HALTON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Healthy eating in Halton 2025

Halton, like many areas in England, faces significant challenges related to eating well and accessing healthy food. These issues are often influenced by socioeconomic factors and have led to various community initiatives aimed at improving public health. Halton is a relatively deprived area, and this has a large influence over the population's food intake. Eating well can lead to improved quality of life, reduced risk of disease, and a positive influence on wellbeing. However, eating well often comes at a cost. Those with lower incomes tend to consume foods that are less healthy than those on higher incomes. A 2024 review found that affordability and accessibility are the most significant barriers to healthy eating in disadvantaged communities, suggesting that environmental changes are more effective than individual-focused interventions (Bennett et al., 2024). Areas with a higher density of food outlets and takeaways may also correlate with increased obesity levels. The World Health Organization (2024) describes health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" and acknowledges nutrition as an essential component of both health and development. Better nutrition is associated with improved infant, child, and maternal health, stronger immune systems, a decreased risk of non-communicable diseases such as type 2 diabetes and cardiovascular disease, and greater productivity, opening up opportunities to break cycles of poverty and hunger. Intake of nutritious, healthy foods has always been identified as a significant contributor to health and wellbeing.

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Summary of themes & findings

Key Themes & Findings

Breastfeeding & Early Years

- Breastfeeding rates in Halton have improved but remain among the lowest in England.
- Halton is part of the UNICEF Baby Friendly Initiative, supporting infant feeding and parent -infant relationships. This initiative ensures that families in Halton receive high-quality evidence-based support for infant feeding.

Children & Healthy Weight

- Obesity rates rise significantly from Reception (11.6%) to Year 6 (26.7%).
- Halton's children have higher rates of overweight, and obesity compared to Northwest Region and England averages.

Free School Meals (FSM)

- High FSM eligibility in Halton: 39.1% vs. 24.6% nationally.
- FSMs are vital for low-income families, but healthy food access remains a challenge.

Overweight & Obesity in Adults

- Halton has consistently higher adult obesity rates than England, 36% for Halton and just over 25% for England.
- Obesity contributes to chronic diseases and strains NHS services and has remained consistently higher in Halton throughout the years when compared with England.

Diet & Health Outcomes

- Poor diets are linked to several non-communicable diseases such as type 2 diabetes, cardiovascular disease, cancer, and mental health issues.
- CIPHA reported that approximately 6.5% of Halton's population is registered with type 2 diabetes.

Barriers to Healthy Eating

Key barriers to incorporating healthy foods in diets include:

- Cost of healthy food
- High density of fast-food outlets
- Low nutritional literacy
- Limited cooking skills
- Food deserts in deprived areas

Cost of Living Crisis

- Healthy diets have become and are unaffordable for many; the most deprived households would need to spend 45% of disposable income to meet Eatwell Guide standards.
- The Trussell Trust has reported that food bank usage has nearly doubled since pre-pandemic levels in Halton.

Older Adults

- Essential nutritional needs include protein, calcium, vitamin D, fibre, and hydration.
- Older people can face challenges with physical limitations, mental health, medication effects, and social isolation.
- Care homes and hospitals must follow nutritional standards, but implementation varies.

Fast Food Outlets

- Halton has 95.7 outlets per 100,000 population, which is about average for the region.
- Food delivery apps increase access to unhealthy food, especially among younger adults as access is easy and quick.

Nutritional Guidelines

Table 1– Nutritional guidelines across the life span in the UK

Group	Key Guidelines	Est. Daily Energy Needs
Babies (0–12 months)	- Exclusive breastfeeding for first 6 months - Introduce solids at ~6 months - Include iron-rich foods, fruits, veg, starchy foods, dairy	Varies by age and weight (not specified in kcal)
Toddlers (1–4 years)	- Balanced diet with small portions - Full-fat dairy - 5-a-day fruits and veg - Limit sugar and salt	~1,100–1,300 kcal/day
Children (5–10 years)	- Follow Eatwell Guide - Wholegrains, lean proteins, dairy, fruits, veg - Water and milk as main drinks	Boys: ~1,800 kcal/day Girls: ~1,700 kcal/day
Adolescents (11–17)	- Increased need for calcium, iron, protein - Limit sugary snacks and drinks - Encourage healthy eating habits	Boys: ~2,200–2,500 kcal/day Girls: ~1,800–2,100 kcal/day
Working-Age Adults (18–64)	- Eatwell Guide principles - 5-a-day fruits and veg - Wholegrains, lean proteins, low-fat dairy - Limit salt, sugar, saturated fat - Stay hydrated	Men: ~2,500 kcal/day Women: ~2,000 kcal/day
Older Adults (65+)	- Maintain nutrient-dense diet - Focus on calcium, vitamin D, protein, fibre - Stay hydrated - Smaller portions if appetite is reduced	Men: ~2,300 kcal/day Women: ~1,800 kcal/day

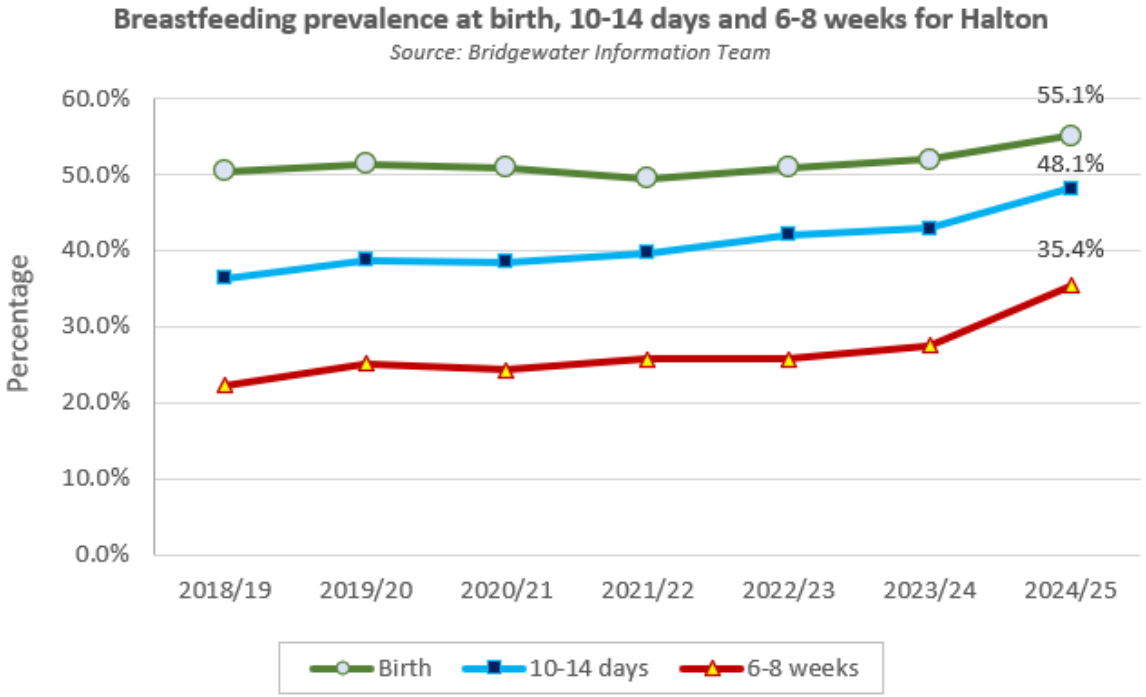
The table above highlights the main nutritional guidelines set out in the UK by the Government. As anything, there is more in depth recommendations available, however these are shown in simple format for the purpose of this report. Many individuals may struggle to actively achieve these guidelines or to stick to them without over consumption. Some people may not have the education to be aware of these or implement this to their daily lives. These are general guidelines that also incorporate those who are regularly active in their daily lives.

