Feeding Walsall's Future

The Food Plan 2025-2030

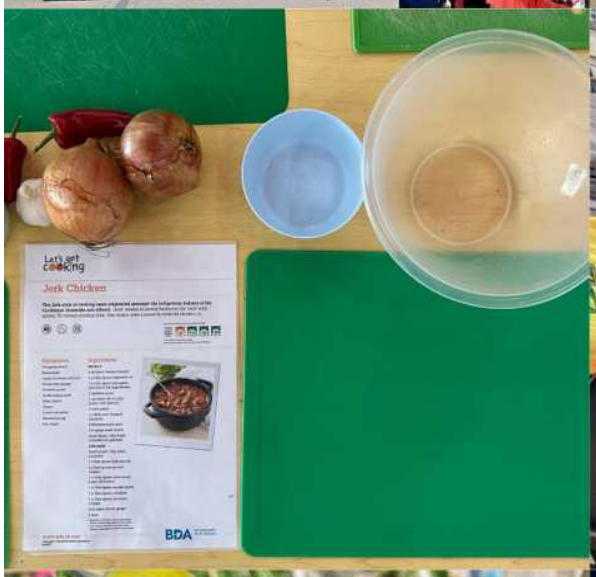
Good Food | Fair Access | Future-Proofed

Walsall Council

OUR FOOD PARTNERSHIP FOR WALSALL


PLAYLAND
GAMING CENTRE
Luv gym


Co-op Basket
£27.40
£9.40
Norwich Community Pantry Basket
Cost £18.00
Asda Basket
£23.54
£5.54


Let's get cooking
Jerk Chicken
BDA

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Acknowledgements

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Green Square Accord
Walsall Community Healthcare Trust
Maximus/Be Well Walsall
One Walsall
Walsall College
WHG
Aaina
Black Country Food Bank
Caldmore Community Garden
Blakemores
Black Country Integrated Care Board
Delves Green Alotment

Foreword

[Portfolio holder]

Executive summary

Introduction

Feeding Walsall's Future: The Food Plan 2025-2030 outlines an ambitious strategy to transform Walsall's food system into a more sustainable, fair, and healthy environment. Developed in collaboration with key stakeholders, this Food Plan details our mission to cultivate a Walsall where good food is grown, available and promoted for our residents to have fair access to healthy, affordable and tasty food choices.

Diet-related ill health is the second biggest cause of preventable ill-health and mortality after tobacco. Walsall needs a roadmap to address this; alongside addressing food insecurity, and the environmental impact of food consumption, in line with the National Food Plan. We need to change the food landscape in Walsall to ensure it starts working better for everyone, better for our health and better for our planet. There is global, national and local impetus to improve the food system and tackle the ill health related to some food. We must use this momentum and seize the opportunity for Walsall to be a thriving, nutritious and sustainable food borough.

Our collective vision

"A sustainable and fair food environment where good food is grown, accessible and promoted for our residents to have healthy, nutritious, affordable and appealing food choices."

This vision, along with the priorities for the Food Plan, emerged through the consultations with stakeholders, communities and partners at the Walsall Food Summit in 2024. This Food Summit brought together those engaged in the food system in Walsall to shape the Food Plan and follow on from the recommendations set out in the Director of Public Health's Annual Report 2022 and aligns with the We Are Walsall 2040 visions and ambitions.

Diet-related ill health and the food environment in Walsall

This Food Plan addresses the need to improve the local food environment to better support people in Walsall to live long, healthy lives and reduce diet-related ill health. In Walsall, 7 in 10 adults and 4 in 10 year 6 children are living with overweight, or obesity; and obesity contributes to numerous preventable health issues, including type 2 diabetes, cardiovascular disease, and poor mental health. These health issues are not distributed across society equally though, with stark inequalities in health outcomes and life expectancy in our most deprived communities compared to our least deprived communities. This divide is growing further as cost-of-living challenges plunge more people into food insecurity and the cost of healthy food is out of reach for many families. The food environment plays a critical role in shaping dietary choices and has a significant impact on obesity rates. Widespread availability and marketing of unhealthy, calorie-dense foods create an environment that encourages overconsumption

of poor-quality foods. This constant exposure to easily accessible unhealthy options makes it more challenging for individuals to make nutritious choices, contributing to excessive calorie intake and weight gain. Evidence suggests that the food environment is a more influential factor in the rise of obesity than other factors, such as genetics or physical activity levels, by heavily influencing the daily food choices that ultimately impact body weight and health. In Walsall, the local food environment is not maximising residents' opportunities to eat healthily: there are a high number of fast-food outlets, especially in more deprived areas, and there is an uneven spread of supermarkets selling fresh produce limiting access to nutritious options.

The environmental impact of the food system is also a key concern, with the food system contributing significantly to greenhouse gas emissions. Therefore, this Food Plan advocates for more sustainable food practices, such as growing food locally, reducing food waste, and buying seasonal produce.

Our priorities

The Food Plan identifies four key priority areas for action:

1. Good food choice: supporting access to affordable, nutritious food and empowering residents with knowledge and skills to make healthy food choices.

2. Good food environment: improving the food landscape to make healthy eating easy and convenient, and promoting local food growing initiatives.

3. Sustainable, responsible and resilient: enhancing the sustainability and resilience of the food system to secure Walsall's food future and working to reduce the environmental impact of Walsall's food system.

4. Leadership, commissioning and procurement: leading by example through enriching catering and food procurement practices and supporting partner organisations to embrace the actions of the Food Plan.

Summary

We will use a whole-system approach and cross partner leadership to support residents to access nutritious and affordable food. This Food Plan will begin the journey to create a healthier, fairer, and more sustainable local food landscape which aims to improve health for current and future generations.

1. Introduction

Feeding Walsall's Future: The Food Plan is a 5-year plan that sets out a collective ambition to begin the transformation of Walsall's food system (Appendix 1) to a more sustainable and fair food environment. This strategy was developed in collaboration with the Walsall community and key stakeholders within our Food Partnership, including Walsall Council, Black Country Integrated Care Board, Housing Associations and Community and Voluntary Sector Partners. The Food Plan details our mission to cultivate a Walsall where good food is grown, available and promoted for our residents to have fair access to healthy, affordable and tasty food choices.

Why does Walsall need a Food Plan?

Food sustains life. Food fuels our bodies and minds. Food brings us joy, pleasure and connections. Food is integral to our daily life and can keep us physically and mentally healthy, providing the foundation to our wellbeing and helping us enjoy life to the fullest. Food consists of proteins, carbohydrates, fats, vitamins, and minerals which provide us with energy and are the building blocks of bodily functions. A strong, sustainable food system can help build a prosperous local community that protects the environment whilst also protecting our future food source.

Food, however, can contribute to an early death - it is the second biggest cause of preventable mortality after tobacco. It can instigate diseases of the body and mind; and it can be a source of anxiety, with between a third to almost half of adults reportedly trying to lose weight most of the time (1). The current food system is not supporting our health. In fact, the food environment and commercial influences propel us to eat in a way that is harmful for our health and contributes to climate change.

There are endless contradictions when it comes to food. Whilst the food system we have developed can be harmful, it is also a miracle of human ingenuity. We feed the biggest population that has ever existed, we get the most calories out of land and sell these at a relatively low cost, due to market economics. But those market forces also mean companies need to make a profit through increasing the purchases of consumers. They design highly palatable foods, which are hard to stop eating, and with long shelf lives so these foods can be provided everywhere. But this means that it can be very difficult to avoid these foods that contribute to diet-related ill health. Whilst there is overconsumption on the one hand, fuelling the obesity epidemic, there is also malnutrition and food poverty; and both these circumstances are experienced most by those who are disadvantaged in society (2).

Walsall needs a roadmap to address major issues with diet-related ill health, food insecurity, and the environmental impact of food consumption. We need to change the food landscape in Walsall to ensure it starts working better for everyone, better for our health and better for our planet. There is global, national and local impetus to improve the food system and tackle the ill health related to some food. We must use this

momentum and seize the opportunity for Walsall to be a thriving, nutritious and sustainable food borough.

This Food Plan for Walsall has evolved through the collective contributions of key stakeholders and residents across the Walsall borough, including through the council-hosted Food Summit. At the Summit, the vision for food in Walsall was conceived and the priorities for action were outlined. Attendees discussed the need for fair access to good food across Walsall and produced a word cloud in response to the question “what does good food mean to you?”, Figure 1.

Figure 1. Word cloud depicting responses from participants at Walsall’s 2024 Food Summit when posed the question: “What does good food mean to you?” (149 respondents). The larger words represent more respondents giving this word as an answer.

Scope

Walsall’s Food Plan supports our strategic direction, it focuses on the challenges within our food system, our vision for the future and outlines ways we can start to get there. This is not yet a detailed action plan. Detailed actions will launch from this plan and through working with local stakeholders, in Walsall’s Food Partnership, using best-available evidence and gathering input from public consultations.

We can directly make some of the changes, advocated for in this Food Plan, to improve our local food system and positively impact the local population’s health, with particular focus on the most disadvantaged. We also recognise, however, that nationally and internationally, the current food system is failing people. Therefore, we must call for action at these levels to maximise improvements in Walsall’s food and health.

This Food Plan is ambitious so we can build momentum and start the process of transforming our local food landscape. However, it is recognised, that to fully address our food priorities, work will need to be sustained beyond the lifetime of this Food Plan so we are progressing to a future where food positively impacts our health, our community and our environment.

Our collective vision

“A sustainable and fair food environment where good food is grown, accessible and promoted for our residents to have healthy, nutritious, affordable and appealing food choices.”

This vision, along with the priorities for the Food Plan, emerged through the consultations with stakeholders, communities and partners at the Walsall Food Summit in 2024, which has been illustrated in a vision board, figure 2. This Food Summit brought together those engaged in the food system in Walsall to shape the Food Plan and follow on from the recommendations set out in the Director of Public Health’s Annual Report 2022.

Figure 2. Vision board produced by an artist during the Walsall Food Summit 2024. This illustrates the major areas of discussion during the Summit and the plans for action.

Our values

Underpinning our Food Plan are the core values that guide our strategy:

- Equitable

At the heart of our work must be a drive to reduce inequalities, concentrating action where resources are needed the most to ensure fair access to good food.

- Empowering our community

Developing our Food Partnership and collaborating across Walsall to foster opportunities for community-led initiatives which enhance our food environment and provide for more nutritious food consumption.

- Enterprise and innovation

Leading the way through our Food Partnership to explore innovative approaches to food system challenges.

- Environmentally conscious and sustainable.

Ensuring the future of food in Walsall is secure and resilient through environmentally sustainable practices; and promoting food practices that reduce our impact on the global climate change crisis.

Our missions

Through our Food Plan and the work of Walsall's Food Partnership, of key community stakeholders, we will take a whole-system approach aiming to:

1. Champion good food and support people to access affordable, nutritious food to build a fairer and healthier future for everyone.
2. Tackle factors contributing to food insecurity and the inequities around food access, working to redistribute food to those who need it most.
3. Nourish a thriving, diverse and skilled community food sector.
4. Improve the food environment to empower people to make healthy eating the easy choice throughout the course of their lives.
5. Become a "food use" not a "food waste" borough.
6. Encourage an environmentally sustainable and responsible food system to improve food security and resilience for the future.
7. Transform catering and food procurement.
8. Embed healthy, sustainable and fair food into policy, planning and regulation.

Our priorities

Through these missions, four key priority areas for action have been identified:

1. Good food choice

We will work to ensure that people can access food that makes them well, not unwell. Supporting people to access food that is affordable, nutritious and appealing and is available to people throughout their life-course. We will empower people with the knowledge, understanding and skills to obtain and prepare good food that benefits their body. Our ambition is for good food to become the 'norm' for all people in Walsall, increasing equity through bridging the gap in access to a healthy diet.

2. Good food environment

We will work to promote an improvement in the food landscape across Walsall, so the food environment works with people, to help make good food choices easy and

convenient. We will highlight access to good food that can be purchased or has been locally grown; and we will encourage food growing initiatives. We will partner with planning to embed food policy in the Local Plan and we will continue work to mitigate for the commercial influences that can have detrimental health effects. Through a good food environment, people will be empowered and incentivised to eat healthily and sustainably, wherever they live, work and play.

3. Sustainable, responsible and resilient

The co-benefits of sustainable, healthy and more affordable food can be realised in Walsall through a whole-system approach. We will work to improve the sustainability and resilience of our food system to work towards a secure food future for Walsall. The climate change emergency means it is critical that environmental health is a key pillar of this plan, as adverse-weather events have the potential to cause catastrophic effects on our food system. Therefore, we will prioritise action that is mutually beneficial for the health of Walsall residents and the planet.

4. Leadership, commissioning and procurement

We will lead by example, working to transform catering and food procurement by the council and partner organisations to reflect the sustainable, secure and affordable good food that we are promoting to the wider public. We will seek to learn more about the food that people are consuming and the challenges faced locally to obtain good food. We will work across the council to embed the Food Plan into policy, ensuring food has a high profile across the borough. We will commission services that align with our vision for food in Walsall and upskill our communities in healthy food knowledge, preparation and sustainability.

Our approach to achieving the vision of this Food Plan is outlined in the below diagram, figure 3.

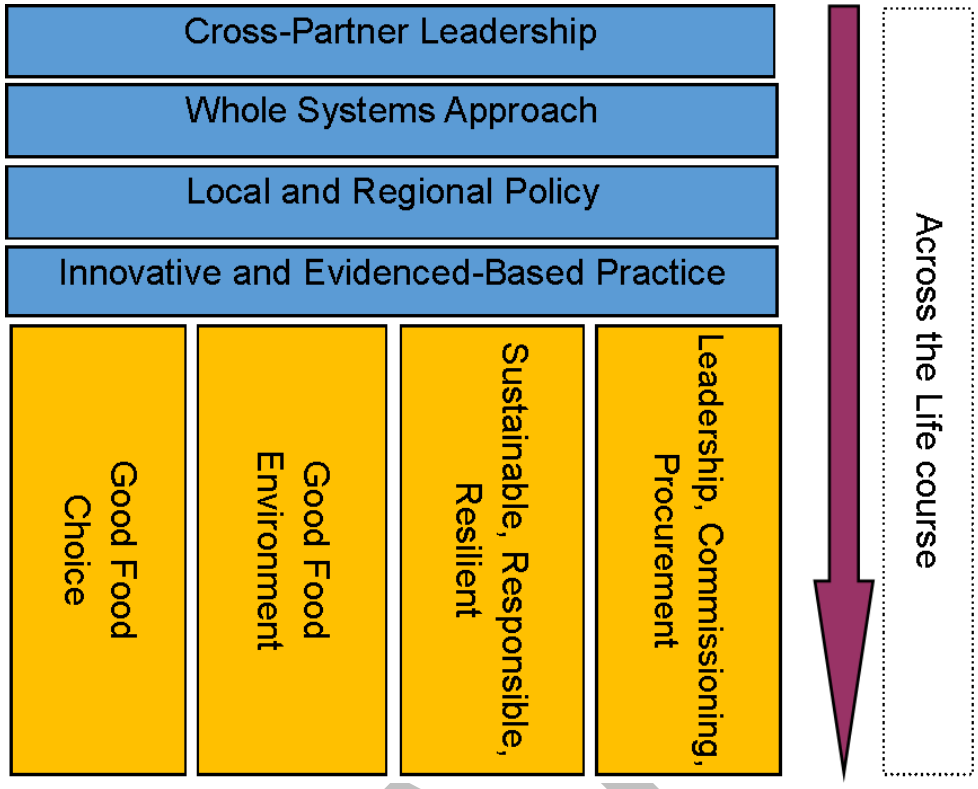

Figure 3. Diagram representing the approach to achieving the vision and missions of the Food Plan and the work of the Food Partnership.

Additional benefits

Food is wide reaching in its impact on our lives and communities. This means there are multiple, cross-cutting opportunities and benefits to be gained from implementing measures that promote fair access to good food, now and in the future.

Economic benefit

A well-functioning, local food system generates significant economic advantages by fostering local businesses and creating job opportunities. A vibrant food economy promotes valuable training and employment opportunities for people across the borough. Focusing on healthy and affordable diets also yields economic benefits by reducing healthcare and social care costs, lowering unemployment rates, and boosting economic activity.

Social isolation

Beyond its nutritional value, food plays a key role in supporting mental wellbeing. People who frequently share meals with others often report higher life satisfaction and a greater sense of connection to their local community. Initiatives such as social eating spaces, lunch clubs, and food-growing programmes offer significant benefits by reducing social isolation and improving mental health, alongside the nutritional advantages of the food consumed.

Community benefit

Food and food-related businesses serve as powerful tools for fostering inclusion and community cohesion. In Walsall we have a diverse and rich, cultural heritage which we can celebrate through food. Food offers a platform for people to use their cultural knowledge and skills to actively contribute to the local food economy. Food businesses provide employment, attract visitors, and serve as social hubs for those communities.

