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9 The 'food environment'

9.1 Introduction

Food is vital to individuals, communities, businesses and the economy. This section describes the elements of the 'food environment' that influence individual and community food choices, with a particular focus on how this impacts on population health. Dietary behaviours are described in more detail in the 'Lifestyle and behaviour' JSNA chapter.

There are many important drivers influencing people's food choices. The current food system promotes poor dietary choices, over-eating and ultra-processed foods (such as sugar-sweetened drinks, fast food and confectionery). There is growing recognition that improving people's diets requires more than working at an individual level (for example to improve knowledge and practical skills) and that where we live and how we interact with our food environment has a strong impact on our choices and our health. [1] [2] [3]

There is no common definition of the 'food environment', but for the purposes of this assessment it is described as the factors that influence people's behaviour when it comes to choices over what they eat (see Box 1). Key elements of the food environment relevant to health and wellbeing include the availability and accessibility of affordable, healthy, good-quality food.

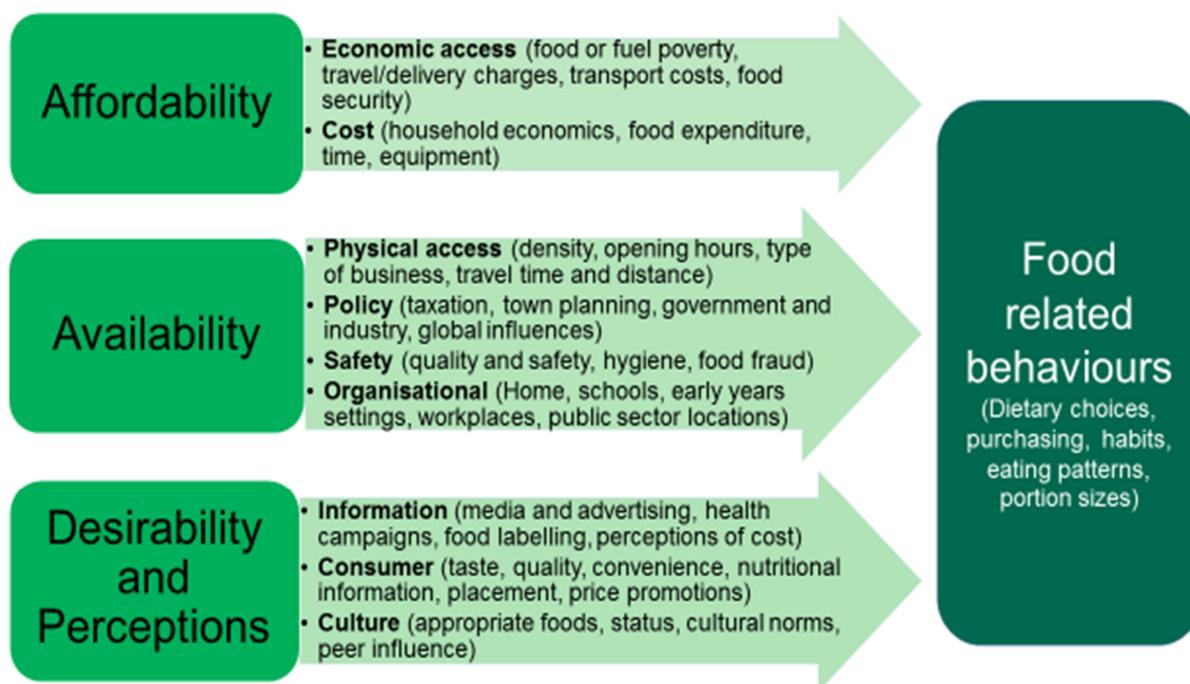
'Food poverty' and 'food insecurity' (see Box 1) are growing problems in developed economies. In the UK, a combination of changes to the welfare system, rising food prices and high living costs are contributing to widening inequalities, (see the 'Living standards' and 'Housing and homelessness' sections of this chapter) with serious consequences for the quality of people's diets and, ultimately, for their health and wellbeing. [4] This growth in food poverty is reflected in increased use of foodbanks across the country and in London. [4]

Food prices have been unstable since the global recession in 2008 and with the influence of climate change. [5] In the UK, there has been a pattern of rising prices of healthy foods and lowering of prices of unhealthy foods. [6] The increased cost of healthier foods has the effect of widening inequalities. However, most income groups have changed their food-buying patterns and there has been a pattern in the UK towards purchasing cheaper foods with more calories that are less healthy. Food expenditure as a proportion of income has reduced in all income groups in the UK. [5]

People's perceptions of food are also a key driver of their eating patterns and these perceptions, in turn, are swayed by wider influences of culture, media and advertising.

Figure 1 provides a simplified overview of the mechanism by which aspects of the food environment impact on individual food choices and behaviours. Some of these factors can be influenced at local level, while others are driven by industry behaviour and national government policy.