Breastfeeding & early years

This chart highlights the prevalence of breastfeeding at birth, 10-14 days and 6-8 weeks for women in Halton. Data shows an improvement since 2018/19, to most recent year 2024/25. The trend shows rates at these points in time improving for women who are breastfeeding in Halton. In 2018/19, at 6-8 weeks prevalence was just above 20%, however, most recently it is noticeable that this is up to 35.4%. In Halton, although rates have improved it is understood that Halton has had some of the lowest rates in England previously.

Halton is part of a UNICEF baby friendly initiative. The Baby Friendly Initiative (BFI) is working to transform healthcare for babies, their mothers, parents, primary caregivers and families in the UK. Introduced to the UK in 1994, the BFI has worked with UK public services for 30 years to support families with infant feeding and developing close and loving relationships so that all babies get the best possible start in life. The Baby Friendly programme operates as part of a wider global partnership between the World Health Organization and UNICEF. In the UK, the programme supports maternity, neonatal, community and hospital-based children's services to transform their care and with universities to ensure that newly qualified midwives and health visitors have the strong foundation of knowledge needed to support families. The infant feeding team, at Halton family hubs and 0-19 service have been successfully reaccredited for the UNICEF UK Stage 3 BFI. This stage of BFI accreditation signifies that services have fully embedded UNICEF UK Baby Friendly standards into everyday care. This means that families in communities are consistently receiving high-quality, evidence-based support for infant feeding and parent-infant relationships.

BFI- accredited services typically see higher rates of breastfeeding initiation and duration, which is crucial for infant health and development, and also benefits the health of mothers. Over the past two years in Halton, there has been a steady increase in breastfeeding initiation and continuation at 6-8 weeks, as evident in the chart below.



The WHO states breastfeeding is one of the most effective ways to ensure child health and survival. Contrastingly to WHO recommendations, less than half of infants under 6 months old are exclusively breastfed.

Breastmilk is the ideal food for infants. It is safe, clean and contains antibodies which help protect against many common childhood illnesses. Breastmilk provides all the energy and nutrients that the infant needs for the first months of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one third during the second year of life.

Evidence suggests breastfed children perform better on intelligence tests, are less likely to be overweight or obese and less prone to diabetes later in life. Women who breastfeed also have a reduced risk of breast and ovarian cancers.

(World health Organisation WHO, 2025)

Children & Healthy weight

Public Health England (PHE) has estimated that obesity is responsible for more than 30,000 deaths each year. On average, obesity deprives an individual of an extra 9 years of life, preventing many individuals from reaching retirement age. In the future, obesity could overtake tobacco smoking as a leading cause of preventable death.

Obesity increases the risk of developing a whole host of diseases. Obese people are at increased risk of certain cancers, including being 3 times more likely to develop colon cancer, they are more than 2.5 times more likely to develop high blood pressure which can lead to heart disease, and they are 5 times more likely to develop type 2 diabetes (WHO, 2024). Not only are these diseases and conditions of detriment to an individual, they increase pressure on already struggling NHS services in England (NHS, 2024). If these conditions can have lower risk by having a healthier lifestyle, this is where focus should be. PHE aims to increase the proportion of children leaving primary school with a healthy weight, as well as reductions in levels of excess weight in adults. Below we have two tables highlighting the percentage of children in each weight category in Halton, the North West region (NW) and England comparatively. The first table shows weight category for reception aged children 4-5 years. From this chart, it is noted that Halton's prevalence of children with healthy weight was lower than the NW and England. Whereas for children in the overweight to severe obese are higher for all these compared to the NW and England. However, this is not to say that there are significant variance between these areas, there is little variation.

Halton continues to face significant challenges in promoting healthy eating and reducing obesity levels in the borough. Despite strategic efforts through the Healthy Weight Strategy (2019–2025), the borough experiences high levels of diet-related ill health, particularly in its most deprived communities. This report outlines the current state of healthy eating in Halton, identifies key barriers, and highlights the consequences of poor dietary habits. Below the chart highlights the prevalence of overweight (including obesity) and obesity in adults aged 18+ in Halton for males and females combined. For overweight in Halton, except in 2016/17 is higher consistently than England. These rates are interpreted with caution as they are self-reported along with height.

Table 2– Reception age children prevalence of weight categories

Reception (4-5 years) 2023/24	Prevalence of healthy weight	Prevalence of overweight	Prevalence of overweight (incl. obesity)	Prevalence of obesity (incl. severe obesity)	Prevalence of severe obesity
Halton	73.6	14.9	26.4	11.6	2.9
North West region	75.8	13.1	23.2	10.1	2.8
England	76.8	12.4	22.1	9.6	2.6

This chart highlights the same comparative areas to Halton, but it shows year 6 aged children which is 10-11 years. There is an additional weight category here, for prevalence of those who are underweight. Halton in this category is lower as it is lower for those of a healthy weight. However, as above the differences between Halton, the NW and England are not significantly different.