2. You are what you eat? The relationship between food and health.

Overconsumption

The food environment is critical in how a person can control what food they consume and how much of it they eat. Shops and food establishments are currently disproportionately full of ultra-processed (Appendix 3) and high fat, sugar and salt foods (HFSS) which are often cheaper and more convenient than healthier alternatives. These foods are designed to trigger the reward system in the brain, potentially leading to overconsumption and subsequent ill-health. Fast-food outlets are selling food that makes us sick and can now be ordered at the touch a button, then delivered almost anywhere and at any time. The changes in the food landscape and the food we can easily access all around us has contributed to the amount we eat increasing beyond levels needed to sustain normal daily activities. In just the last decade, since 2015, the number of fast-food outlets in Walsall town centre has increased by 50% (3) and Walsall high street was ranked the second most unhealthy in the UK in 2018, figure 4.

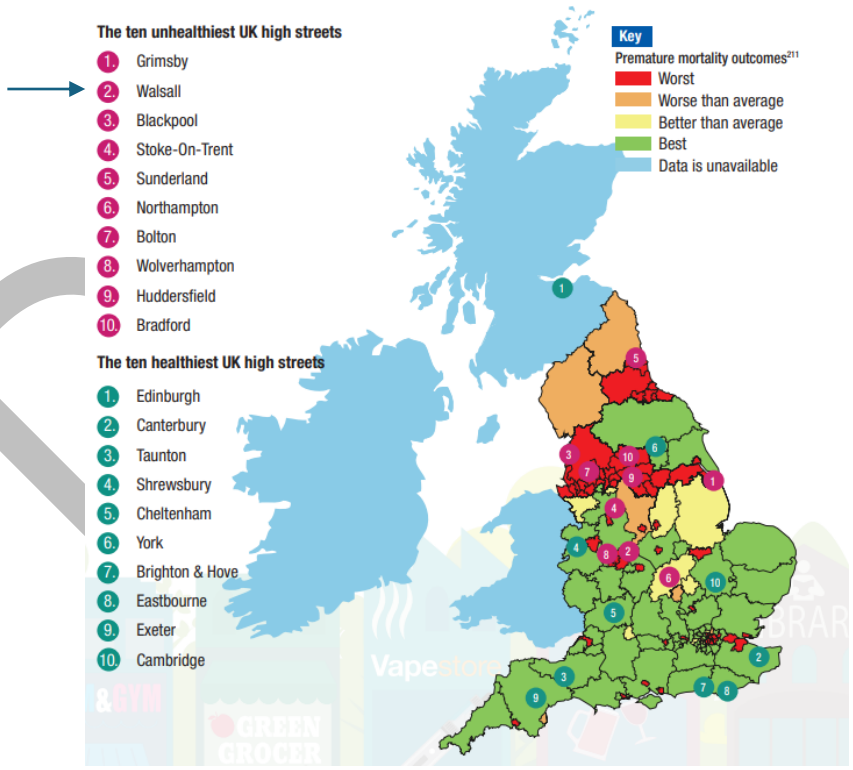

Figure 4. Walsall is ranked 2nd in terms of unhealthiest UK high streets according to the Royal Society of Public Health (RSPH). Each location was scored according to the number of 'healthy' and 'unhealthy' businesses in the main shopping areas (2018). (Source: RSPH Nationwide Health on the High Street)

In addition, many portion sizes have progressively grown since the early 1990s across a range of products (4). Larger portions and the unhealthy food environment, make it

easy to eat more than we need to. Over time, this can cause unwanted weight gain, contribute to obesity, and increase the risk of developing certain chronic illnesses including type 2 diabetes (T2DM) and high blood pressure. On the other hand, the oversized portions can lead to food waste. This is not only a waste of the food itself, but a waste of the energy and water required to grow, harvest, and transport food, and a waste of the food packaging. Finally, when food is left to rot in landfills, it releases methane, which is a green-house gas that causes climate change. Walsall Council are already working to tackle this issue, through the imminent food waste collection policy. However, regardless of this welcome initiative, we must reduce the amount of excess food that gets thrown away and implement methods to prevent food waste and redistribute unused food.

We are living in an obesity epidemic

As discussed above, the food system we live in, within Walsall and in the UK more broadly, is driving many to overconsume poor quality food and leading to excess body weight alongside a raft of physical and mental health problems. Many adults recognise this, with almost half of the adult population (45%) saying they are trying to lose weight (1). But, with unhealthy foods being far cheaper than more nutritious alternatives and the overconsumption promoting food environment all around us, losing weight is incredibly difficult.

In Walsall, 7 out of 10 (70.6%) adults are living with overweight or living with obesity, which is worse than the national picture (64%) (5). The rise in obesity is a longstanding trend in both Walsall and England, demonstrated over the last 8 years, where there has been an increase in obesity prevalence by over 6% in Walsall, figure 5.

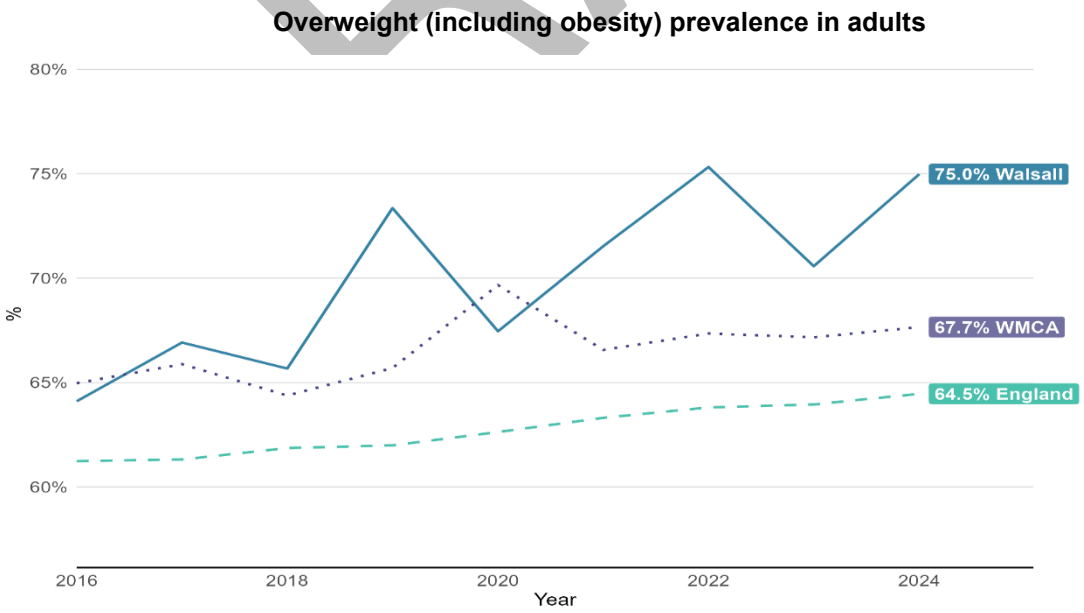

Figure 5. Trend in prevalence of adults living with overweight (including obesity) using adjusted self-reported height and weight in Walsall, West Midlands Combined Authority (WMCA) and England. (Analysis and visualisation produced by Walsall Business Insights. Source: Fingertips, OHID 2025, based on Sport England data)

We know that obesity is a major factor in health risks. For example, obesity in pregnancy increases the risk of complications for the mother and baby, contributes to infant mortality and babies not thriving both in the womb and after birth (5). In Walsall, over 1 in 4 (27.9%) pregnant people are living with obesity which is significantly worse than the national average at 22.1%.

Childhood obesity

Higher body weights are starting during childhood with more children classified as an unhealthy weight. Most recent data shows that the prevalence of Walsall children living with overweight at aged 4 – 5 years is similar to the West Midlands Combined Authority (WMCA) and national levels, figure 6 (top). There is however, a longstanding trend for significantly more reception aged children in Walsall to be living with obesity compared to the WMCA and England average, figure 6 (bottom). This is also observed in year 6 children (10 - 11-year-olds) with those living with overweight similar to WMCA and national levels and more children being categorised as overweight compared with reception years, figure 7 (top). Concerningly, the proportion of Walsall children living with obesity in year 6 increases substantially from reception age and is significantly higher than the national prevalence, figure 7 (bottom).

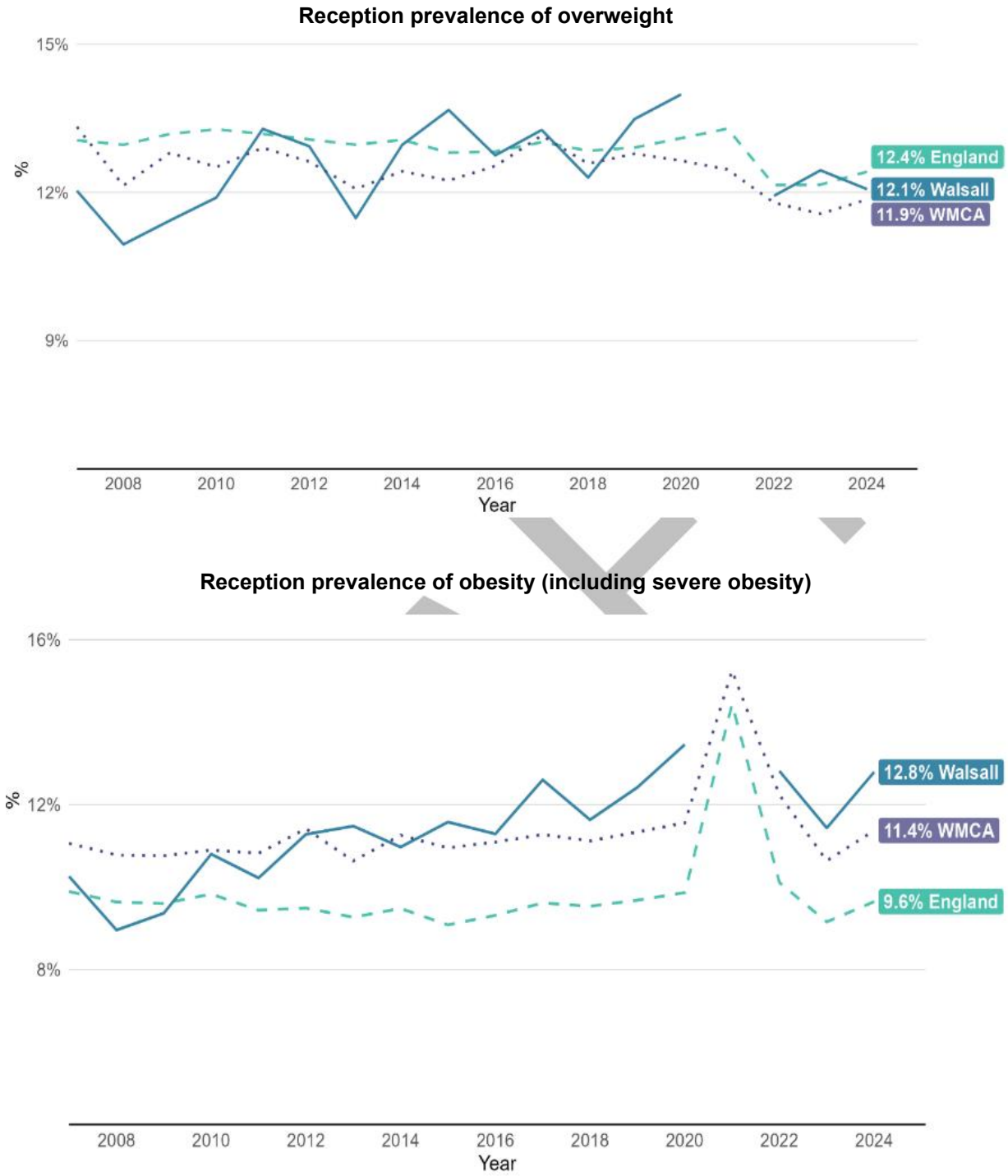

Fig 6: Trend in prevalence of reception aged children (4 - 5 years) living with overweight (top) and living with obesity (including severe obesity) (bottom) in Walsall, West Midlands Combined Authority (WMCA) and England. (Analysis and visualisation produced by Walsall Business Insights. Source: Fingertips, OHID 2025)

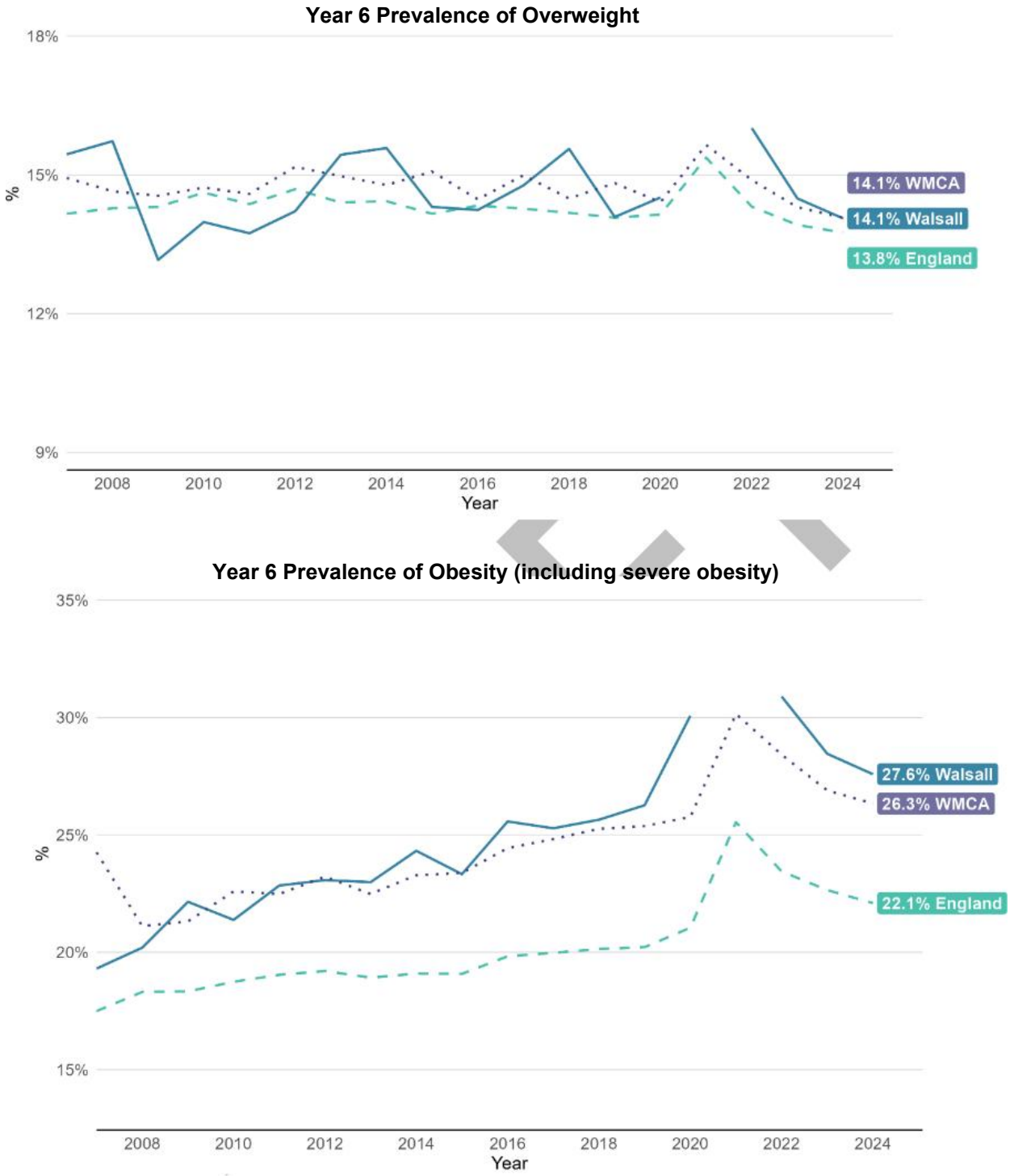

Figure 7. Trend in prevalence of year 6 children (10-11 years) living with overweight (top) and living with obesity (including severe obesity) (bottom) in Walsall, West Midlands Combined Authority (WMCA) and England. (Analysis and visualisation produced by Walsall Business Insights. Source: Fingertips, OHID 2025)

The most recent data shows that almost 1 in 4 (24.9%) of reception children in Walsall are living with overweight or obesity, whilst 1.5% are underweight, figure 8 (6). Unfortunately, just a few years later, when children are about to leave primary school, between ages 10 – 11 years old, over 4 in 10 are living with overweight or obesity (41.7%), figure 8b (6). This means that only around half (56.5%) of Walsall children are leaving primary school at a healthy weight.

