration and clustering of takeaways.

Recommendation 7: The existing supplementary planning document on Hot Food Takeaways should be applied in relation to all new applications for change of use to prevent the over concentration and clustering of takeaways.

4.5 Knowledge, Skill and Attitude

Overall 83% of respondents reported that healthy eating was either fairly or very important to them and suggests the majority of residents with adequate resources would like to eat healthily.

The study also suggested that overall residents have a good food knowledge and are confident being able to cook food from fresh ingredients and follow a simple recipe. However the study also indicated that young people were less confident than other groups. This was also reflected in the focus group sessions at children’s centres.

Some parents indicated that more support would be welcome particularly in relation to cooking on a budget. Some parents also indicated that they would welcome being able to pick up recipe cards to help them plan meals.

It is recognised that many of these initiatives are already available through children's centres. However the comments indicate that some residents either were unaware of the sessions or had been unable to attend.

It is therefore recommended that the council and partners offer workshops to residents at a higher risk of food poverty to provide them with the knowledge and skills to prepare healthy food on a budget.

Recommendation 8: Develop a series of workshops and associated menus and recipe cards on preparing and cooking healthy food on a budget. The workshops should be available to all household in receipt of healthy start vouchers.

Appendix 1

Local and Town Centre locations for geographical food mapping

- 1 Alexander Drive (Widnes)
- 2 Ascot Avenue (Runcorn)
- 3 Bechers (Widnes)
- 4 Beechwood (Runcorn)
- 5 Brookvale (Runcorn)
- 6 Castlefields (Runcorn)
- 7 Cronton Lane (Widnes)
- 8 Ditchfield Road (Widnes)
- 9 Farnworth (Widnes)
- 10 Grangeway (Runcorn)
- 11 Greenway Road (Widnes)
- 12 Hale Road (Widnes)
- 13 Halebank (Widnes)
- 14 Halton Brook (Runcorn)
- 15 Halton Lea Town Centre
- 16 Halton Lodge (Runcorn)
- 17 Halton Road (Runcorn)
- 18 Halton View Road (Widnes)
- 19 Halton Village (Runcorn)
- 20 Hough Green (Widnes)
- 21 Ivy Farm Court (Hale)
- 22 Langdale Road (Runcorn)
- 23 Liverpool Road (Widnes)
- 24 Moorfield Road (Widnes)

- 25 Murdishaw Local (Runcorn)
- 26 Palacefields (Runcorn)
- 27 Picton Avenue (Runcorn)
- 28 Preston Brook (Runcorn)
- 29 Queens Avenue (Widnes)
- 30 Runcorn District Centre
- 31 Russell Road (Runcorn)
- 32 Upton Rocks (Widnes)
- 33 Warrington Road (Widnes)
- 34 West Bank (Widnes)
- 35 Weston Point (Runcorn)
- 36 Widnes Town Centre
- 37 Windmill Hill (Runcorn)