

Responding to COVID-19 in the Liverpool City Region

Food Access for All: Overcoming Barriers to Food Access in the Liverpool City Region

Dr Grace Patterson and Professor Jonathan Rushton

Map of Liverpool City Region Combined Authority (LCRCA) boundary (in red) and constituent local authorities



Data sources: Westminster parliamentary constituencies (December 2018 - ONS), local authority districts (December 2018 - ONS), and combined authorities (December 2018 - ONS)

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Key takeaways

1. Uncertain access to food contributes to long-term poor health outcomes, limiting child development, putting pressure on NHS resources, and reducing economic output.
2. Poor food access is driven by the interaction of multiple external and personal barriers; policies that address the distribution of healthy and unhealthy food outlets will therefore have little effect without concurrent action to address the scarcity of personal resources among the food insecure.
3. Places of higher and lower neighbourhood deprivation in the Liverpool City Region (LCR) experience unequal access to healthy food. This is due in part to differences in the accessibility of shops, both in terms of opening times and geography.
4. Data collection on food access in the UK lags well behind that of other developed nations and is the cornerstone of any attempt to reduce food insecurity. Local authorities should commit to measuring and reporting indicators of food insecurity and food access to enable development and assessment of policies tailored to local food access issues.
5. Policies to improve food access should creatively maximise existing infrastructure, provide targeted assistance to vulnerable groups, and contribute to a resilient, sustainable regional food economy. The Liverpool City Region Combined Authority (LCRCA) should encourage prioritisation of food access policies across the LCR as it and individual local authorities plan their recoveries from the COVID-19 pandemic.

1. Introduction

Uncertain access to food impacts many in the Liverpool City Region (LCR), with poor access undermining health and reinforcing social disparities. The response to the COVID-19 pandemic has multiplied the number of people suffering from food insecurity – disrupting the time, transport, and monetary costs associated with food access in ways that will likely persist for many months. In the LCR, shops providing the widest range of staple foods (such as supermarkets and discount stores) are already disproportionately spread across areas of lower and higher neighbourhood deprivation and vary significantly in terms of their opening hours.

As policymakers across the LCR and its constituent local authorities develop economic recovery plans (e.g. Liverpool Express 2020), food access (particularly

for low income households) should be a key priority. Among other things, this requires data collection regarding the extent of food insecurity in the LCR and the identification of barriers and desired outcomes specific to local consumers and retailers. This briefing focuses on interventions that can utilise existing infrastructure to enhance healthy food access within the LCR and which should be combined with policies encouraging the development of healthy food enterprises to build the City Region back better in the long term.

2. Food access: an old and new problem

Many people experienced panic buying and food shortages in the early stages of the COVID-19 lockdown. Socially distanced shopping persists months later. There was global news coverage of disrupted supply chains, food waste, and

unprecedented demand for food assistance. Interrupted food access was merely an annoyance for some, but uncertain food access has long been a problem for many in the LCR and the UK.

The UK is one of the [worst-performing nations](#) in Europe regarding food insecurity, which can be defined as uncertain, insufficient, or unacceptable access to food. Food insecurity is measured at household level with surveys such as the [United States Household Food Security Survey Module](#), which collect data on the frequency, size, and composition of meals, periods of hunger, and the inability to purchase food. Survey responses are coded to produce scores ranging from no or mild food insecurity to severe food insecurity.

Approximately 2.2 million people in the UK experience severe food insecurity each year; the highest reported level in Europe (FAO et al. 2018). During the first three weeks of lockdown, food insecurity occurred at an estimated four times the normal rate in Great Britain, with increased prevalence coinciding with typical risk factors such as low income and the extra complexities of movement restrictions and food shortages (Loopstra 2020). As a city region that encompasses many places with [poor access](#) to healthy food outlets, the LCR was likely harder hit than most during this initial phase.

Prior to the COVID-19 outbreak, Liverpool City Council (LCC) committed to “increase access to healthy foods for those on low incomes” and “explore how fruit and vegetable consumption can be maximised” (LCC 2018). Similar [declarations](#) were made by the other councils within the LCR. The Liverpool City Region Combined Authority (LCRCA 2020) also recently committed to “build back better” with “a people-focused recovery... improving health, wealth and wellbeing for everyone, driving inclusive economic growth.” To achieve these aims,

policymakers must understand the consequences of poor food access, the people at risk, and the underlying barriers to access that are specific to the City Region.

