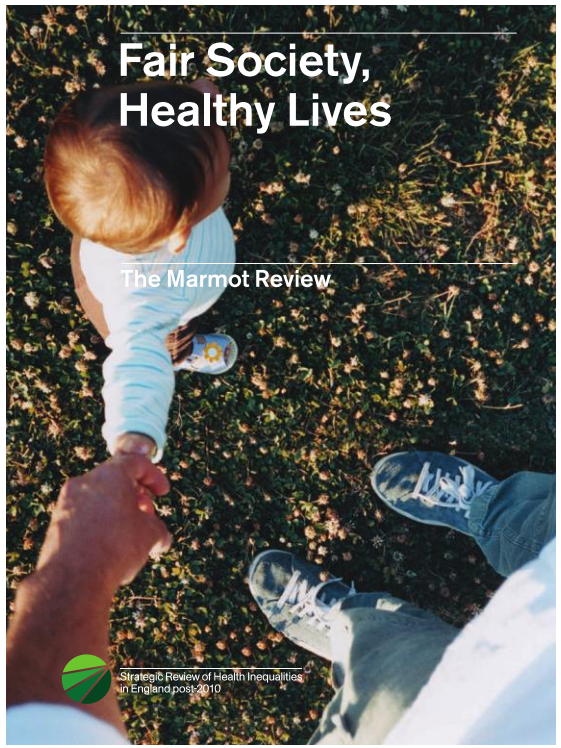
BERKSHIRE HEALTH INEQUALITIES GROUP (BHIG)

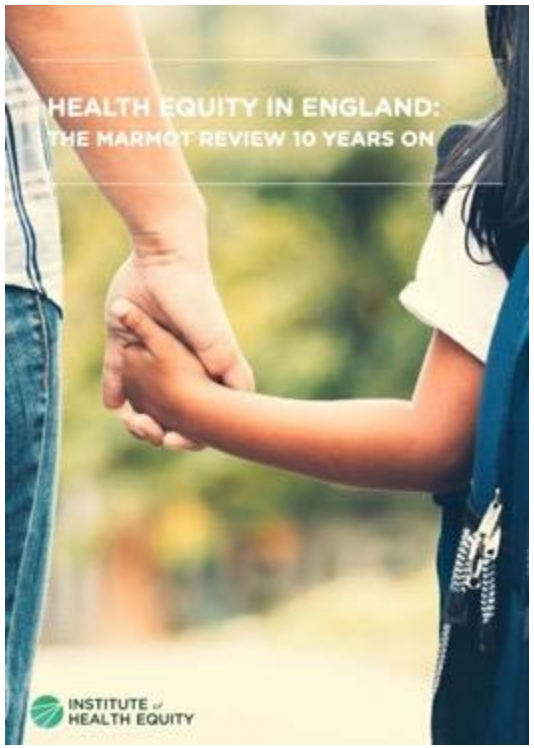
Professor Carol Wagstaff

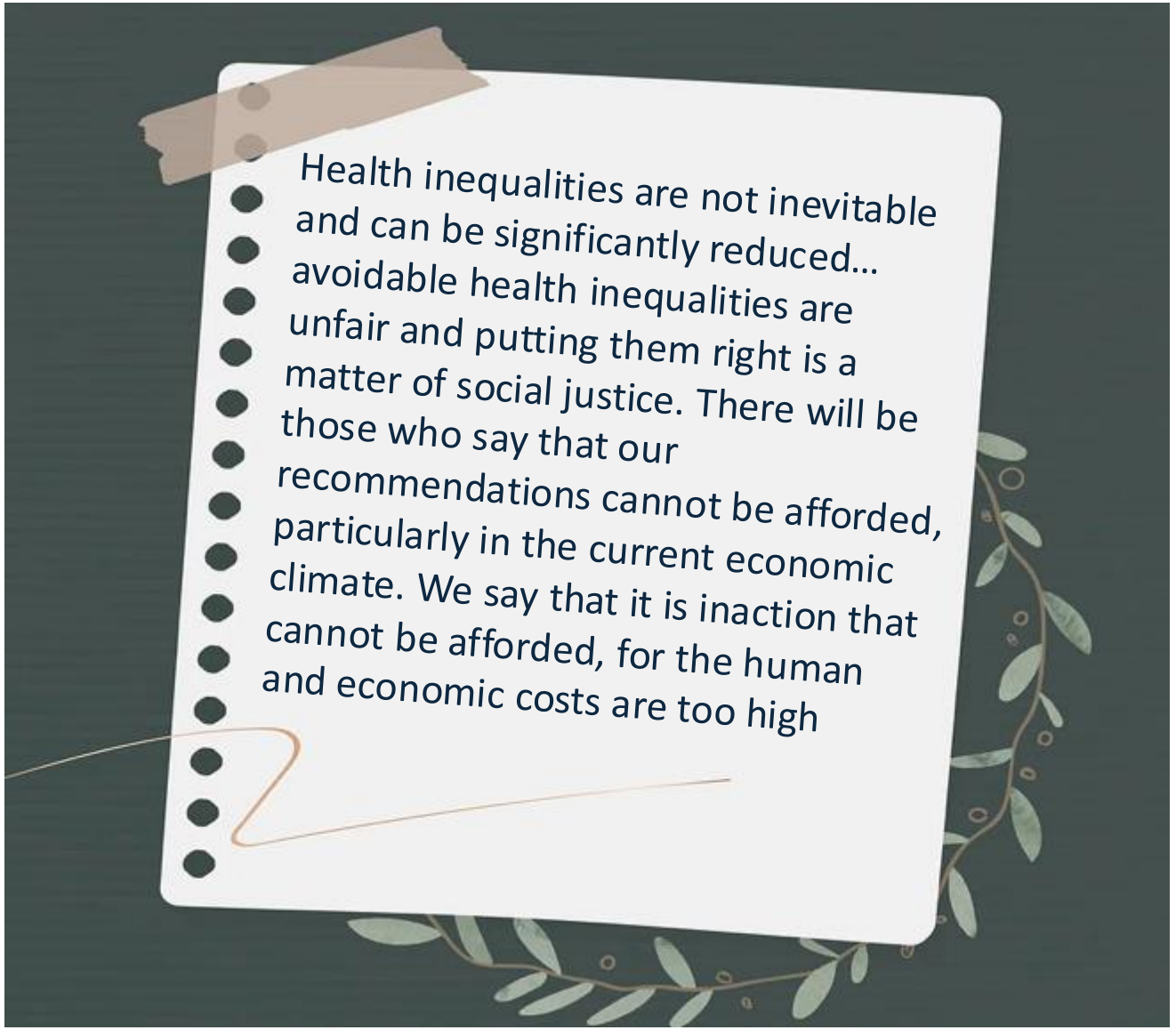
Associate Pro-Vice Chancellor Research for Agriculture, Food and Health | BHIG Convenor

University of Reading

Health Inequalities – or the need for health equity







We are at a crucial moment for England's 'left behind' neighbourhoods, and decisions made in the next few years will define their prospects for decades to come. Decisive action is now urgently needed to save levelling up from the strategic drift which threatens to waste the significant political will generated in recent years to transform the fortunes of these places.

appg Left Behind Neighbourhoods

A neighbourhood strategy for national renewal

- **Redistribute power from the centre to community**
- **Transform funding and resources**
- **Shift culture from control to trust**

1. Recommendations for central government: delivering on the promises of levelling up

1.1: A next-generation devolution programme
1.2: A renewed commitment to community empowerment
1.3: A new era of community ownership
1.4: A re-invented funding model
1.5: A redefined framework for measuring success

2. Recommendations for local government: improving outcomes in 'left behind' neighbourhoods

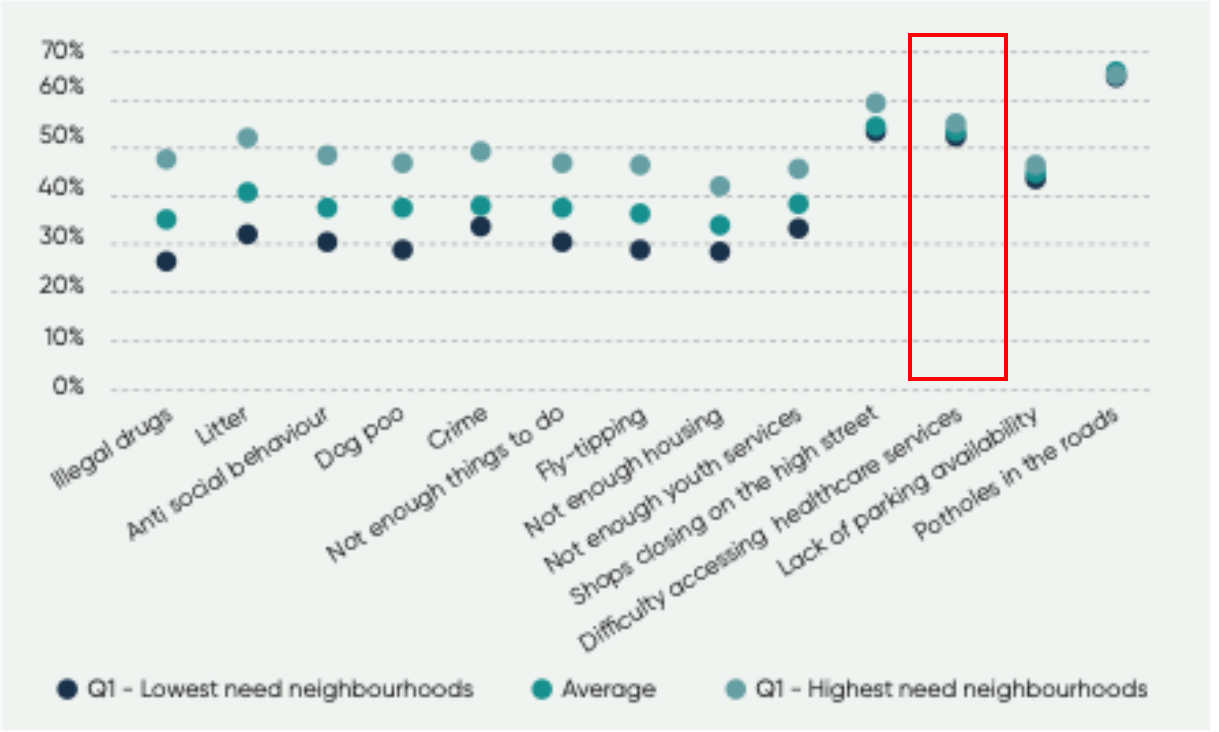
2.1: Stronger collaboration between local government and public bodies
2.2: More effective engagement with communities
2.3: Clearer communication and decision-making
2.4: Prioritisation of capacity building
2.5:Targeted investment in social infrastructure and local initiatives

3. Recommendations for community organisations: operating within 'left behind' neighbourhoods

3.1: Fostering a culture of mutual support
3.2: Encouraging knowledge sharing

Source: ICON analysis of OCSI Hyper-Local Need Measure; Indices of Multiple Deprivation; OCSI Community Need Index

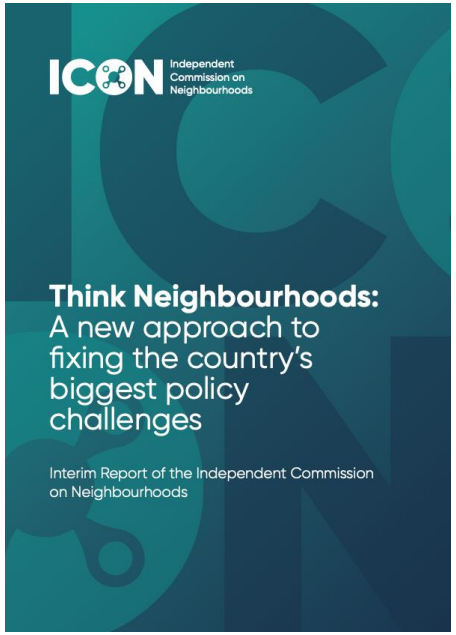
Figure 4 – Ranking of the biggest challenges in their neighbourhood by hyper-local need area



Source: ICON analysis

The government has outlined five major national missions to deliver a “decade of national renewal”

(5) Build an NHS fit for the future - that is there when people need it; with fewer lives lost to the biggest killers; in a fairer Britain, where everyone lives well for longer.



