COVID-19 and Food – A FPH position paper
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1. The Faculty Position - Key Messages

- The state of the national diet is always important for the health of the population. By extension, the system that provides our food is also critically important and must be influenced at its heart by public health priorities. The availability of a health-enhancing diet from a sustainable food supply cannot be assumed; nor are these currently enshrined as rights. Enormous environmental, societal and economic challenges face the UK and international food systems. Public health perspectives are key to how these can and should be addressed. The UK needs a Food Plan in which health considerations are central.

- The Covid-19 outbreak has highlighted the health inequalities in our society. These are partly diet-related in normal times and have become matters of heightened concern within the current crisis. Issues of access, diet quality and income stress are likely to exacerbate existing health inequalities, and to push more people on low incomes and with vulnerabilities into further difficulties. Early research suggests this is already the case, with children a particular concern.

- The Covid-19 outbreak and its response have highlighted weaknesses in food planning. Government attention has mostly addressed risk as a challenge to total national food supply and assumed difficulties could be resolved by the retail sector, with less attention given to issues at the local and community levels of consumption. The result has been a 'firefighting' model of crisis management, with undue emphasis on food banks and emergency needs. There was no emphasis on the role of food in equitably supporting the health and wellbeing of our population.

- Despite these difficulties and lack of resources, there are fine examples of local action with rapidly established well-coordinated approaches. These often occur where collaborative relationships had been built up prior to the outbreak with strong civil society engagement. However, these examples are not typical and lessons need to be learned. More acknowledgement, support and resources are now needed from central Government to avoid long-term effects of a variable 'postcode' impact on diet and health.

- The UK will respond to, and must learn from, this crisis, and the 'recovery' stage of this epidemic must be well managed. The Faculty of Public Health notes and supports those seeking to 'build back better' and wishes to see a better mix of planning and health oversight of UK food provision. It supports the case for clear food planning at cross-UK national level and also at the regional, local and community levels.

- Beyond the Covid-19 outbreak, food production, supply and diet should and could contribute to good public health. This requires the food system to become socially, economically and environmentally sustainable. The massive economic costs and lives lost and disrupted must not allow a return to an unacceptable normality.

- The Faculty notes and supports those responding to food provision issues within the Covid-19 outbreak and its response, and those seeking to 'build back better'. To this end, the Faculty would welcome new measures including:
  - additional resources and a stronger role for local government in the governance and provision of food at local level in both crisis and 'regular' times;
  - improved monitoring of food conditions at all levels of governance;
  - a renewed commitment to narrow inequalities of diet and diet-related health and wellbeing, with particular attention to the realities of food insecurity and the needs of at-risk groups, including school-aged children eligible for free school meals;
  - embedding of the importance of food provision and dietary quality in emergency and crisis response plans, and;
  - a stronger role for health assessment in evaluating the effectiveness of food provision, and creation of a food system that is socially, economically and environmentally sustainable.

- It is clear the UK must plan now for the next crisis as well as the likely continuation of this one. The Faculty would welcome a rethink about expert advisory structures on food and diet, with the goal to ensure an adequate, sustainable and nutritious food supply is accessible to individuals across all sections of society and economy. The Faculty sees public health as central to this process and it will continue to clarify and advocate for necessary improvements to the food system

2. A clearer voice for Public Health in UK food system strategy

Food is a significant driver of health and wellbeing and is essential to population health. Even though it has gone through massive changes in recent decades, there is wide agreement that the food system - a term used to signify the multitude of actions, interests and dynamics which shape the flow of food from primary production to consumption – is a key factor in creating health, ill-health and differences in health across society. Poor diet is a primary cause of early morbidity and mortality in the UK; it is associated with a higher risk of cardiovascular disease, obesity, some cancers, and diabetes type 2.[1] These impacts are not equally distributed across society. In England, for example, when compared with the least deprived populations, the most deprived populations are nearly 3.5 times more likely to die from cardiovascular disease (CVD) under the age of 75 and 60% more likely to be diagnosed with type 2 diabetes.[2] Difference in diet between socioeconomic groups is key driver of social inequalities.[3,4,5]

The nature and functioning of food production and supply are, and should always be, a public health priority. On the production side, intensive animal agriculture heightens the risk of future zoonoses, and also contributes to antimicrobial resistance. Potential fragility of just-in-time systems of logistics had already been highlighted by the Government in the run-up to no-deal Brexit.[6,7] Despite some disruption, overall supplies continued largely due to continuation of existing EU food links. Other aspects have not been successful, however, such as ensuring equality of supply, nutrition monitoring and consumer information.[8,9-11] There has been a lack of recognition that in their current state, food supply chains are fragile

and are built around efficiency and specialisation which lack flexibility and sustainability in times of crisis, and there is potential for improvements.[12]