Table 3– Year 6 age children prevalence of weight categories

Year 6 (10-11 years) 2023/24	Prevalence of underweight	Prevalence of healthy weight	Prevalence of overweight	Prevalence of overweight (incl. obesity)	Prevalence of obesity (incl. severe obesity)	Prevalence of severe obesity
Halton	1.0	59.3	13.0	39.7	26.7	7.0
North West region	1.6	61.2	14.0	37.2	23.3	5.9
England	1.7	62.5	13.8	35.8	22.1	5.5

Children & Free School Meals

Childhood obesity is a major concern in Halton. Data from the 2023/24 school year revealed that 11.6% of Reception-aged children were classified as obese, with this figure increasing to 26.7% by Year 6. This represents a more than doubling of obesity rates as children progress through primary school, a trend that surpasses both regional and national averages. A contributing factor is deprivation, which affects access to healthy food and opportunities for physical activity. The cost of living crisis and rising food prices have disproportionately impacted low-income families, exacerbating these issues. Below are the number of students on average in primary, secondary and special schools in Halton, and what the eligibility looks like for FSMs.

Table 4: Free school meals in Halton by school type (avg. of all schools combined)

	Average no. of pupils	Average eligible for FSM	Average eligible for FSM (%)
Primary Schools	199	73	40.4
Secondary Schools	1001	415	43.5
Special Schools	98	58	60.9

There is government guidance for schools in England that sets out what sort of foods should be given for children's FSMs. The government states that a child's diet should consist of;

- plenty of fruit and vegetables
- plenty of unrefined starchy foods
- some meat, fish, eggs, beans and other non-dairy sources of protein
- some milk and dairy foods
- a small amount of food and drink high in fat, sugar and salt

In the first year of life, nutrition is almost entirely dependent on breast milk or infant formula, which provide the essential nutrients needed for rapid growth and brain development. Breast milk, in particular, contains antibodies and bioactive compounds that support immune function and gut health (WHO 2022). Around six months, infants often begin transitioning to solid foods, starting with iron-fortified cereals and pureed fruits, vegetables, and meats. This stage is critical for introducing a variety of flavors and textures, which can influence food preferences later in life. Importantly, fat should not be restricted in infants under two years old, as it plays a vital role in brain and nerve development.

As children grow into toddlers, their eating patterns become more erratic due to fluctuating appetites and growing independence. This is a key period for shaping food preferences and establishing healthy habits. Nutrients like calcium and vitamin D are essential for bone development, while fiber from fruits, vegetables, and whole grains supports digestive health and prevents constipation (CDC, 2021). Encouraging a diverse diet during this stage helps prevent picky eating and ensures adequate intake of essential vitamins and minerals. Parents and caregivers play a crucial role by modelling healthy eating behaviours and offering a variety of nutritious options, even when children resist.

By the time children reach school age, their nutritional needs increase to support continued growth, physical activity, and cognitive development. A balanced diet rich in fruits, vegetables, whole grains, lean proteins, and healthy fats contributes to stable energy levels, strong bones and teeth, and improved mental focus (CDC,2021). This is also a time when children begin to make more independent food choices, making nutrition education and family mealtime routines especially important. Teaching children about the benefits of different nutrients—such as vitamin A for vision and skin, or iron for energy—can empower them to make healthier choices.

Children & Free School Meals

Who is eligible for free school meals?

Free school meals are available to pupils in receipt of, or whose parents are in receipt of, one or more of the following benefits:

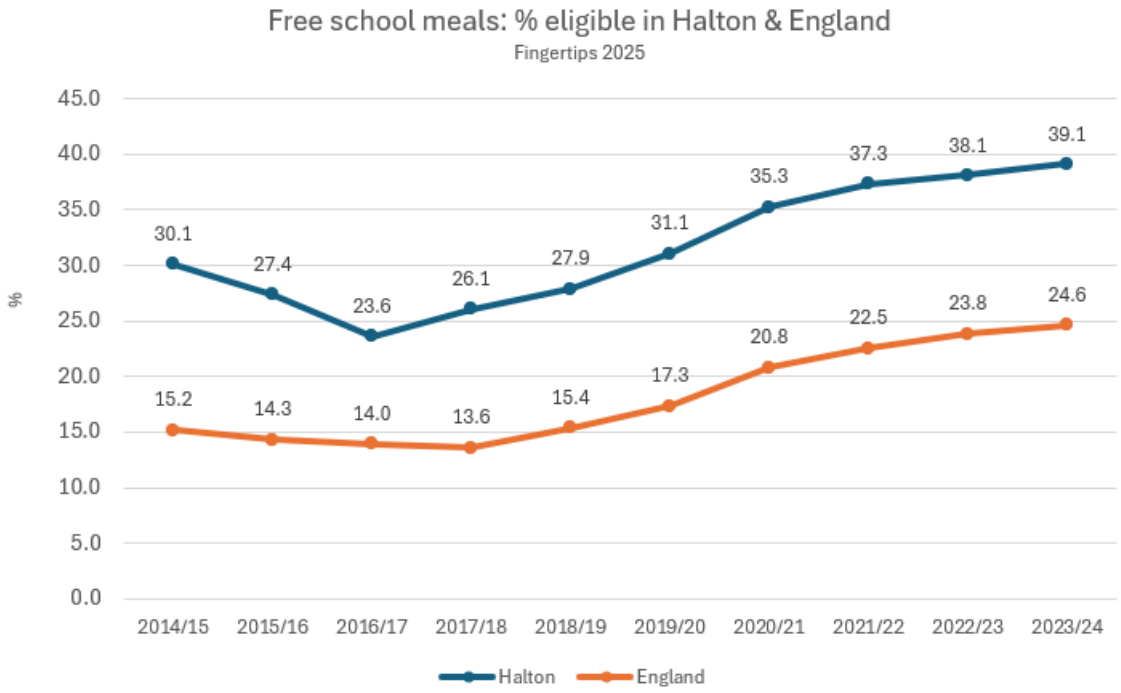
- Universal Credit (annual net earned income of no more than £7,400, as assessed by earnings from up to three of your most recent assessment periods)
- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- The guarantee element of Pension Credit
- Child Tax Credit (provided you're not also entitled to working tax credit and have an annual gross income of no more than £16,190)
- Working Tax Credit run-on – paid for four weeks after you stop qualifying for Working Tax Credit

(Department for Education, 2025)

In Halton for enrolment of FSMs, the councils school admissions team will do this on behalf of the schools. The team will run the names of parents/ carers provided to them by schools through the national eligibility checking system which will confirm eligibility. The council will then inform the school if they are eligible and the school receives Pupil Premium per child on FSMs.

In terms of auto enrolment, one of the main things the team does as part of the council tax application is screen families for eligibility to FSM, with the criteria being very similar. If found to be eligible their details are shared with the school admissions team who go through the above process.