The Keep it Local approach entails a commitment to **six key principles** that improve local, person-centred services by unlocking the power of community:

1. **Think** about the whole system not individual service silos.
2. **Co-ordinate** services at a neighbourhood level.
3. **Increase** local spend to invest in the local economy.
4. **Focus** on prevention now to save costs tomorrow.
5. **Commit** to your community and proactively support local organisations.
6. **Commission** services simply and collaboratively so they are "local by default".

Keep it Local for Better Health

How Integrated Care Systems can unlock the power of community

February 2024

VCSE health & wellbeing alliance

locality the power of community

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Joint Forward Plan on a Page

01 Our System Vision and Partnerships

Everyone who lives in our area has the best possible start in life, lives happier, healthier lives for longer, and can access the right support when it is needed

Place based partnerships, Provider Collaboratives, Clinical Networks, VCSE, Communities

02 Addressing Our Biggest System Challenges

1. An **inequalities** challenge
2. A **model of care** challenge
3. An **experience** challenge
4. A **sustainability** challenge

A reduction in inequalities in outcomes and experience
People are better supported in their communities to live healthier lives
Improved accessibility of our services and elimination of long waits
A sustainable model of delivery across the BOB system

03 Delivering Our Strategy – Our Service Delivery Plans

Promote and protect health: Keeping people healthy and well

1. Inequalities
2. Prevention
3. Vaccination and Immunisations

Start Well:
Help all children achieve the best start in life

1. Women's, maternity and neonatal services
2. Children and Adolescent Mental Health Services
3. Learning Disabilities
4. Children's Neurodiversity

Live Well:
Support people and communities live healthy and happier lives

1. Long Term Conditions (stroke, cardiovascular disease, diabetes, respiratory)
2. Adult Mental Health
3. Adult Neurodiversity
4. Cancer

Age Well:
Stay healthy, independent lives for longer

1. Ageing well services (e.g., frailty – community multidisciplinary teams)

Quality and access:
Accessing the right care in the best place

1. Primary care
2. Urgent and Emergency Care
3. Planned care
4. Palliative and End of Life Care

04 Supporting and Enabling Delivery

Workforce, Finance, Digital, Estates, Research & Innovation, Net Zero, Quality, Safeguarding, Infection Prevention and Control, Personalised Care, Continuing Healthcare, Delegated Commissioning

What does this mean in Berkshire?

Social determinants of health

- Diet
- Transport
- Housing
- Education

Access to healthcare

- GP registration
- Attendance at hospital appointments
- Outcomes following treatment
- Dental care registrations

NHS
Royal Berkshire
NHS Foundation Trust

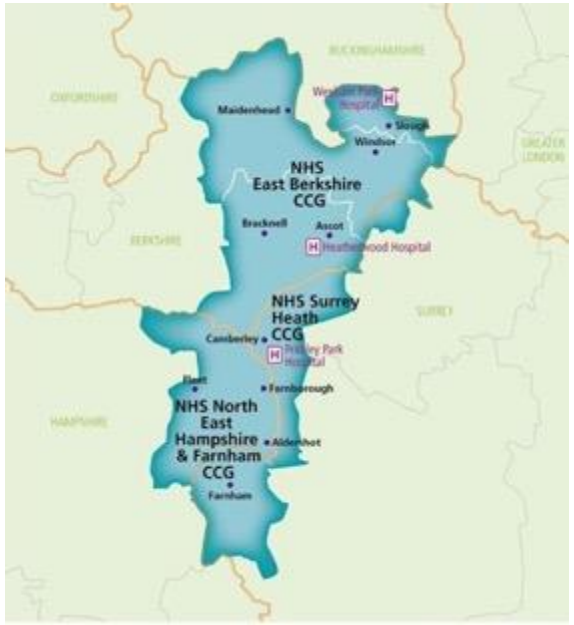
NHS
Berkshire Healthcare
NHS Foundation Trust

Primary Care Networks
NHS

NHS
Frimley Health
NHS Foundation Trust

University of Reading

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board



Frimley Health and Care

ASCOT • BRACKNELL • FARNHAM •
NORTH EAST HAMPSHIRE • SLOUGH
SURREY HEATH • WINDSOR
MAIDENHEAD

healthwatch Reading

WOKINGHAM BOROUGH COUNCIL

Volunteer Centre West Berkshire

www.slough.gov.uk
Slough Borough Council

Reading Borough Council
Working better with you

Whitley CDA

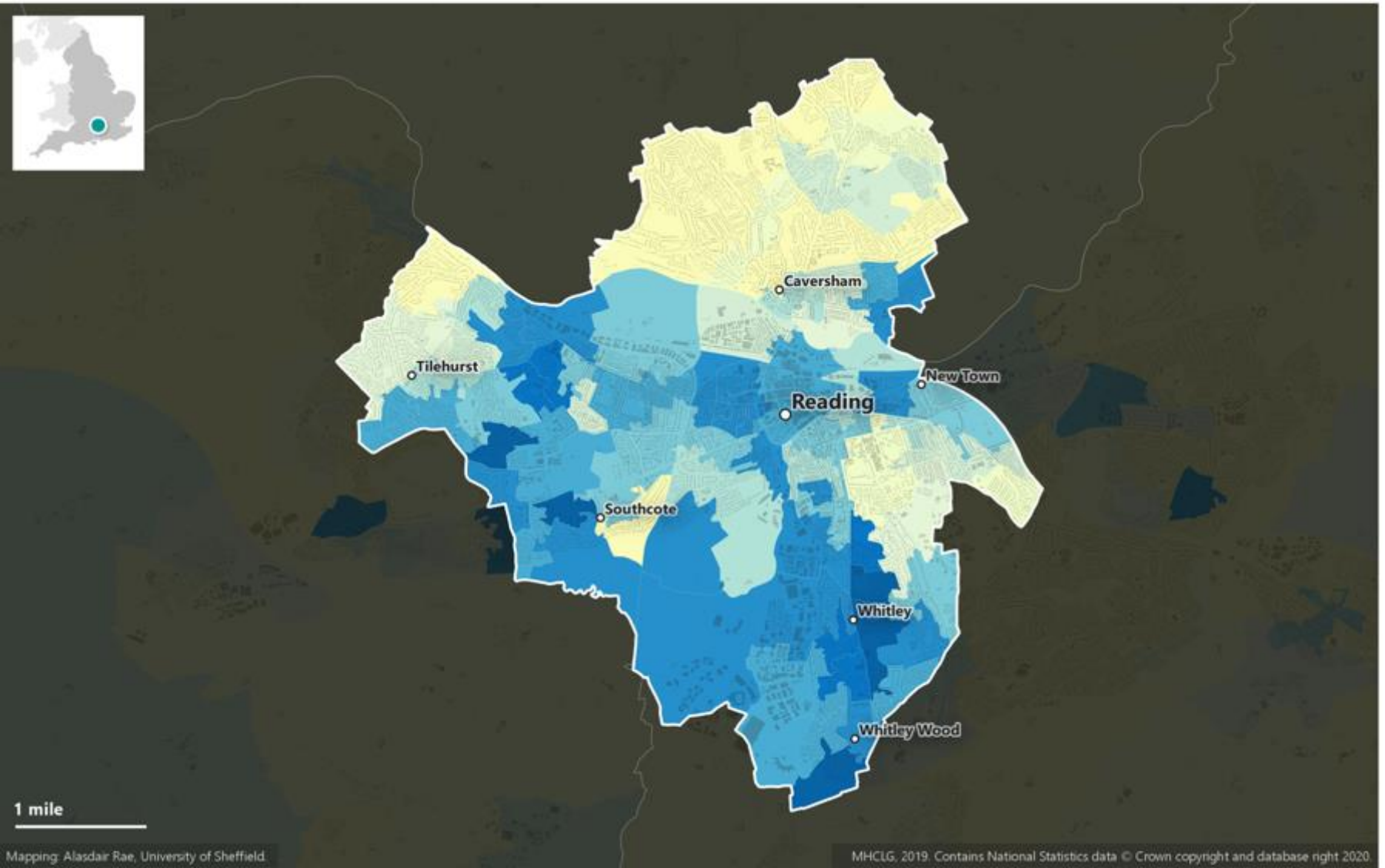
BAR
BERKSHIRE AGAINST RACISM

involve
MAKING A DIFFERENCE LOCALLY

Index of Multiple Deprivation 2019

Ministry of Housing, Communities & Local Government

READING



Local authority profile

% of LSOAs in each national deprivation decile

What this map shows

This is a map of Index of Multiple Deprivation (IMD) 2019 data for **Reading**. The colours on the map indicate the deprivation decile of each Lower Layer Super Output Area (LSOA) for England as a whole, and the coloured bars above indicate the proportion of LSOAs in each national deprivation decile. The most deprived areas (decile 1) are shown in blue. It is important to keep in mind that the data relate to small areas and do not tell us how deprived, or wealthy, individual people are. LSOAs have an average population of just under 1,700 (as of 2017).

AIMS

- Ensure collective leadership to improve health and wellbeing outcomes across Berkshire
- To enable shared discussion and consensus about effective ways of tackling the causes of health inequalities and promoting access to healthcare across Berkshire in an open and transparent way.

Objectives

1. To understand what it means to experience health inequality in Berkshire
2. To reduce the differences in health between different groups of people in Berkshire
3. To actively promote good physical and mental health and wellbeing of all adults and children in Berkshire
4. To support communities to be part of the solution to health inequalities in Berkshire
5. To identify the means of supporting individuals who are at high risk of experiencing poor health
6. To improve health status and access to healthcare through addressing the causes of inequity in the population

Vision

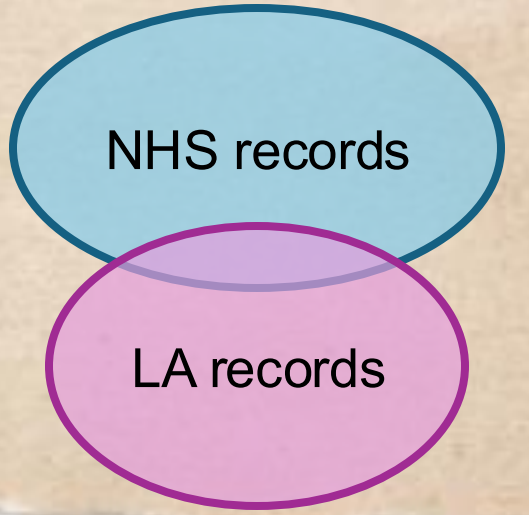
- An overarching framework of actions and activities that will deliver improved health equity in Berkshire (strategy and delivery plan)
- All organisations, big or small, can see how their activities fit into the framework
- Connectedness between organisations and their services
- All LA departments seeing tackling health inequalities as their challenge
- Food partnerships and food policy

Areas of synergy

- Capturing lived experience of health inequalities
- Data curation and use
- Health Champions/Community Participatory Action Research
- Mapping of services and contact points

Connecting Care to Combat Health Inequalities Across Berkshire

CONNECTED CARE



BHIG

To fully understand health inequalities, we must look at the bigger picture. Differences in health are linked to **social, environmental, and economic conditions** in local communities

Health Innovation Partnership

NHS Royal Berkshire NHS Foundation Trust

University of Reading

NHS Berkshire Healthcare NHS Foundation Trust

Our Principle Objective is to **identify actions that reduce the experience of inequity across** Berkshire, using collaborative working to enable organisations to address their health and wellbeing goals.