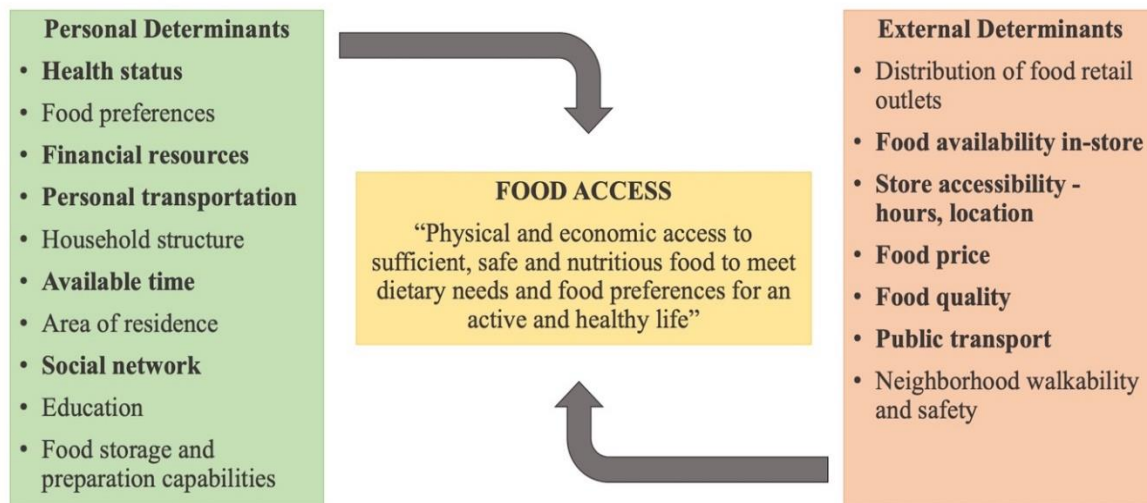
3. Why does food access matter?

Food insecurity drives unhealthy dietary habits, contributing to undernutrition, overnutrition (FAO et al. 2018), and the development of food-related noncommunicable diseases (NCDs). Treatment of obesity and obesity-related NCDs cost the NHS an estimated [£6.1bn](#) in 2014/2015. Food insecurity is also associated with poor child mental and physical health and developmental outcomes (FAO et al. 2018). Overweight and obese children perform significantly worse in school and are more likely to be bullied than their healthy weight peers (OECD 2019).

The LCR experiences wide health and social [disparities](#) and performs [significantly worse](#) than the rest of England on indicators related to dietary health, including child obesity and mortality from cardiovascular disease and cancer. Health indicators vary [widely within the city of Liverpool](#); life expectancy differs by more than ten years across the city, while child obesity rates are correlated with local deprivation levels. These disparities are both determinants and effects of poor food access. While data on food access is lacking across the LCR, other countries have identified food insecurity as a contributor to the intergenerational transmission of poverty and ill-health (Chilton et al. 2017).

Finally, diet-related diseases cause significant losses in economic productivity. The immediate response to COVID-19 stalled economic activity and halted most preventative medicine, the effects of which will be felt for years. Poor health accounts for 33% of the economic [productivity gap](#)

Figure 1. Personal and external determinants of food access.



(Note: Bolded determinants are those affected by COVID-19. Definition of food access modified from FAO World Food Summit 1996)

within the LCR as compared to the rest of England. Gross Domestic Product (GDP) in high income countries, including the UK, is estimated to be reduced by an average 3.3% due to the effects of overweight on workforce productivity (OECD 2019). Improved food access is necessary to support economic recovery in the short term and sustainable, equitable economic growth for years to come.