Figure 1: The food environment – wider influences on individual food choices



Source: Adapted from National Obesity Observatory [3]

Box 1: Definitions used in this section

Healthy diet – In the UK, the components of a recommended healthy diet are described in the Eatwell Guide. [7] A healthy diet is one that balances calorie intake with activity levels, incorporating a wide variety of foods with an emphasis on vegetables, whole fruits, starchy carbohydrates and wholegrains.

Food environment – Wider influences on people’s choices over the food they buy, prepare and eat. These influences include cost, availability, media and culture.
Availability – The types of food outlets and number of healthy, good-quality food options in a local area.

Food security – Exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. [8]

Food poverty – Food poverty is the inability of individuals and households to obtain an adequate and nutritious diet, often because they cannot afford or easily access healthy food.¹

¹ Food Poverty definition from <https://www.food.gov.uk/northern-ireland/nutritionni/ninutritionhomeless>

9.2 Key facts about the food environment in Hackney and the City

- Hackney has a large number of out-of-home food suppliers that include restaurants, takeaways, street food markets, pop-up outlets and home delivery services. The hot-food takeaway sector in London has grown significantly and there is national evidence that these outlets are clustering in more deprived areas. [9] This clustering in Hackney is less clear as there is a high overall distribution of takeaways, many of which are in easy reach of schools.
- The City of London has a high number of restaurants, cafés, work-based canteens and small supermarkets. Food prices are often extremely high as retailers focus their business on attracting daytime workers rather than addressing the needs of resident families.
- Hackney and the City have a very diverse population so there are likely to be various cultural influences on people's perceptions of what constitutes a healthy diet, and their behaviours in terms of food purchasing, preparation and consumption.
- Hackney is the 11th most deprived borough in the country. (For further detail see the 'Living standards' section of this JSNA chapter) The City of London is one of the least deprived local authorities in the country, but there is significant within-area variation – clear socio-economic differences remain between the Mansell Street and Middlesex Street estates in Portsoken and the wealthier Barbican Estate in the north west of the City.
- Due to high housing costs in both Hackney and the City, as well as welfare reforms, there will be increased pressures on residents' ability to purchase food and make healthy dietary choices, especially for lower and middle-income families. [10] [11]
- A high proportion of Hackney's children are eligible for free school meals, which provide a 'nutritional safety net' for low-income children.
- Research has shown that the majority of food advertising and pricing aims to promote high-fat, high-sugar foods. [12] There is further evidence that 40% of food consumed by UK households is bought as part of price promotions and that 60% of all food offers are for high-fat or high-sugar foods. [13] These factors influence the local food environment, as elsewhere.

9.3 Health and wellbeing impacts

The food environment influences people's choices over what they eat and these choices directly impact on health and wellbeing. At an individual level, food plays a role that goes far beyond simply supplying people with energy and sustenance. A healthy or balanced diet (see Box 1) is an important factor in preventing a range of diseases and early death.

Overall, diet is one of the biggest cause of preventable disease and death in the UK, according to the latest Global Burden of Disease (GBD) Study. [14]

Unhealthy diets and consumption of food of poor nutritional content are directly linked to a number of health conditions and diseases, including obesity,² malnutrition, tooth decay, heart disease, stroke, type 2 diabetes and some cancers. The Faculty of Public Health estimates that poor diet contributes to: [15] [16]

- almost half of coronary heart disease (CHD) deaths
- one third of all cancer deaths
- increased falls and fractures in older people
- low birthweight
- higher risk of disease and death in childhood
- increased risk of dental caries³ in children.

There is growing evidence of the specific impact of fast-food outlets on health. For example:

- a study in the US found that increased patronage of fast-food outlets is associated with excess weight gain and insulin resistance (linked to type 2 diabetes) [17]
- a recent study commissioned by Hackney Council from London Metropolitan University and Shift Design found that living near a convenience store is associated with unhealthy dietary choices.

9.4 Number of people affected locally

9.4.1 Availability

In the UK, there is an abundance of convenience food available, with a 50% increase in quick-service restaurants (takeaways) in the past 10 years. [10]