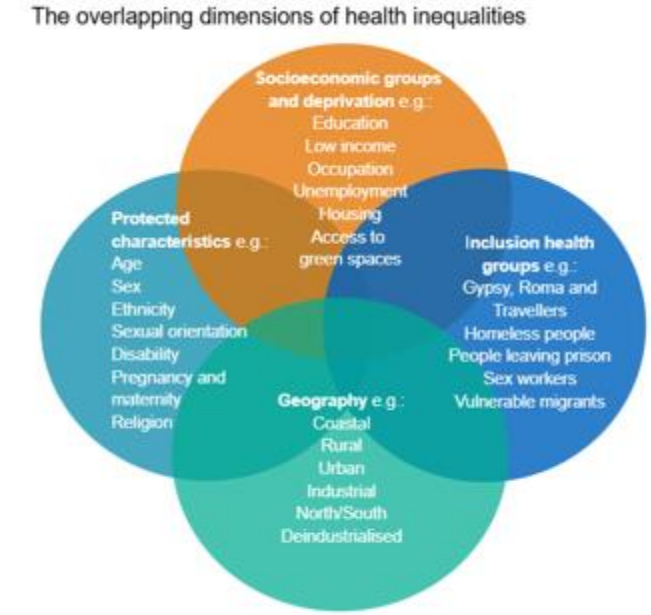
- 1) Map health inequalities strategies that exist across Berkshire
- 2) Define what is being delivered against health inequalities strategies
- 3) Evaluate how effective health inequalities strategies are in delivering their goals.
- 4) Perform a gap analysis to identify missing population groups and needs
- 5) Co-development of a theory of change with residents
- 6) Development of a health inequalities action plan

1) Map health inequalities strategies that exist across Berkshire. Methods

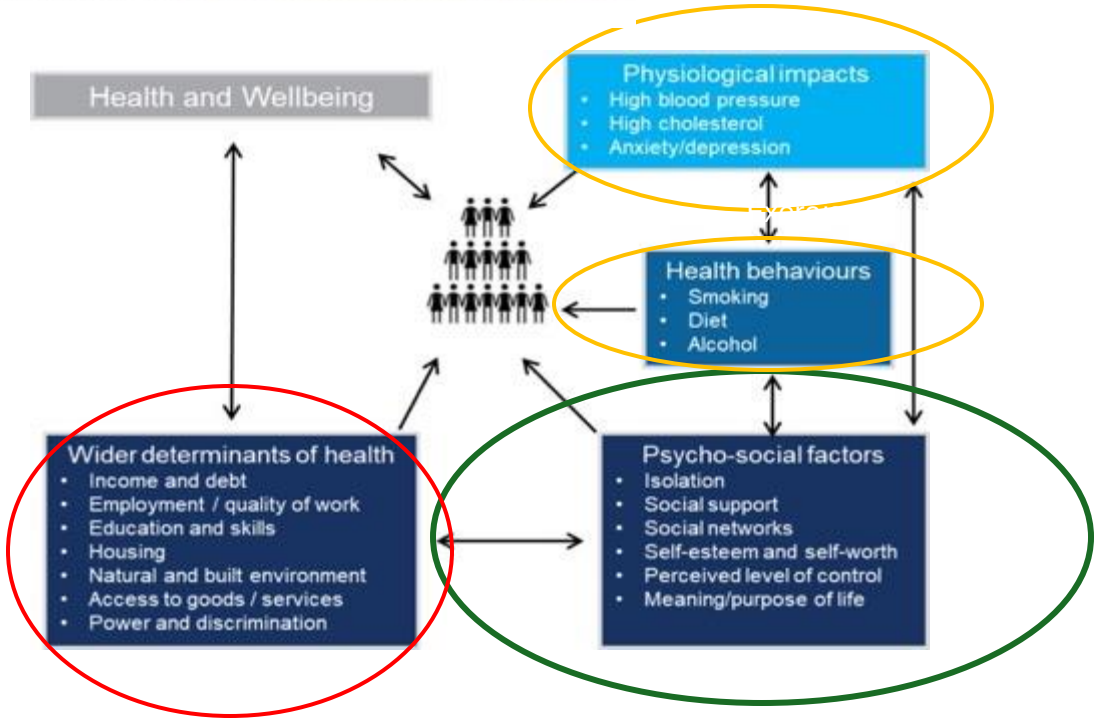
Age groups	Wider determinants	Health behaviours	Physiological impacts	Health systems	Psycho-social factors
Early years (conception to 4 years)	Income/debt Employment/ quality of work Education and skills Housing	Smoking Diet Alcohol Exercise	High Blood Pressure High Cholesterol Anxiety Depression	GP Dental Pharmacy Public Health NHS (Primary, Secondary, Tertiary, Mental Health) Voluntary sector	Isolation Social support Social networks Self esteem and self worth Perceived level of control Meaning/purpose of life
School age (5-19 years)					
Working age (16-64 years)					
Older age (65+)					
All ages					

Conclusion on Mapping

- Strategies are developed based on population needs- this looks different for each area
- Underlying priorities of strategies across all organisations are to address health inequalities – access to healthcare requires more focus? Berkshire NHS Foundation Trust uses the wording health inequalities strategy
- It's complex - many parts
- Data on social determinants of health linked to access to health care might help identify population groups at risk and the factors increasing those risks



ource: PHE, LGA and ADPH. COVID-19 Place-based approach to reducing health inequalities. 20



Why screen for social needs

- Targeting services and resources to address inequalities in SDoH requires a good understanding of the problem, based on robust data.
- Currently most population health management approaches use area-level measures of deprivation, such as the Index of Multiple Deprivation.
- While these are useful at understanding neighbourhoods, they are inaccurate at identifying individual disadvantage and underestimate individual poverty
- Systematically collecting individual-level social needs data can provide more accurate patient-level data to leverage resources and target services more effectively.

Ref: https://www.heec.co.uk/wp-content/uploads/2023/12/How-to-Screen-for-social-needs-in-primary-care.pdf

Tools: https://sirenetwork.ucsf.edu/

2) Define what is being delivered against each of the strategies (what do organisation already use?)

- Frameworks
- **The NHS Performance Assessment Framework for 2025/26**
- https://www.england.nhs.uk/long-read/the-nhs-performance-assessment-framework-for-2025-26/

Reducing inequality	Deprivation and ethnicity gap in pre-term births	Integrated Care Boards
	Deprivation gap in early cancer diagnosis	Integrated Care Boards
	Deprivation gap in myocardial infarction and stroke admissions	Integrated Care Boards
	Percentage of patients with serious mental illness to receive an annual healthcheck	Integrated Care Boards
	Percentage of patients on GP learning disability registers to receive an annual healthcheck	Integrated Care Boards
	Percentage of over 65s attending emergency departments to be admitted	Acute trusts
	Percentage of under 18s attending emergency departments to be admitted	Acute trusts
	Rate of annual growth in under 18s elective activity	Acute trusts
	Number of adults over the age of 65 with a length of stay beyond 90 days at discharge	Mental health trusts
	Annual change in the number of children and young people accessing NHS funded mental health services	Mental health trusts

Comparative summary of what is being delivered by key priorities Berkshire West Local authorities (Annual reports)

Priority	West Berkshire	Reading	Wokingham
1. Reduce the differences in health between different groups of people	- Health in All Policies pilot	- Community grants to diverse groups	- JOY App used by 6,000+ residents
	- Healthy Planning Protocol	- Community Wellness Outreach (1,943 checks)	- Dementia Alliance formed
	- Community Wellness Outreach (429 NHS checks)	- Targeted support for ethnic minorities	- Health checks and outreach in deprived areas
	- Employability skills in schools	- JOY App for referrals	- Mental Health First Aid in Black communities
2. Support individuals at high risk of bad health outcomes	- Dementia Friendly West (60+ members)	- Dementia Friendly Reading	- New Learning Disability Team
	- Carers Strategy in development	- Carers Breaks pilot	- Carers Strategy implementation
	- Domestic Abuse Strategy	- Domestic Abuse support via PACT	- Domestic Abuse training and safe housing
	- Work & Careers Fair	- Rough sleeping outreach	- Drug and alcohol treatment expansion
	- Suicide prevention outreach	- Learning disability employment support	- Naloxone distribution
3. Help families and children in early years	- Parenting classes mapped	- **Increase 2-year-old nursery access**	- Early Years survey and workshops
	- Family First assessment	- SEND support in early years	- Transition support for school readiness
	- Early Help digital referral pilot	- Family Hub pilot	- Parent toolkit in development
	- SEND support and trauma-informed training	- NRPF family support in multiple languages	- Focus on EAL and access barriers
4. Promote good mental health for children and young people	- Life Education in schools	- MHSTs in all schools by 2025	- 2 MHSTs (3rd needed)
	- Young Health Champions	- Primary Mental Health Team	- Tellmi app launched
	- MHSTs in schools	- Therapeutic Thinking Schools	- CAMHS for Children in Care
	- PSHE resources and podcasts	- Neurodivergent support tracking	- New children's homes opening
5. Promote good mental health for adults	- Financial wellbeing events	- Men 2 Men project	- Link Visiting Scheme
	- Mental Health Forum	- Green Wellbeing Network	- Friendship Tables
	- Suicide Prevention Action Plan	- Suicide prevention toolkit	- Dementia Friendly Wokingham
	- Community Health Champions	- Closing the Gap 2 commissioning	- Mental Health workshops and peer support

Summary of how each of the five Berkshire West Health and Wellbeing Strategy priorities is performing: **Taken from annual reports and implementations updates**

Priority	West Berkshire	Reading	Wokingham
1. Reduce the differences in health between different groups of people	✅ Successfully Delivered	✅ Successfully Delivered	✅ Successfully Delivered
2. Support individuals at high risk of bad health outcomes	✅ Successfully Delivered	✅ Successfully Delivered	✅ Successfully Delivered
3. Help families and children in early years	✅ Delivered	⚠️ Partially Delivered	⚠️ Partially Delivered
4. Promote good mental health for children and young people	✅ Successfully Delivered	✅ Successfully Delivered	✅ Successfully Delivered
5. Promote good mental health for all adults	✅ Successfully Delivered	✅ Successfully Delivered	✅ Successfully Delivered

3) Evaluate how effective health inequalities strategies are in delivering their goals.