UK food policy has historically had to face the need for change amidst crisis before. The Boer war exposed the pitiful state of health of recruits, prompting the British Government to acknowledge the need to invest in nutrition.[13] Although improvement was slow, and buffeted by World War 1, by the outbreak of World War 2 there was enough confidence for government to create a strong Ministry of Food which combined a clear focus on developing food security to support public health for all.[14,15] In that vein, the present Covid-19 crisis is surely opening up opportunities for policy makers to think differently and consider much needed change. This should include a stronger public health position and role in shaping food supply. The UK's horticultural sector, for example, has slowly declined when it could be central to addressing nutritional needs and altering the mismatch of land use, food supply and human health.[16]

The UK has taken some useful steps to improve people's health by making changes to food supply such as through action on sugar consumption and food reformulation.[17] There are continuing concerns about the need to address the targeting of unhealthy foods to children and young people.[18] But much more needs to be done if the UK is to create a food system which is secure and sustainable. The goal must be to meet the health and wellbeing needs of the population while remaining within the ecological boundaries of the planet in line with the UN's Sustainable Development Goals – many of which point to the importance of changing the food system.[19 20]

To create change to support and improve the health of our population in a comprehensive and sustainable way, public health must have a clear voice and a strong influence in shaping policy related to this issue. Both policy and action must be underpinned by core public health principles, and consideration of impacts across the full spectrum of physical, social, and environmental health as defined through an ecological public health model and other such integrative approaches.[21,22]

3. Problems in population dietary health before and from Covid-19

Tensions about UK food and health policy are not new. Public health concerns about changing dietary patterns emerged in the 1970s and 80s, as food supplies changed , those changes influencing public taste and demand, and the UK began to consume a higher proportion of ready-made and what are now termed 'ultra-processed' foods.[23-25] Compared with Europe, the UK has the highest consumption of these foods, which are almost always high in salt, sugar and fats.[26,27] The UK public is also subject to intensive and widespread sophisticated promotion of products which should be consumed less often, an issue of great concern to many academics and the health sector.[28] Faced with such evidence, there has been a number of positive moves towards developing the country's food system to better support the good health of its people, for example through the Soft Drinks Industry Levy and the sugar and reformulation work.[29] However, even prior to the Covid-19 outbreak it was widely recognised that more action was required to build a secure, sustainable food system capable of meeting the health and wellbeing needs of our population within the ecological boundaries of the planet.[30,31]

Within that context, the Covid-19 crisis unfolded. The outbreak and its impact have re-emphasised weaknesses in the food system's ability to adapt to a crisis situation. A lack of emergency planning for the food supply has resulted in a 'firefighting' model of crisis management. Disruptions in food supply chains, social distancing measures, closure of food outlets, jobs losses and panic-buying responses have together changed the availability, accessibility and affordability of basic supplies – with the most negative impacts being on those who are already vulnerable.[12]

Government policy has assumed that most difficulties regarding food provision could be resolved by the powerful retail sector. Closure of the foodservice sector gave retailers an even stronger role in supply maintenance. This approach addressed the food challenge as a matter of supply at the national level, without a focus on problems that required response at local and community levels of consumption or an assessment of whether there is need for a health 'template' to be applied to food provision.[11] It was assumed that normal supply-demand dynamics would ensure food got to where it was needed, although arrangements were made for special provision of food to a defined 'shielded' 1.5 million people, a number later increased.

With closure of schools, there was initially confusion about recipients of free school meals, and concerns about nutritional standards of provision and voucher schemes. Provision of free school meals has been delivered in a variety of methods across the four nations, with some systems delivering well for children and families. There are also examples where the system has not delivered as promised.[32] In England, the lack of provision of free school meals over summer holidays has created unnecessary uncertainty in households already dealing with disadvantage and added difficulties arising throughout the Covid-19 outbreak.

Although there were good intentions and some positive outcomes from these provision arrangements, it became clear that good governance cannot assume all consumers have equal economic influence in the marketplace; there has been little consideration of equity or the amelioration of inequity during lockdown.[33-35]

There is a risk that existing health inequalities will grow as the outbreak continues over time.[36] Many more individuals and households have become reliant on food banks and wider community support.[37] The Trussell Trust reported an 81% increase in emergency food parcels during the last two weeks of March 2020 compared to the same period in 2019 including a 122% rise in parcels for children.[38] YouGov polling commissioned by the Food Foundation and the Food, Farming and Countryside Commission estimated that 4.9 million people in the UK, including 1.7 million children (12% of all children) experienced food insecurity in May 2020, a 250% increase over pre-Covid-19 levels.[10] Polling data showed that compared with the average, a 150% higher risk of food insecurity was seen in households headed by a black, Asian or minority ethnic (BAME) adult or with children eligible for free school meals, individuals with disabilities, and households who were self-isolating.