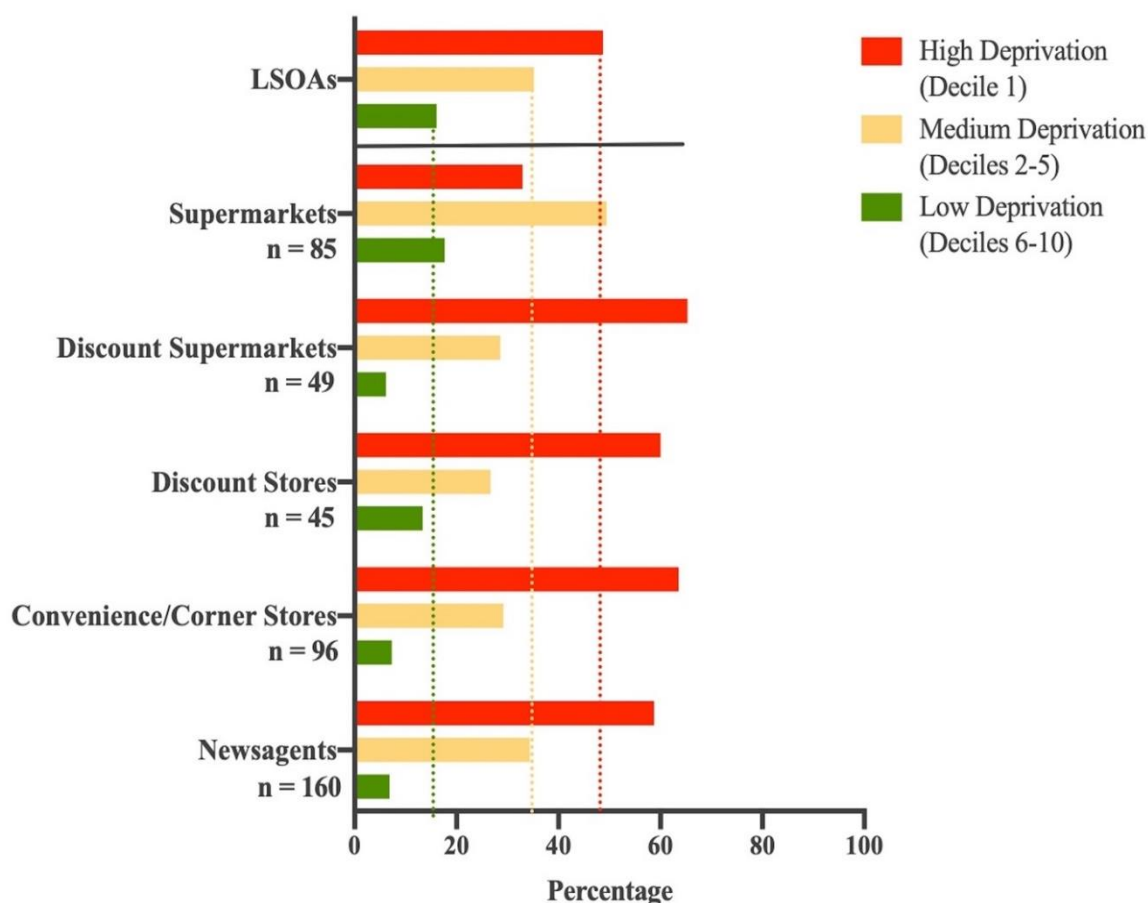
4. Who is at risk and why?

Severe food insecurity typically threatens those with very low incomes, the unemployed, and the disabled – see Figure 1 for key determinants of food access. Adults with children, people from ethnic minorities, and the elderly are also at heightened risk, though people in these groups typically experience milder forms of food insecurity. During the COVID-19 lockdown, the number of people in these risk groups increased due to income losses and mobility restrictions for the elderly and those with health conditions (Loopstra 2020). New groups of food insecure have also emerged, likely transiently, due to food shortages. Barriers

to food access vary by person and environment. Food price is a major determinant of food access that is often targeted by policy interventions. In England, the poorest 10% of households need to spend approximately 75% of their disposable income on food to meet the dietary guidelines dictated by the NHS’s *Eatwell Guide*. However, the cost of food access is more complicated than price alone. The structure of the food retail environment interacts with personal determinants to moderate food access.

The opportunity cost associated with shopping involves complicated tradeoffs for people with limited time or transportation resources. Different types of shops that provide produce and staple foods are spread disproportionately across areas of varying deprivation – see Figure 2. Discount shops and discount supermarkets (overrepresented in more deprived regions) have fewer weekly hours than supermarket chains, which are overrepresented in less deprived places within the Liverpool local authority area – see Figure 3. Shops with longer hours, such as convenience stores or newsagents, often carry limited produce of

Figure 2. Food retail outlets are disproportionately distributed across the Liverpool local authority area