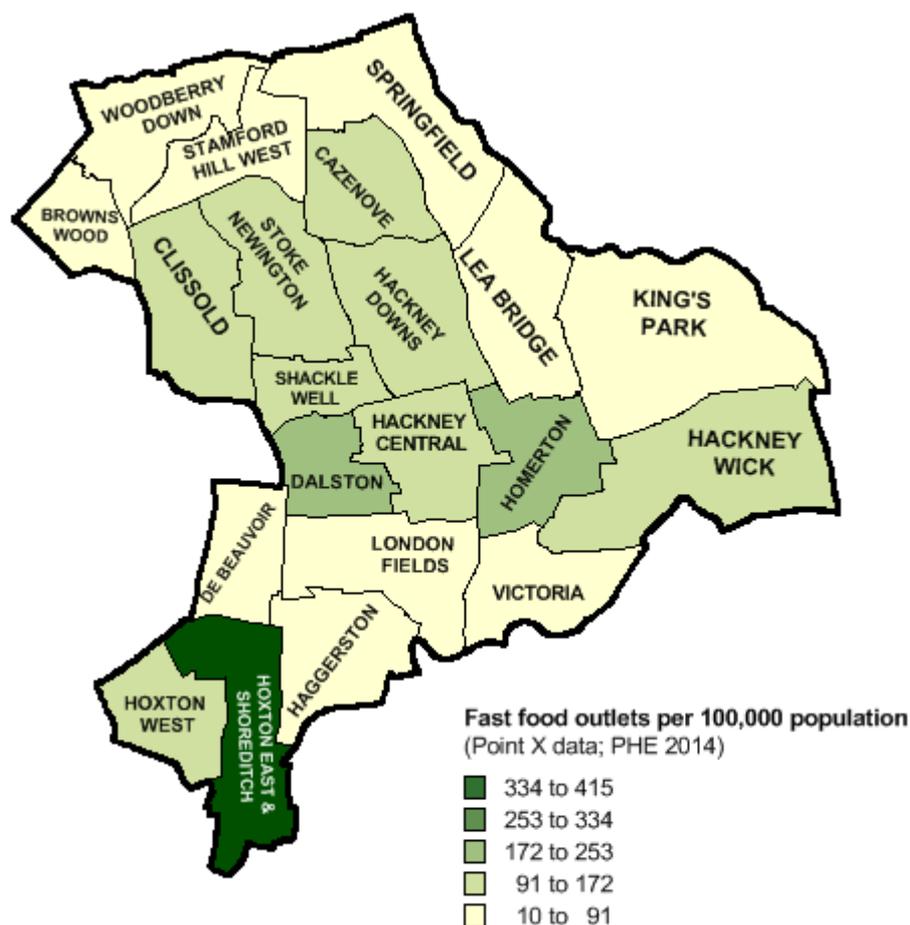
Hackney has almost 300 takeaway outlets, which were identified from an analysis based on 2014 data. [18] These outlets are concentrated in the borough's main town centres and areas where there is a busy night-time economy (see Figure 2).

Many food outlets and supermarkets within the City of London focus on selling to daytime workers, with an emphasis on supplying relatively expensive ready meals and single items of takeaway fruit and vegetables, which do not meet the needs of families residing in the City.

² Obesity is determined as a body mass index (BMI) of over 30 kg/m² or 27.5 kg/m² for Black and Asian adults

³ Dental caries is caused by specific types of bacteria which destroy the tooth's outer layers.

Figure 2: Density of fast-food outlets in Hackney (2014)



9.4.2 Affordability

The 'Living standards' section of this JSNA chapter describes levels of deprivation poverty in Hackney and the City of London.

Low and middle-income families spend proportionately more of their income on food than those on higher incomes, and this is linked to poor dietary choices. [5]

It is not known how many residents in Hackney and the City are affected by the affordability of food. Nationally, the number of foodbanks has 'exploded' over the past 10 years, but it has not been possible to confirm the number of people using foodbanks in Hackney or the City. [19]

In 2012-13, one third (34%) of primary school children were eligible for and claiming free school meals in Hackney, double the national average and the sixth highest in London. In the City, almost one quarter (22%) of primary school children were eligible for and claiming free school meals. This is lower than the level in inner London and London as a whole, but just over 5% higher than the national average. [20]