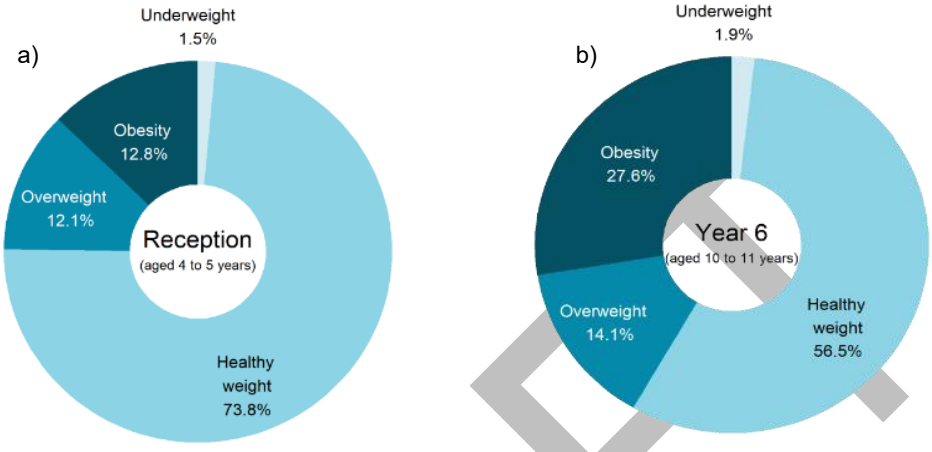

Figure 8. a) Prevalence of weights in reception aged children (4 - 5 years) categorised by BMI, b) Prevalence of weights in year 6 children (10 - 11 years) categorised by BMI. (Source: NHS England, National Child Measurement Programme)

This is a problem for children in Walsall because, unfortunately, there is a link between obesity in childhood and obesity in adulthood, with higher weights persisting throughout a person's life-course. Being overweight or obese predisposes children to serious and chronic medical problems, such as type 2 diabetes, high blood pressure (hypertension), high cholesterol, musculoskeletal problems, and liver disease (7). Children living with obesity also experience poorer mental health and wellbeing.

Stark inequalities in obesity

Regardless of age, if you are a child in the most deprived area of Walsall, you are almost twice as likely to be living with obesity than if you are a child the same age growing up in the least deprived parts of Walsall, figure 9a and 9b. This disparity is observed from reception aged children and continues to those in year 6. The maps of Walsall strikingly show this relationship between obesity prevalence and deprivation across the borough with higher rates of obesity in year 6 children in more deprived areas, figure 10.

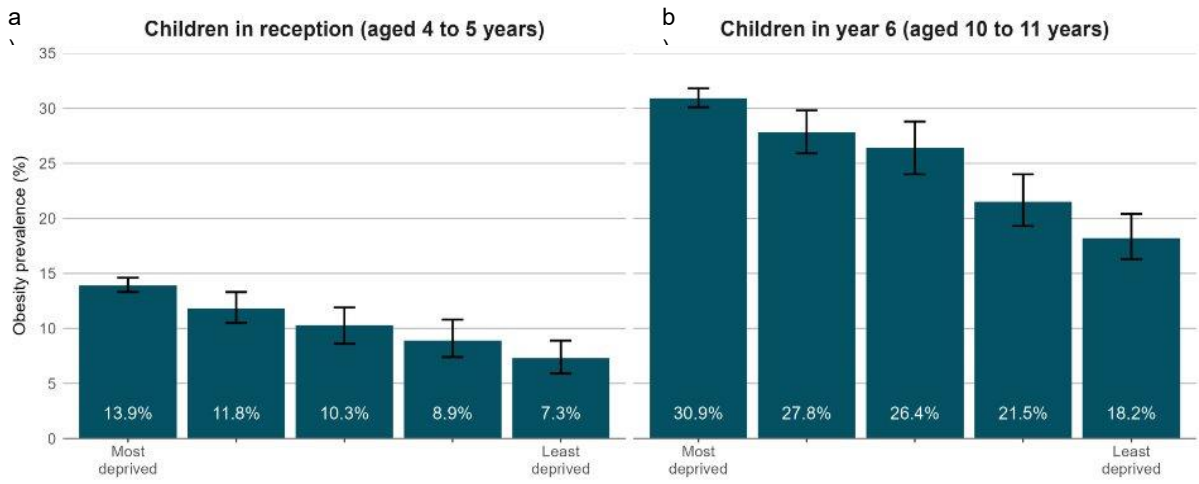

Figure 9. a) Prevalence of obesity in reception aged children (4 - 5 years) according to deprivation in Walsall, b) Prevalence of obesity in year 6 children (10 - 11 years) according to deprivation in Walsall. Data combined 5-years (2018/2019 to 2023/2024), lines are 95% confidence intervals. (Source: NHS England, National Child Measurement Programme)

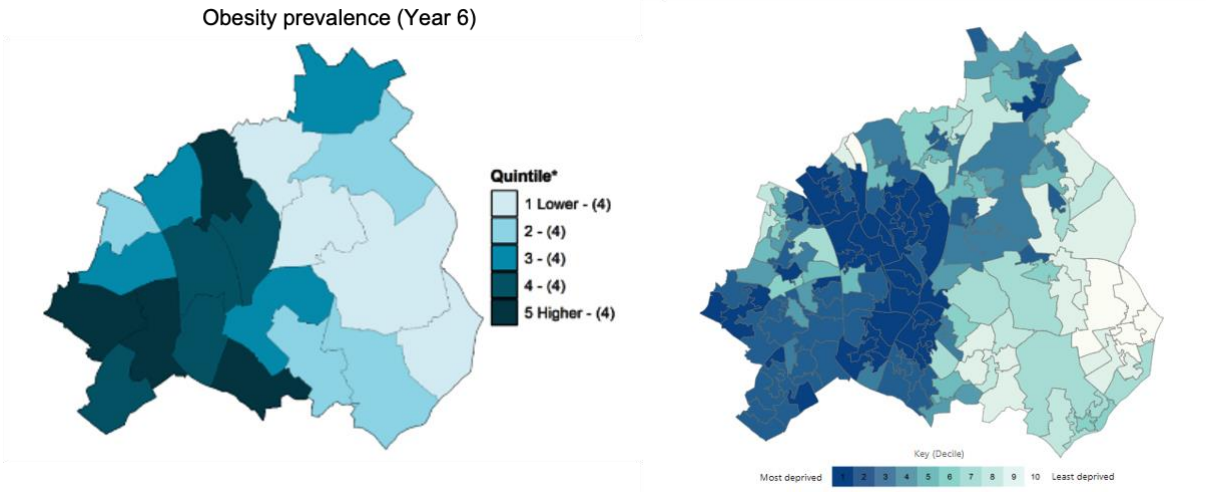

Figure 10. A visual comparison of Year 6 obesity prevalence and the Index of Multiple Deprivation (IMD) deciles in Walsall. Darker shades represent areas with higher obesity rates on the lefthand graph and darker shades represent more deprived areas on the righthand graph. Obesity prevalence data was 3 years combined (2021/22 to 2023/24) and ward boundaries were based on those in 2021. (Source: Map reproduced from the Ordnance Survey mapping with the permission of the Controller of Her Majesty's Stationary Office)

We need to act to support children and young people in Walsall to have a diet which helps them thrive and grow, so we can curb this trend which is leading to poor health outcomes. This Food Plan will contribute to the work already taking place across the council to promote better life chances for the children of Walsall.

Diet-related ill health and early death

Obesity is a contributing factor when it comes to a person's life expectancy and their healthy life expectancy, the average number of years a person would expect to live in good health. Healthy life expectancy has decreased in Walsall and remains on a downward trajectory for both males and females, with a widening gap compared to the national and regional average (8,9), figure 11. It is estimated that 1.5 million years of

healthy life are lost due to diet-related illness and premature death each year. Bringing everyone into the healthy BMI range alone could increase life expectancy by 2.7 years. Furthermore, for people in the poorest areas, who are more likely to suffer from diet related illness, the added years would be even greater (10).

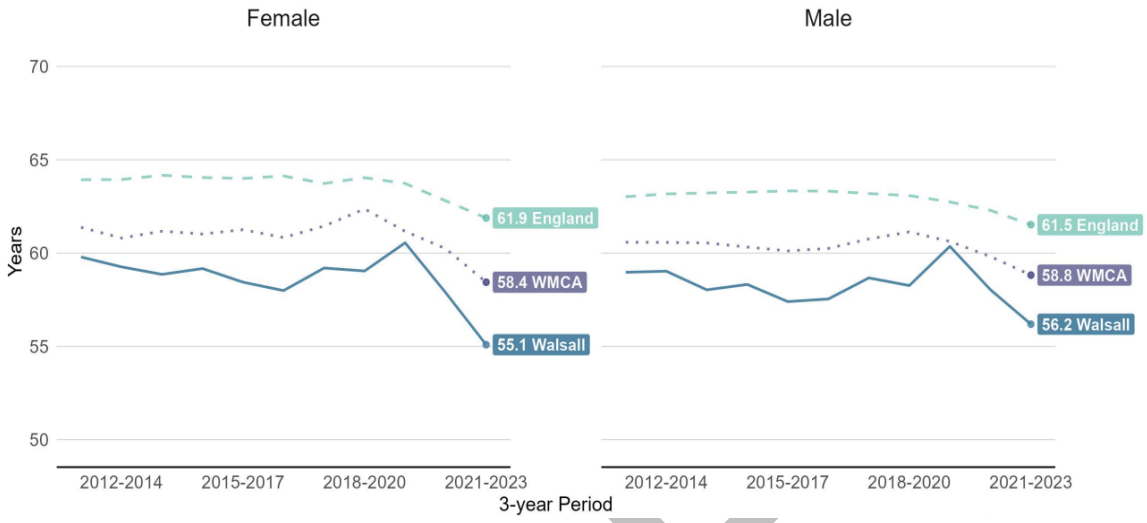

Figure 11. Trends in healthy life expectancy at birth for females and males in Walsall, West Midlands and England. Data was 2011-2023, 3-year periods. (Source: Office for Health Improvement and Disparities, Office for National Statistics (APS))

Tackling the ongoing problem with obesity requires a whole-system response, which considers the food environment and provides support for people to eat healthily.

An unhealthy diet and obesity are linked to preventable health issues (10), figure 12 in pink, which contribute to years of life lost to ill health and death. The risk of type 2 diabetes is greatly increased with increased weight and a diet high in sugar: 18% of adults classified as obese have diabetes, this compares to just 6% of adults with a healthy weight (1). In Walsall, more than 1 in 10 people are registered as having diabetes and this is likely to be an underestimation of the true burden of the condition with many people living unaware of the disease. Obesity is also associated with increased risk of cardiovascular disease, high cholesterol, and high blood pressure which is known to affect at least 16% of people in Walsall and contributes to the deterioration of a person's bones and joints. Ultimately, obesity and diet-related ill health increases the risk of dying young (10).

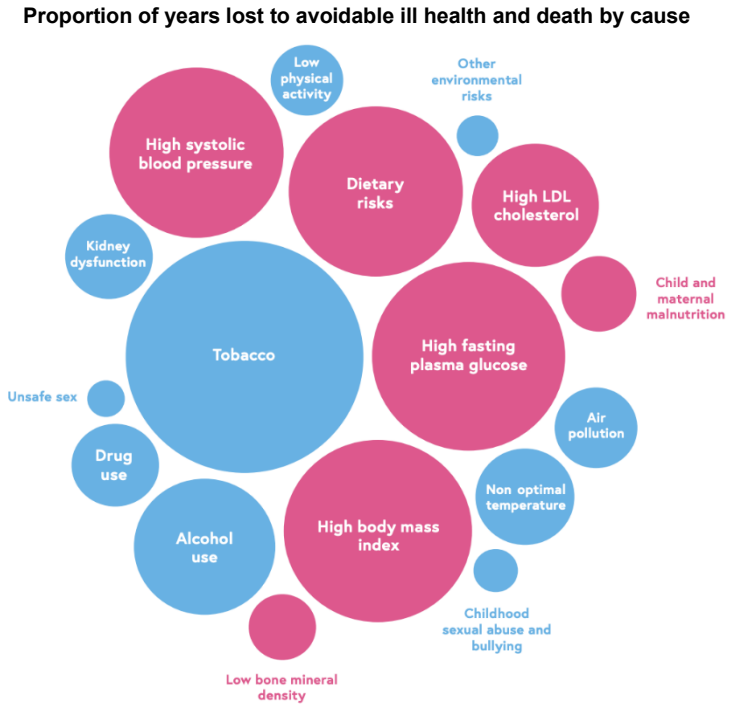

Figure 12: The number of years lost to ill health or death in the UK due to avoidable causes. All the circles in pink represent conditions that are caused or exacerbated by poor diet. (Source: The National Food Plan)

Poor mental health, including depression and anxiety, has been linked to a poor-quality diet and nutritional deficiencies. We also know that people with ill-health, be that physical or mental or both, are less able to work. Work is important to increase the financial security and future prosperity of an individual; and it is associated with protective health effects through expanding social networks, providing purpose and improving self-esteem (11).

Figure 13. Diagram illustrating the interplay between food and a healthy diet with physical and mental health (Source: Feeding Our Future, Walsall Director of Public Health Annual Report 2022)

Conversely, eating nutritious, healthy food can have positive effects on physical and mental health, figure 13. Even small adjustments, such as eating the recommended 5-a-day fruit and vegetables, is linked with increased life expectancy, figure 14. There are also benefits of increasing healthy life expectancy to local society including the extension of working lives contributing to the local economy, more people active in their community and reduced health and care costs.

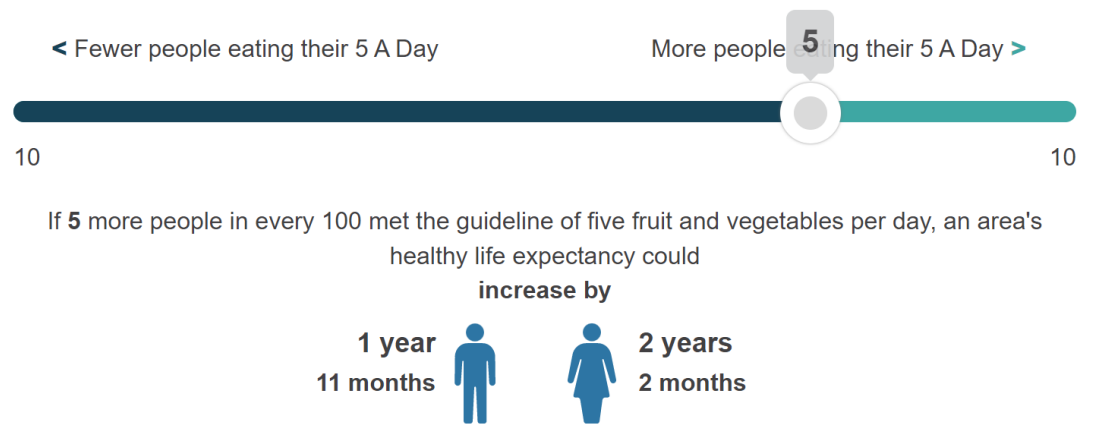

Figure 14. Estimated increase in healthy life expectancy attributed to increased fruit and vegetable consumption. (Source: Feeding Our Future, Walsall Director of Public Health Annual Report 2022)

Thus, food weaves through all areas of a person's life and is an integral foundation for better life chances.

A note on dental health

The state of our teeth does not get spoken about enough. Diets high in sugar contribute to tooth disease. Over 1 in 4 five-year-olds in Walsall have dental decay and the rate of tooth extractions in Walsall is higher than the regional and national average (12). This is in the context of poor dental health nationally, with tooth decay being the leading cause of hospital admission amongst 5 – 9-year-old children.

In the most deprived decile of Walsall, 5-year-old children are more than twice as likely (86%) to have decayed, missing, or filled teeth, compared with 41% in the least deprived decile (12). Adults throughout the nation also have tooth decay with estimates of around 1 in 3. Untreated dental decay can cause infection, difficulty eating, sleep loss, and interruptions to education and work (13). It is imperative that we work, including through implementing this Food Plan, to help children thrive and grow with a full set of healthy teeth.

Summary

The food-health relationship is clear. The relationship between poor health, poor food and poverty is also clear; and we need to keep working hard to make a difference to people's health and lives. We must work to improve access to good, nutritious,

affordable food and develop an improved food environment which supports people to achieve better health.

3. Why is our food and food system making us ill?

Let's start by understanding what foods are recommended for good health as there is a lot of information out there about food and diets which can be confusing and overwhelming. The best available evidence shows that to have a nutritious, healthy diet, a wide variety of food should be consumed in the correct proportions (14,15). The UK recommendations are for people to follow the Eatwell Guide, which has culturally specific adaptations, as the fundamental principles underpinning a healthy diet, figure 15. These principles include:

- Eat at least 5 portions of a variety of fruit and vegetables every day (5-a-day)
- Base meals on higher fibre starchy foods like potatoes, bread, rice or pasta
- Have some dairy or dairy alternatives (such as soya drinks)
- Eat protein including beans, pulses, fish, eggs and in smaller proportions, meat
- Choose unsaturated oils and spreads, and eat them in small amounts
- Drink plenty of fluids, preferably water (around 6-8 glasses, or 1.2 litres, per day)

Try to choose a variety of different foods from the 5 main food groups to get a wide range of nutrients.

Whilst the Eatwell Guide is the recommended foundation of a healthy diet, it is recognised that for those on the lowest incomes in Walsall, this may be out of reach financially. The affordability of food is discussed more fully in section "Food Affordability" below; but it is important to take stock here that to eat in line with the Eatwell Guide, the most deprived households with children would need to allocate 70% of their disposable income to afford it (16). This shows how the living and minimum wage, along with social security benefits, are not providing sufficient income to afford a diet optimal for health. Through this Food Plan we will work to support all Walsall residents to access good, nutritious food which, in turn, can support their optimal health.

Figure 16. Top, the Eatwell plate from the guide shows UK food recommendations and culturally adapted to encompass foodstuffs that may be consumed in: bottom page left, South Asian cuisine; and in bottom page right, African and Caribbean cuisine.