Original Research

Accessing National Health Service Stop Smoking Services in the UK: a COM-B analysis of barriers and facilitators perceived by smokers, ex-smokers and stop smoking advisors

K.L. Kwah [a], E.A. Fulton [a b], K.E. Brown [a b]

https://www.sciencedirect.com/science/article/abs/pii/S0033350619300939

Research article | Open access | Published: 17 September 2020

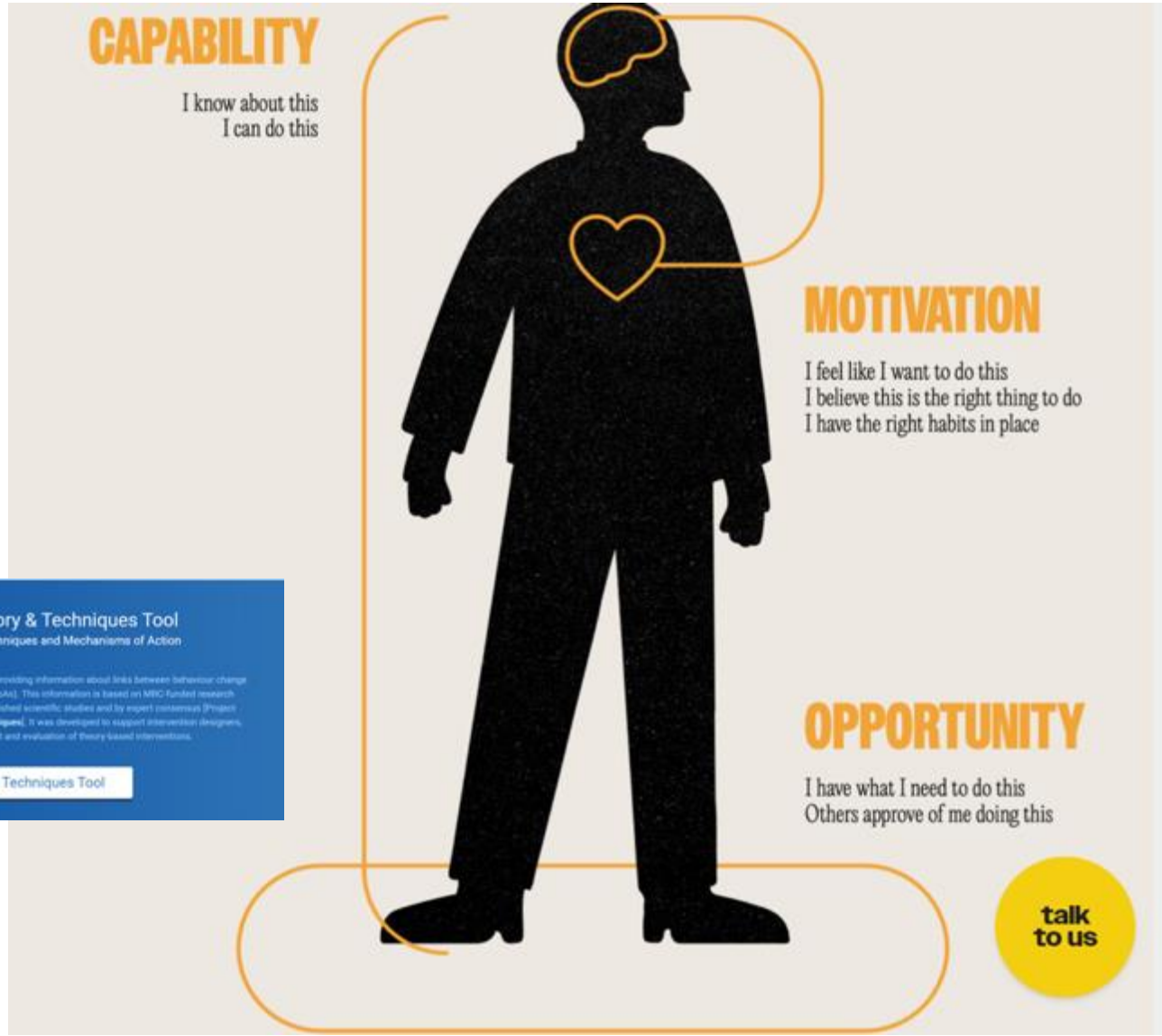
Influences on NHS Health Check behaviours: a systematic review

Lou Atkins, Chryssa Stefanidou, Tim Chadborn, Katherine Thompson, Susan Michie & Fabi Lorencatto

BMC Public Health **20**, Article number: 1359 (2020) | Cite this article

10k Accesses | **16** Citations | **12** Altmetric | Metrics

https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09365-2



https://togetheragency.co.uk/news/the-com-b-model-of-behaviour-change-explained

https://theoryandtechniquetool.humanbehaviourchange.org/

4) Perform a gap analysis to identify missing population groups and needs

- Complete a survey with residents using tested social determinants tools combined with question on health care access question (NHS Change) and demographic questions (NDNS +others)

Gap analysis in health care methods

Questions:

- Where are we now?
- Where do we wish we were?
- How are we going to close the gap?

Reduce health inequalities and inequalities in outcome, access and experiences of healthcare by focusing on the **wider determinants of health** and experience by **racialised groups** and or those from **areas of income deprivation**

Area of focus
Focussing on **outcomes**, **access** and **experience** of our services: focussing specifically on the variation in any of those three experiences by **racialised groups** and/or those from **areas of income deprivation**
Understanding the needs of our communities: **co-produce our reducing health inequalities strategy,** building the trust and resilience of our local communities to positively impact on health inequalities in Berkshire.
Addressing the social determinants of health by generating **social value** through our core functions. Efforts to create social value are closely linked with efforts to address health inequalities. We are already undertaking activities to enhance our social value, such as the focus of school outreach in areas of deprivation and the creation of the award-winning gardens in West Berks Community hospital.

https://pmc.ncbi.nlm.nih.gov/articles/PMC7864106/

Methods: Survey

Survey design:

- Mix of open and closed questions, pre-existing survey questions are used, some Likert scale response options .

Inclusion criteria

- Adults aged 18 years plus who live in Berkshire

Sampling strategy

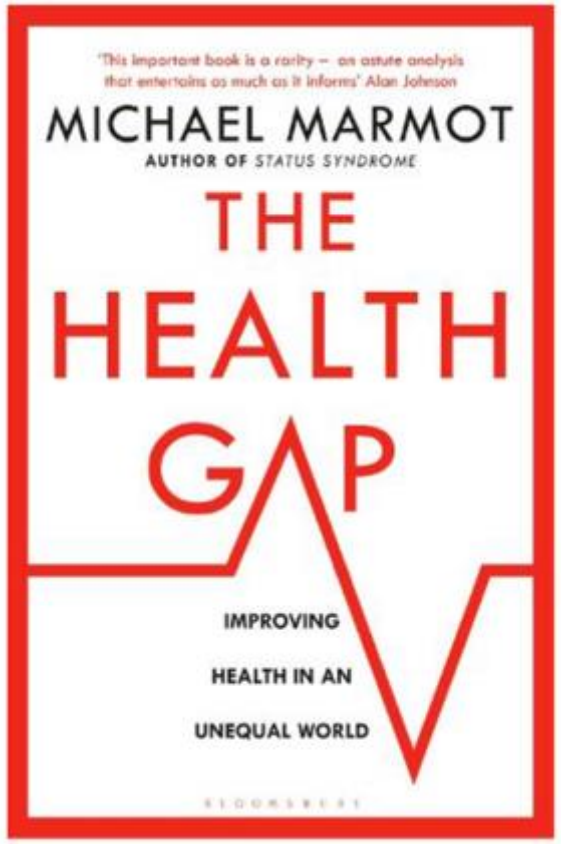
- Volunteer sampling- (Self-Selection)
  - Purposive non-random sampling
  - Concerns- generalisability of findings to wider population

Recruitment strategy

- Organisations with the BHIG project e.g. Involve, Reading Community Voluntary action, Healthwatch, Charity and Voluntary sector, local authorities, Community Connectors?
- Or via reach PLC and a social media campaign?
- Target areas of high-income deprivation
- Racialised groups

https://methods.sagepub.com/dict/edvol/the-sage-dictionary-of-social-research-methods/chpt/volunteer-sampling

5) Co-development of a theory of change with residents



The Health Gap: Sir Michael Marmot

'What good does it do to treat people and send them back to the conditions that made them sick'.

'We have to address the social gradient, not only the issue of poverty and health. Addressing the social gradient means addressing inequality across the whole of society'

Sir Michael Marmot

The EveryONE Project™
Advancing health equity in every community

Social Determinants of Health
GUIDE TO SOCIAL NEEDS SCREENING TOOL AND RESOURCES

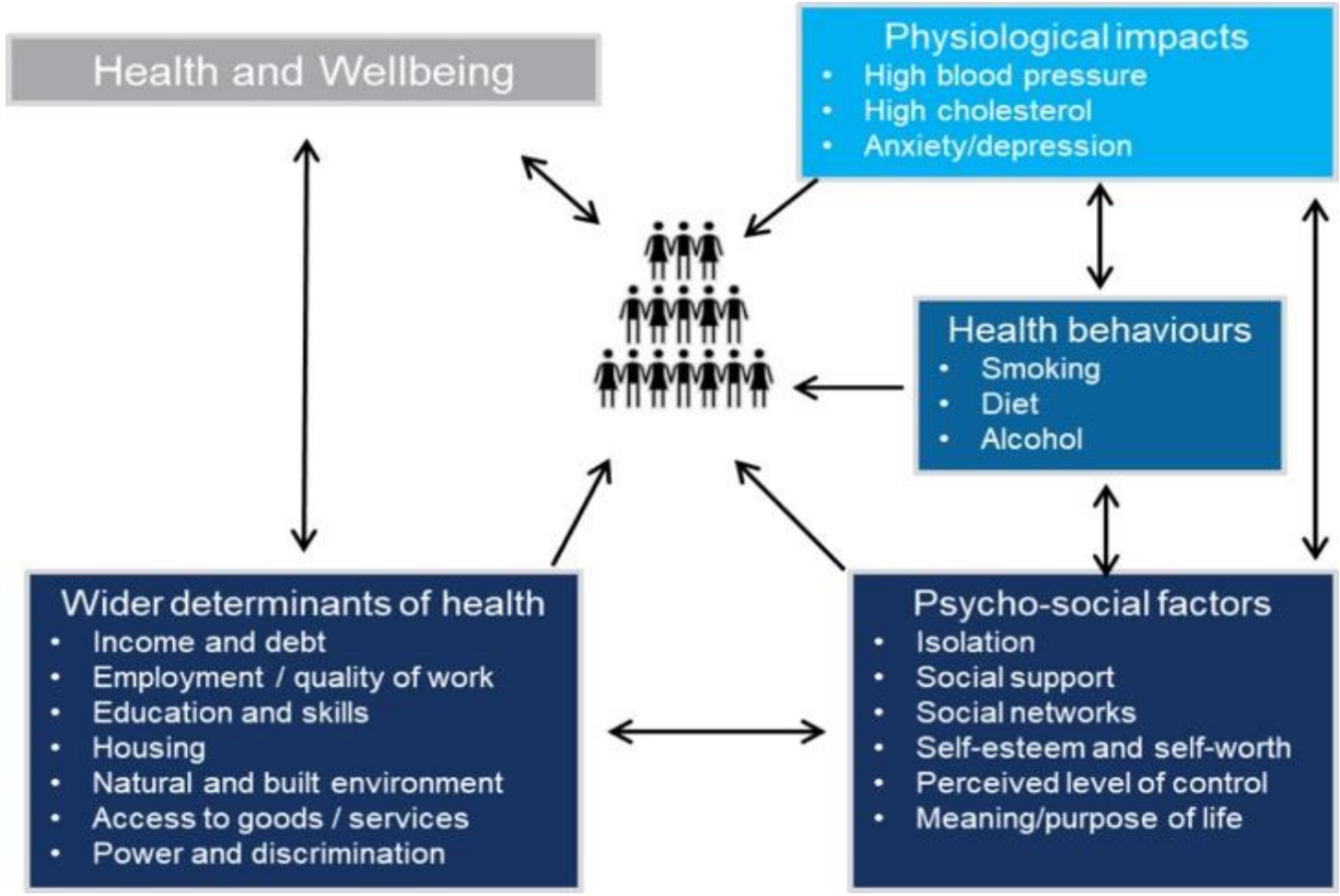
https://discovery.ucl.ac.uk/id/eprint/10051968/1/Marmot_SJP_MM_686_693.pdf

Example: Theory of Change for access to healthcare appointments amongst low-income households

Root cause	Problem	Inputs	Activities	Outputs	Outcomes	Impact
Low-income households are unable to afford travel costs for attending health appointments.	Public transport cost have increased e.g. bus fare cap is now £3 per trip compared to £2	Funding needed from local authorities to fund transport cost for healthcare appointments	Bus pass scheme for low-income households to access healthcare appointments	Uptake of the scheme by households Number of appointment attended.	Reduction in missed appointments	Better health outcome for low-income households. Reduction in the need for advanced health care

What's next?