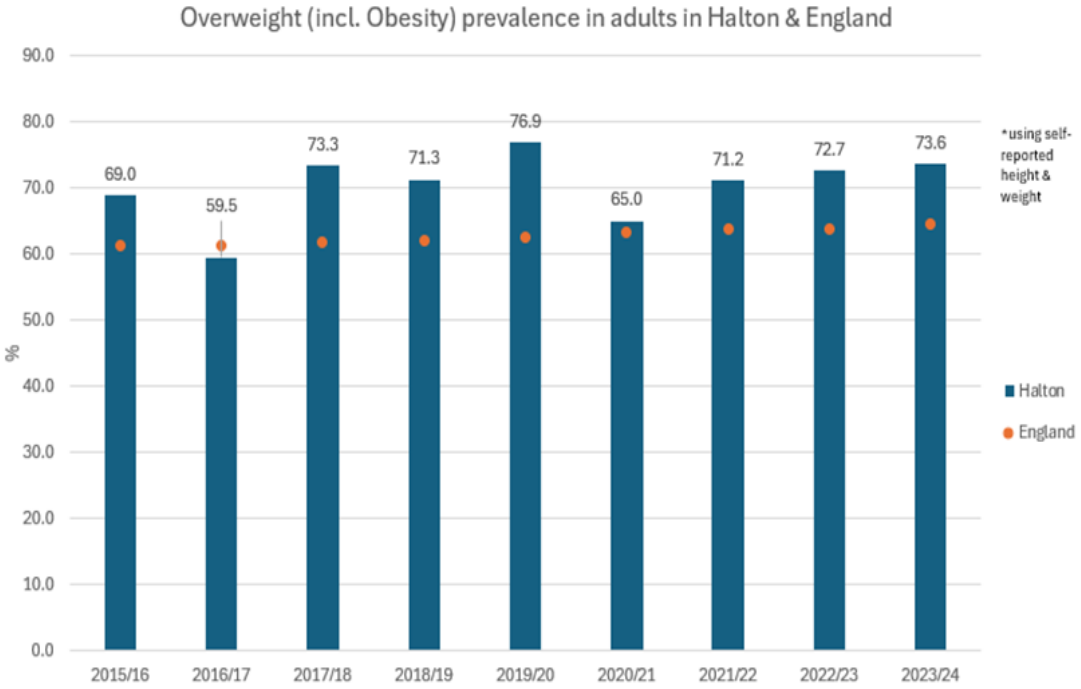
The chart beside highlights the percentage of children eligible for FSMs in Halton and England compared. It is noticeable that there have been increases steadily since 2017/18. However, Halton has a much higher percentage eligible in most recent year 2023/24 with 39.1% eligible compared to England's 24.6%.

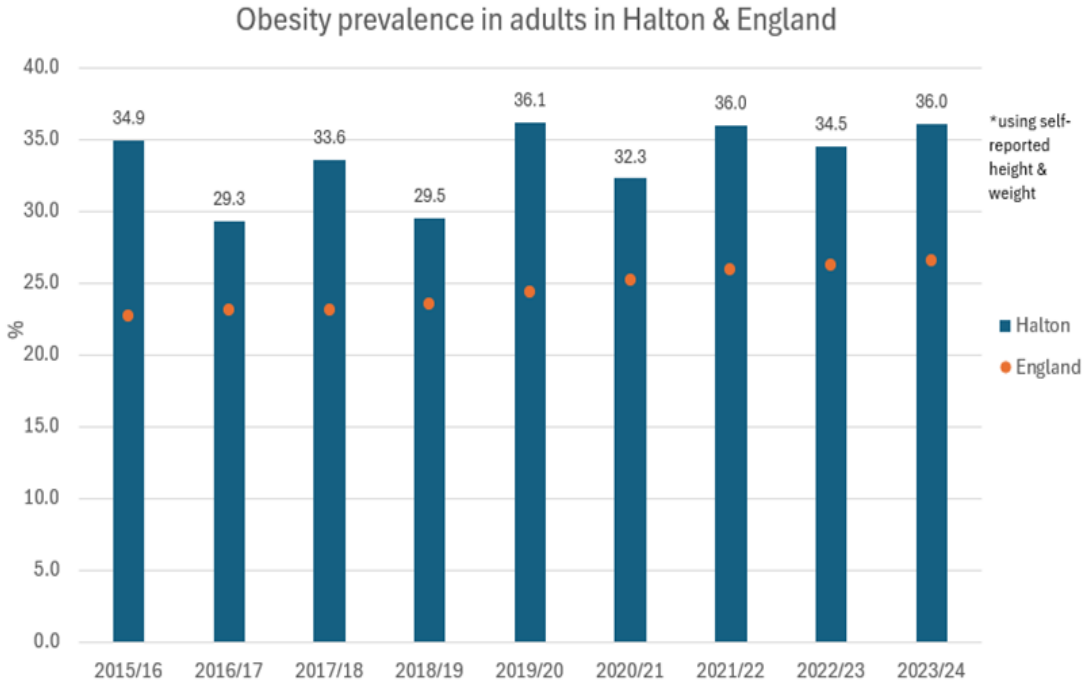


Overweight and Obesity

Halton continues to face significant challenges in promoting healthy eating and reducing obesity levels in the borough. Despite strategic efforts through the Healthy Weight Strategy (2019–2025), the borough experiences high levels of diet-related ill health, particularly in its most deprived communities. This report outlines the current state of healthy eating in Halton, identifies key barriers, and highlights the consequences of poor dietary habits. Below the chart highlights the prevalence of overweight (including obesity) and obesity in adults aged 18+ in Halton for males and females combined. For overweight in Halton, except in 2016/17 is higher consistently than England. These rates are interpreted with caution as they are self-reported along with height.

This data is calculated from Sport England's active lives adult survey (ALAS) and health survey for England. (HSE) Percentages were calculated using self reported height and weight from the survey ALAS, and using HSE reports overweight and obesity estimates based on nurse measured height and weight, rather than self-reported height and weight. However, the methodologies are differing and ALAS states adults as 18+, whereas HSE says they are 16+. Fingertips has stated that although from different sources, the estimates are similar for overweight and obesity calculations.