Food environment and food access

The food that we can access in our local environment plays a huge role in the diet we can consume. Nearly half of residents, in the Walsall Wellbeing Service Residents' Consultation, stated that access to good quality food, which is affordable and healthy, is the main issue for them and needs most improvement in Walsall. Walsall has a total of 389 fast-food outlets across the borough, meaning there are 134 outlets per 100,000 population which is one of the highest in the UK and higher than neighbouring areas

including Dudley and Wolverhampton (8, 17). These fast-food outlets shape our food landscape serving meals that tend to be associated with higher energy intake, higher levels of fat, saturated fats, sugar, and salt, and lower levels of micronutrients; and with more than 1 in 4 (27.1%) adults and 1 in 20 children eating food from out-of-home food providers at least once a week the impact of fast-food on people's diet is substantial.

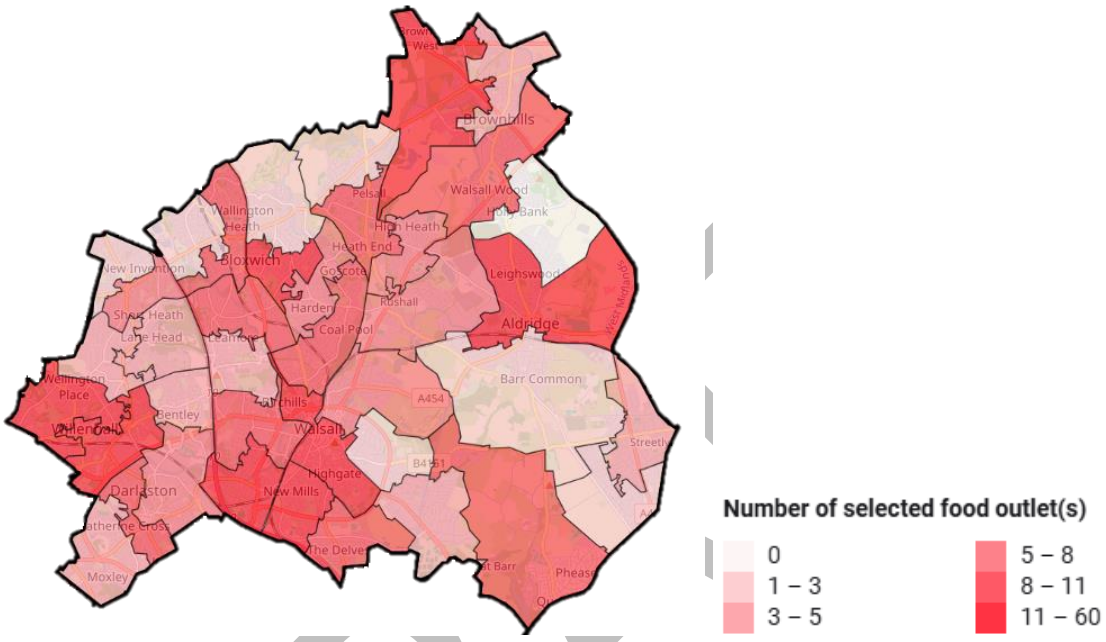

Figure 17. Map of Walsall showing density of fast-food outlets by ward where darker shades represent higher number of fast-food outlets, 2025. (Source: Food environment assessment tool (Feat) 2025, MRC Epidemiology Unit, University of Cambridge. Map data © OpenStreetMap, Contains public sector information licensed under the Open Government Licence v3.0.)

Fast-food outlets are not distributed evenly across the borough though, with a higher density around the town centre, Willenhall, Bloxwich and Brownhills, figure 17. There is a strong link between deprivation and the density of fast-food outlets, with more deprived areas having a higher proportion of fast-food outlets and this contributes to health inequalities, figure 18 (18,19). There is also a tendency for fast-food outlets to cluster around schools, increasing children's access to, and opportunities for, purchasing energy-dense less nutritious food (9,20).

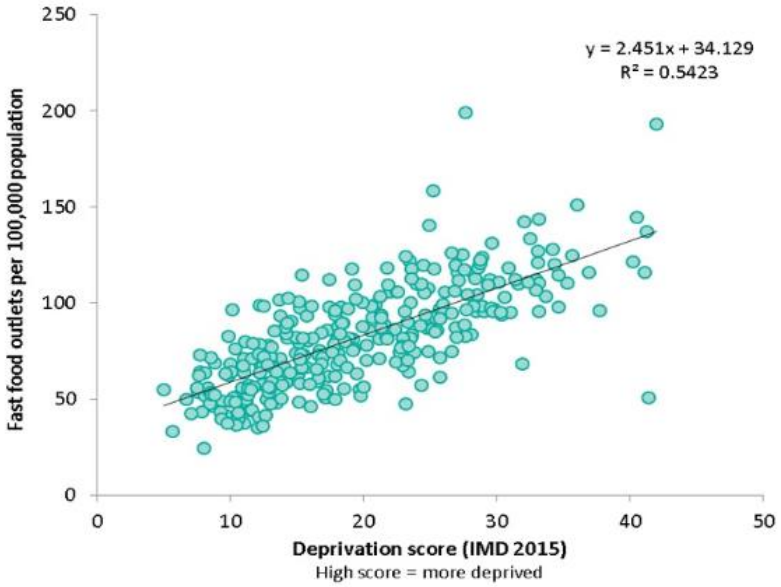

Figure 18. Relationship between density of fast-food outlets and deprivation by local authority, 2017. (Source: Health matters: obesity and the food environment)

Furthermore, the rise of takeaway apps facilitates ease of access to fast-food. The huge growth of fast-food delivery businesses, such as Deliveroo and Just Eat, indicates that there is high demand and use of their services. These businesses grew during the COVID-19 pandemic and cost of living challenges have contributed to food businesses evolving by making food more accessible at the tap of a phone button. For example through the rise of Dark Kitchens, which only have food delivery as an option. Unfortunately, there is little robust data in the public domain regarding who is using delivery apps, what and how often they are ordering, and how much of the family income is used to pay for these meals.

There is also limited information about healthy food outlets available for people in Walsall. Food deserts are neighbourhoods and communities that have limited access to affordable and nutritious foods and food deserts disproportionally affect the most deprived in society (21). For those living in food deserts, getting cheaper healthier foods means using some of their already strained budget towards transportation costs to obtain food or carrying food on foot over long distances. Consequently, residents tend to opt for less healthy, locally available options such as microwave meals and low-quality take-out food (22). 1 in 8 people say that 'not being near a supermarket offering healthy food at low prices' was a barrier to eating more healthily (22). In Walsall, some densely populated areas such as Bentley and Blakenall ward have no major supermarkets for residents, figure 19. These areas are home to some of the most deprived 20% of people nationally. Poor access to nutritious, fresh and affordable food in Walsall affects our most vulnerable groups. The localised nature of this issue supports the case for local-level interventions to tackle the problem. Through this Food Plan, our Food Partnership and working with local people we can better understand how the local food environment impacts people's opportunities for good food and come

up with solutions that work for specific communities to improve residents' access to a healthy diet.

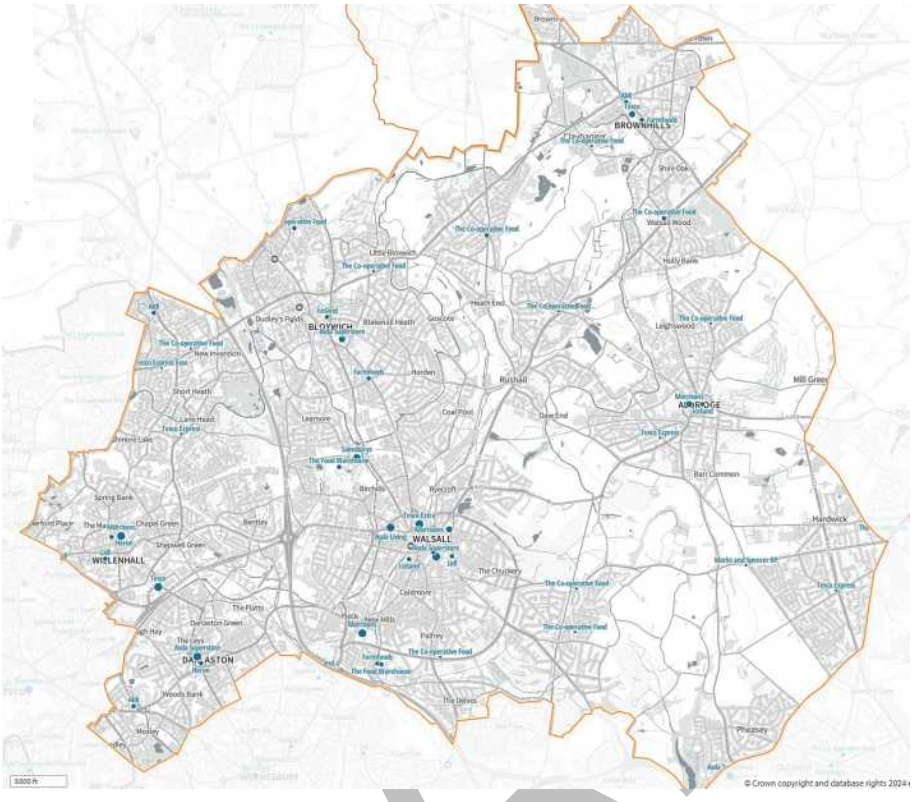

Figure 19. Map of Walsall showing built environment and locations of major supermarkets (blue dots). (Source: Map reproduced from the Ordnance Survey mapping with the permission of the Controller of Her Majesty's Stationary Office)

So how do we maintain a healthy weight?

If energy in equals energy out, then weight stays the same. It is a simple equation, but to maintain a healthy weight nowadays is far from simple. The problem is we are surrounded by food which makes us overeat. The food on our shop shelves and in our high street restaurants is convenient, quick and lasts on the shelves for a long time (10). These ultra-processed, easy to access foods are often nutritionally poorer than a home prepared like-for-like (23). They lack fibre and are usually low in protein. Both of these components help us feel full; therefore a meal deplete in these can leave us feeling hungry in no time. The food is designed to please, many foods have added fat, salt and sugar that are highly palatable and trigger rewarding mechanisms in our brain, promoting us to continue eating (10,23) and can result in overconsumption. More energy in than out. It tilts the simple equation which results in weight gain and complex health issues.

High fat, sugar and salt

High fat, salt and sugar (HFSS) foods are calorie dense foods and drinks that are high in these and are commonly referred to as 'junk-food'. Most of us in the UK eat too much HFSS foods and drinks even though these are not needed as part of a balanced diet (24).

Too much saturated fat can raise blood cholesterol and too much salt can raise blood pressure, both of which independently increase the risk of heart disease and stroke. Too much sugar contributes to weight gain and tooth decay. Recommendations are for saturated fat to be below 10% total energy, however, latest data from the National Diet and Nutrition Survey showed that this was exceeded in all ages above 4 years old (24).

Not all sugar is created equal. There are naturally occurring sugars in fruit which are accompanied by fibre that fills us up and acts to help stop us overeating these. Free sugars, however, are not associated with a source of fibre. It is recommended that we reduce consumption of free sugars with these making up no more than 5% of total energy for those aged 2 years and over. For those aged under 2, there is no recommended intake, as it is preferable that very young children avoid free sugar entirely. The National Diet and Nutrition Survey (NDNS) collects detailed information on the food consumption, nutrient intake and nutritional status of the UK population This survey found that unfortunately, on average, intake from free sugars ranges from 9.4% of total energy for adults (up to 65 years), and over 12.3% of total energy for children aged 11 to 18 years (24).

Salt is another important nutrient in our diet that we should monitor carefully as it can increase the risk of developing high blood pressure. The World Health Organisation (WHO) recommend no more than 5 g salt per day, however adults in England average 8.4 g, almost double the recommendations (24). Over 40,000 in Walsall are living with high blood pressure and an estimated 16 million people across the UK. If every adult in the UK met WHO salt consumption guidelines by 2030, by 2035 there could be:

- Up to 1.4 million fewer new cases of high blood pressure
- Up to 135,000 fewer new cases of coronary heart disease
- Up to 49,000 fewer new cases of stroke
- More than 450,000 more years living in perfect health.

Ultra-processed foods: food designed and manufactured to make us eat more?

Ultra-processed foods (UPFs) are items that have been industrially processed through manufacturing methods that are not possible at home (25). These foods usually contain artificial preservatives and are often energy-dense, high in salt, sugar, and fat, but low in fibre and essential micronutrients. Colourings, flavourings and other additives are put into these foods to make them better-looking, tastier and with longer shelf-lives (26). Many UPFs have been specifically designed to be extremely moreish, otherwise known as hyperpalatable (10). They are usually convenient, cost-effective and can be easily mass-produced, so it is little wonder that over half (56%) of our calories, for most children over 11 and adults in the UK, are from UPFs (23).

Foods classified as UPFs include most shop-bought biscuits and cakes, many ready meals, mass-produced bread, reconstituted meat products, desserts, and even pre-packed sandwiches (27). There is a specific classification system for categorising food

in terms of how processed it has been called the NOVA classification (Appendix 3). To help identify UPFs for every day purposes, a good rule of thumb is to check the back of the plastic that these types of products are usually wrapped in: UPFs are filled with ingredients that are not found in a standard home kitchen. These foods are often attractively packaged and may even include health claims such as “source of protein”. Sometimes, due to the marketing tactics used, food that we think is healthy from the outside, is ultra-processed and nutritionally deplete (10).

Our UPF intake has been steadily but rapidly increasing in the UK, Figure 20, indicates how our diets have changed over the last 50 years with examples of increased crisps and sweetened breakfast cereal intake (10). The average person in the UK now consumes five times the volume of crisps that we did in 1972. We eat 1.5 times the amount of breakfast cereal that we did in 1970, and this is even with breakfast cereals having higher sugar levels over the same period (10). Similar changes have occurred across the whole spectrum of our national diet. In 1980, around 57% of a household’s grocery budget was spent on ingredients for home-cooked food. By 2000, this had fallen to 35%, while the share of processed foods rose from 26% to 45% (10).

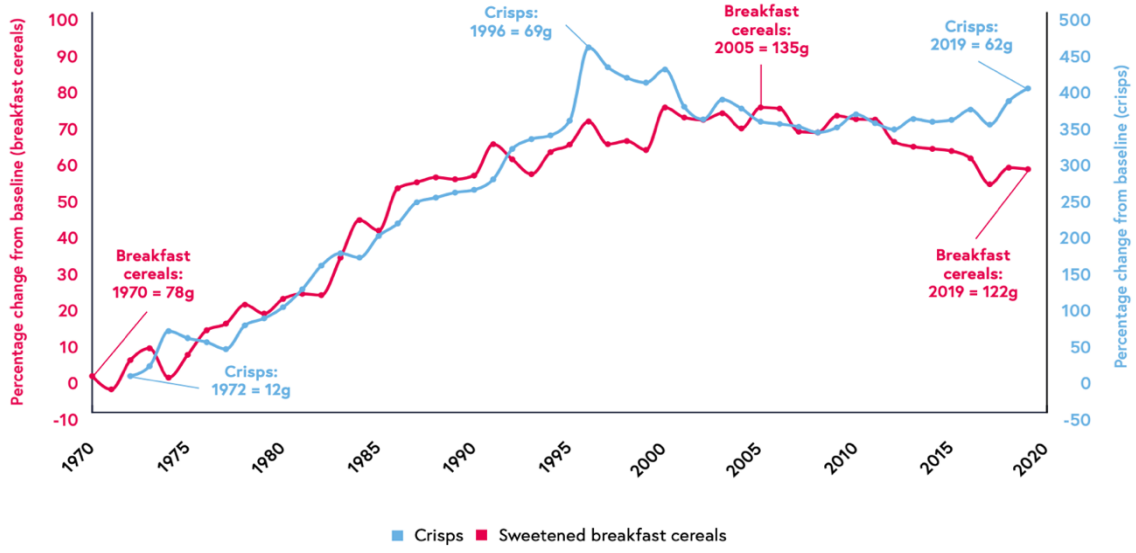

Figure 20. National trend in purchasing of crisps and sweetened breakfast cereals over time. (Source: The National Food Plan).

Now, in the UK, UPF intake is amongst the highest in the world (23). Why does this matter? The evidence that UPFs may be damaging to our health has been growing. There is a strong correlation between the rise in UPF consumption and the rise in obesity and other chronic dietary diseases, including type 2 diabetes, high blood pressure, cardiovascular disease and links with depression and cancer (28).

UPFs are often high in fat, sugar and salt which we know contributes to ill health. But, even when controlling for these factors in studies where food is matched for fat, sugar calories and fibre, there are additional problems with UPFs. A diet high in UPFs has been linked to an increased appetite compared with an unprocessed diet; and there is

increased calorie consumption, on average 500 more calories per day, which translates to weight gain (23).

There is some nuance in UPF consumption recommendations. UPFs have benefits as the extended shelf-life often means lower cost, greater convenience and reduced food waste. These foods are often important components of food aid packages as they are easier to transport, redistribute and store. Furthermore, some UPFs have been fortified with vitamins and minerals which can boost intake and some groups may find UPFs more palatable especially if there are challenges in consuming other food stuff (29). Formula milk for babies is an UPF which clearly is vital for infant feeding where the family cannot, or decides not to, breastfeed.