Provision of nutritionally adequate, affordable and accessible food for these groups has been inconsistent, insufficient and inequitable. This is not only an issue of the quantity of food, but also of nutritional quality. Particularly outside the established food bank sector, the immediate demands of a crisis inevitably challenged community capacity to meet

cultural and nutritional requirements. Donations to emergency food services are unpredictable[12] and open to exploitative dumping of surplus or marginal quality produce.

This is not the case in all programmes and there are excellent examples of local action with well-coordinated approaches, which often occur where collaborative relationships have already been strong prior to the outbreak.[39] However, the inconsistency of these programmes across all four nations highlights the enormous increase in demand on food banks and emergency food services and the vulnerability of, and variation within, the voluntary sector. Self-isolation requirements for vulnerable groups have impacted many voluntary organisations and while there has been an admirable surge in voluntary support this is highly vulnerable to exhaustion of individuals and attrition as people return to work as restrictions are lifted. More acknowledgement, support and resources for local systems are now needed from the centre to avoid the effects of a postcode food health system.

These findings demonstrate an immediate need, and a risk that extends well into the future, as an extended period of food insecurity and poor nutrition could have a long-term negative impact on the health across the life course. These risks include a range of chronic illnesses in adults;[8] an increased risk levels of behavioural, academic and emotional problems in children;[40] and profound implications for the social and mental health throughout life.[41] These risks are of particular concern to families who were already in a vulnerable status prior to the outbreak.

Existing diet-related population health problems that already require significant health service resource may also be exacerbated by the Covid-19 outbreak. For example, there is emerging evidence is of a higher prevalence of people with overweight or obesity being admitted into critical care with Covid-19 than the prevalence rates in the general population.[42] [43] This risk overlaps with existing health inequalities where rates of obesity are significantly higher in more deprived areas; in England, for example, 20% of adults living in the least deprived areas are obese compared to 36% of adults living in the most deprived areas.[44] Considering this relationship, a further widening of inequalities is likely.

4. What needs to be done?

The Covid-19 outbreak and the response to it are having impacts in an immediate sense that must be addressed. And in a longer view, the outbreak merely underscores the urgent need for the UK, like all sovereign states, to deliver robust food system transformation to address the combination of economic and ecosystems stresses, while protecting and improving population health. The Faculty therefore supports the need for immediate action to address the current situation, and for longer-term planning and change to create a food system that is fit-for-purpose.

1. <u>The Faculty supports additional resources and a stronger role for local government in the governance and provision of food at local level in both crisis and 'regular' times.</u>

The development and delivery of a robust food plan within the context of the social and economic responses to Covid-19 requires support from central government. However, its development and control must also be devolved to local structures familiar with, and embedded in, local communities. Local authorities and public health teams across England,

Scotland, Wales and Northern Ireland are essential to the success of any food system aimed at supporting good public health. Within the Covid-19 crisis, central Government has not fully utilised local authority skills and expertise in public health. Local bodies must be allowed to play their critical role, as they understand the needs of their populations and are democratically accountable. With regard to food, food safety legislation already gives local authorities powers and local intelligence about the commercial presence. This knowledge and expertise provide a solid basis for a central role in delivery of an effective food policy both in crisis and 'regular' times.

It is also important to consider issues related to local economies and food provision. There are many thousands of small and medium size food businesses providing choice, variety and a community connection to local growing, farming, and provision. The majority of these businesses are small and time will tell as to the extent of impact from this crisis.[45] Steps must be taken to protect these businesses in order that the post-Covid-19 food landscape does not reduce diversity and increase concentration, thus possibly affecting resilience.

2. <u>The Faculty supports improved monitoring of food conditions at all levels of governance</u>.

To influence planning for the next phase of the pandemic as well as a long-term national food strategy, the Faculty welcomes efforts to identify positive changes underpinned by the evidence. This requires a robust assessment and evaluation of how the crisis has influenced food supply, distribution and consumption across the population. Information on how the outbreak and its response has affected food provision, food insecurity, dietary quality and related impacts on populations across the vulnerability spectrum is essential. This evidence is needed for the reset and recovery stage of the pandemic, and for the realisation of 'build back better' principles the UN first outlined in 2015 for response after disasters.[46] Covid-19 provides an compelling case to apply these in the UK.[47]

3. <u>The Faculty supports a renewed commitment to narrow the inequalities of diet and diet-related health and wellbeing, with particular attention to the realities of food insecurity and the needs of at-risk groups</u>.