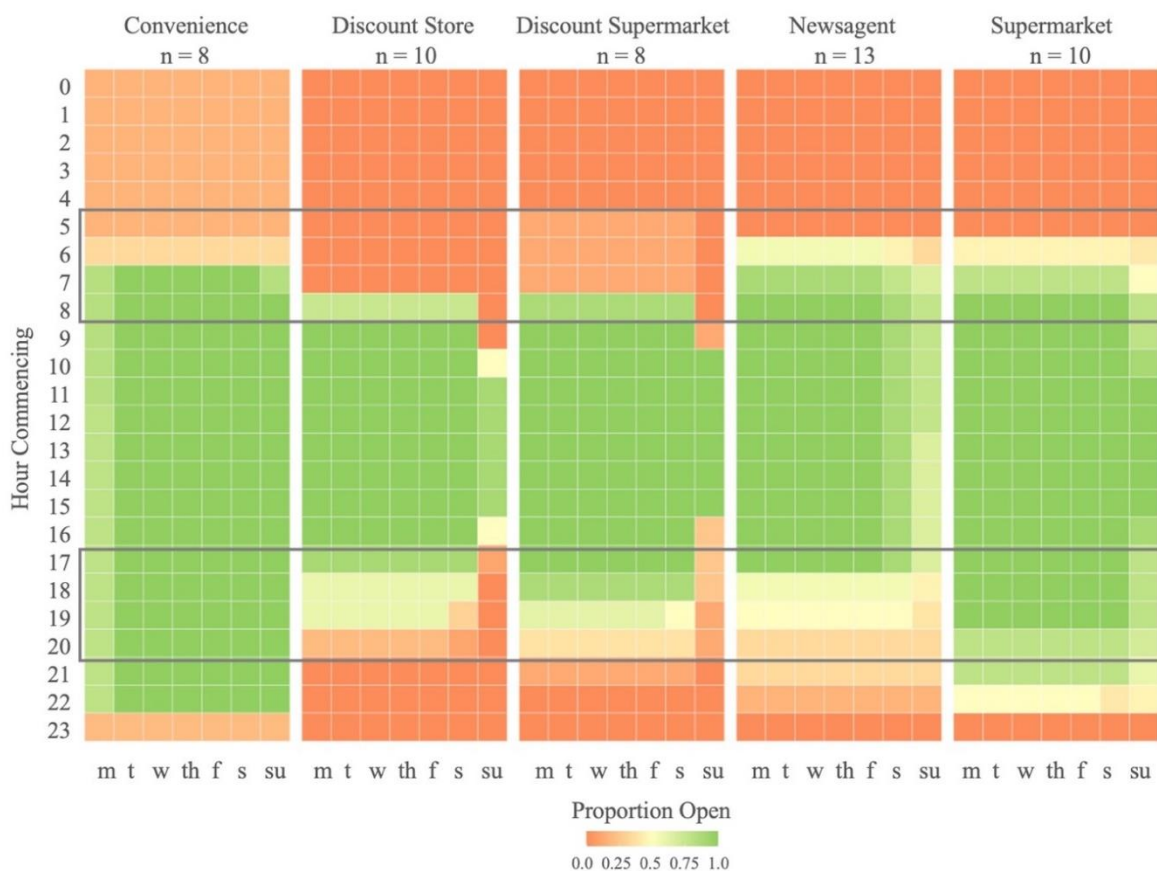
(Source: Data from Food Standards Agency Jan 30, 2020. Food retail outlets classified by name and confirmed by internet search. Lower Layer Super Output Area data on Index of Multiple Deprivation from English Indices of Deprivation 2019)

poorer quality and higher price. People with limited time or transportation resources may struggle to access shops offering healthy, acceptable foods, while those with more resources are able to access a wider range of food outlets at less of an opportunity cost. The COVID-19 pandemic has complicated the use of transport and time resources. Shops takes longer to complete, grocery delivery must be booked weeks in advance, and the use of public transport might be a risk to personal health. Disrupted childcare or working situations may limit time to shop, particularly among key workers or those with limited social networks. Larger, infrequent shopping trips may be difficult

for those with limited storage, transportation, or disposable income.

Though food supply chains have begun to adjust and more shops are opening up, economic hardship is expected to worsen as the UK emerges from lockdown. The end of the furlough scheme will leave many jobless in the midst of a global recession, increasing the number of food insecure households. Food banks and other groups providing emergency food have thus far been able to adequately support those seeking food assistance, but cite concerns about increases in demand and decreases in funding in the near future (McKendrick 2020).