Therefore, there are pros and cons to UPFs and it is not unreasonable to consume some UPFs as part of a balanced diet. However, we do know that UPFs have been linked with poorer health outcomes, and these are making up too much of our diet. It is recommended that we reduce UPF intake and further research in this area is critical to better inform our policies, regulations and guidance going forward.

Lack of balanced food consumption

Across the UK and in the West Midlands it appears there is still a knowledge gap about what constitutes a healthy, balanced diet. Around 2 out of 3 adults state their eating habits are “fairly healthy” (30), figure 21. Yet over 2 out of 3 adults are living with overweight or obesity and evidence shows that we are eating too few fruits and vegetables, oily fish, and fibre, and consuming too many sugars and saturated fats (24). Most of us are not meeting the Eatwell recommendation and in the most deprived communities this trend is accentuated, exacerbating the health divide (23).

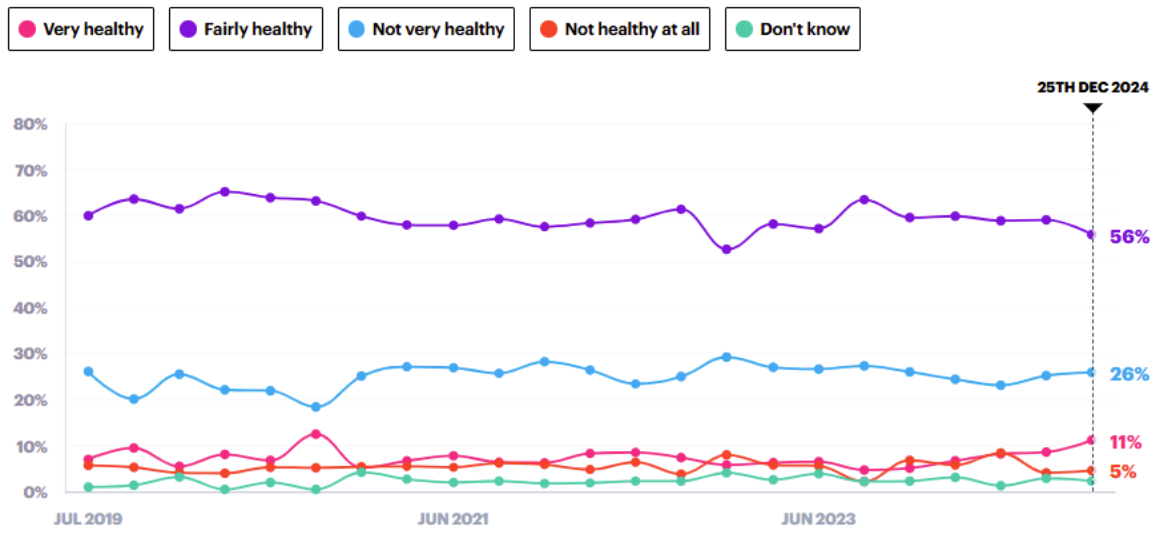

Figure 21. General attitudes towards food and eating UK based survey, 2021. Question posed: “Generally speaking, how healthy would you say your eating habits are?”. (Source: General attitudes towards food and eating, YouGov)

There is limited robust local data on food consumption which we will look to improve through the enactment of this Food Plan. In Walsall, data from 2022/23 indicates that

only around 1 in 4 (25.1%) adults are meeting the 5-a-day fruit and vegetable consumption recommendation, lower than the national average of around 1 in 3 (31%) adults (8). These figures are lower than previous years which may reflect the change in data collection method for this indicator or there may be a declining trend in fruit and vegetable consumption. Regardless, even in previous years, fruit and vegetable consumption in Walsall was below recommendations with only 51.3% of residents in 2019/20 meeting the guidance (8).

Fibre is an essential part of our diet. Eating foods with fibre can make us feel fuller, it helps digestion and prevents constipation. The recommendation is for adults to obtain 30 g of fibre per day with proportionally lower recommendations for children from the age of 2 years (24). Unfortunately, fibre intake is consistently below the government recommendations for all age groups. This is despite strong evidence to indicate that diets high in fibre are associated with a lower risk of cardiovascular diseases, type 2 diabetes and bowel cancer.

There is work to be done to support people with balanced food consumption. Through the actions from this Food Plan, we will acquire more local data on food consumption in Walsall and work system-wide to help people improve their diet.

Some good news?

Things can improve. In 2016, the UK introduced the Soft Drinks Industry Levy (SDIL) which is a tax on the production and import of sugary drinks to encourage industry to make drinks lower in sugar (31). Since this point, there has been a significant fall in the free sugar intake of both adults, by around 11 g, and children, by around 5 g (24). Decreased sugar intake from soft drinks alone is responsible for over half of this total decline in free sugar consumption. This shows that policy and regulation of foodstuffs makes a difference to people's nutrient intake which may translate to improved health.

Food insecurity across the life-course

The food we eat contributes to both physical and mental health and wellbeing throughout our life-course, fuelling our growth and development in childhood and improving health outcomes as we age. Over recent years, due to inflation and the soaring cost of living, food budgets have been stretched and slashed to accommodate other essentials such as housing and energy (16). Accessing a healthy diet is especially difficult for individuals receiving benefits, as they experience significantly higher rates of food insecurity than the general population. Benefit levels do not reflect the costs of essential goods. Consequently, family income is insufficient to attain a socially acceptable standard of living. There is mounting evidence of the negative health consequences of food insecurity for children and adults (23,32). Food insecurity is associated with poor mental health, stress and depression in adults. Whilst in children and adolescents, food insecurity has a direct impact on diet quality, health-

related quality of life and links with behavioural, academic and emotional problems starting as early as infancy (33), figure 22.

Babies are more likely to be lower in birthweight. This can increase the risk of developing diabetes, heart disease, high blood pressure and obesity later in life. Food insecure mothers are less likely to persevere with breastfeeding due to stress and social isolation. Food insecure parents who rely on formula may resort to unsafe practices such as skipping feeds, watering down the formula, adding cereal or introducing unmodified cow's milk too early.

Children in food insecure households are more likely to become obese and develop asthma, depression and other chronic conditions. Growth and development can be impaired. There is an increased likelihood of tooth decay and cavities. Hungry children have more difficulty concentrating which has a detrimental effect on educational attainment and this impacts life chances.

Food insecurity is linked with a nutritionally poorer diet contributing to both obesity and malnutrition. Diabetes, hypertension and heart disease are also associated with food insecurity. Life years are lost to early death and disability. One in three cancer deaths and one in two heart disease deaths are caused by poor diet.

A poorly nourished older adult is less able to contend with infection and ill health. Wounds take longer to heal. Recovery from illness and surgery is impaired. Clinical outcomes are poorer. Hospital stays are longer and more frequent. Muscle strength is reduced and there is increased frailty. There is greater risk of falls and fractures. It is three times more costly to treat a malnourished older person than an adequately nourished one.

Fig 22. Impact of food insecurity across the life course.

Food insecurity has more than doubled in recent years (16). Millions of people are unable to afford enough food, and many millions more are forced to consume food that is not optimal for health. In our country, right now, over 1 in 7 households without children are experiencing food insecurity and almost 1 in 5 households with children are in food poverty, an issue which is compounded almost two-fold (48%) for those caring for children in a single parent household. Families with children are bearing the brunt of the cost-of-living challenges, as households with more children are more likely to be food insecure (34), figure 23.

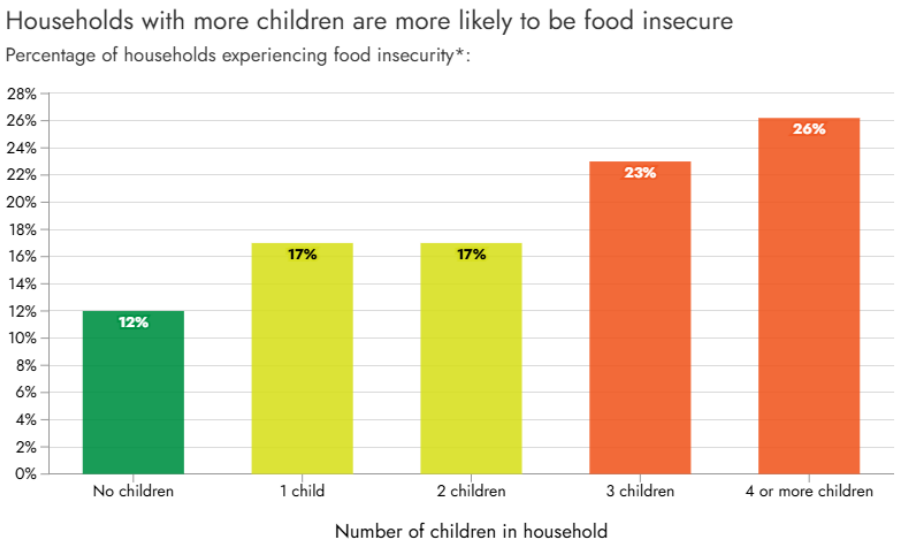

Figure 23. Percentage of households experiencing food insecurity according to the number of children in the household. *1-month recall period. (Source: The Food Foundation)

There are structural inequalities in our society which create additional barriers for people with certain characteristics to access sufficient good, nutritious food. Disabled people are more likely to experience food insecurity than people who are not disabled: this has been a longstanding trend with, on average, 1 in 3 people limited a lot by disability experiencing food insecurity, compared with 1 in 10 (23) people not limited by disability (35), figure 24. This disparity may be due to multiple factors, including higher living costs, barriers to accessing food, and difficulty preparing meals.

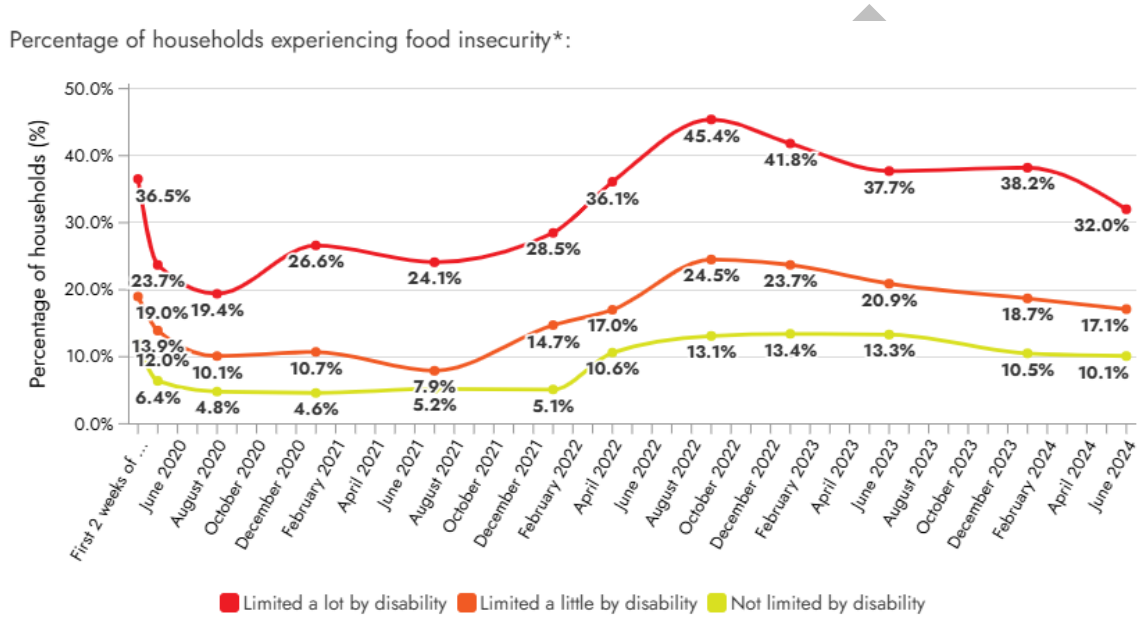

Figure 24. Percentage of households experiencing food insecurity according to whether there is an adult in the household limited by disability or not. *1-month recall period. (Source: The Food Foundation)

Households with a mental health condition are also more than twice as likely to be food insecure compared to those without such a condition (34), figure 25.

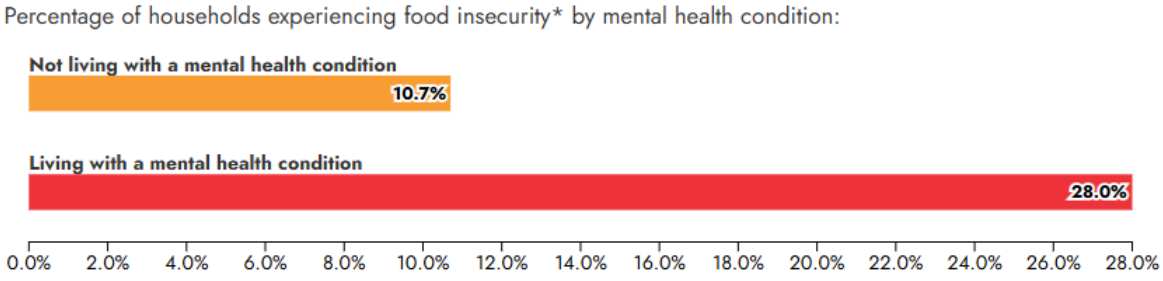

Figure 25. Percentage of households experiencing food insecurity according to whether there is an adult in the household with a mental health condition. *1-month recall period. (Source: The Food Foundation)

We also know that on average over 1 in 4 (26%) people from an ethnic minority group experience food insecurity, almost twice the rate (13%) for people of white ethnic origin (35), figure 26. Food access is also more difficult for people who identify as LGBTQ+

with more than a quarter (27%) experiencing food insecurity, compared to 13% of people who are heterosexual (35). These disparities, that some groups of people with certain characteristics are more likely to struggle with access to sufficient food, are avoidable. In Walsall, we will work to address the inequities in food access and affordability.

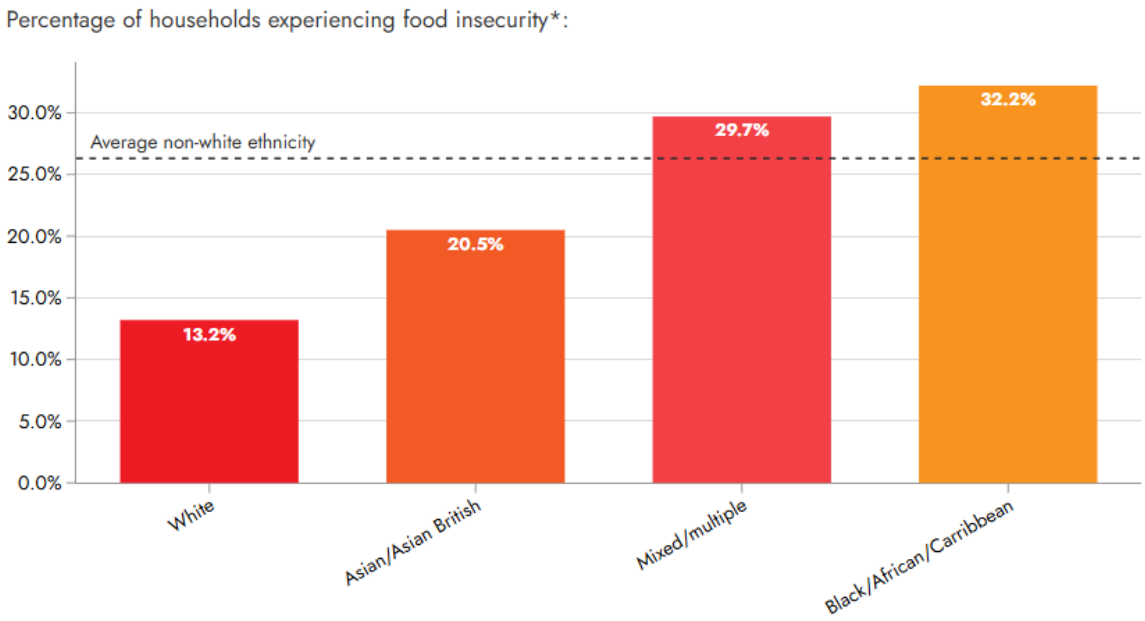

Figure 26. Percentage of households experiencing food insecurity according to ethnic group. *1-month recall period. (Source: The Food Foundation)

The best start in life

Breastfeeding is recommended, where possible, by the NHS and World Health Organisation (WHO) for at least the first 6 months of an infant's life. Breastfeeding in Walsall is covered in depth in Walsall's Infant Feeding Strategy and this Food Plan will share the work of encouraging breastfeeding in Walsall to promote the best start in life for Walsall's children.

The Healthy Start Scheme is an initiative to support those on certain benefits who are more than 10 weeks pregnant or who have a child under 4 years old, to buy formula milk and healthy food including fruit, vegetables and pulses. Currently, Healthy Start is £8.50 per week for infants under 1 year old and £4.25 per week for pregnant people and children under 4 years. This means that the value could be over £1000 per child if claimed from pregnancy to the child's 4th birthday. In Walsall, the estimated take up of Healthy Start was just over 2 in 3 (67%) of eligible families, in 2024, which means the estimated value of unclaimed payment in Walsall was over £400,000, figure 27. Promoting the Healthy Start Scheme will be a component of this Food Plan, to help families maximise their benefits and access to good nutritious food.

