

The Rt Hon Rishi Sunak, MP, The Chancellor of the Exchequer

The Rt Hon Matt Hancock, MP, Secretary of State for Health and Social Care

Dear Ministers,

The devastating impact that Covid-19 continues to have on food insecurity means that the Healthy Start Scheme has never been so important in safeguarding the health and nutrition of young families. 14% of UK families with children have experienced food insecurity in the past six months¹ which, combined with the UK's high levels of childhood obesity, looks set to further compound the poor health of the UK's children. **We are writing together as sector experts and healthcare professionals to call on the Government to put £115 million/year of additional funding towards improving the Healthy Start scheme by implementing the recommendations proposed in Part One of the National Food Strategy:**

- **Increase the value of Healthy Start vouchers to £4.25 per week**
- **Expand the scheme to every pregnant woman and household with children under four in receipt of Universal Credit or equivalent benefitsⁱ**
- **Fund a communications campaign costing £5 million**

Healthy Start provides young pregnant women and low income families with children under the age of 4 in England, Wales and Northern Ireland with free vitamins for mothers and children, and food vouchers to purchase vegetables, fruit, pulses and cows' milk. Where families do not breastfeed their infants, vouchers can also be spent on first infant formula. Inadequate nutrition during the first 1,000 days of life can have life-long consequences, increasing the risk of cardiovascular disease, type two diabetes, and obesity.² Inequalities mean low-income families may struggle to access and afford a healthy diet. There are striking inequalities in fruit and vegetable consumption, with the highest income groups consuming about 1.5 portions per day more than the lowest.³ During lockdown, poorer children both snacked more and ate fewer fruit and vegetables than their wealthier counterparts.⁴

There are compelling reasons to act immediately. The scheme is a targeted and efficient way to reach those who are most vulnerable and in need of support, and helps to deliver on Government commitments to address inequalities, support parents, and help the country to recover from Covid-19. **Expanding and improving the scheme offers opportunity for it to fulfil your 'levelling-up' agenda.**

Expanding the scope of the scheme to include a larger proportion of low-income families would benefit an additional 290,000 pregnant women and children under the age of 4.⁵ In 2019, less than 50% of

¹ Food Foundation: YouGov Plc Polling Data. Total sample size was 2,309 parents or guardians living with children under 18 years. <https://foodfoundation.org.uk/new-food-foundation-data-sept-2020/>. Published 2020.

² The first 1,000 days. <https://thousanddays.org/why-1000-days/>

³ SHEFS. SHEFS, fruit and vegetables policy brief series. *Policy brief 1: Is the UK's supply of fruit and vegetables future proof?* 2020

⁴ National Food Strategy. *National Food Strategy: Part One*. 2020. P.27.

⁵ National Food Strategy. *National Food Strategy: Part One*. 2020

children (in England, Wales and Northern Ireland) living in poverty were entitled to support from the Healthy Start scheme, and only 33% actually received it due to implementation problems.⁶ Expansion would also mean economies of scale for UK retailers who are already engaged with the scheme and would have a further incentive to add value. Iceland, for example, now offer all recipients redeeming their vouchers in store a free £1 bag of frozen vegetables. **The government as well as businesses must act to support the continued success of the scheme.**

Unfortunately, the value of the voucher has not increased since 2009, despite inflation during this period having increased by 3.1%.⁷ With fruit and vegetables costing almost three times more per kilocalorie than less healthy foods⁸ and vulnerable to price fluctuations, an increase in the voucher value now would enable better health outcomes for the future. **Therefore, we urge the government to increase the value of the voucher to £4.25 a week.**

For families to benefit from this scheme, a concerted effort is needed to reverse the trend of low take-up. In June 2020, the take-up rate dropped to 48% (251,547 beneficiaries), meaning that 272,080 eligible beneficiaries were not registered for the scheme. This is despite 30,000 retailers and all of the 'big four' supermarkets accepting the vouchers in store. Five years ago, take-up stood at 73% (374,896 beneficiaries). **Better communication and proactive promotion of the scheme through local authorities, health visitors, community organisations and UK retailers is required** to better notify and engage those who are eligible for the scheme. Accelerating the digitisation programme (delayed until October 2021) would also help to remove the time and administrative burdens that are significant barriers to uptake.

We are ready to help in whatever way we can. We know that the nutrition and health of mothers and young children will have profound and life-long consequences for children's futures. A fair start in life should be a key tenet of the government's 'levelling up' agenda. **Now is the time to act.**

Yours sincerely,

The Undersigned

Civil Society

Anna Taylor, OBE, Executive Director, Food Foundation

Andrew Forsey, National Director, Feeding Britain

Jonathan Pauling, Chief Executive, Alexandra Rose Charity

Ben Reynolds, Deputy Chief Executive, Sustain

Dr Helen Crawley, Director, First Steps Nutrition

Nicola Howard, Director, First Place UK

⁶ Food Foundation. *Children's Future Food Inquiry*. 2019

⁷ Bank of England Inflation calculator. <https://www.bankofengland.co.uk/monetary-policy/inflation/inflation-calculator> Accessed: 29th September 2020

⁸ Food Foundation. *The Broken Plate 2020 Report: the state of the nation's food system*. 2020.