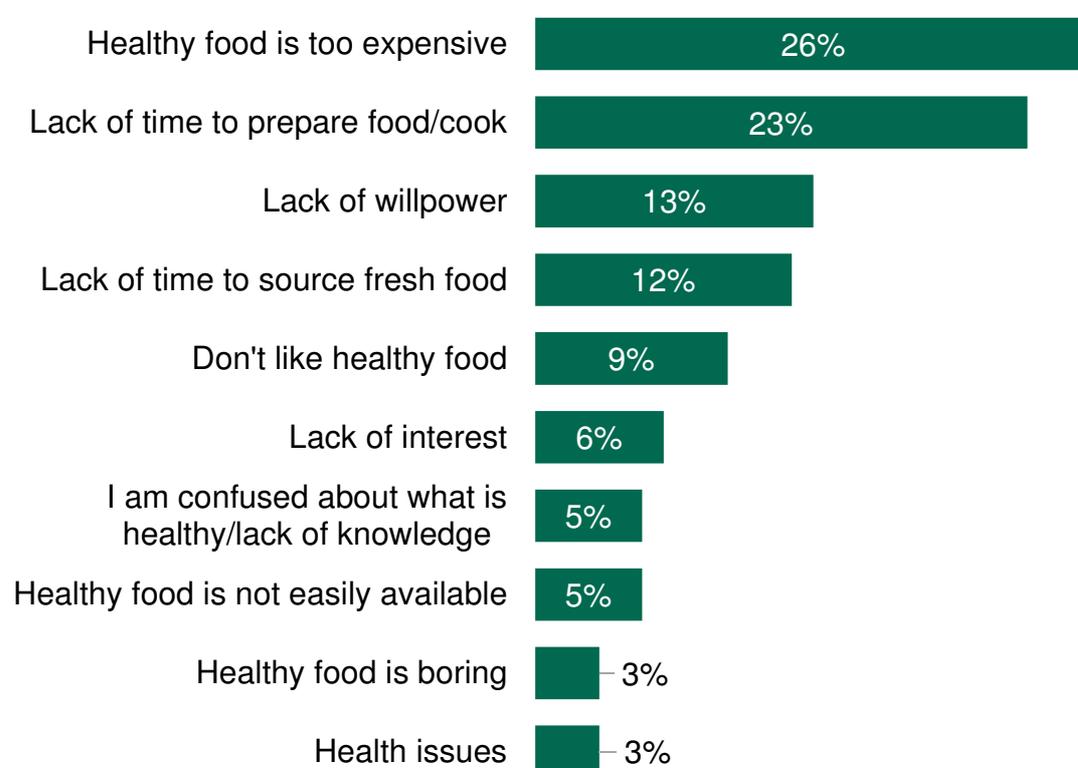
9.4.3 Desirability and perceptions

As described elsewhere in the JSNA, Hackney Council recently commissioned Ipsos MORI to undertake a health and wellbeing survey of its adult (age 16+) residents. [21] This included questions about perceptions of how healthy their diets are and what prevents them from eating more healthily.

Virtually all respondents to this survey (89%) were aware of the recommendation to eat at least five portions of fruit and vegetables each day, but only a third (35%) said they achieve this in practice. [21] The cost of healthy food, lack of time and willpower were the three main barriers to achieving a healthy diet (see Figure 3). Perceived availability of healthy food is relatively low down the list of stated barriers (mentioned by 5% of people). This is consistent with observational evidence that the majority of Hackney neighbourhoods are well served with good access to fresh fruit and vegetables.

In fact, Hackney is well served by ethnic food shops, catering for African, Eastern, European, Turkish and Vietnamese diets in particular. It is, therefore, unlikely that access to culturally appropriate food is a barrier to healthy eating in these communities, but awareness of the nutritional content of some of the available food products and ingredients might be.

Figure 3: Top 10 reported barriers to healthy eating among Hackney adults who disagreed that they had a healthy diet (age 16+, 2015)



Source: Hackney Residents Health and Wellbeing Survey
Based on a sample size of 1,009

9.5 Inequalities

The following groups have been identified to be at increased risk of food poverty or poor access to a healthy diet: [15]

- people living on low incomes or who are unemployed
- households with dependent children
- older people
- people with disabilities
- members of certain Black and minority ethnic communities.

9.5.1 Age

Children are particularly susceptible to food advertising and media, which is why Ofcom has imposed restrictions for advertising unhealthy foods to children during the day-time. [22]

Easy access to a healthy diet is especially important for young people. For example, it has been shown that secondary school-age children will travel up to 800 metres to purchase takeaway foods on their lunch breaks. [23] However, recent research by the Royal Society of Public Health found that nearly three quarters of young people surveyed thought that takeaway food high in fat, salt or sugar should come with a health warning about the risks of obesity. A summary of the key findings of this study is provided in Box 2.

Box 2: Summary of findings of 'The Child's Obesity Strategy' [24]

This study, by the Royal Society of Public Health, involved interviews with 570 young people about fast food and takeaways, and found that:

- over two thirds (71%) believe that takeaway food high in fat, salt or sugar should come with a health warning about the risks of obesity
- over half of the young people surveyed had ordered a takeaway using their mobile phone
- one in four young people (25%) have ordered a takeaway to their school during the school day
- over one third (42%) of young people could walk from their school to somewhere selling unhealthy food and drink in under two minutes
- almost one third (32%) have gone to a fast-food takeaway specifically because they offer free Wi-Fi
- over half (60%) say it is easy to get unhealthy food from somewhere other than school during the day.

Locally, there are clear age differences in the extent to which residents perceive themselves to have a healthy diet. In the 2015 *Hackney health and wellbeing survey*, respondents aged 16-24 were more likely to disagree that they have a healthy diet (19%) than average (11%). Younger respondents were also more likely to buy food prepared outside the home. Almost half of adults respondents aged 16-34 (48%) said they eat takeaway food once a week on average, compared to just over one third (38%) of the adult respondents as a whole. [21]

Older residents are at risk of poor access to food. Age UK highlights the main barriers to be: [25]

- affordability
- difficulty getting into stores (transport, carrying shopping)
- difficulty in store (store layout, narrow aisles)
- shopping for one (many packets of perishable food are large and not suited to individual portions)
- bad weather (avoidance of extreme temperatures, risk of ice and falls).