Health promotion is a core feature of public health practice. It can help build awareness of the need to reduce levels of obesity and overweight within the population and the gradient of health that accompanies these. However, to be effective it needs to be accompanied by clear interventions 'upstream' if the UK is to reduce the prevalence of diet-related non-communicable diseases.

Beyond this, however, there can be challenges at local level when trying to address the wider food system as a core responsibility of public health. Tensions between public health and commercial interests cannot easily be reduced simply by appealing to individual choice. Those choices are framed not least by the immediate purchasing environment in stores.[48] The data clearly suggest the need for policy makers to address the wider and often obesogenic food environment in which people live, which is particularly acute for people on lower incomes.[49] A comprehensive approach such as is espoused in the National Food Strategy for England must certainly consider the right to affordable healthy sustainable diets

within any educational functions, while promoting food literacy and reducing food insecurity.

The Faculty views with some concern the danger of institutionalising food banks as a welfare response to food poverty.[50,51] In non-crisis periods, food bank food provision is a surface-level and inadequate solution to a deeper and more pervasive issue that requires system-level solutions. The UK Civil Contingencies Act 2004 in theory ought to have encouraged society-wide preparations down to local Resilience Forum level.[15] Sweden's Civil Contingencies Agency advised its entire population in 2018 to maintain a reasonable household food store for such crises.[52]

4. The Faculty supports embedding the importance of food provision and dietary quality in emergency and crisis response plans.

Lessons must be learned from mistakes as well as successes. Stronger structures, systems, and networks must be developed as the UK shifts food supply and its regulatory framework from the EU to an as yet unpredictable future. Whatever the outcome of current policy processes, and where trade deals are done, it is essential for population and ecosystem health that due attention and priority is given to long-term resilience and better preparation for future crises. As part of this, robust plans to address food provision during times of crisis must be embedded within all emergency planning documents at national, regional and local level. These plans must account for actions across the food supply chain, and issues related to equity of access, availability, provision and nutritional quality across all segments of the population.

5. The Faculty supports a stronger role for population level health assessment and related governance to ensure the effectiveness of food provision.

At the time of writing, no single body is clearly responsible for the requisite mix of social, supply and health matters related to food provision. Future inquiries will have to address how relationships between various institutions actually worked in this crisis. Food security can too easily slip between the gap, in England, between the Department for Work and Pensions (responsible for instance for Universal Credit), the Department for Education (responsible for feeding children at school), the Department for Environment, Food and Rural Affairs (responsible for supply), Department for Housing, Communities and Local Government (responsible for local authorities), the Department for Health & Social Care and Public Health England (responsible for health). Public health nutrition can be easily lost in the melee.

Without leadership on food and nutrition or a strategic plan, the system is not able to benefit from the wealth of expertise and capability that the broader public health system and its various professional disciplines can offer. In the long term, there may be benefit to bringing issues around the food system to local governance structures such as Health and Wellbeing Boards; monitoring food insecurity at household level with educational attainment and measures of wellbeing; linking measures of food insecurity with targets related to long term prevention strategies; linking sustainability in public food procurement with climate emergency plans.

The Faculty also supports putting public health at the heart of agricultural policy with respect to the availability of fresh and healthy foods, and the risks posed by intensive animal agriculture, including zoonoses and antimicrobial resistance.

5. Beyond the Covid-19 outbreak

An adequate and healthy diet contributes to good public health. Enabling this requires the food system to become socially, economically and environmentally sustainable. A pandemic which is probably zoonotic in origin is a reminder to society to take the ecological underpinning of human health more seriously, and to place public health concerns at the heart of food and agricultural policy. The UK already faces not just the challenge of potentially long-lasting Covid-19 effects but also the need to address the existing mix of environmental, social and economic changes already upon us. The Faculty of Public Health will contribute to this process both with wider society and together with other professions. It will advocate for necessary improvements to the food system as a vital investment in the health of the public. The massive economic costs and lives lost and disrupted must not be followed by a return to an unacceptable normality.

6. Conclusion and the FPH Intention

Whatever ultimate lessons come out of the Covid-19 outbreak, it is clear the UK must plan now for the next crisis and for possible continuation of this one. The Faculty urges a rethink about expert advisory structures on food and diet. These are essential for both good food governance and good public health. The goal is to ensure an adequate, sustainable and nutritious food supply is accessible to individuals across all sections of society and economy. Covid-19 adds to the mix of environmental, social and economic challenges already upon the UK. Public health is central to this process and we will continue to clarify and advocate for necessary improvements to the food system.

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