

Which?

Supporting families better with the NHS Healthy Start scheme

Executive Summary

- Food price inflation has recently been at a 45-year high and low-income families have been particularly badly hit by high levels of food price inflation as they spend a greater proportion of their budget on food.
- There is substantial potential to improve the support given to these families by the NHS Healthy Start Scheme. As at March 2023, the overall participation rate of 64% is well below the target rate of 75%. Participation rates vary widely across the country and are as low as 50% in some places.
- The real terms value of the scheme has decreased by more than £1 per week since the standard weekly payment was uplifted to £4.25 in April 2021 and the government should increase the payments to reflect this. There is also a case for extending eligibility for the scheme.
- There is an opportunity for supermarkets to do more to help families by promoting the scheme to improve participation or by giving top ups to the scheme, as Sainsbury's already does, for example.

Introduction

Food and drink inflation reached 18.2% in February 2023 the highest rate in over 45 years,¹ and is expected to continue rising into early 2023.² Households with children and lower income households face a higher inflationary burden³ as they spend a higher proportion of their expenditure on food. These cost pressures are likely to make eating healthily more difficult for low income families, which would exacerbate existing inequalities in diet quality.⁴

Financial support for food spending is provided to low-income families with small children through the NHS Healthy Start scheme⁵ in England, Wales and Northern Ireland. A comparable scheme, Best Start Foods,⁶ is provided in Scotland, but the absence of publicly available regional data on takeup means that we do not include geographic analysis of the scheme in this briefing.⁷

Healthy Start began in 2006⁸ with the stated aim of providing a nutritional safety net and improving the access to a healthy diet for low-income families. Healthy Start provides pregnant women or families with children under 4 on qualifying benefits or tax credits to receive money towards some healthy foods, including milk, infant formula and fruit and vegetables. Since April 2021 it has been worth £8.50 per week for children aged 0 to 1 and £4.25 for all other recipients.

1 <https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/consumerpriceinflation/february2023>

2 <https://www.igd.com/home/article-viewer/t/food-inflation-rate-to-peak-in-early-2023-then-slow/i/30254>

3 <https://consumerinsight.which.co.uk/articles/cost-of-living-and-families>

4 <https://www.nature.com/articles/s41430-018-0347-z>

5 <https://www.healthystart.nhs.uk/>

6 <https://www.mygov.scot/best-start-grant-best-start-foods/how-it-works>

7 Best Start Foods has some differences to NHS Healthy Start. These differences include a higher standard payment of £4.50 per week and £9.00 a week for children aged 0 to 1, and that the scheme ends earlier as it is only applicable for children under 3. There are also differences between the nations in terms of the wider system of welfare payments that are available to families with young children.

8 <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-021-12222-5>

However, the effectiveness of Healthy Start has two challenges. First, participation in the scheme has varied over time and across locations, and as at March 2023 less than two-thirds of eligible participants were receiving payments. Second, the high levels of food inflation in the past two years have substantially decreased the value of the payments in real terms. Therefore, the scheme may be failing to provide a nutritional safety net for low income families.

In this briefing note, we analyse these two issues and consider what could be done by both the public sector and the food industry to increase take up and make the scheme more valuable to participants. Which? believes that the supermarket sector is particularly well placed to increase the impact of this scheme by promoting the scheme and providing top ups, if they are not already. Given the record levels of food inflation and the general squeeze on household budgets, it is vital that struggling families are able to afford healthy food.

Participation in Healthy Start

Participation in Healthy Start is not automatic so eligible families must apply. As a consequence, not all eligible participants are receiving payments. As at March 2023, 63.9% of the 573,450 eligible participants in England, Wales and Northern Ireland were participating in the scheme. This consequence of such a low level of take up is that more than £880,000 per week, or £45.8m per year, is going unclaimed under this scheme.⁹

Participation over time

Take up of the scheme has varied substantially over time. Participation was 73% in 2015,¹⁰ but fell to just 51% in 2020,¹¹ likely in large part due to the falling real value of the payments which had not been increased since 2010.

Participation rose significantly as the scheme moved from using paper vouchers to a prepaid card between September 2021 to March 2022. During the rollout period, participation increased from 59.9 to 71.7% across England, Wales and Northern Ireland. However, this represented a high point because both forms of payment could be used by recipients.