9.5.2 Ethnicity

Certain Black, Asian and Minority Ethnic (BAME) groups are at higher risk of diet-related poor health. For example, stroke and type 2 diabetes risk is higher in the Black African Caribbean community and South Asians are at higher risk of type 2 diabetes and metabolic syndrome.⁴ [26] [27]

In the UK (like the US), fast-food outlets tend to be concentrated in more deprived areas, which are often the most ethnically diverse. [27] In Hackney, this pattern is less clear due to a high density of fast-food outlets in most areas, with clustering in the night-time economy areas (see Figure 42).

In England, the What About YOUth survey found that young people from a BAME background were *more* likely to consume five or more portions of fruit and vegetables per day compared with young people from a White background (57% and 51% respectively), though young people from a Black background had a similarly low uptake (50%). [28]

The 2015 *Hackney health and wellbeing survey* found that adult Asian respondents are more likely to eat home-cooked meals every day than average (68% vs. 49% overall), but that Mixed ethnicity residents are more likely to eat takeaway foods at least once a week (60%) than average (38% overall) and to eat ready meals at least once a week (46% vs. 25% overall).

9.5.3 Disability

Having a disability can affect how people purchase, prepare and eat food (for example, difficulty reading labels, transporting food or using cooking equipment). [16] [29]

A recent report from the US highlights that people with mental or physical disabilities are at greater risk of food insecurity. [30] Due to the difference in social support between the UK and US this finding is not directly comparable, however.

The 2015 *Hackney health and wellbeing survey* found that adult respondents with a self-reported disability were more likely to say that they eat ready meals at least once per week than average (35% vs. 24% overall).

⁴ Metabolic syndrome is defined as a cluster of risk factors that include obesity, high blood pressure and diabetes

9.5.4 Socio-economic disadvantage

By definition, people living in more deprived circumstances or on low incomes are at risk of food poverty. Recent reports published by the Greater London Authority (GLA) confirm the strong links in London between food insecurity and low incomes, changes to the welfare and benefits system, housing costs and food price fluctuations. [15] High levels of relative deprivation in Hackney and parts of the City, along with trends in the local housing market, suggest that these patterns will also be playing out locally. For further information see the 'Living standards' and the 'Housing and homelessness' sections of this JSNA chapter.

Recent research by the Food Foundation found that families in the UK on 'average' incomes (earning between £37,000 and £52,000 a year) spend nearly one fifth of their income on food and that healthier foods are three times more expensive than 'unhealthy' food. [10]

It is more common for low and middle-income families to consume too much sugar, salt, saturated fat, red meat and processed meats compared to higher-income families. [10] In another study, young people living in the most deprived areas were least likely to have consumed five or more portions of fruit and vegetables the previous day (51%) and those living in the least deprived areas were most likely to have done so (56%). [28]

In the 2015 *Hackney health and wellbeing survey*, respondents living in more deprived neighbourhoods were more likely to report eating takeaway food at least once a week than those living in more affluent neighbourhoods - 43% of residents living in areas defined as 'Urban Adversity' compared with 33% of those living in 'Rising Prosperity' areas.⁵ In contrast, respondents living in more affluent neighbourhoods were more likely to say they eat out at a restaurant at least once a week – 40% of those living in 'Rising Prosperity' areas, compared with 26% in 'Urban Adversity' areas.

9.6 Comparisons with other areas and over time

Comparative analyses of diet-related health conditions in adults and children are presented in other sections of the JSNA - please see the 'Adult health and illness' and 'Children and young people' chapters. Comparative analysis of dietary behaviours is presented in the 'Lifestyle and behaviour' chapter.

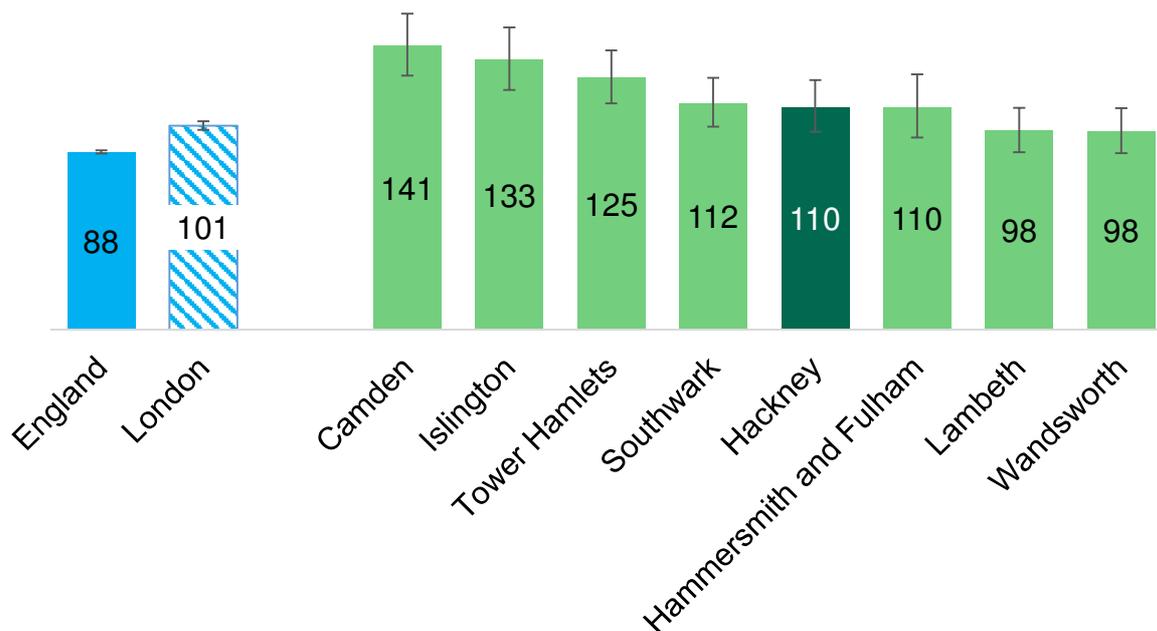
Hackney, like London in general, has a high density of fast-food takeaways in comparison to other areas of the UK, with the 10th highest density in London. [18] Figure 4 confirms that Hackney has a higher density of takeaway outlets than the England average, but reveals a lower density compared to its statistical peers and the London average.