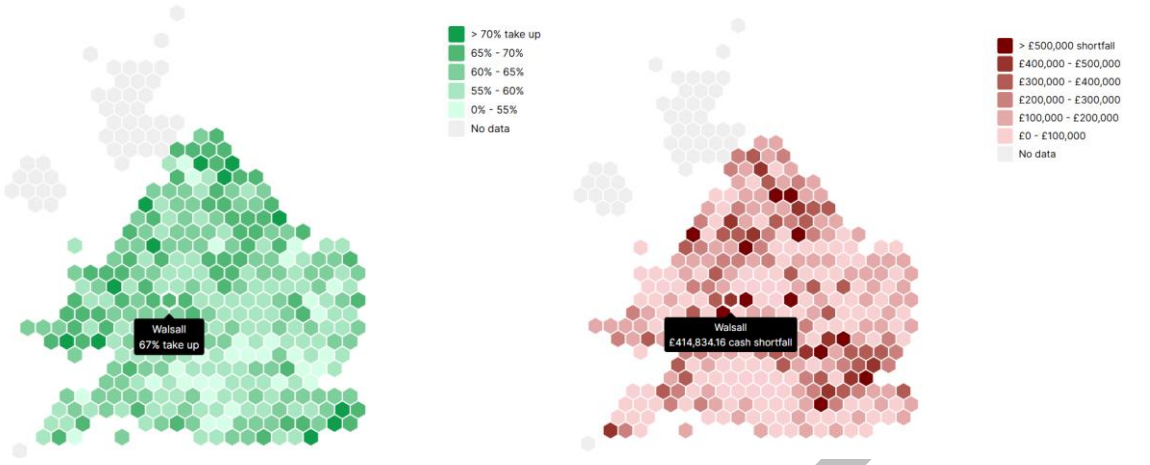

Figure 27. Healthy Start Scheme in Wasall, estimated take up (page left), and estimated value of unclaimed payment (page right) in Walsall: £414,834.16. (Source: Sustain) Disclaimer: Data issues were identified in the government report, and the numbers of those potentially eligible was over-estimated; this has led to underestimation of uptake percentage.

School meals

Currently 1 in 3 primary and special schools in Walsall use the Walsall Council Catering Service which is a Food for Life bronze award winner (36). The service reports compliance with the statutory food standards and provides fresh produce, sourced from the West Midlands. This lowers the carbon footprint and supports local businesses whilst maintaining high nutritional value. An example of a primary school menu is illustrated in figure 28. Ensuring children access good food at school is crucial for their growth and development given children spend at least 6 hours a day in the school environment.

Figure 28. Example menu for some primary schools and special schools, covering a three-week period, provided by Walsall Council Catering Service.

Free school meals ensure children are guaranteed at least one hot, healthy meal a day, and FSM have been linked with improved child health, a reduction in obesity, as well as academic performance and future economic prosperity (36). Children are eligible for a free hot meal at lunchtime if their household income is below £7,400 per year after tax: 1 in 3 children in Walsall are currently eligible for free school meals (FSM) (34% of all students); this is significantly higher than the national average of 1 in 4 children (25%) (36). In 2024, this amounted to 18,240 Walsall students between reception to Year 11, in maintained schools and academies. There has been a steady increase of nearly 1,000 eligible children (2% increase) throughout 2024 and this trend has been observed over the last seven years: in 2017/18, 1 in 5 children were eligible for FSM compared to 1 in 3 children in 2023/24, this is despite the threshold for FSM eligibility not changing since 2018 and suggests that there are more families with lower income in Walsall now, figure 29. It is likely however that there are many more children in Walsall who would benefit from a FSM, given evidence from the Food Foundation shows that the low household income threshold means that there are currently 900,000 children living in poverty in England who are not eligible of a free school meal. Through this Food Plan we must add our voices to the call for government action to extend FSM to all children, giving them the best start in life that they deserve.

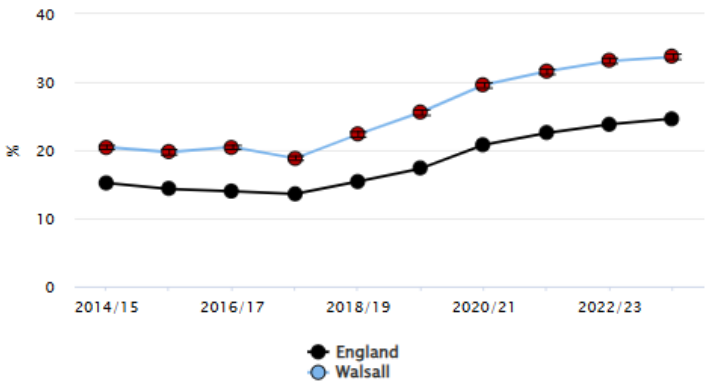

Figure 29. Trend in percentage children eligible for free school meals in Walsall and England. (Source: OHID, Department for Education data)

We also need to ensure that all those children in Walsall already eligible for FSMs are claiming this benefit. The average uptake of FSM in Walsall was 85%, meaning that 15% of FSM were unclaimed. There was considerable variability in terms of uptake across schools with the lowest uptake at 22% in one Walsall school but complete uptake (100%) in 9 schools. Through this Food Plan we will raise the profile of FSM amongst schools and families to promote greater uptake across the borough.

Food affordability

Price and affordability matter when it comes to food choice. It is becoming increasingly expensive to live in the UK, with inflation, stagnant wage growth and limited increases in welfare benefits. A healthy and sustainable diet tends to be more expensive than nutritionally deplete alternatives. This is particularly acute for those on the lowest

incomes with financially out-of-reach healthy food compounding deprivation and inequality (16). Walsall is the 25th most deprived local authority and the 14th most deprived affecting children out of 317 local authorities in the UK. Residents have voiced their concern about the rising cost of food and the cost of energy for cooking. People cannot consume a healthy diet unless healthy foods are available, affordable, and convenient. We know that the Eatwell Guide is recommended as the foundation for a healthy, nutritious diet and pathway to good health. Yet, to eat in line with Eatwell, those who are most deprived in our population would have to spend almost half (45%) of their disposable income on food, rising to 70% for those households with children. This compares to only 11% of disposable income for the least deprived in society (37), figure 30.

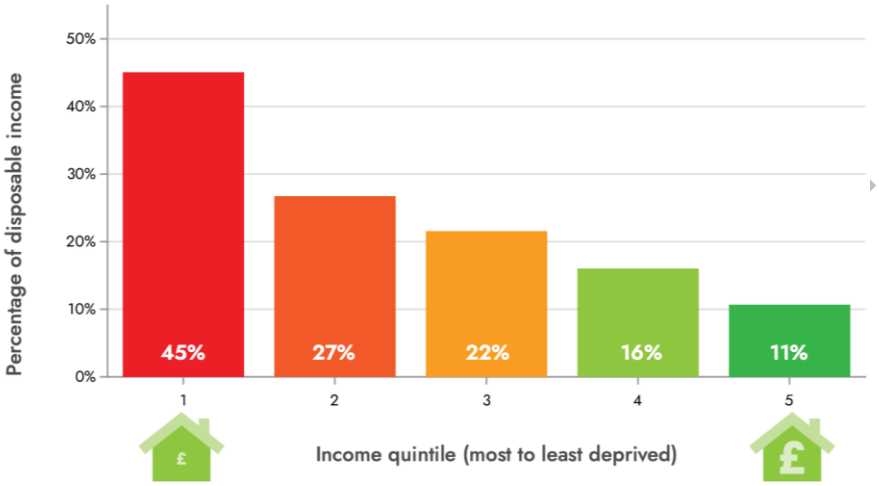

Figure 30: Percentage of disposable income to afford the Eatwell Guide food by income quintile. (FoodDB, University of Oxford; London School of Hygiene & Tropical Medicine secondary analysis of the Family Resources Survey 2022-23)

What we eat is influenced by the price of food in relation to income, and the comparative costs of healthy versus unhealthy foods. There is a stark disparity in the cost of healthy compared with less healthy foods with healthy foods more than twice as expensive than less healthy options per calorie (£8.80 per 1,000 kcal compared to £4.30), figure 22. From 2021 - 2023, the price of healthier foods has risen by £1.76 per 1,000 kcal, whereas less healthy foods have only increased by £0.76 (23). When categorised by the Eatwell Guide, fruits and vegetables are the most expensive category, averaging £11.79 per 1,000 kcal, compared to foods and drinks high in fat and/or sugar, which average just £5.82 per 1,000 kcal (23,38), figure 23 below. This price gap may help to explain the higher obesity rates in lower-income groups, as affordability issues push low-income families to opt for less healthy diets. These price differences have remained a stable trend for years, figures 31 and 32, but the rising cost of living is putting increasing pressure on budgets, making less healthy options more appealing.

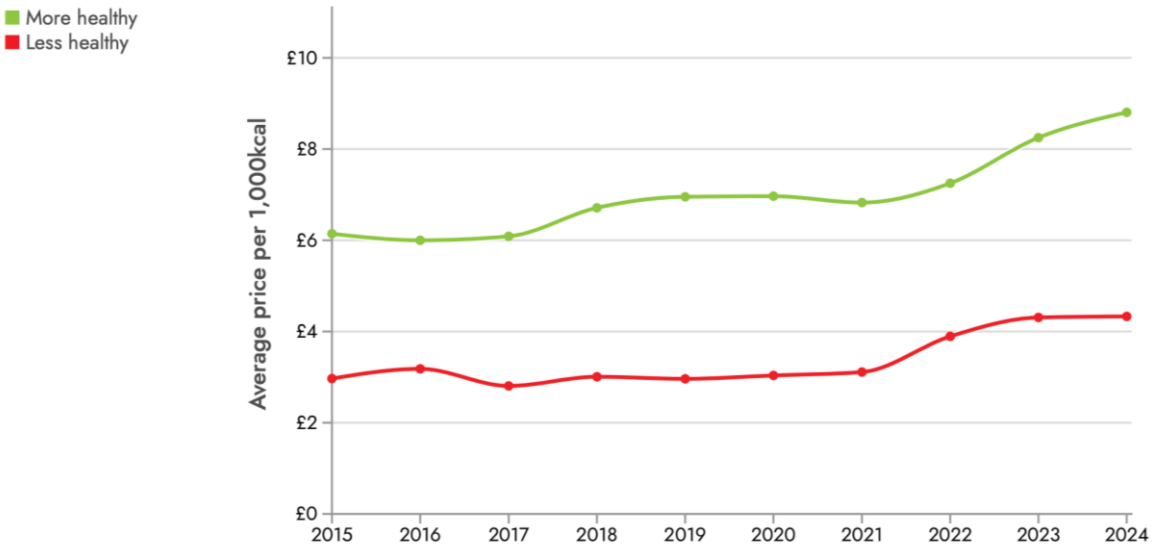

Figure 31. Average price of food and drink by nutrient profile modelling score of healthy or less healthy. (Source: MRC Epidemiology Unit (University of Cambridge) analysis of the Consumer Price Index, ONS)

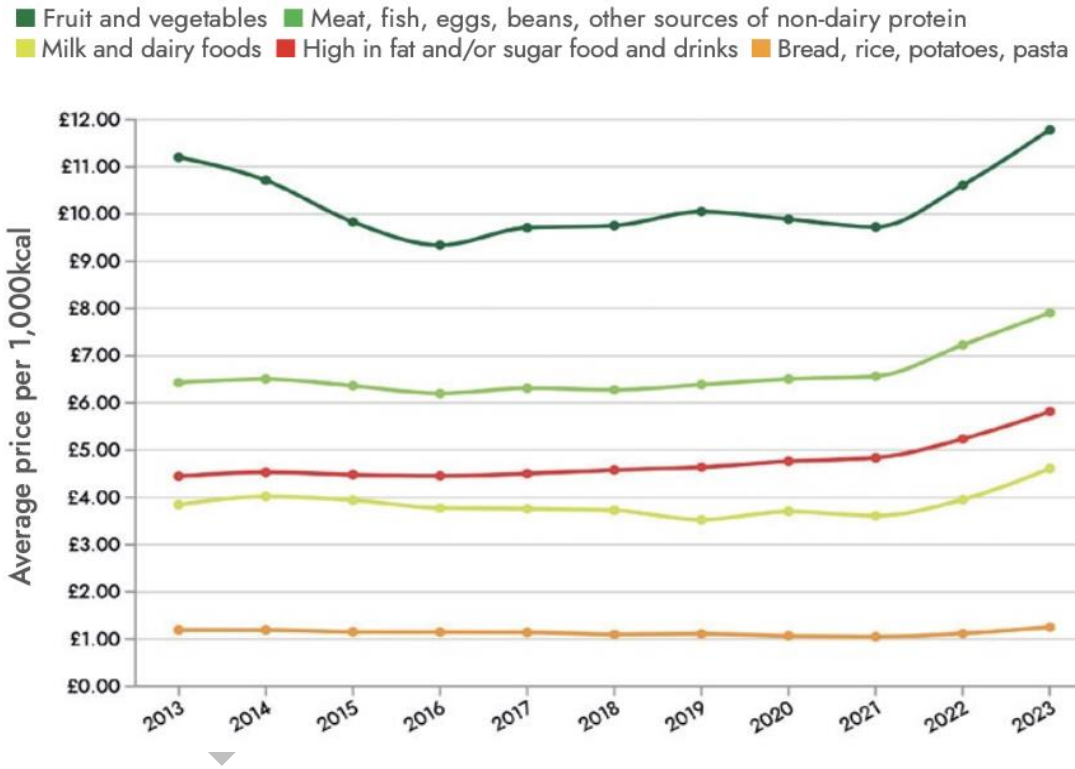

Figure 32. Average price of food and drink by Eatwell Guide food category. (Source: MRC Epidemiology Unit (University of Cambridge) analysis of the Consumer Price Index, ONS)

Therefore, healthy foods are on average twice as expensive per calorie as less healthy options, putting them financially out of reach for many low-income families in Walsall. Access to food in general remains a big problem for many and the demand for emergency food support has substantially risen in recent years: Trussell recorded a 94% increase in food bank parcels needed over the last 5 years. In Walsall there are 21 food banks known to the Council and these are clustered in certain areas with

higher levels of deprivation, including Willenhall, Walsall Town Centre and Bloxwich, figure 33.

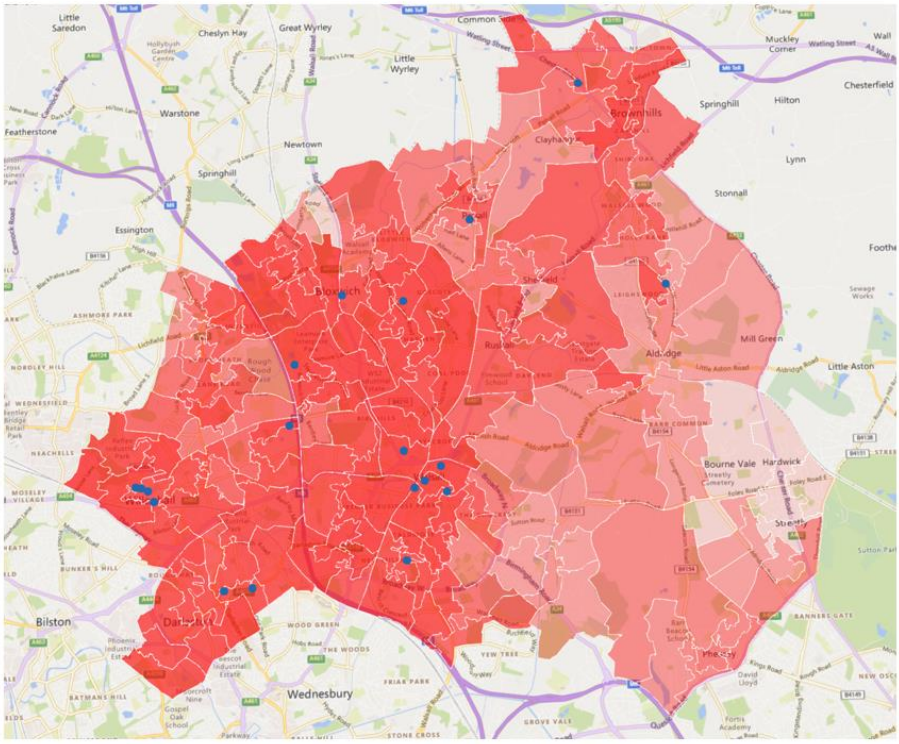

Figure 33. Map of known food banks (blue dots) in Walsall with Index of Multiple deprivation by ward in red. Darker red indicated higher deprivation. (Source: Walsall Insight, Black Country Food Banks)

Seven of these food banks are run by the Back Country Food Bank which has released recent data that in 2024 alone, over 10,000 Walsall residents were supported with almost 130,000 meals provided. Over the last 5 years, there has been up to a 50% increase in the number of meals distributed in Walsall. This Food Plan needs to support Walsall residents and families to access sufficient, good, nutritious food through a range of measures. It will be important to support people to make informed choices, optimise their food budget, and access resources that make nutritious foods more affordable and accessible. Health promotion efforts aimed at narrowing socioeconomic differences in food purchasing need to be designed and implemented with an understanding of, and a sensitivity to, the barriers to nutritional improvement that difficult life circumstances can impose.