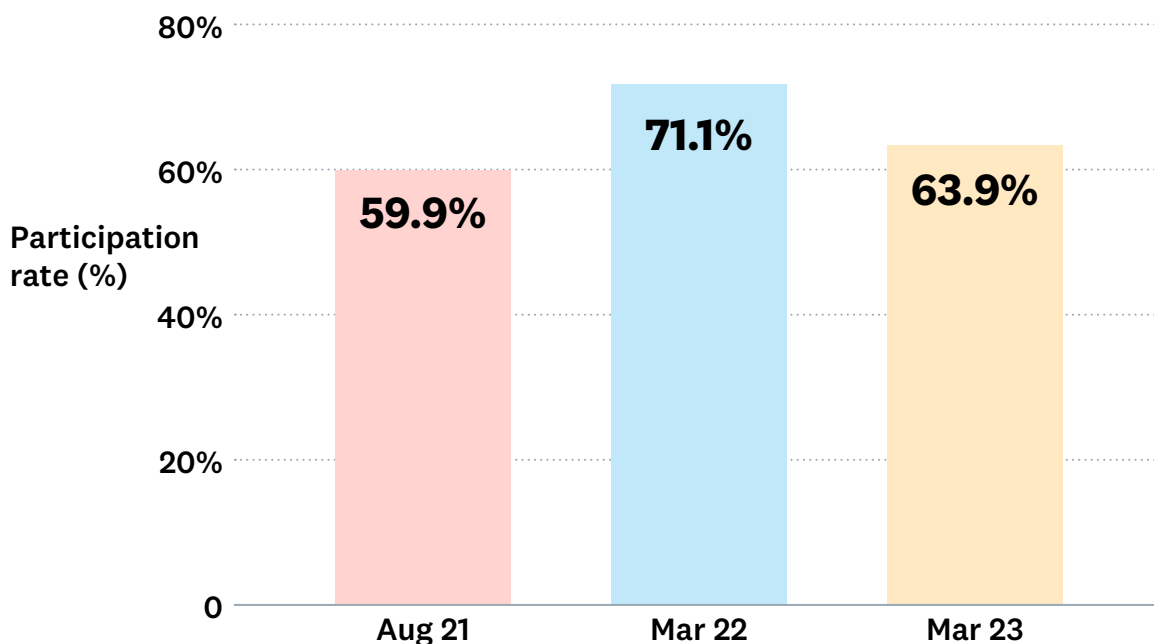
As shown in Figure 1, participation has fallen since March 2022, with the most recent data in March 2023 showing that the overall participation rate was 63.9%. This is likely due to some people choosing not to reapply for the new prepaid card scheme when the paper vouchers were stopped. If these were those whose children were nearing 4 years old, and so approaching the end of their eligible period, then we would expect to see the participation rate increase in the coming months. So far take up has increased by 1% percentage point since January. However, based on historical participation rates, it seems likely that there will remain at least 30% of eligible people who will not apply for the scheme.

⁹ This estimate is calculated as a lower bound and assumes that all eligible non-participants are eligible for a weekly payment of £4.25. If we assume instead that 20% of eligible non-participants are entitled to £8.50 (i.e. those with children aged 0 to 1) then this increases to £1.06 million per week and £54.9 million per year.

¹⁰ https://static1.squarespace.com/static/59f75004f09ca48694070f3b/t/6053616cbc52605e3d58aa26/1616077169167/Healthy_Start_Report_for_web.pdf

¹¹ <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-12222-5>

Figure 1: Take up of the Healthy Start scheme increased across all geographic areas during the roll-out of the pre-paid system but has since fallen.



Notes: NHSBSA Healthy Start Uptake Data, August 2021, March 2022 and March 2023.¹²
The average combines English, Welsh and Northern Ireland data.