⁵ Defined using ACORN demographics classifications - <http://acorn.caci.co.uk>

The City of London is excluded from this comparison due to small resident numbers and a high number of outlets serving the non-resident daytime worker population, which skews the data significantly.

There are no other comparators available relevant to the food environment in Hackney and the City, either over time or with other areas.

Figure 4: Comparison of density of takeaway outlets per 100,000 population (2014)



Source: Public Health England [18]

9.7 Evidence and best practice

The 'food environment' is a multi-faceted concept and people interact with it in various and complex ways. As such, the specific impact of different interventions in improving the food environment for better health is difficult to ascertain. This section describes a number of local approaches that may support a healthier food environment, through impacting on the different 'influencers' on dietary behaviour (see Figure 1 in the introduction to this section), based on available evidence and good practice.

Researchers advocate for public health professionals to work with retailers on changing the environment (such as changing the positioning of unhealthy snack foods) to make healthier choices more convenient, attractive and 'normal'. [31] In relation to corner shops, models are needed to work with retailers to change the positioning and promotion of unhealthier food and drink options, without reducing the financial viability of these businesses. The majority of documented efforts to achieve

this have been in the US. Initiatives such as the Buywell scheme in areas including Tower Hamlets have been successful in increasing sales of fruit and vegetables.⁶

A discussion of planning powers and other approaches to limit the proliferation of hot food takeaways in an area can also be found in the 'Places and spaces' section of this JSNA chapter. [32]

9.7.1 Regulatory and policy measures

The Faculty of Public Health recommends that local authorities should: [16]

- establish a local 'food poverty partnership' involving health services, local authorities and voluntary organisations, to develop a local food poverty strategy
- work with the local community to understand their views on priorities, barriers and opportunities through community meetings and surveys, and promote healthy eating.

Influencing the supply of food of poor nutritional quality via fast food takeaways is a growing area of interest for a number of local authorities, including many London boroughs. The Takeaways Toolkit, produced by the Mayor of London and the Chartered Institute for Environmental Health (CIEH) sets out three broad areas of focus to help local authorities tackle the proliferation of such outlets, including: [9]

- working with takeaway businesses and the food industry with healthier catering award schemes
- working with schools to reduce fast food consumed by children and young people
- regulatory and planning measures (including trading policies, increased enforcement of hygiene standards and planning policies to restrict fast food takeaways).

The Takeaways Toolkit provides examples of best practice and evaluations of projects to improve takeaway foods. The most popular in London is the Healthier Catering Commitment (HCC). This voluntary project encourages food businesses to improve the availability of, and access to, healthier foods and to reformulate recipes, redesign menus and reduce portion sizes of unhealthy meals (such as chips). Twenty-three of London's 32 boroughs have an HCC scheme. [33]

The Town and Country Planning Association (TCPA) has also provided guidance for local authorities relevant to improving the food environment, recommending that planning applications should be required to consider the health impacts of developments, including: [34]

- maintaining or enhancing existing opportunities for food growing
- avoiding over-concentration of hot-food takeaways, and restricting proximity to schools or other facilities aimed at children, young and vulnerable people
- ensuring that shops and food markets sell a diverse offer of food choices and are easily accessible.

⁶ Food for Health and Buy Well awards - http://www.towerhamlets.gov.uk/lgn/business/health_and_safety/food/healthy_food_awards/healthy_food_awards.aspx

In terms of fiscal measures, the 2016 Budget announced proposals to reduce sugar consumption in England by introducing a national levy on sugar-sweetened drinks. [35]

Box 3: Case study – Reducing a city's sugar intake [36]

Brighton and Hove Council has developed a campaign called Sugar Smart City. They interviewed food businesses, schools, early years settings, residents and young people to inform the development of an action plan to reduce the sugar intake of local residents. This will be done by raising awareness of sugar in food and drinks, improving cooking skills and changing the food environment by offering fewer high-sugar products.