Climate change and food

Eating habits worldwide are having an adverse impact on the environment and climate change threatens food security. From farm to fork to food waste, there is an environmental impact at each stage which is damaging the planet. Food eaten by Walsall residents is produced and transported from all over the UK and the world. Our collective UK food production system contributes to global warming with an estimated 15-30% of total greenhouse gas emissions (39). The food system accounts for 70%

of human water use and is a leading cause of deforestation, loss of biodiversity and pollution (10). Whilst some struggle to put bread on the table, many throw away food leading to over 7.3 million tonnes of food discarded each year in the UK. This is wasteful of environmental resources and inequitable. If properly redistributed, that food could feed 30 million people. It would also save households money, around £470 per year (39).

There is a need to change our food practices if we are to protect the planet from climate change and adhere to our national climate targets. The way we produce, transport, consume, and waste food has a significant impact on climate change. In Walsall we must start now to strengthen the resilience and sustainability of our food system and minimise food inequities. A healthy diet can also be a sustainable diet: food intake that is rich in wholegrains, legumes, nuts and plenty of varied fruits and vegetables has low environmental pressure and impact. Healthy sustainable diets can include moderate amounts of animal-derived foods such as eggs, diary and fish. Diets lower in meat, especially red meat, are also healthier and have a lower environmental impact. Switching our diet to the Eatwell Guide, from a typical UK diet, can reduce environmental impact by 31%. This must be balanced with the potential expense of eating more sustainably. For example, more sustainable, plant-based milk alternatives in supermarkets are on average 55% more expensive than dairy milk and both types of milk have significantly increased with inflation just in the last few years (16), figure 34. Although many lower carbon foods are a higher price, buying local seasonal produce is environmentally sustainable and tends to be a more affordable option.

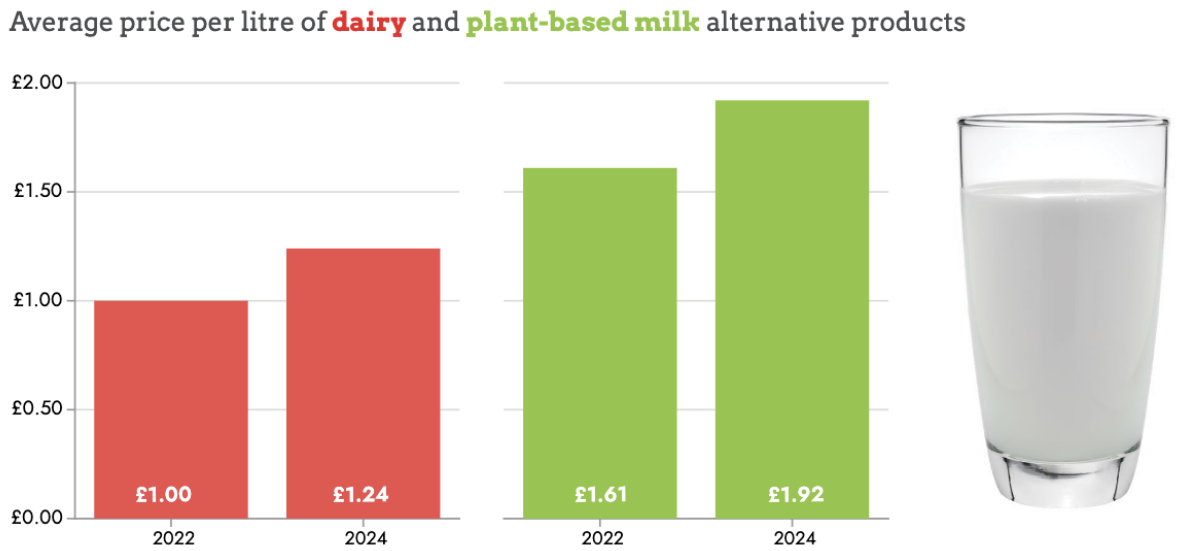

Figure 34. Average price per litre of diary and plant-based milk alternative products. (Source: The Food Foundation. Data collected from Aldi, Tesco and Waitrose (May 2022 and September 2024). Dairy milk price per litre is based on 2-pint bottles of fresh semi-skimmed cow's milk. Plant-based alternative milk price is an average of all 1 litre almond, oat, rice and soya milk alternatives)

Nationally, agriculture is a major contributor to greenhouse gas emissions, particularly through methane released by livestock and carbon dioxide from land-use changes for farming (10). This is less of an issue in Walsall due to the urban nature of our borough.

However, one of the greatest contributions to greenhouse gas emissions (GGE) in Walsall is from transport (34.2%) and this will include the transport of food (40). Moreover, food waste exacerbates the issue, in Walsall, waste contributes 4% of our GGE (40). Not only is it a waste of the energy to grow and harvest the food, discarded food in landfills generates methane which is a potent greenhouse gas (10).

Through our Food Plan we will encourage residents to make positive changes to reduce GGE through growing some of their own food, reducing food waste, buying more locally produced food where possible and looking at the sustainability of foods purchased. We have a thriving allotment community in Walsall with council-run and association-run allotments across the borough (41) There are also community gardens including Caldmore community garden and Goscote Greenacres which host workshops and training on gardening to boost grow your own initiatives (42,43).

Walsall Council aims to become a carbon neutral council by 2041. This Food Plan reflects the council's climate change targets through embedding sustainable food practices and environmental initiatives in our priorities.

Summary

The food system we live in shapes our access to good, nutritious food throughout our lives. Food, especially healthy food, has become unaffordable for many which is exacerbating inequalities and having a direct impact on health. Our food system is also directly impacting the health of our planet, exacerbating the climate emergency. It is imperative that through the work of this Food Plan and Food Partnership, we support people in Walsall to have healthier and more sustainable diets.

4. How do we achieve our collective vision?

"A sustainable and fair food environment where good food is grown, available and promoted for our residents to have healthy, nutritious, affordable and appealing food choices."

Figure 35. Vision board produced by an artist during the Walsall Food Summit 2024. This illustrates the major areas of discussion during the Summit and the plans for action.

Our collaborations

Walsall has a fantastic and growing Food Partnership, built of stakeholders from across the food system, who share the vision for a healthier, inclusive and sustainable food future. Together we are building a whole-system approach to food to tackle the challenges faced including food poverty, ill-health and climate change.

Through our collaborative efforts the Food Partnership will work to make a positive impact to our food system:

- Sharing knowledge and good practice to drive enterprise and innovation.
- Coordinating action across the food system, connecting stakeholders and collaborating to empower the community.
- Delivering local food projects across our communities to help make good food an option for all.
- Advocating for Walsall residents through influencing local food policies, action plans and decision-making.

Ensuring that the Food Partnership is embedded for the long term is part of this Food Plan.

Governance

We will take a whole-systems approach to Food Plan governance. The Food Partnership Steering Group will be made of members nominated by key stakeholders

and interested individuals. The Steering Group will be responsible for driving forward this Food Plan and they will elect a chair from the membership. The role of chair will include acting in a way that promotes the vision and aims of the partnership, ensuring all voices are heard, including those furthest away from decision making. It is anticipated that the Steering Group will report to Walsall Council's Health and Wellbeing Board (HWBB) which will be confirmed in due course. The Steering Group will oversee several working groups to deliver the Food Plan priorities, figure 36. The Food Partnership will allow key stakeholders to make decisions at various levels of the system and will engage with residents throughout to ensure that their views from consultations are at the forefront of our work.

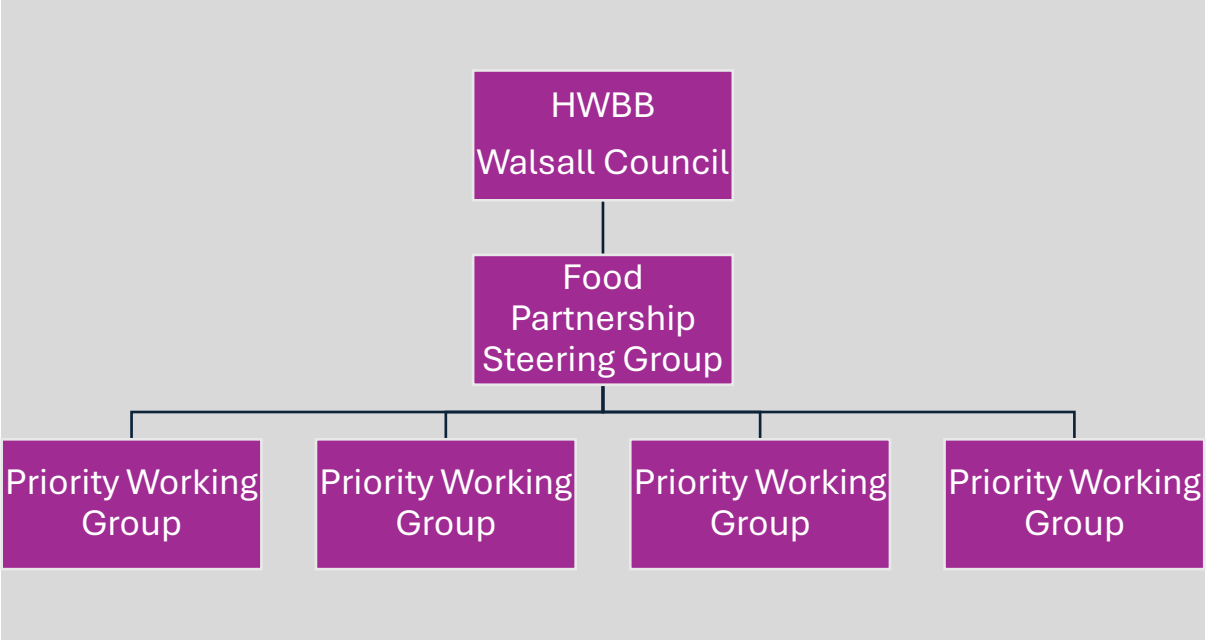

Figure 36. Schematic to represent the governance of the Food Partnership.

How does our Food Plan contribute to Walsall Council's Strategic Priorities?

Walsall aims to reduce inequalities and ensure all potential is maximised. The Council Plan 2025 – 2029 outlines commitments to develop a healthier, greener, and safer Borough and create an environment that provides opportunities for all residents, communities, and businesses to fulfil their potential and thrive (44). Specifically, this Food Plan will contribute towards the following corporate outcomes:

- Work across the council and with partners to create a healthy borough – including through planning, licensing, ensuring access to good food, increasing active travel opportunities, and access to good jobs.
- Provide opportunities and encourage our residents and communities to build exercise into their daily lives, be more aware of the foods they eat and maintain good sexual health.
- Take a prevention focused approach to health and wellbeing, creating a positive shift in health outcomes for all and prioritising those with the highest health need.

- Close the gap in child poverty and education inequalities, to help all children to reach their full potential.
- Continue to provide programmes and support for children and families that enables them to get the best start and thrive.
- Drive social value – keeping Walsall money in Walsall and supporting community wealth building activities.
- Explore options for cross cutting prevention programmes that support and empower Walsall people and communities.
- Connect more people to their communities and ensure they can be signposted about where to go when they need support.
- Look for opportunities for the private sector to be involved in partnership arrangements, thereby strengthening their effectiveness.
- Invest in our waste management infrastructure to modernise, enhance and future-proof our recycling and waste disposal facilities.
- Maintain our green spaces and work with communities to make best use of these assets in our borough.

This Food Plan will contribute to the major strategic priorities for our borough outlined in the five-year Council Plan and the overarching strategy of We Are Walsall 2040 (45).

Food work already embedded in communities

The “Future Foodies” programme, delivered by Walsall College in collaboration with Public Health Walsall, engages students aged 14–16 in learning about healthy, environmentally-conscious eating habits. This course promotes holistic life skills alongside knowledge of “good food”.

The Child and Family Healthy Eating programme, commissioned to the Soil Association’s Food for Life team in April 2024, continues to support around 19,000 children and their families. During the summer term of 2024, 12 primary schools participated in Plant and Share initiatives, involving 66 classes in food-growing activities, figure 37.

Walsall Council, in partnership with foodbanks and community organisations, is working to reduce food insecurity and financial hardship while improving access to affordable, nutritious food. Community shops are opening across the borough. Bloxwich Community Pantry, in the Stan Ball Centre, is already providing ambient goods which has been well-received by residents. Old Hall Peoples Partnership, located in Bentley, also offers ambient goods, alongside fresh fruit and vegetables. These shops will be at the centre of community life, with additional innovations including a chef producing recipes to empower residents to cook from scratch and a breastfeeding nurse running breastfeeding sessions for residents.

Food for Life is piloting a new “Nourishing Communities” award, which emphasises cooking and food-growing initiatives within communities. As part of this programme, 8 community organisations are now actively fostering food-related skills and leadership. Additionally, 8 grants were awarded, one of which was used to establish a community garden.

Figure 37. Photos from the Food for Life programme in schools to encourage food growing.

The “Feeding Our Futures” small grant programme is being launched to fund community and voluntary sector organisations that encourage healthier food choices and improved access to nutritious foods, such as initiatives to grow vegetables.

Walsall Housing Group (WHG) recently partnered with Mitchell Lane, author of *Feed Your Family for a Fiver,* for the six-week “Food Matters” programme. This initiative helped residents develop confidence and skills to prepare nutritious, low-cost family meals, fostering intergenerational connections and new friendships.

The Green Growing Space Group, part of a Walsall Housing Group (WHG) initiative, is supporting residents to convert disused land into new green growing spaces. Through working with the local community, spaces including Monmer Court where residents fitted planters and Hilton Close where residents are digging growing space, are being developed into community assets.

Small grants focused on reducing health inequalities have been awarded to 30 community organisations for projects promoting physical activity, healthy eating, and green space access. There are 7 initiatives involving new green spaces, community gardens, and allotment access for children and young people. There are also healthy eating and weight management programmes that supported 1,383 individuals.

The HENRY (Health Exercise Nutrition for the Really Young) randomised controlled trial is underway in Walsall, with 10 community organisations as participating centres. More broadly, 38 trained facilitators are delivering the wider HENRY’s support for parents of children from pregnancy to age 11.

Veg Power have recently been commissioned by Walsall Council Public Health to deliver an exciting and innovative programme of healthy eating to over 10,000 primary school children. The programme will run throughout the academic year and include projects such as “Attack The Snack”, to promote nutritious snacks, and “Eat Them To Defeat Them”, to promote tasting vegetables. Food growing will also be covered during the programme and a tailored support in place for neurodiverse students and their families.

5. Our priorities

As a result of the Walsall Food Summit, four priority areas were identified alongside commitments for action. These commitments are the overarching actions that will be used to form the specific Food Action Plan and will be addressed through the work of the Food Partnership. It is recognised that due to potential contextual changes in the local, national and international food landscape, these listed commitments may evolve over the lifetime of this Food Plan, with additional commitments for action included or some commitments rendered obsolete.

Priority 1: Good food choice

"A barrier to having the healthy option is finance, for a lot of people and a lot of families."
"There is an enormous amount of people who've no idea how to cook anything."
-Walsall Residents from Focus Group on Food

We will work to ensure that people can access food that makes them well, not ill. Supporting residents to access food that is affordable, nutritious and appealing and is available to people across their life-course. We will empower people with the knowledge, understanding and skills to obtain and prepare good food that benefits their body. Our ambition is for good food to become the 'norm' for all people in Walsall, increasing equity through bridging the gap in access to a healthy diet.

Our commitments

1. Lobby national Government to improve good food opportunities. *For example, increasing free school meal provision across all year groups and the quality of free school meals.*
2. Increase knowledge and understanding around good food choice, the Eatwell recommendations and the benefits of good food for health.
3. Work across sectors to support training in food preparation and cooking skills to facilitate good food across the life-course. *For example, map the current food training provision across the borough.*
4. Champion and support families to breastfeed and promote healthy weaning in line with the infant feeding strategy.
5. Support children and young people to access good food. *Examples include, through increasing uptake of healthy start vouchers and the meals offered in holiday activities and food (HAF).*
6. Give consistent, regular and reliable communications to promote healthy eating messages.
7. Advocate for actions and initiatives that help address poverty and food insecurity, including fair wages and financial support.

Priority 2: Good food environment

"It's accessibility of sweets – isn't it? – and fast-food. It's there." - Walsall Resident from Focus Group on Food

In a good food environment, people are supported through various means to eat healthily. This includes the food offer in Walsall and the provision of affordable, healthy food in areas where people live, work and grow. It includes the opportunities for local people to grow their own food on local land and celebrate our cultures and heritage through the food produced. It includes a strengthened food system with pathways for local food to be delivered to local mouths and the marketing of unhealthy foodstuff is minimised.

We will work to promote an improvement in the food landscape across Walsall, so the food environment works with people, to help make good food choices easy and convenient. We will highlight access to good food that can be purchased or has been locally grown; and we will encourage food growing initiatives. We will partner with planning to embed food policy in the Local Plan and we will continue work to mitigate for the commercial influences that can have detrimental health effects. Through a good food environment, people will be empowered and incentivised to eat healthily and sustainably, wherever they live, work and play.