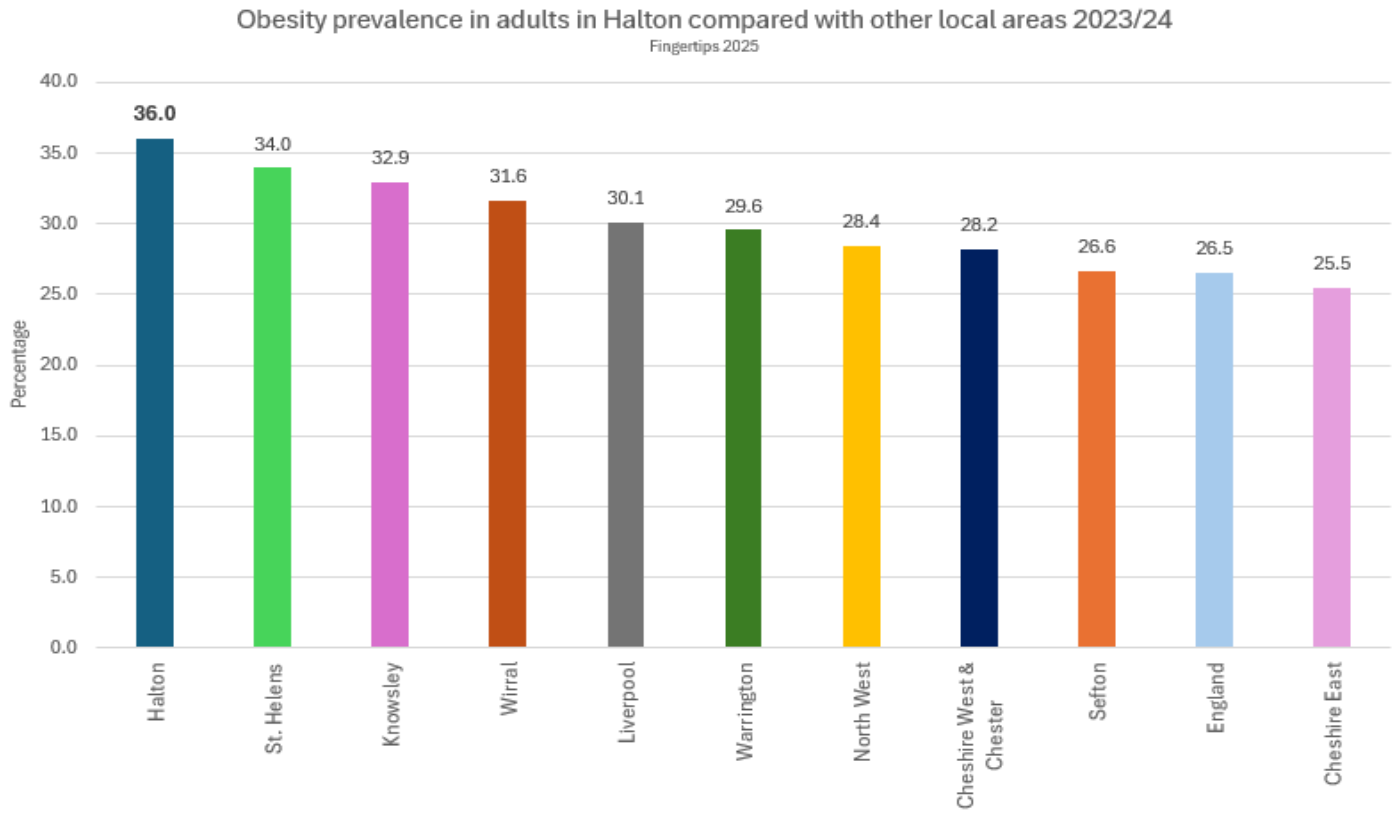


Overweight and Obesity

The chart below highlights the obesity prevalence in Halton, in comparison to England and the other local authorities in the area. Unfortunately, Halton has the highest percentage rates of obesity out of all the areas below.

These rates across the local authorities are also higher than England, except for Cheshire East. Halton stands at almost 10% higher in obesity prevalence than England.

Overweight and obesity significantly increase the risk of numerous health problems that affect several systems in the body. Individuals with excess body fat are more likely to develop chronic conditions such as type 2 diabetes, high blood pressure, heart disease, and stroke. Obesity is also linked to certain cancers, and can lead to respiratory issues like sleep apnoea and asthma. Musculoskeletal problems, particularly osteoarthritis, are common due to the added strain on joints. Mental health is also impacted, with higher rates of depression and anxiety observed among those with obesity. In children, obesity can lead to early onset of these conditions and is associated with low self-esteem and social stigma. The WHO emphasizes that obesity is a complex, multifactorial disease influenced by environmental, genetic, and behavioural factors, and its global rise poses a major public health challenge.



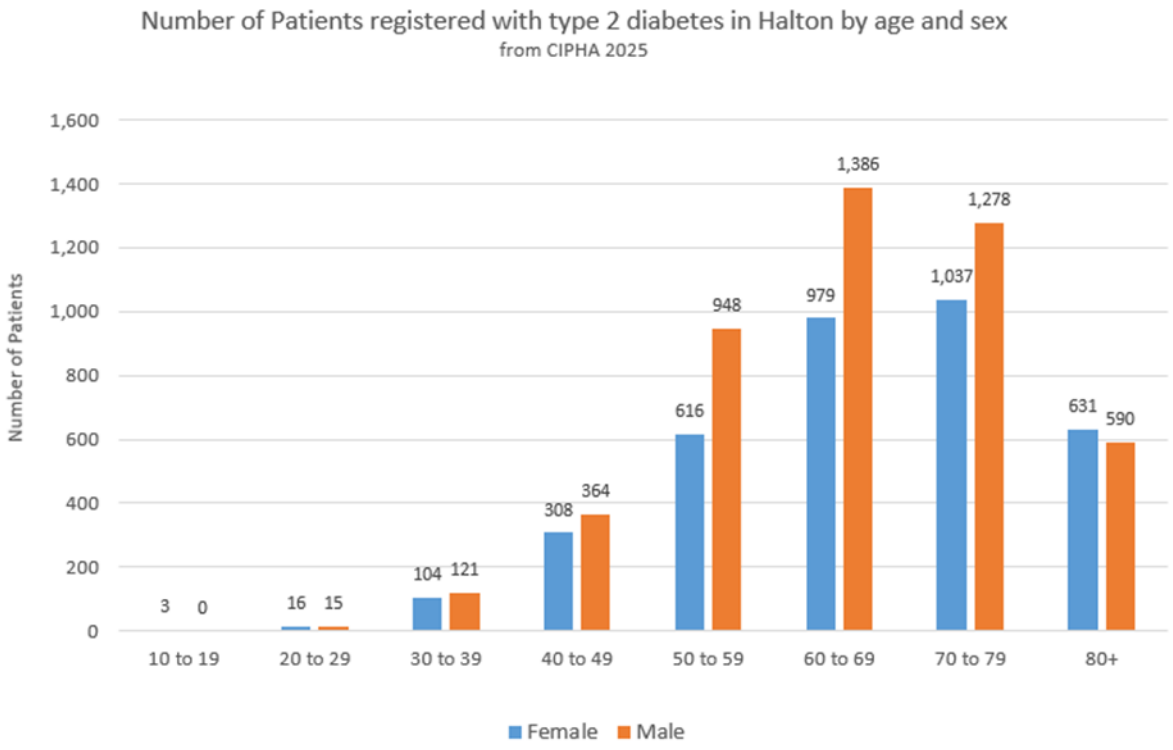
Effect of diet and barriers to healthy eating