9.7.2 Improving catering in the public sector

There are a number of measures that local authorities and other public sector bodies can take to improve the food supplied on their premises and through their own catering contracts. A number of standards and tools are available to support this, including:

- Government Buying Standards for Food and Catering Services (already built into national school and hospital food standards [37])
- Eat Better Start Better – voluntary guidance to improve food in early years settings, for example day nurseries and childminders [38]
- The School Food Plan – guidance for schools to improve the food quality and dining experience, and provides nutritional standards [39]
- Caroline Walker Trust – guidance for serving food to older people. [29]

9.7.3 Food poverty and support for individuals

The Faculty of Public Health recommends that local authorities eliminate the barriers to healthy eating through: [16]

- providing help with money matters e.g. through a local authority anti-poverty unit and ensuring benefit entitlements are claimed
- providing better housing conditions to tackle lack of cooking equipment or storage to enable bulk buying
- improving access to affordable, good quality foods for those without cars, for example through improving public transport links and supporting shopping-carrying schemes, or community delivery schemes from retailers; this can be considered in the planning and regeneration of town centres and residential areas
- improving nutrition through schools, for example by providing breakfast before school and offering healthier school meals.

For some residents (including disabled or housebound people), promotion of online grocery shopping can provide a convenient and cost-effective means of accessing a good quality diet, but this needs to be supported with digital literacy, help putting shopping away and minimising delivery costs. [25]

9.7.4 Improving food skills and perceptions

The Faculty of Public Health recommends that local authorities: [16]

- implement initiatives such as cooking clubs to encourage and develop cooking skills, and increase nutritional knowledge
- integrate measures to address food poverty within existing local programmes and strategies, such as local obesity strategies
- produce local information to explain the importance of healthy diet and what constitutes a healthy diet, as well as listing local suppliers where good quality affordable food is available.

9.7.5 Food growing

Food growing schemes can help to improve physical access as well as perceptions around healthier food consumption. For example, a recent evidence review found that: [40]

- school-based schemes improve pupil's attitudes towards healthy eating and increase their consumption of vegetables
- attendees at a community gardening project consumed 40% more fruit and vegetables after completing the programme
- participants of a gardening skills project increased the amount of fruit and vegetables they ate over a 12-month and three-year follow-up period
- adults who grow food at home eat more fruit and vegetables than those who don't.

9.8 Services and support available locally

9.8.1 Regulatory and policy measures

The 2013 Children and Young People Obesity Scrutiny Commission in Hackney made two key recommendations relevant to the food environment, both of which have been at least partially actioned:

- restricting new fast food takeaways near schools through planning policies, also recommending mapping existing provision of these businesses
- consideration of a Healthier Catering Commitment (HCC).

Hackney Council's Environmental Health and Public Health teams have developed and implemented a tiered HCC award to encourage healthier formulation of meals sold at takeaway outlets, based on the CIEH model. Fifty-four of 81 eligible fast-food takeaways participated in the local HCC pilot, and 45 achieved the HCC award, making changes to their food and cooking practices. There was good engagement with fried chicken vendors and cafés. This scheme is now being rolled out across Hackney.

In Hackney, food safety is the responsibility of the Environmental Health Team. In the City, the team responsible is Environmental Health and Trading Standards. Their responsibilities include: [41]

- food safety regulation
- food hygiene training

- improving food safety
- reducing incidence of food poisoning and food-borne illness
- educating and training businesses/food handlers on food safety matters and the impact of non-compliance on customers
- empowering customers to look up the Food Hygiene Rating of local food outlets
- safeguarding the food chain to reduce food fraud and adulteration; and reducing nuisance pests.

Hackney's Development Management Local Plan (adopted in July 2015) includes a specific policy (Policy DM3, 'Promoting health and wellbeing') to address the high concentration of hot-food takeaways in the borough, stating that: [42]

'In order to promote health and wellbeing, mental health and spiritual well-being the Council will ... seek to manage access to hot-food takeaways such as by restricting proposals for new hot-food takeaways from locations within 400 metres of secondary schools, and working with businesses and developers to promote healthier lifestyles through design and types of use within developments...'

9.8.2 Improving catering in the public sector

The Government Buying Standards for Food and Catering Services were used in a recent re-tendering exercise for Hackney Council's catering contract. [37] The Public Health team supported this process and continues to support the appointed provider, using insights from behavioural science, to implement changes to optimise healthy choices, in particular how food is displayed and priced.

Box 4 describes a local project in Hackney which strives to improve food in early years' settings.

Box 4: Case study – Eat Better Start Better (improving food in early years settings)

The dietetics team at Homerton University Hospital Foundation Trust delivers the Children's Food Trust Eat Better Start Better programme across a range of early years settings in Hackney.