Figure 3. Different store types in the Liverpool local authority area have different opening hours, particularly outside of normal business hours and on the weekends



(Source: Store hours collected on site from subset of retail outlets in Figure 2)

5. What are the possible solutions?

LCR local authorities have signalled their commitment to action on dietary health. A comprehensive plan is the next step to improve food access in the long term across the City Region. Improving access to food is an iterative process that requires consistent communication and policy changes across multiple sectors interlinking with the food supply chain. The following measures are recommended as a starting point.

Collect data from stakeholders across the food system

It is imperative to understand at a local level the groups at greatest risk, their key barriers, and their desired outcomes to

solve food access problems on a permanent basis. For example, supermarket [placement in food deserts](#) may fail to improve community food access if the underlying barrier is lack of income or poor shop accessibility. Local authorities within the LCR should utilise existing stakeholder networks and food partnerships (such as the [Liverpool Food Insecurity Strategic Group](#)) to identify food access barriers, discuss potential solutions for their communities, and assess the effectiveness of current and future interventions. They should also commit to measuring the prevalence of household and child food insecurity and related indicators of food access; reporting these indicators in public health annual reports or key statistics bulletins.

Incentivise healthy food access using current infrastructure

Action should be taken to increase access to healthy foods at existing sites within the geographical and social sphere of food insecure residents. This may entail subsidising core fresh or frozen produce items and related startup costs at [selected convenience stores](#), providing extended access to healthy foods while mitigating the economic risk to the shop owner. These schemes are most successful when paired with management training and customer engagement.

Local authorities in the LCR can start by enacting policies to provide business rate relief to small businesses that provide healthy food in areas with limited food access. Evidence-backed [incentive programmes](#) in the US provide cost-savings for low-income consumers at the point of sale, also benefiting retailers and growers, and offering relatively straightforward approaches to increase food access among targeted groups. The [Rose Voucher](#) scheme and [Healthy Start programme](#), both of which provide healthy food vouchers for families with children in Liverpool, should be expanded and promoted throughout the LCR.

Incorporate equitable food systems in local development plans

Several local authorities within the LCR regulate fast food outlet density and location, but few policies incentivise healthy food retail outlet development in underserved regions. In the US, [Fresh Food Financing Initiatives](#) successfully attract food-related enterprises that source fresh, local food to underserved communities. Local planning authorities should leverage Section 106 agreements and community infrastructure levies to require hot food takeaways to financially support healthy food access in underserved areas. Local authorities should also specify healthy food shops as

essential retail and use other planning powers to protect existing food shops and encourage development of new ones (Marceau 2018).

Streamline access to resources in times of crisis

Food insecurity in the UK is typically episodic and often arises during personal financial or health emergencies. Delays in receipts of the Universal Credit benefit are cited as a major reason why people seek food support (House of Commons Environmental Audit Committee 2019). Food assistance programmes that help young children and their parents, such as free school meals, [should be expanded](#) and uptake encouraged. To reduce the incidence of personal financial emergencies, individual local authorities should also follow the lead of the LCRCA in [adopting the Real Living Wage](#) and provide incentives for businesses within their areas to do the same.

6. The future of food access in the Liverpool City Region

The COVID-19 pandemic has highlighted poor food access in the UK and provides an opportunity to incorporate food access reforms into emerging economic recovery plans at both local authority and City Region scales. Food retail outlets across the LCR vary in their accessibility, contributing to existing spatial disparities in the built environment. Actions to improve food access at shop level should be implemented alongside research to identify food access barriers common to residents in highly deprived areas.

The LCRCA has access to valuable resources and strategic partnerships, can set regional agendas, and distribute funds in ways that lead and produce lasting change across the City Region. Documents related to the developing [LCR Spatial Development Strategy](#) (SDS) do

not currently include mention of food access or healthy food retail. These omissions should be addressed in the health and wellbeing, transport, and / or green infrastructure sections of the emergent SDS to ensure future development plans improve (and do not worsen) food access across the City Region.

These recommendations hold true for the LCRCA's post-COVID-19 economic recovery plan. What the LCRCA prioritises will provide leadership and guide funding allocation across the City Region. Food access policies cannot be overlooked if local authorities and the LCRCA want to reduce health and wealth gaps and spur development of sustainable regional food systems for years to come.

7. References

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