Health Outcomes of a Poor Diet

A healthy diet is linked with better outcomes across the life cycle. Eating well, can promote the body's ability to function efficiently. A healthy diet is linked with a reduced risk of chronic diseases such as type 2 diabetes, cancers (ex; bowel and colon), cardiovascular diseases, etc. A well balanced diet also helps with weight management, this along with regular physical activity can help individuals maintain a healthy weight throughout their lives, again, reducing risk of diseases and injuries.

A poor diet is linked with a significantly higher risk of type 2 diabetes. Diabetes occurs when the body is no longer able to control blood sugar properly. This is one of the most common diseases world-wide and is associated with irreversible risk factors such as age, genetic, race, and ethnicity and reversible factors such as diet, physical activity and smoking (Sami, et. Al, 2017). Diet also has links with the prevalence of Cardiovascular diseases, cancers, such as bowel, reduced life expectancy due to diseases that relate to early mortality, and there has been evidence emerging that poor diet is linked with prevalence of depression and anxiety (Selvaraj, et, al., 2022).

Below the chart highlights the number of people registered at the GP in Halton with type 2 diabetes. The numbers start being prevalent from age 10-19 up top 80+. Type 2 diabetes is linked with a poor diet and exercise. At the time of writing this report, there was 8,396 people registered with type 2 diabetes, that's around 6.5% of Halton's total population. This non communicable disease can be man-aged and avoided through diet and lifestyle choices, however, seeing figures this high is concerning. This conditions puts added pressure on health services as well as potentially causing negative effects for the individual.



Barriers to Healthy Eating in Halton

Food insecurity is a growing issue, exacerbated by the cost-of-living crisis. Many families rely on food banks and low-cost, high-calorie foods. Healthy food is often unaffordable: the cheapest healthy diet costs 70% more per calorie than less healthy options. Halton has a high density of fast-food out-lets, particularly in deprived areas, contributing to an obesogenic environ-ment. Limited access to fresh food markets and supermarkets in some wards could create food deserts. This is the case in any area especially as the cost of living crisis continues to sky rocket in the UK- often leaving peo-ple unable to afford quality healthier food options. Other barriers that con-tribute to lack of intake of healthier nutritious foods is low levels of nutri-tional literacy and cooking skills hinder healthy food choices. However, Hal-ton as an authority provides opportunities for cohorts in communities to be able to make more informed decisions. For example, there are classes free of charge that offer individuals a chance to learn to make basic but nutrient rich foods that are cost effective. These classes are often run through com-munity learning centres. There are also various groups in Halton that en-courage people to develop healthy habits such as planting their own vege-table gardens.

Cost of Living crisis

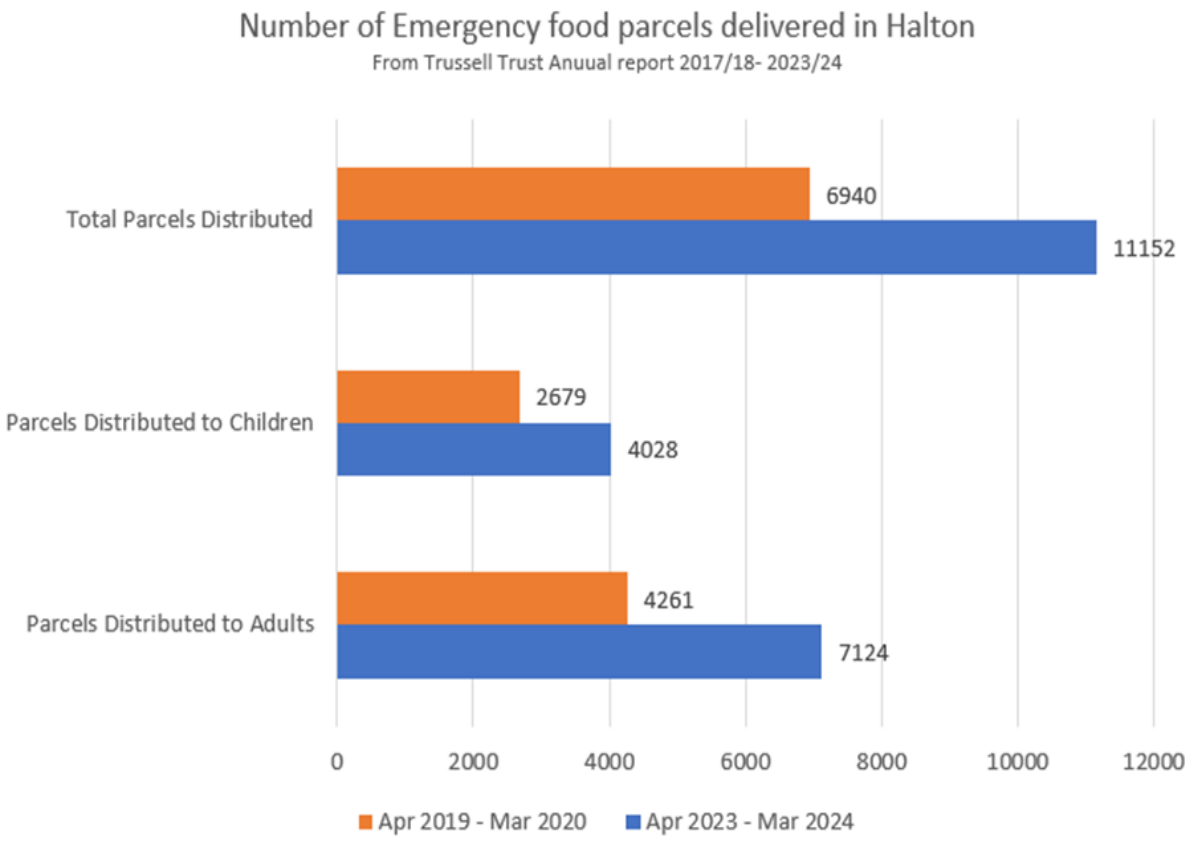
The cost of living crisis has worsened in England over the past number of years. Individuals are increasingly struggling to pay normal household bills, as well as provide healthy sustainable meals. The escalating cost of living has significantly impacted access to healthy food, disproportionately affecting low-income households and for areas like Halton. It is essential to note that these parcels are for those in emergency situations and are not intended for consistent provision. Food banks vary in how often you can get a package, with some providing packages up to three times in 6 months. (foodbanks.co.uk, 2025)

The Food Foundation's 2023 "Broken Plate" report reveals that the most deprived fifth of UK households would need to allocate 45% of their disposable income to afford a healthy diet, as per the government's Eatwell Guide. This is a substantial increase from 11% for the least deprived fifth. Additionally, healthier foods are more than twice as expensive per calorie as less healthy options, with prices rising at double the rate over the past two years.