- Summarise information already collected and start writing up findings.
- Gap analysis
- Ethics application- submitted waiting for approval
- Work with organisations regarding community roundtable events and theory of change
- Work with BHIG organisation members to identify who can help with answering questions regarding strategies and action plan



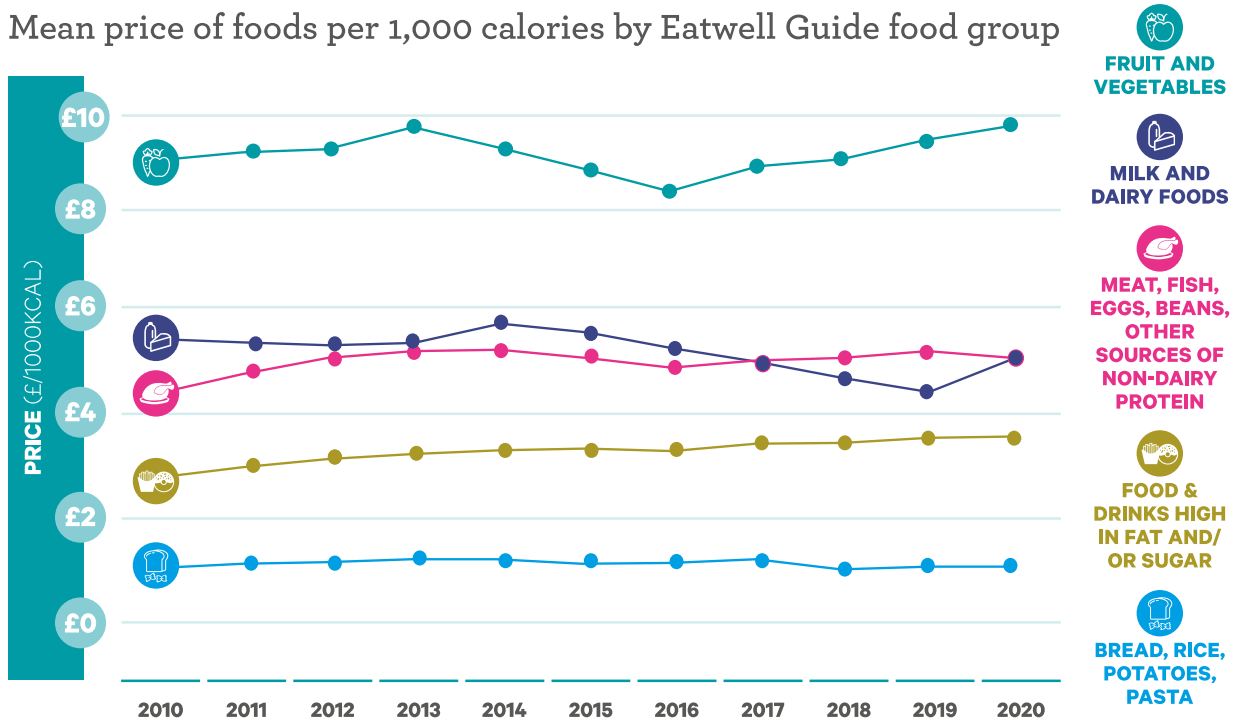
TACKLING THE DIETARY INEQUITY THAT UNDERPINS HEALTH INEQUALITIES

Professor Carol Wagstaff

APVC-Research for Agriculture, Food and Health | Principal Investigator for FoodSEqual-Health

INEQUALITY IN THE UK FOOD SYSTEM

- **Inequality can be challenged**
- Finance, mobility, social systems, learning difficulties, & time constraints can all contribute to a lack of a healthy diet
- Fresh produce is expensive, takes more time to prepare, it's inconsistent & perishable
- Local shops not suited to stocking fresh produce
- Lack of time from working long or unsociable hours restricts cooking
- Trying new foods a risk when you cannot provide an alternative
- Access to cooking equipment can be restricted



Our journey so far....

FoodSEqual

Food Systems Equality

Four suburbs on the edge of English cities or large towns, two coastal & two inland

Plymouth

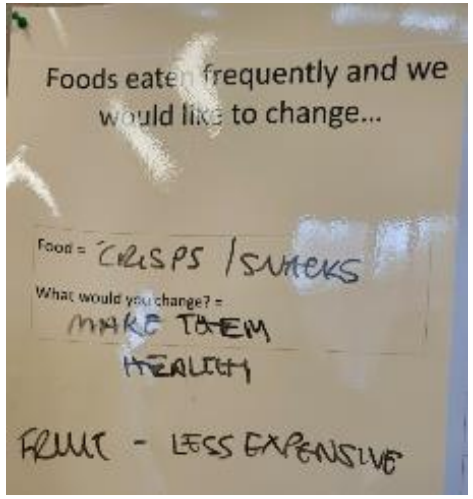
PLYMOUTH SUSTAINABLE FOOD cities BRONZE AWARD

Port city with pockets of serious social & economic deprivation, with up to 11 years life expectancy difference between neighbourhoods.
High levels of child poverty and young people identified as 'food insecure'.

Whitley (Reading)

Generally: low income "left behind" community. Supermarkets donate unsold produce to the Whitley Community Development Association (WCDA)

ASSESSING DIETS: ASPIRATIONS



Workshops run by Community Researchers within their community spaces

In Plymouth:

- 5 Workshops, 2-12 residents (n=31)
- 8 with children living at home

In Whitley Reading:

- 6 workshops, 4-6 residents (n=30)
- Sub-groups: Families, Living Alone, Special Diets, Children

Experiences of living with inequity

Plymouth

- **Top Priority = Access to food; making it difficult to think about future changes**
- Transport to large supermarkets an issue
- Poor mental health impacts ability to shop & cook
- Eat ready meals due to mental & physical health issues, and time. Reasonably priced, especially with low cooking cost of microwave.
- Within families: hard to find foods everyone likes; so can give up on family meals
- Stigma attached to emergency food aid

Reading

- **Stress**, uncertainty, stretched resources & multiple demands
- **Aware** of "healthy foods", but price, access & taste take priority
- Children eating only **narrow range** of foods
- Mums **want to improve nutrition** but without battles & stress
- Shop around on **price**
- Limited scope for **waste**
- **Shopping basket finely tuned** to foods that work for their household
- Need foods to be **filling & readily accessible**
- **Environmental & animal welfare little influence**, some mention of reducing plastic

Tackling affordability and accessibility of F&V

- Area-based intervention, providing F&V vouchers to ~300 households in areas of high IMD for 12 months
- Coupled with provision of F&V by vendors providing F&V via community hubs
- Assessment of: diet quality, wellbeing, health markers, food affordability, acceptability to public health teams, social connectivity

- Process Evaluation:
  - i) the process of implementing the intervention
  - ii) the mechanisms of action of the intervention
  - iii) contextual factors which impact on intervention success.

- Locally-adapted delivery in each area to address central research questions

What is it?

Fresh Street

Place-based vouchers for local fresh fruit and vegetables

Fresh fruit & vegetable VOUCHERS

- Paper & shareable
- All eligible
- Not means tested

+

Local independent FV VENDORS

- Stalls, shops & vans

- Better diet quality
- Better health outcomes
- Reduced GP visits and hospital stays
- Increased life satisfaction
- Increased social contact and cohesion

UK context

- High public awareness of ‘5-a day’ message
- UK Public Health Nutrition guidelines <u>not met</u>
  - 1 in 4 adults eat 5-a-day
  - 1 in 12 children eat 5-a-day
- Rising food insecurity, food swamps & deserts
- Food emergency = food industry ‘left over food’ model
- Communities lack access/ means to eat a healthy diet
- Human relationships in the buying, preparing, cooking and sharing of food are disrupted in multiple ways.

Alexandra Rose Charity

Fresh Street Community research questions

Primary research question:

- What is the most effective way to embed the Fresh Street Community Scheme within local food systems in areas of high deprivation?

Secondary research questions:

- What are the most effective methods for households to receive and redeem vouchers for locally supplied fruit and vegetables?
- What is the feasibility of the new (centralised) fruit and vegetable vendor payment system?
- What is the preliminary evidence of the impact of the Fresh Street Community on a) social connection b) health inequality, c) self-reported dietary behaviours and wellbeing status and d) the availability and affordability of fresh produce?
- What is the acceptability of Fresh Street Community by local households, fruit and vegetable vendors, councils, and other stakeholders?
- What is the return-on-investment case for continued funding of Fresh Street Community by local authorities and other agencies?

Intervention design

Whitleigh (Plymouth)
2 streets representing ~300 households in area of high IMD, near to Four Greens community hub

1 street representing ~150 households receive £10-worth F&V vouchers each fortnight, PLUS, programme of community-hub based activities

1 street representing ~150 households receive programme of community-hub based activities

100 individuals

100 individuals

Food and Wellbeing Chat month 1, 10, 32

Provide hair/urine samples for biomarker assessment

Attend NHS-run health checks (?)