Beatrice Merrick, Chief Executive, Early Education

Dr Ilana Levene and Dr Vicky Thomas, Paediatricians and Co-founders, The Hospital Infant Feeding Network

Dr Cheryll Adams, Executive Director, Institute of Health Visiting

Dr Natalie Shenker, Director, The Human Milk Foundation

Laurence Guinness, Chief Executive, The Childhood Trust

Kim Roberts, CEO, HENRY

Helen Gray and Clare Meynell, Joint Coordinators, World Breastfeeding Trends Initiative (WBTi), UK Steering Group

Sally Bunday, MBE, Founder, Hyperactive Children's Support Group

Dr Marie Bryant, Chair of the Board of Trustees, Association for the Study of Obesity

Amy Calvert, Innovation manager, Good Food Barnsley

Dr Naomi Maynard, Project Development Lead, Together Liverpool

Ped Asgarian, Director, Feeding Bristol

Mandy Chambers, Project Manager, Rural Action Devonshire

Megan Mehnert, FOOD club coordinator, FOOD Clubs Bristol & BANES

Dr Matthew Philpott, Executive Director, Health Equalities Group

Sam Gillett, Head of Impact and Delivery, St John's Foundation

Melissa Green, General Secretary, The Women's Institute

Katie Palmer, Programme Manager, Food Sense Wales

Michele Shirlow MBE, Chief Executive, Food NI

Professor Graham MacGregor, Chairman of Consensus Action on Salt and Action on Sugar

Professional Bodies

Andy Burman, Chief Executive, British Dietetic Association (BDA)

Professor Russell Viner, President, Royal College of Paediatrics and Child Health (RCPCH)

Christina Marriott, Chief Executive, Royal Society for Public Health (RSPH)

Clare Livingstone, Professional Policy Advisor, Royal College of Midwives (RCM)

Dr Cheryll Adams, Executive Director, Institute of Health Visiting (IHV)

Dr Arianne Matlin, Head of Health and Science Policy, British Dental Association (BDA)

Directors of Public Health

Sarah Muckle, Director of Public Health, City of Bradford Metropolitan District Council

Dr Rupert Suckling, Director of Public Health, Doncaster Council

Rachel Spencer-Henshall, Strategic Director – Corporate Strategy, Commissioning and Public Health, Kirklees Council

Dr Bruce Laurence, Director of Public Health, Bath & North East Somerset Council

Sam Crowe, Director of Public Health, Dorset & BCP Councils

Professor Virginia Pearson, Chief Officer for Communities, Public Health, Environment and Prosperity, Director of Public Health, Honorary Clinical Professor, University of Exeter College of Medicine and Health, Devon County Council

David Regan, Director of Public Health, Manchester City Council

Matthew Ashton, Director of Public Health, Honorary Professor, Public Health and Policy, University of Liverpool, Liverpool City Council

Eileen O’Meara, Director of Public Health and Protection, Halton Borough Council

Rebecca Nunn, Consultant in Public Health, London Borough of Barking and Dagenham

Carole Furlong, Director of Public Health, Harrow Council

Alice Wiseman, Director of Public Health, Gateshead Council

Academia and local government

Dr Debbie Weekes-Bernard, Deputy Mayor for Social Integration, Social Mobility and Community Engagement, Greater London Authority

Rumaysa Jassat, Children’s Health Promoter, Leicester City Council

Milly Carmichael, Health Improvement Officer - Food Poverty, Claire Davies, Public Health Development and Commissioning Manager, and Sarah Heathcote, Development and Commissioning Manager, BANES Council

Councillor Steve Fritchley, Leader of Bolsover District Council, Bolsover District Council

Dr Clare Relton, Senior Lecturer in Clinical Trials, Institute of Population Health Sciences, Barts and London School of Medicine

Dr Megan Blake, Senior Lecturer, Department of Geography, Sheffield University

In their own words

Why does Healthy Start matter?

“£3.10 is not a lot, it’s better than nothing of course, but a higher value would make a difference. If we had £4.25 a week from Healthy Start we could buy milk which would help, and more fruit and veg. It’s enough for a week, but only for one child and I have three.”

Carolina, Southwark

“I’ve had the vouchers for about a year and they’ve definitely made a difference to our family with what we can buy. Having the vouchers means when I go shopping I can buy more fruit and veg and make different meals. I can also give my children fruit for their snacks. We felt a big effect from the coronavirus and lockdown, everything changed completely, and it was harder to get what we needed.”

Bushra, Liverpool

“Without the Healthy Start vouchers we would be in a dilemma with what we can buy, we have to balance every decision. It’s painful to see your child crying when you know you can’t buy them the food they need. When the vouchers reduce after the child turns one it’s hard as they are eating more and you’ve got used to being able to give them what they want, but then we have to stop and so they get upset. The children want expensive food like strawberries, but we can’t always afford this.”

Zeid, Liverpool

ⁱ “Equivalent benefits” is a term drawn from the Department of Work and Pensions. It covers any of the legacy benefits which Universal Credit is replacing, i.e. working age Jobseeker’s Allowance (income-related), Employment and Support Allowance (income-related), Income Support, Child Tax Credit, Working Tax Credit and Housing Benefits