In 2014/15, the programme it provided menu support, nutrition sessions for parents and training for staff in 62 early years provider settings. These settings included nurseries, childminders, playgroups and Children's Centres.

Every school has responsibility for its own catering service. In Hackney, support is provided through the Public Health Team to help primary and secondary schools develop and implement school food policies, and in organising healthy eating events and catering reviews.

9.8.3 Food poverty and support for individuals

Eligible residents can access free food via schemes and locations such as the Hackney Foodbank, Rhythms of Life, luncheon clubs and Hackney Winter Night

Shelter. Due to the changing nature of this provision, these services represent a snapshot of the support available.

Box 5: Case study – Using surplus food to provide free lunches

FoodCycle provides lunch to residents in the New Kingshold estate in Hackney. It prepares a three course healthy lunch with surplus food donations. The lunch is popular with older people, families from the estate and vulnerable people and each week serves around 40 residents.

Hackney Council's Welfare and Benefits Service supports Hackney's four foodbanks with funding to allow longer opening hours. The council also provide emergency food vouchers to residents in crisis. In 2015/16, the service provided almost 300 supermarket food vouchers at a total value of £20,330.

Access to low-cost fruit and vegetables is provided once a week at the one maintained primary school in the City of London (Sir John Cass) for children, families and teachers at the school.

9.8.4 Improving food skills and perceptions

Hackney Council commissions a variety of providers to deliver 'cook and eat' classes at community locations across the borough, including in some of Hackney's most deprived neighbourhoods. These classes raise awareness and develop skills among participants about food buying and cooking healthy meals on a budget. In 2015/16 over 70 'cook and eat' courses were delivered on nine estates. Over 700 residents have completed a four week programme.

For more detail, see the 'Lifestyle and behaviour' chapter of the JSNA.

9.8.5 Food growing

There are also a number of food growing projects in Hackney and the City that help to improve access to, and acceptability of, fruit and vegetables as a food source. Current local projects related to food growing include:

- Capital Growth initiative, involving food growing on 159 sites across Hackney, many of which are on social housing estates
- around 20 allotments on Golden Lane Estate in the City, run by the Golden Lane Baggers (recently awarded funding to upgrade their planting facilities)
- transfer of approximately 30 planted containers into mini-allotments by the Barbican estate in the City, run by volunteers and worked by residents
- a mini-orchard on Fann Street in the City of London, which is paid for, planted by and cared for by the Friends of City Gardens.

Box 6: Case study – Food growing in schools for City of London children

A London-wide initiative, funded by the Heritage Lottery Fund (HLF) and the GLA was set up to encourage children to grow and eat healthy food. Friends of City Gardens (FoCG) support Sir John Cass Primary School and Prior Weston School (located in Islington but with a high number of City of London children attending), running weekly sessions as part of their curriculum-based theme of ‘explorers’. Pupils plant potatoes, peas and beans in the school rooftop garden, and learn how to cook using the vegetables and herbs they have grown.

FoCG also supports the weekly Gardening Club at Prior Western Primary School, providing materials and plants for gardening sessions, organising wildlife garden visits and running cooking and tasting sessions. FoCG is helping the school to create a rooftop vegetable garden and mobilised nearly 40 volunteers from the local community for a weekend clean-up session.

9.9 Challenges and opportunities

A greater understanding is required of the local drivers of individual food choices, in particular in communities at greatest risk of food poverty or diet-related ill-health. This type of insight could help to inform the design of effective, tailored interventions to improve the food environment for maximum health impact.

In February 2016, Hackney launched a new Obesity Strategic Partnership (OSP) to guide a ‘whole systems approach’ to tackling obesity in the borough. The partnership is chaired by the chief executive of the council and includes membership from across a range of service areas that can influence aspects of the food and physical activity environment, as well as the NHS. It will be working closely with businesses and residents to develop an effective and tailored approach that is relevant to Hackney’s unique communities.

The Healthier Hackney Fund 2016/17 has awarded grants to test out ideas about how to address the wider causes of obesity. Two of the projects are related to the food environment: one project aims to understand the impact of food marketing on the perceptions of young people; the second will map fast-food restaurants across the borough and assess the dietary quality of the menus.⁷

There are also opportunities to use established standards to further improve catering procurement to influence the food available in local public sector settings (including leisure facilities, parks and NHS premises), and to work with local employers to create workplaces that support healthier food choices (for example through the London Healthy Workplace Charter framework). [43]

Hackney Council is also supporting the development of a model to work with local independent convenience (‘corner’) shops to influence food and drink purchasing decisions. This is intended to help convenience stores contribute to the response to

⁷ For more detail visit <http://www.hackney.gov.uk/healthier-hackney-fund>

obesity, by making healthier choices easier. The approach will be delivered in partnership with the council's Environmental Health team, and will focus on working with shops in low-income areas to ensure that the approach is relevant to reducing health inequalities.

9.10 References

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