Whitley (Reading)
11 streets representing ~300 households in area of high IMD, near to WCDA community hub

5 streets representing ~150 households receive £10-worth F&V vouchers each fortnight, PLUS, programme of community-hub based activities

6 streets representing ~150 households receive programme of community-hub based activities

100 individuals

100 individuals

Food and Wellbeing Chat month 1, 10, 32

Provide hair/urine samples for biomarker assessment

Attend NHS-run health checks

Fresh Street Community

October
Baseline Food and wellbeing chat

November (11th)
WCDA 'Pop- up' fruit and vegetable stall opens

June
8-month fruit and vegetable intake collected

July
Fresh Street voucher value doubled to £10 per week, collection from WCDA

October
12-month fruit and vegetable intake collected

October
Baseline fruit and vegetable intake collected

November
Fresh Street vouchers delivered to households in 5 streets (approx. 150 households)

April
6-month food and wellbeing chat

June
Six streets added
Fresh Street vouchers delivered to households in 11 streets (approx. 300 households)

September
final food and wellbeing chat

November
Two new streets added.
Fresh Street vouchers delivered to households in 13 streets (approx. 400 households)

Oct- Dec 2023

Jan 2024- April 2025

Biotechnology and Biological Sciences Research Council

Reading Borough Council
Working better with you

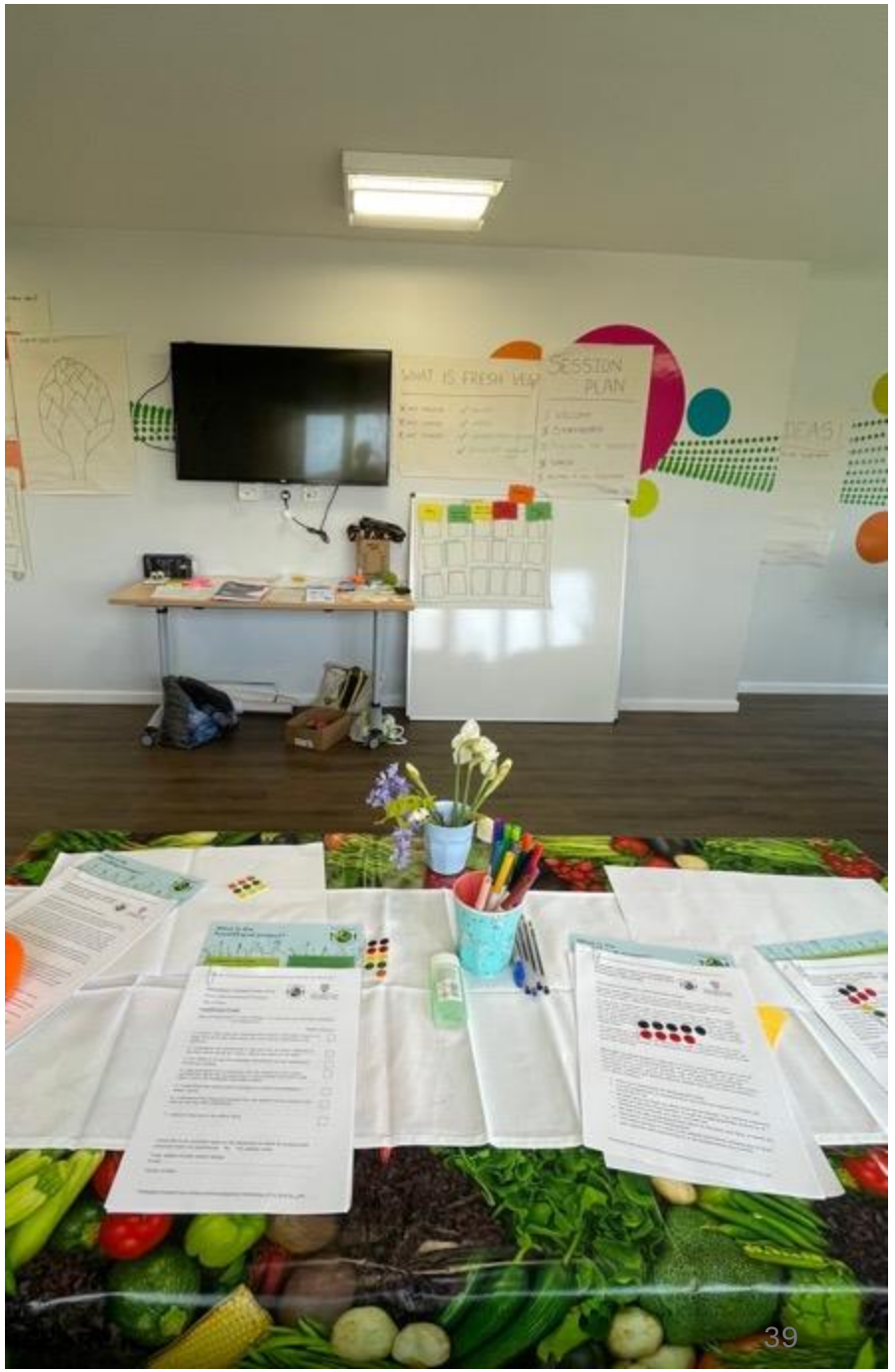
Funding: June 2023 – Oct 2024

Funding: October 2024 – April 2025

Local activities to support community-based research

Key features

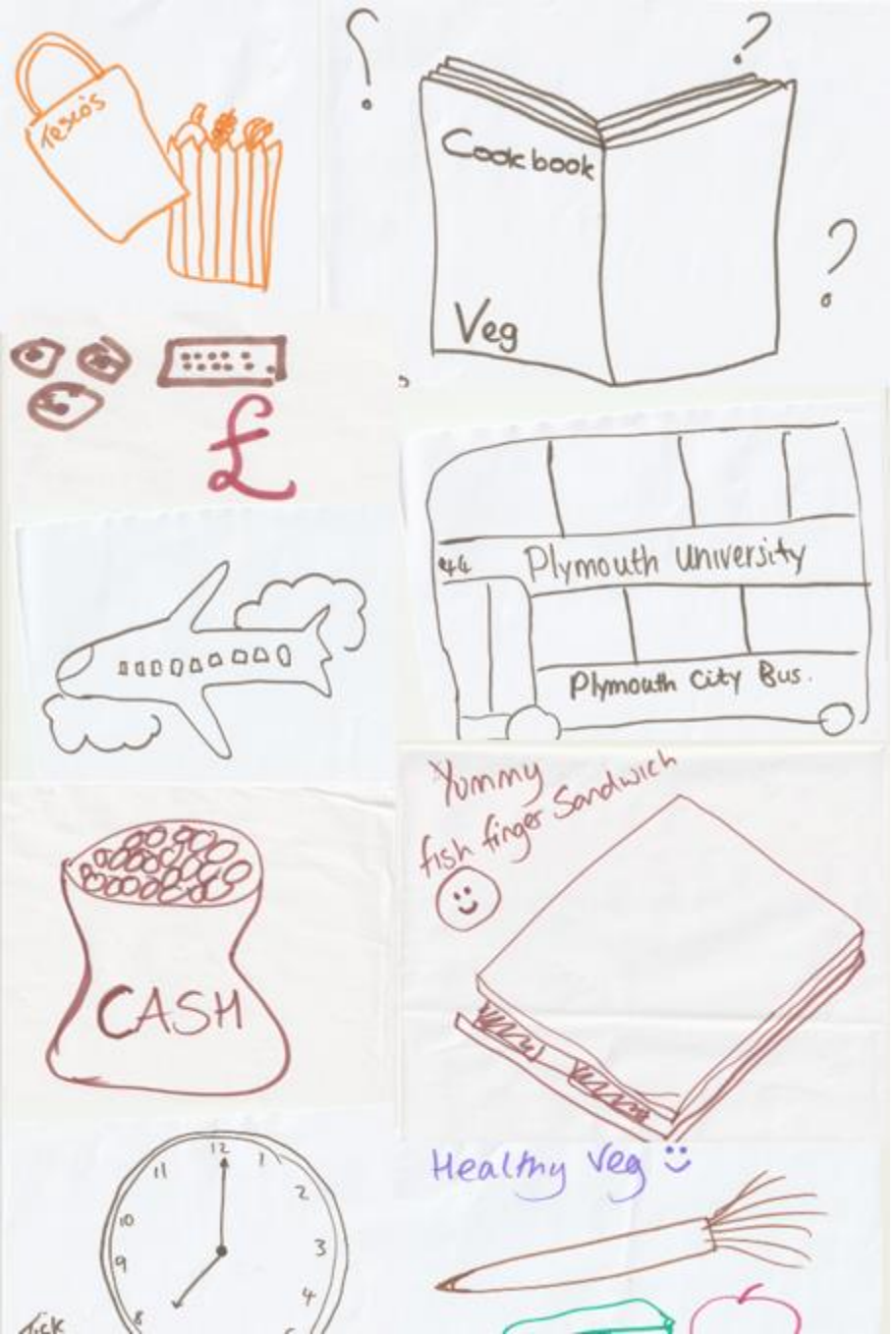
- Co-designed and facilitated by Community Food Researchers
- 'Hands-On'
- Inclusive
- Welcoming, social spaces
- Focus on local topics and activities related to food
- Bespoke activities created for local events and groups
- Making, drawing, mapping, zining



Interactive and creative methods – integral to our local research process

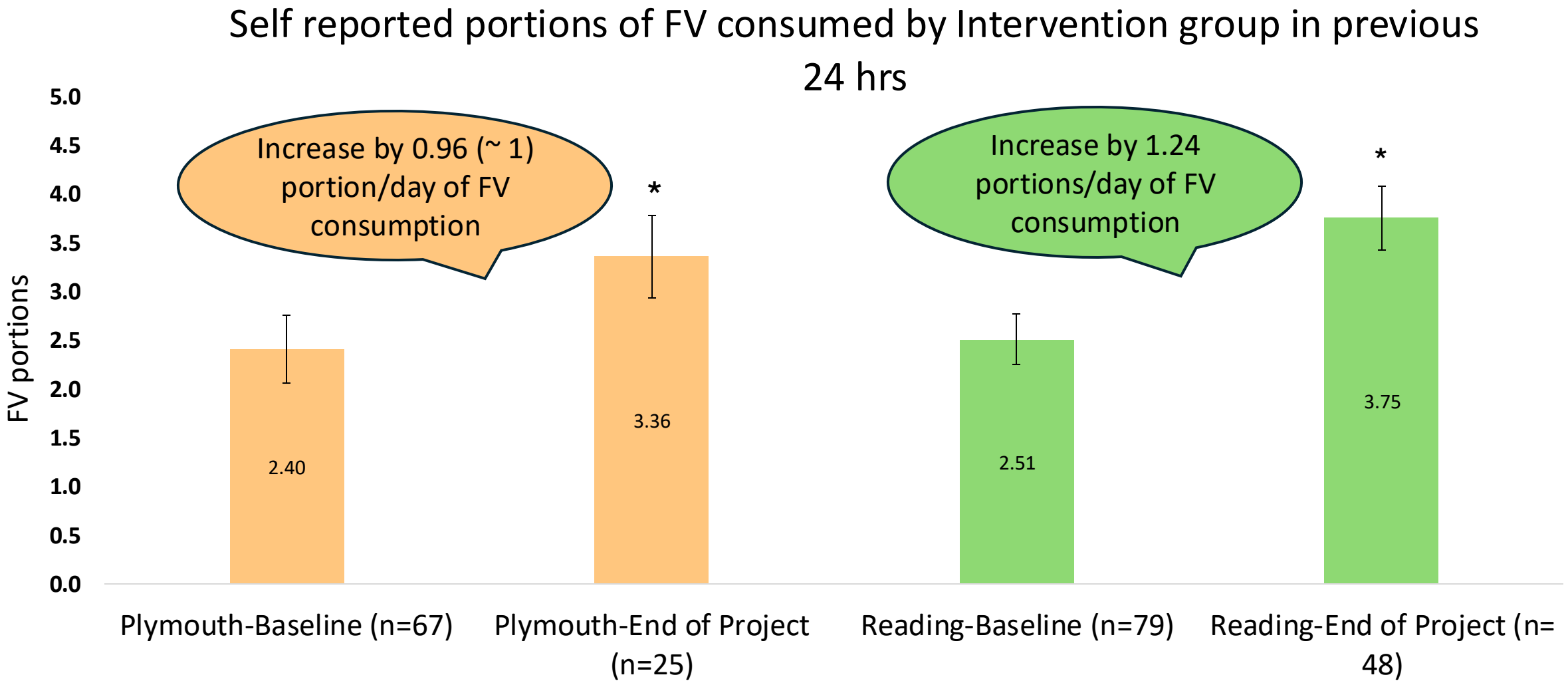
- Key component of 'co-production'
- Supports diverse communication styles and voices
- Supports group working and collaboration
- Supports individuals within groups to have a voice
- Data collection
- Participatory data analysis
- Outputs; sharing our findings with different audiences