Food insecurity has also risen, with 15% of UK households- approximately 8 million adults and 3 million children- experiencing food insecurity in January 2024 (Food foundation, 2024). Experts warn this could lead to malnutrition and negative health outcomes among low-income families. In Halton, the cost of living crisis remains a significant barrier to health, particularly for low-income individuals.

The shift towards less healthy diets is contributing to increased rates of obesity and related health issues. The Food Foundation's report highlights that nearly 9,600 diabetes-related amputations are carried out on average per year, a 19% increase over six years. Children in the most deprived fifth of the population are over twice as likely to be living with obesity as those in the least deprived fifth by their first year of school.

The chart beside highlights the number of emergency food parcels delivered to residents who needed them from April 2019- March 2020 (pre- pandemic), and April 2023- March 2024. Here the breakdown is highlighted for adults, children and total food parcels. The difference pre pandemic, and most recently is just under double within the given timeframe. These parcels provide essential resources for those who need it most. However, the chart brings to light just how the cost of living is affecting residents within Halton. There are currently 7 distribution centres in Halton.



The 7 distribution centres in Halton are;

Crossing point (Widnes)

Old town DC

Brook Chapel

Christ church distribution centre

St. Bertilines

Bethesda distribution centre

Frodsham distribution centre

Cost of Living crisis

Table 4– Example of what may be in a typical emergency food parcel

Tinned foods	Vegetables (e.g., peas, carrots, sweetcorn) Fruits (e.g., peaches, pineapple, pears) Meat or fish (e.g., tuna, corned beef, chicken in sauce)
Dried foods	Pasta, rice, or noodle Instant mashed potatoes
Breakfast cereals	Porridge oats boxed cereals
Cooking essentials	Sauces: Pasta or curry sauces to create meals Stock Cubes: For soups or stews
Beverages	Tea bags Instant coffee Long-life UHT milk
Snacks and treats	Biscuits Chocolate or sweets
Basics for cooking and baking	Sugar Tinned tomatoes or baked beans

The cost of living crisis in England, particularly in areas like Halton, is severely limiting access to healthy food for low-income households. With healthier foods becoming increasingly unaffordable, many families are compelled to choose less nutritious options, potentially leading to adverse health outcomes. Addressing this issue requires comprehensive policy interventions to make healthy food more accessible and affordable for all.

The table above highlights an example of what may be in an emergency food parcel. These parcels are given to those individuals struggling immensely, and for many are their only source of food. These parcels often contain non-perishable type foods

Older adults

Older adults (aged 65+) have specific nutritional requirements due to physiological changes, health conditions, and lifestyle factors. Key dietary often include;

- Protein: To maintain muscle mass and strength, especially to prevent sarcopenia.
- Calcium and Vitamin D: For bone health and to reduce the risk of osteoporosis and fractures.
- Fibre: To support digestive health and prevent constipation.
- Hydration: Older adults are at higher risk of dehydration due to reduced thirst sensation.
- Micronutrients: Such as B12 (absorption decreases with age), iron, and folate.

The National Diet and Nutrition Survey (NDNS) 2019–2023 found that many older adults in the UK do not meet recommended intakes for several nutrients, particularly fibre, vitamin D, and some minerals (Gov.uk, 2025). Factors Affecting Dietary Intake in Older Adults can influence what and how older people eat.

Physical health conditions like arthritis, stroke, or Parkinson's can affect mobility and dexterity, making food preparation and eating more difficult. Therefore when choosing and preparing foods for older adults they need to be not only nutritionally beneficial but accessible to their conditions if they have any. Other health issues or conditions that play a role in the diet of older adults would be oral health, like poor dentition or ill-fitting dentures that can limit food choices.

Mental health issues such as dementia and depression can reduce appetite or lead to forgetting meals. Types of medication, some drugs can affect appetite, taste, or nutrient absorption. Social and economic factors, such as loneliness, poverty, and food insecurity can all reduce dietary quality and the ability to eat healthy.

<u>Eating Habits in Care Homes and Hospitals</u>

According to the Nutritional Guidance for Care Homes 2024, residents are at increased risk of malnutrition. Key practices for care homes include

- Individual Nutrition Care Plans- Tailored to each resident's needs, preferences, and medical conditions.
- Food First Approach- Prioritising nutrient-dense foods and snacks before considering supplements.
- Mealtime Environment- Creating a calm, social setting to encourage eating.
- Hydration Strategies- offering fluids regularly and using high-fluid-content foods.

Common challenges include reduced appetite, swallowing difficulties, and lack of staff time to assist with feeding. These challenges can lead to a less healthy and adequate diet for older adults, when nutrition is essential for energy and repairing the body. Halton has 25 care home facilities currently. Within these homes, there are approximately 805 beds (C&M Health & care partnership, 2025)