Our commitments

1. Use planning and regeneration policy in Local Plan to protect and repurpose land for community growing, regulate proposals for development of unhealthy food outlets (in line with the National Planning Policy Framework) and retain essential fresh food outlets. *For example, a Planning Advisory Note to encourage developers to include space for food growing in new developments.*
2. Support the set up of volunteer networks to promote all aspects of good food including managing community growing spaces, distribution of excess food, celebrating Walsall's food heritage and training offers to encourage the community in growing food and effectively utilising food. *For example, food in urban (e.g. alleyways, back yards) environments: "grow all you can eat in 3 square feet".*
3. Support communities to establish affordable food outlets and raise awareness of these food sources including through a map of affordable healthy food options. *For example, community supermarkets and food co-operatives.*
4. Link community food growing spaces to food banks to enrich fruit and vegetable supplies.
5. Use multiple sources of communication to disseminate opportunities, publicise funding and share best practice and case studies in the food space.
6. Celebrate the culture and diversity of Walsall by promoting the local food offer and heritage available in different parts of the borough.
7. Influence key partners to reduce the advertising of unhealthy foods.
8. Influence the local food offer in a variety of settings, through providing training opportunities and incentives to offer healthy options. *Settings to include council and NHS buildings, local food businesses, workplaces, and educational settings.*

Priority 3: Sustainable, responsible and resilient

"We go to farm shops, and we access our milk from Oakleys Farm. It's one of the milk dispensers. So you reuse the bottles each time." - Walsall Resident from Focus Group on Food.

The co-benefits of sustainable, healthy and more affordable food can be realised in Walsall through a whole-system approach. We will work to improve the sustainability and resilience of our food system to work towards a secure food future for Walsall. The climate change emergency means it is critical that environmental health is a key pillar of this plan, as adverse-weather events have the potential to cause catastrophic effects on our food system. Therefore, we will prioritise action that is mutually beneficial for the health of Walsall residents and the planet.

Our commitments

1. Increase residents access to affordable good food from sustainable sources working across the council and leveraging Walsall Council's Climate Action Plan to ensure sustainable and responsible food activity is prioritised.
2. Support development of a circular waste management strategy to promote waste reduction and recycling. Ensure borough waste will be managed sustainably in-line with the council's We are Walsall 2040 vision. *For example, redistributing surplus food from allotments to food insecure residents.*
3. Support the development a food waste collection policy to enable weekly collections.
4. Expand community composting initiatives to more households and areas of the borough. *For example, promote local environmentally friendly methods for food decomposition.*
5. Support development of a communication strategy which engages residents, schools, communities and businesses with measures to reduce the volume of waste they produce and increase participation of reuse and recycling.
6. Use communication platforms to educate and empower residents to make sustainable food choices and to promote responsible food practices. *For example, increasing understanding about the co-benefits of eating healthily and sustainably. The benefits of plant-based alternatives to meat and purchasing local, seasonal food.*
7. Support engagement with residents, community groups and schools to promote environmental education and introduce longer term vision (e.g. health benefit) of a Net Zero borough.
8. Support identification of locations and projects that can increase green and blue space (e.g. brownfields transition).
9. Support the development of opportunist food-growing spaces and community gardens in urban areas (e.g. alleyways, back yards), enabling access to fresh, good food for all residents. *For example: "grow all you can eat in 3 square feet"*
10. Develop a sustainability checklist for new planning applications.
11. Support retailers to increase sources of, and shelf space for, local, sustainable food.
12. Lobby national government to consider legislation to improve food sustainability and resilience. *For example, strengthening regulation on food packaging and*

mandating for carbon footprint label to be added to foods purchased in supermarkets.

Priority 4: Leadership, commissioning and procurement

We will lead by example, working to transform catering and food procurement by the council and partner organisations to reflect the sustainable, secure and affordable good food that we are promoting to the wider public. We will seek to learn more about the food that people are consuming and the challenges faced locally to obtain good food. We will work across the council to embed the Food Plan into policy, ensuring food has a high profile across the borough. We will commission services that align with our vision for food in Walsall and upskill our communities in healthy food knowledge, preparation and sustainability.

Our commitments

1. Collaborate with partners to sustain the Food Partnership and fulfil the aims and actions in our Food Action Plan.
2. Support local food sector workforce development to embed good food into professional practice.
3. Implement Government Food Buying standards for commissioned services including use with care homes, family hubs and other commissioned services.
4. Champion healthy eating options in council buildings and encourage partners to increase their good food offer.
5. Consult with communities and use research activities to better understand current diets and the facilitators and barriers to healthy eating.
9. Lead by example through council procurement practices which progress the vision, and embody the values, of the Food Plan to explore opportunities for contracts to incorporate good, nutritious and sustainable food. *For example, work with suppliers to better understand and reduce the environmental impact of food purchased and work to procure local, seasonal, good food which is affordable and attractive at all council buildings.*
6. Work towards Walsall becoming a Sustainable Food Place, recognised by that award.
7. Support advocacy activities about improving healthy and sustainable food in Walsall.
8. Continue to invest in prevention and treatment programmes that reduce the impact of diet-related ill health in the people most at risk.
10. Work across the region with partners to lobby national government to implement recommendations of the National Food Plan.
11. Explore opportunities to develop permanent position/s in the Food Partnership to support implementation of the Food Plan.

6. Summary

Outputs from Food Plan implementation

We will have participation from all key public, voluntary and community sector organisations with a stake in food and they will work together as a Food Partnership across the borough. The Food Partnership will provide oversight and strategic steer for the priority working groups delivering our priorities for action. All partners will be using the evidence, data and community insight to develop relevant and effective programmes and interventions to achieve our priorities for action and report evaluation metrics at regular intervals.

Some of the metrics that may be used to evaluate the impact of the Food Plan are listed below, however this is not an exhaustive list and the measures may evolve with the implementation of this plan.

Quantitative indictors of success include:

- Proportion of adults consuming 5 portions fruit and vegetables per day.
- Proportion of year 6 children recorded with a healthy weight, comparing least to most deprived.
- Proportion of adults living with Type 2 diabetes, comparing least to most deprived.
- Proportion of babies breastfed at first feed, and at 6 weeks.
- Number of community shops and eateries.
- Number of health promoting and sustainable community food projects.
- Proportion of hot food takeaway applications refused or supported to improve the health offer of their products.
- Proportion of families accessing and using the healthy start scheme.
- Proportion of families accessing free school meals.
- Number of children supported by Holiday Activity and Food Programme (HAF).
- Proportion of food providers supporting people with food security.
- Number of compost collection sites.
- Volume of surplus fruit and vegetables diverted to food support outlets.
- Number of new ‘grow your own’ community initiatives.
- Number and proportion of council premises changing catering offer to healthier options.
- Number of contracts with healthier food embedded into the contract.
- Volume of domestic and non-domestic food waste collected.

Qualitative indictors of success include:

- Feedback from residents involved in food initiatives and interventions.
- Reports from residents about their access to good food.
- Reports from residents about improvements in their food environment.

- Reports from residents about their understanding of sustainable food practices.
- Feedback from staff in council building regarding the catering offer.
- Feedback from children and young people about their cookery skills and growing skills.

The impact of our Food Plan for the residents of Walsall includes:

- Healthier lifestyles and improved wellbeing.
- Longer healthy lifespans.
- Cost savings to public services.
- Reduced food poverty and increased food security.
- Reduced carbon footprint and sustainable food practices.
- Prosperous food economy.
- Connected communities.
- Reduced inequalities.
- Reduced waste.

Conclusions

By 2030, Walsall will be a borough that is more resilient, sustainable, and inclusive. The successful implementation of the Food Plan will have empowered our communities to make healthier choices, supported local businesses, and helped to tackle food insecurity, while promoting environmental stewardship. Through collective efforts, the Food Partnership will work towards creating a borough where everyone can access good, nutritious food that benefits both their health and the environment.

The commitments outlined in this plan set out an ambitious roadmap to achieving our vision. Initiatives aimed at improving food choices, creating a supportive food environment, ensuring sustainability, and providing strong leadership will help to transform Walsall's food system. The collaborative approach will allow us to address the diverse needs of our residents, ensuring equity and inclusivity at every step.

The journey towards a healthier, fairer, and more sustainable food system in Walsall is an ongoing process that will extend beyond the lifespan of this Food Plan. By embedding good food practices into policy, planning, and everyday life, we will create a legacy that benefits current and future generations.

To take this Food Plan forward we will work closely with Walsall stakeholders along with regional and national partners. Together, we can cultivate a thriving food environment that enhances the well-being of our residents, protects our planet, and strengthens our community. This Food Plan marks the beginning of a transformative journey, launching our progress towards a future where food positively impacts our health, our community and our environment, now and for generations to come.

Wider policy links

Link to Black Country Food Banks: https://www.walsallcollege.ac.uk/wp-content/uploads/2022/03/List-of-Black-Country-Foodbanks.pdf

Allotments: https://go.walsall.gov.uk/parks-and-green-spaces/allotments-and-community-gardens

Soil Association, Food for Life: https://www.foodforlife.org.uk/

Director of Public Health Annual Report 2024: https://www.walsallintelligence.org.uk/home/publications/

Director of Public Health Annual Report 2022, Feeding Our Future: https://www.walsallintelligence.org.uk/home/publications/

Sustainable Food Places: https://www.sustainablefoodplaces.org/

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Appendix

Appendix 1

The food system

A food system describes all the processes needed to feed a population, including growing or producing food, distribution, and getting rid of waste. It influences – and is influenced – by society, the economy, health, the environment, and political factors as shown in the model from the Centre for Food Policy in the figure below.

The global, national and local food system is extremely complex and interlinked. To tackle issues related to food, including food insecurity, climate change and ill health, action is needed at all levels. In Walsall, this action, following our Food Plan, will occur on a system-wide level, driven by our missions and the work of our partners.

Appendix 2

Body mass index (BMI)

Body mass index (BMI) is classified according to descriptions in table 1, using BMI thresholds for adults recommended by the National Institute for Health and Care Excellence (NICE) (46,47) and World Health Organisation.

BMI Range	BMI Category
Less than 18.5kg/m^2	Underweight
18.5 to <25kg/m^2	Healthy weight
25 to <30kg/m^2	Overweight
30kg/m^2 or more	Obesity
40kg/m^2 or more	Severe obesity

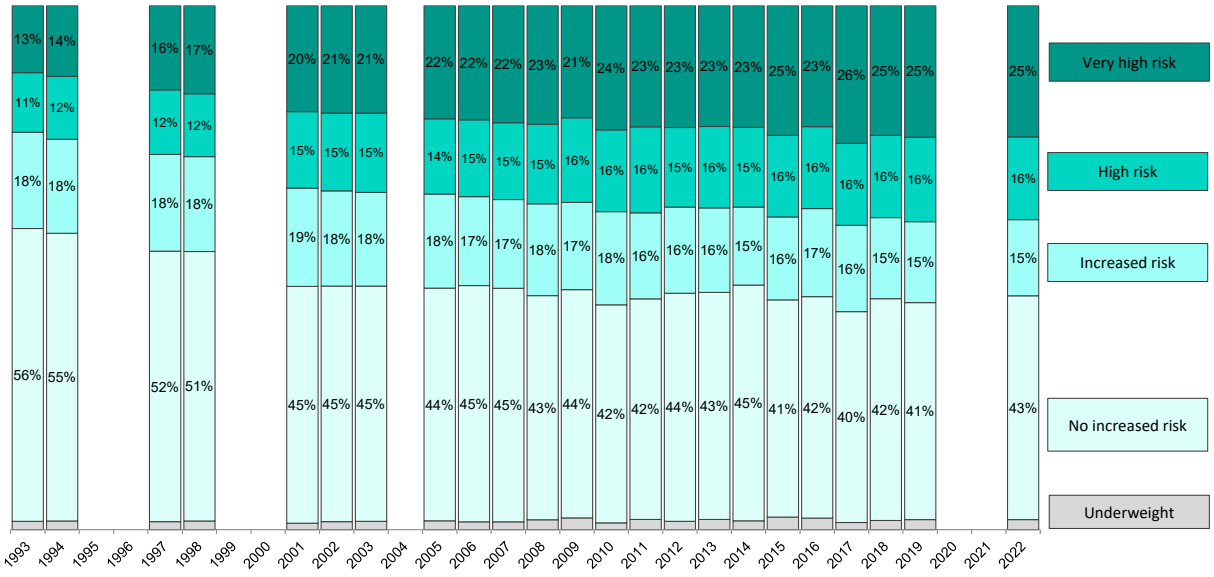
Table 1: Body Mass Index (BMI) classifications

NICE categorises the health risk according to BMI and waist circumference. Higher BMI and higher waist circumference is linked to very high risk to health (1), Table 2.

	Waist circumference		
	Low	High	Very high
BMI	Men: <94cm Women: <80cm	Men: 94-102cm Women: 80-88cm	Men: >102cm Women: >88cm
Underweight (<18.5kg/m²)	Underweight (Not Applicable)	Underweight (Not Applicable)	Underweight (Not Applicable)
Healthy weight (18.5-24.9kg/m²)	No increased risk	No increased risk	Increased risk
Overweight (25-29.9kg/m²)	No increased risk	Increased risk	High risk
Obese I (30-34.9kg/m²)	Increased risk	High risk	Very high risk
Obese II & III (≥35kg/m²)	Very high risk	Very high risk	Very high risk

Table 2: Body Mass Index (BMI) and waist circumference relationship with risk to health (NICE and Health Survey for England).

Over time we have seen a dramatic decrease in the proportion of individuals whose weight has no increased risk on their health, conversely there has been an increase in those with a BMI and waist circumference that makes them at very high health risk, figure 1. High and very high waist circumference are now observed in the majority, 63%, of adults in England, figure 2 below. 63%, of adults in England, figure 2 below. Excess weight brings a raft of physical and mental health problems and many adults recognise this with almost half of the adult population (45%) saying they are trying to lose weight (1).



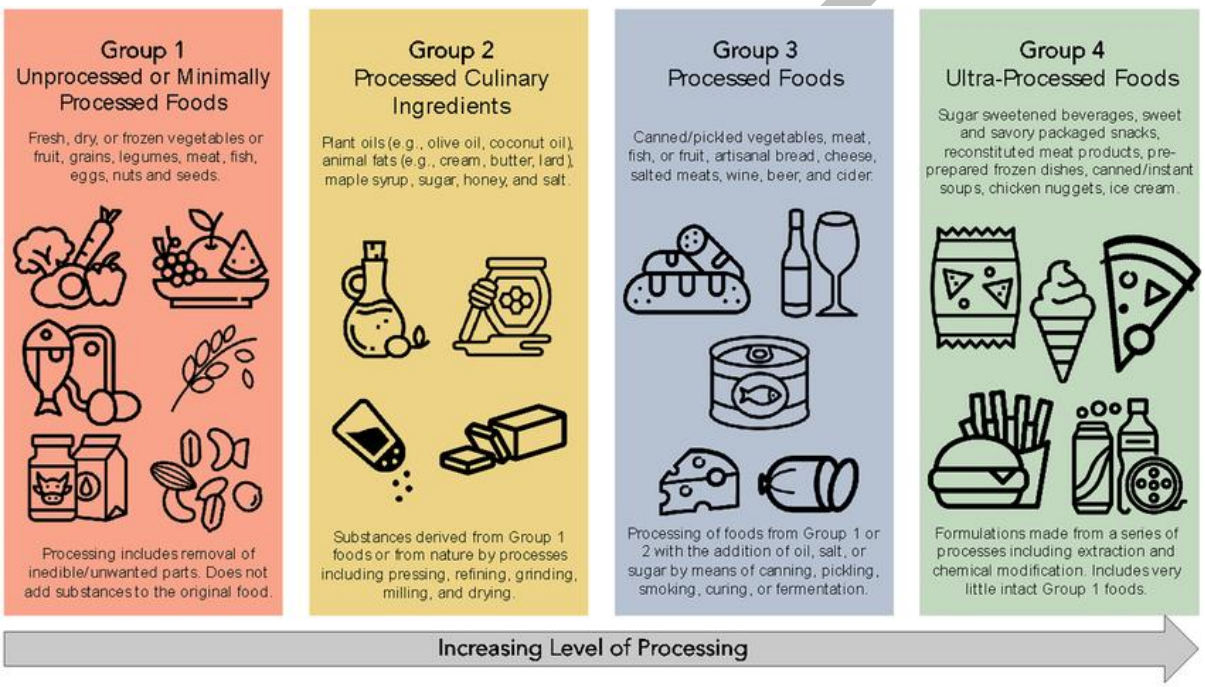
Trend in prevalence of health risk categories (Health Survey for England 1993 to 2022)

Adult mean waist circumference (Health Survey for England 2022)

Appendix 3

Ultraprocessed foods the NOVA classification

- Group 1 - Unprocessed or minimally processed foods
- Group 2 - Processed culinary ingredients
- Group 3 - Processed foods
- Group 4 - Ultra-processed food and drink products



Source: Ultra-processed Foods, Weight Gain, and Co-morbidity Risk