Appointed "Community Food & Health Champions"



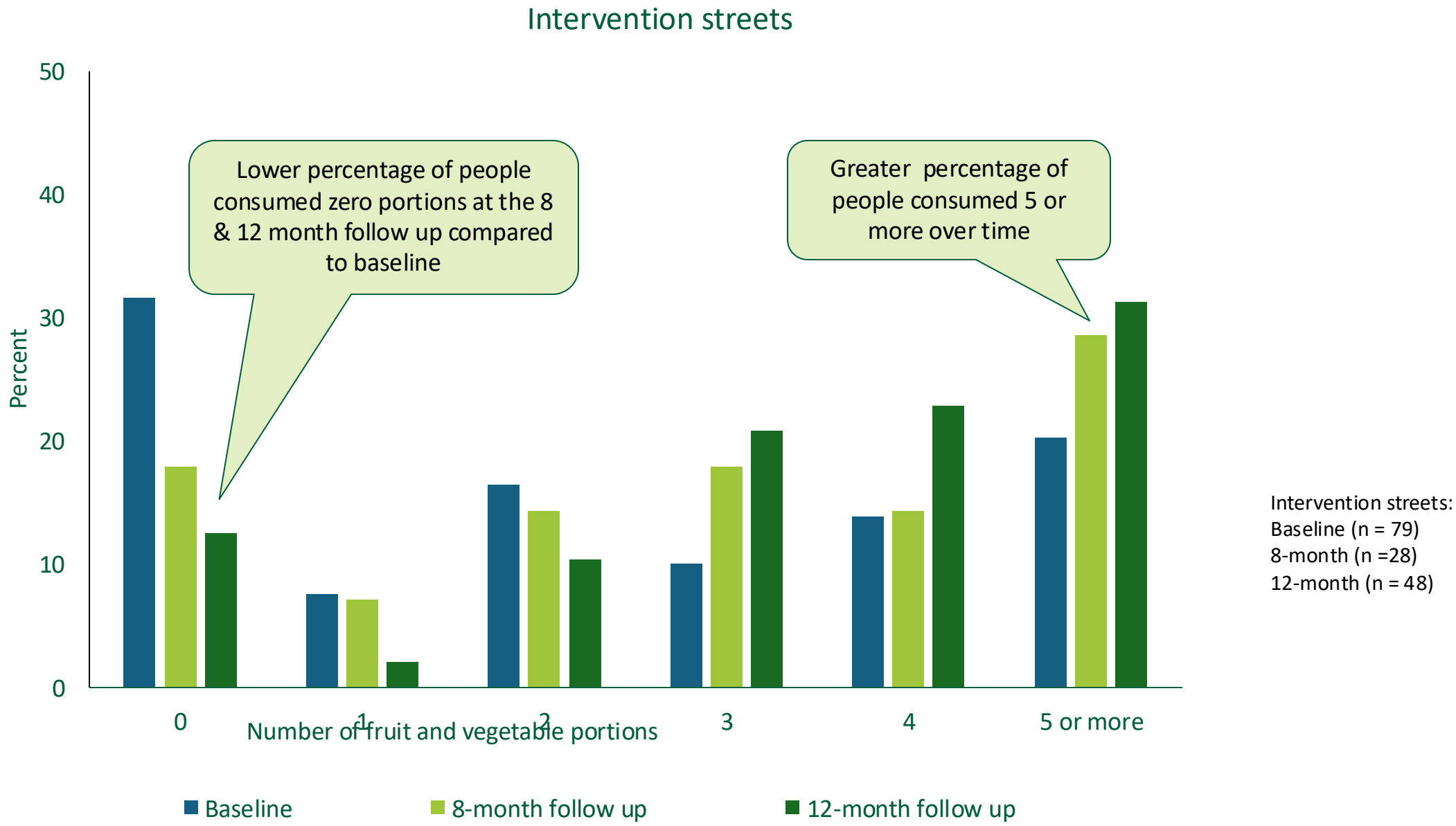
Does it work?

Does it really make a difference?



Mean and std error of mean are shown. * Denotes significant difference at P<0.05. Statistical test: t-test

Self-reported F&V portions consumed in previous 24h



Intervention streets:
Baseline (n = 79)
8-month (n =28)
12-month (n = 48)

Its not just about food.....

"Food is not just fuel. Food is about family, food is about community, food is about identity. And we nourish all those things when we eat well."

Michael Pollan

- Social connectivity

... you see people all the time ...but you don't say anything. but when you've got a local and common experience. *Oh yeah, I saw you down there...*

- Empowering

Now I feel like a proper mum

The importance of community

Whitley CDA
30 November 2022 ·

Today I feel really proud.

We had an introductory session of walking netball which was enjoyed by some of our lovely ladies, the sessions proper start in January, please come in and find out more about it.

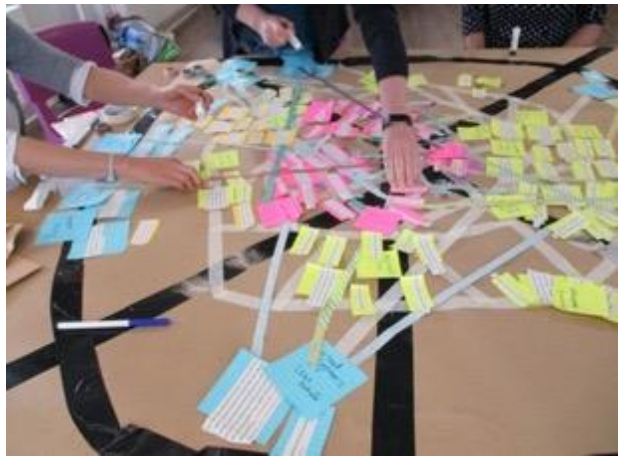
Our knit/ crochet and natter is growing. New faces again this week. Some amazing talents in Whitley.

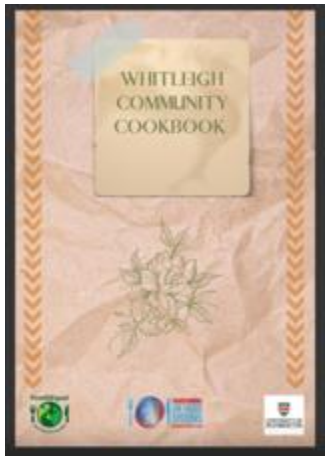
Just a couple of reflections, if you haven't been in to see us please do. You will be made very welcome.

41 17 comments 2 shares

Like Comment

Most relevant



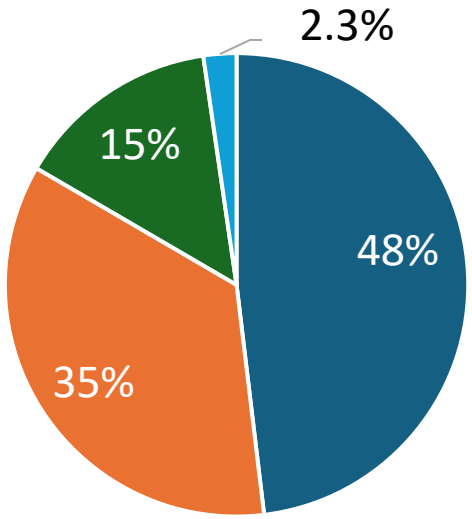


https://issuu.com/foodsequal-plymouth/docs/foodsequal_explore_awards_book_compressed

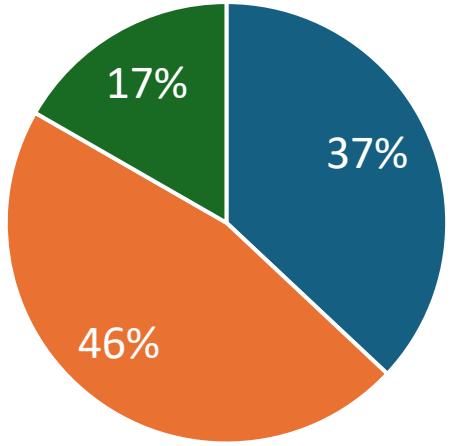
Health: Adults attending NHS Health Checks

Meet PEET (BMI)

April –Dec 2023 (n = 133)



Jan –April 2024 (n = 54)



11 percentage point reduction in obesity

11 percentage point increase in overweight

2 percentage point increase in healthy weight

Dietary Assessment & Nutritional Biomarkers

Activity One	Activity Two
Foody Chat:	Collect samples
Dietary Intake using FFQ and 24-hour recall	