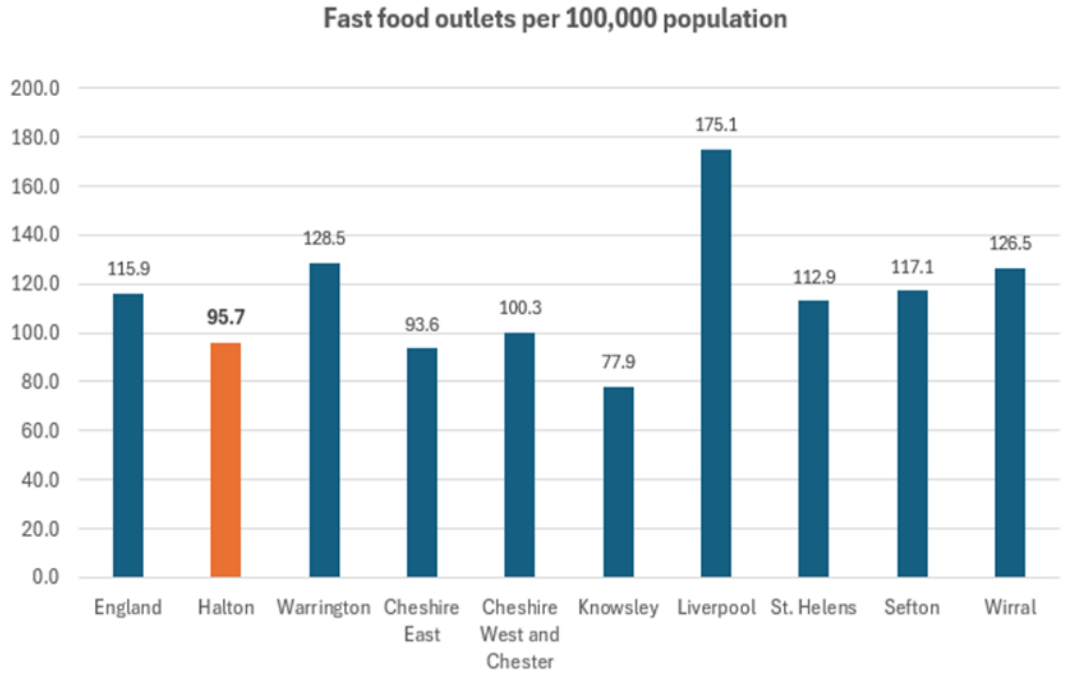
The NHS National Standards for Healthcare Food and Drink (2022) mandate that hospitals provide nutritionally balanced meals that meet the needs of different patient groups. Protected mealtimes, where non-urgent clinical activity is paused to allow patients to eat without interruption. Menu flexibility to accommodate dietary restrictions, cultural needs, and preferences. Despite these standards, implementation can vary, and malnutrition risk remains a concern, especially during long hospital stays.

Fast food outlets

The Food Foundation's 2025 "Broken Plate" report adds that fast food remains one of the most accessible and heavily promoted food types in England. It criticizes the lack of progress in reducing the number of unhealthy food outlets and calls for stronger local authority powers to curb their proliferation. The report also emphasizes the affordability gap between healthy and unhealthy food, noting that healthier diets remain out of reach for many low-income families.

The era of leaving the house to pick up a takeaway is a mere distant memory for many individuals now. Not only for hot food takeaways, but for any product or good one can imagine. A few clicks of a button and a delivery is on its way to you. This is no different for Halton residents. Food delivery apps are free to install on most phones, with delivery fees by restaurants varying based usually on the distance you are from said outlet. As well, many stand-alone food outlets choose to develop their own apps and/ or websites that customers can order directly off, meaning that business benefits from the purchases and a proportion of their sales doesn't go to a third party organisation like Uber eats, Deliveroo, Just eat, etc. The Living Costs and Food Survey (ONS, 2023) shows a steady increase in household spending on takeaways and delivery food, particularly among younger adults and urban populations (ONS, 2024). In 2023, over 30% of adults aged 18–34 reported ordering food online at least once per week.

The growing reliance on food delivery services poses challenges for public health. Ease of access means individuals are less likely to cook at home, while often consuming foods that are calorie dense rather than nutrient dense. Takeaways allow for individuals to have more free time in their lives. However, what will this additional time cost for health. Health and being healthy relies on numerous factors in one's life, from environment to intrinsic choices. The easier life gets, perhaps the more complicated our health will be.



The chart beside highlights the number of fats food outlets per 100,000 population. In orange, we can see Halton, the other bars highlight various areas within the North west as well as England comparatively.

Halton stands at 95.7 per 100,000 population, this is slightly lower than some other areas within the North West. However, there are areas that are lower, such as Knowsley at 77.9. Halton is quite average within the region, with not significantly varying rates except perhaps compared to Liverpool at 175.1 per 100,000 population.

Conclusions

It isn't as simple as individuals having the financial aid to purchase good foods, it is the education and resources that allow individuals to eat well to nourish their bodies. Healthy eating as a stand-alone topic is quite simple. However, when you factor in income, time, knowledge, resources and energy it turns into an issue that could be extremely daunting for someone. Healthy eating, especially with the cost of living today needs to be a whole systems approach. People need to be able to afford good whole foods, have the access to them and have the understanding of what to do with those foods to turn them into nutritious meals and snacks. Evidence suggests that healthy eating and well balanced diets aren't just about the physical aspect of health, but also contribute to a positive mental outcome. Food is part of society and for many cultures it is about bringing people and communities together. It is an essential part to our survival, but if not treated as a life source it could be detriment to life itself.

While the principles of healthy eating-variety, moderation, and balance are simple in theory, the reality is far more complex. In Halton, barriers such as low income, limited transport options, and uneven access to fresh produce make healthy eating a challenge for many. For residents without cars, the cost of public transport or taxis further reduces disposable income available for nutritious food, compounding the issue.

Moreover, healthy eating is not solely about having the financial means to purchase good food, it requires knowledge, time, and energy. Without proper education and resources, individuals may struggle to turn whole foods into nourishing meals. This is especially true in communities where food literacy is low and processed foods are more readily available than fresh alternatives. The One Halton Health and Wellbeing Strategy emphasizes a whole-systems approach, recognizing that improving dietary habits requires coordinated efforts across sectors, from education and urban planning to healthcare and community services. The consequences of poor nutrition are both physical and mental. Diets high in sugar, salt, and saturated fats are linked to rising rates of obesity, diabetes, and cardiovascular disease, all of which are prevalent in Halton. But beyond physical health, poor diets can also negatively impact mental well-being, contributing to stress, anxiety, and depression. Conversely, balanced diets rich in fruits, vegetables, whole grains, and lean proteins have been shown to support emotional resilience and cognitive function. Food is also deeply cultural and social. In Halton, as in many communities, meals are a way to bring people together, foster relationships, and strengthen community bonds. When access to nutritious food is limited, it not only affects individual health but also undermines social cohesion and community well-being. Therefore, promoting healthy eating in Halton must go beyond individual behaviour change, it must address systemic inequalities and empower residents with the tools, knowledge, and opportunities to make informed choices.

In conclusion, the importance of a healthy diet for Halton residents cannot be overlooked. It is essential for physical vitality, mental health, and social connection. Addressing the barriers to healthy eating requires a collaborative, multi-sectoral approach that ensures all residents, regardless of age, income, location understand how to nourish their bodies. By investing in nutrition education, improving food access, and supporting community-led initiatives, Halton can build a healthier, more resilient population for generations to come.

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