Fruit & Veg

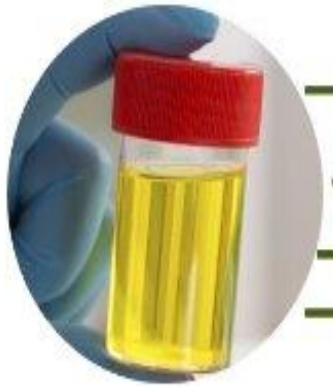
Salt

Sugars

Plant based food

Animal based food

BIOMARKER ANALYSIS - HIGH THROUGHPUT ANALYTICAL INSTRUMENTS



Urinary Sodium & Potassium → ICP-MS

Urinary Sugars → QTOF

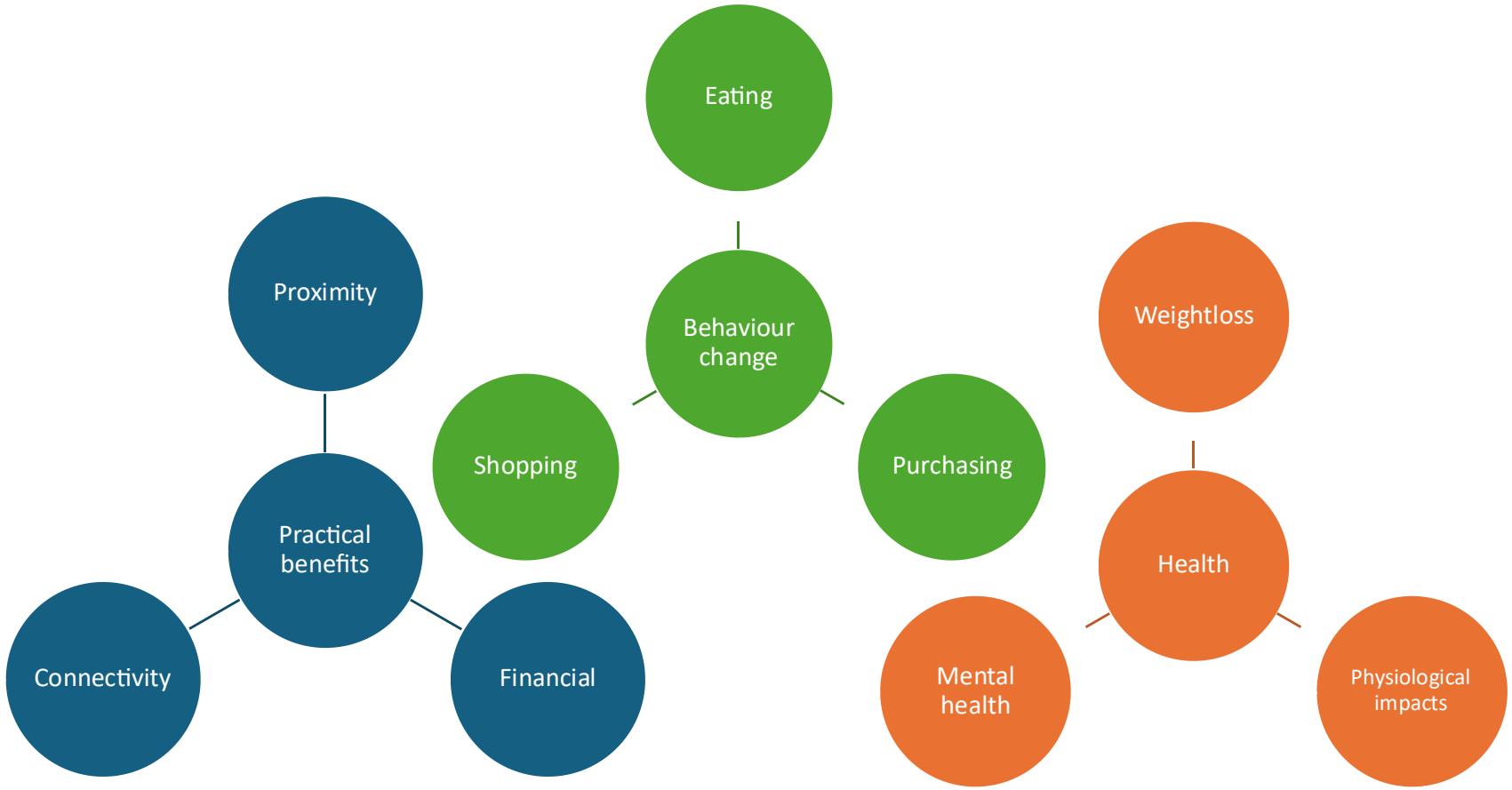
Untargeted Metabolites → NMR

Hippuric & hydroxy hippuric acids → LC-MS

δ 13C & δ 14N → IRMS (Isotope ratio mass spectrometry)

Process evaluation

Semi-structured conversations were transcribed, followed by inductive coding and generation of themes using the principles of reflective thematic analysis. Two main themes each with three sub- themes were generated.



Practical benefits

Proximity of the stall to residents' home was perceived as providing autonomy in food choice, especially when health was impaired, and transport to access shops further away was difficult:

"Being partially sighted, I cannot pull a trolley properly. So normally I have to rely on people to be with me, to go shopping or something like that or take me shopping. My daughter sometimes takes me. But we haven't been this week because she's not well.

"I can't carry heavy shopping anyway…Where could you go and get vegetables and fruit? You've got to go all the way into town and then you've got to carry it all the way back. No, it's just a godsend really".

Financial benefits: Many residents spoke of the vouchers as helping them with the cost-of-living crisis and enabled access to fresh vegetables, whilst for others the vouchers were positive for ensuring a sufficient quantity of fruit and vegetable to help meet dietary preferences and needs

"Help with the cost of living which was good. At the start of the cost of living went to frozen veg. Thought the vouchers were a very good thing"

"There's 6 of us all working in our house all eating fruit and veg, 2 kids can't eat meat and the oldest daughter is vegetarian, so it helps"

Connectivity: Residents viewed the scheme as being a facilitator for social connectivity with fellow residents but also with the Whitley Community Development Association

"The stall is a nice contact point and brought me into the facilities of WCDA. Find out about what's happening in WCDA from the Fresh Street leaflets explaining what's going on".

"Yes, I've met a few more people … I did sit down and have a cup of tea with them one with a dog… Usually have a chat to see what we've got and what we're doing with it…"

Behaviour change

Eating behaviour Residents spoke of changing their eating behaviours related to fruit and vegetables with many indicating their intake had increased but were also trying new produce and cooking from scratch. Others indicated they were swapping high fat salt sugar snacks for fruit and vegetables

"Fruit and vegetable intake increased- before limited purchase now get twice the amount"

"So we make soup now and rather than go and buy it". "I'm snacking on fruit rather than crisps and chocolate".

"snack less and sweet intake is drastically less as snack on fruits eat more veg and more health conscious"

Shopping behaviour Many residents indicated they visited the fruit and vegetable stall on a weekly basis, and it had become part of their routine. Buying produce from the stall supplemented their shopping from other retailers, in part because the stall stocked different produce, or they perceived the fruit and vegetables lasted longer than those from a supermarket

"Sometimes when you go to Morrisons and places like that, they haven't got the fruit and veg you want"

"all seems to have a longer life than the supermarket". "Buying fruit and vegetables from Morrisons before but now buy from the stall"

"Won't buy certain things in the supermarket because I know I am going to pick it up at the stall"

Purchasing behaviour Having the vouchers helped residents to buy fresh fruit and vegetables, and in quantities that they need

"Before cost of living buy fresh fruit and vegetables, moved to frozen, now back to buying fresh".

"In the supermarket I have to buy things in packets here it's closer and breaks the cycle".

Health

Many residents perceived that Fresh Street Community had helped them with their health. Some spoke of weight loss whilst other mentioned their mental health had improved whilst the scheme had facilitated eating a diet that was beneficial for addressing physiological conditions

“I've dropped two dress sizes, Walking more. I'm yeah, I'm running around with the grandkids as well…I'm not knackered all the time and I can actually do a 12-hour shift at work and still come home with a bit of energy”

“I had anxiety and doctor recommended change of diet and fresh fruit and veg more important”.

“my cholesterol has gone down, I’ve lost a bit of weight but I have got health issues which were spotted through the community centre and extra health checks …that flagged up a few things and it’s made me realise I need to change a little bit health wise and this is helping me because I’m getting a more varied diet than what I did before”.

Conclusions

Effective ways to embed Fresh Street Community

- Market style F&V stalls were popular in both locations, choice and the ability to buy just what is needed are important to householders

Self-reported dietary behaviours

- Preliminary evidence indicates Fresh Street Community increased F&V intake amongst residents living in streets receiving the vouchers

Social connection

- Fresh Street Community facilitated community cohesion by building stronger connections between neighbours and fellow residents as well as between residents and charity organisations

Area based (non-means tested) voucher schemes have the potential to address dietary inequity and health inequalities whilst simultaneously changing the local food environment by increasing access (physical and economic) to F&V and supporting local businesses.

Going forward….

Department for Environment, Food & Rural Affairs

Official Statistics

United Kingdom Food Security Report 2024: Theme 4: Food Security at Household Level

Published 11 December 2024

Acknowledgements

We are extremely grateful to the following for their expert contributions and guidance throughout the synthesis of this Report, helping to ensure it delivers a thorough analysis of a robust evidence base:

- Dr Michelle Thomas, University of Reading
- Professor Carol Wagstaff, University of Reading

Discussions with participants at the same site after the intervention in June 2024 revealed the dependency that some households have on both the stall and the vouchers:

- ‘So grateful for the vouchers as been struggling for a while.’
- ‘What you doing is great we couldn’t manage without you - money is tight.’
- ‘I’ve not eaten for 3 days - money not come in yet.’

Project two: FoodSEqual: FoodSEqual, and its daughter project FoodSEqual-Health, are interdisciplinary projects that are committed to transforming food systems with disadvantaged communities by using the community food researcher model. FoodSEqual-Health is running an intervention called Fresh Street Community, which provides non-means-tested vouchers for purchasing fruit and vegetables at a bespoke stall set up as a social enterprise at local hubs. The intervention tackles both access to, and affordability of, fresh produce in two locations (Whitley, Reading and Whitleigh, Plymouth), and explores the benefits of social connectivity with access to wellbeing and healthcare, which are provided alongside the fruit and vegetable stalls.

Engagement with participants at the Reading site (Whitley Community Development Association – WCDA) in November 2023, prior to the start of the intervention, showed that a large proportion of households experiencing food insecurity consumed very few portions of fruit or vegetables. For example, 48% of households consumed no portions of fruit or vegetables the preceding day, and thematic analysis of one-to-one structured interviews illustrated the struggles people face with maintaining healthier eating habits:

- ‘I don’t eat vegetables – but I am encouraged to because this is at WCDA’
- ‘I don’t have any strong memories of family meals – none of school dinners as I was always packed lunch. The family favourite meals didn’t include vegetables – except mashed potato. I don’t change what I eat depending on season’
- ‘I struggle to get enough fruit and veg in me – it comes down to cost and time. I am struggling with my mental health – and it makes me not want to cook – or cook things that I have to watch. I am trying to make it healthier but struggling. I eat salad as no preparation is needed. It’s about time management – I do try and keep up with seasonal fruit and vegetables, but it depends on price. I want to get to a point where price comes after my nutrition needs. I do all the cooking on my own.’
- ‘I have problems with depression and anxiety, eating fruit and vegetables I noticed I felt better after 5-weeks’

Hexham Community Event

BBC Sign in Home News Sport Weather iPlayer Sounds

NEWS

Home | InDepth | Israel-Gaza war | War in Ukraine | Climate | UK | World | Business | Politics | Culture

England | Local News | Berkshire

Hundreds turn out for community health event

Makini Jones helped provide health checks to participants on Saturday

Michelle Thomas, a post-doctoral research associate for public health at the University of Reading, gave a cooking demonstration.

"It's incredibly important, with the cost of living crisis, where the price of food has gone up considerably, to have skills in your toolkit, as it were, to make something from very simple ingredients [with] minimal cooking equipment," Dr Thomas said.

Coley Park Community Event

Moving from research to adoption

Plymouth:

- Continue operating a fruit and vegetable stall at Whitleigh Big Local monthly market in partnership with Food Plymouth CIC
- It will be operated by the CFRs.
- This iteration of the scheme does not receive funding from Big Local, instead paying for a monthly stall at the market.

Manchester Greater Combined Authority:

- Exploring collaboration with a pilot of a digital version which enables residents to buy essentials with dignity from market traders and convenience stores

Reading:

- Embedding within vision for the Reading Food Partnership (RFP) :
  - Food insecurity: Tackling food poverty & diet related ill-health, improve access to affordable & healthy food;
  - Sustainability and food growing: Addressing climate & nature emergency through expanding local food growing & farming, and repurposing & minimising food waste;
  - Healthy eating and food advocacy: building public awareness & active citizenship, and a local food movement to promote health.
- Provision of the intervention across more areas of high IMD in Reading with Reading Borough Council support

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UNIVERSITY OF PLYMOUTH

FoodSEqual
Food Systems Equality

https://research.reading.ac.uk/food-systems-equality/

FoodSEqual
Health

FOOD Plymouth

https://foodplymouth.org/project/foodsequal-health/

Fresh Street

https://www.freshstreet.uk/fresh-street-community/

Thank you

MRC Medical Research Council

NIHR National Institute for Health Research

UKRI Biotechnology and Biological Sciences Research Council

Barnsley Metropolitan Borough Council

Sheffield City Council

Tower Hamlets

City of Bradford Metropolitan District Council

City of Doncaster Council

Reading Borough Council Working better with you

Whitley CDA

Regather Co-operative

Alexandra Rose Charity

University of Reading

University of Plymouth

A1 Security Print

BCVS Bassetlaw Community and Voluntary Service

Helping People Changing Lives

FoodSEqual Health