Geographic variation in participation

While the average level of participation is 63.9% across the UK (excluding Scotland), the level varies across nations 64.0% for England, 68.1% for Wales and 53.6% for Northern Ireland. All of these are well below the estimated 88% takeup of Best Start Foods scheme in Scotland for the 2021-2022 financial year.¹³

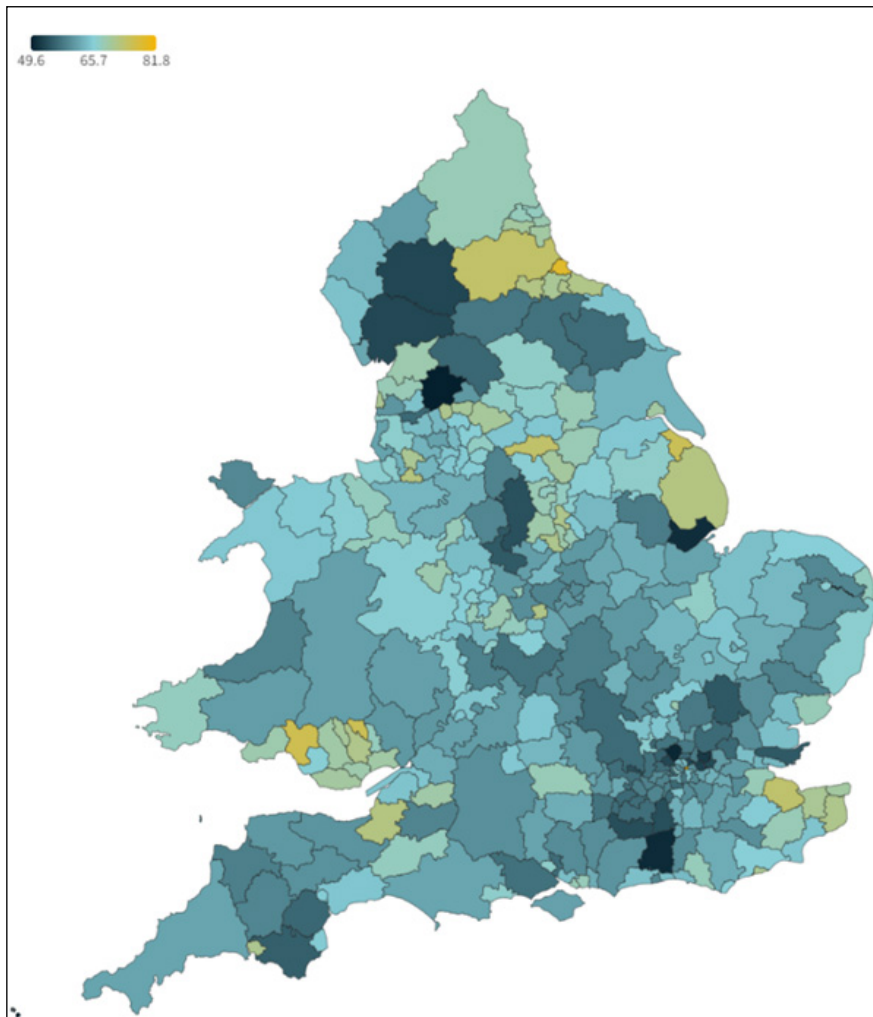
Analysis at local authority level for England and Wales shows that there is substantial variation between places.¹⁴ In March 2023, the lowest participation was 49.6% in Ribble Valley. There are only five local authorities above the 75% target: North East Lincolnshire 75.4%, Blaenau Gwent 75.5%, Neath Port Talbot 75.9%, Hartlepool 78.6% and City of London 81.8%, although the latter only has a very small number of eligible recipients. There are notable clusters of poor takeup across London, the South East and the North West, illustrated in Figure 2. However there is relatively good takeup in other areas, for example the North East, South Wales and Kent.

¹² <https://www.healthystart.nhs.uk/healthcare-professionals/>

¹³ <https://www.gov.scot/publications/take-up-rates-scottish-benefits-october-2022/pages/2/>

¹⁴ Northern Ireland regional data is not provided at a comparable geographic level. Northern Ireland data is provided at primary care trust level.

Figure 2: Takeup of the Healthy Start scheme varies widely across local authorities, with many urban areas having the worst takeup.



Source: NHSBSA Healthy Start Uptake Data, March 2023¹⁵
at Local Authority level for England and Wales.

We identified 23 English local authorities which have significant capacity to improve take up, listed in Table 1. These local authorities all have at least 40% of eligible beneficiaries who are not participating in the Healthy Start scheme and at least 2,000 eligible beneficiaries. People in these areas are collectively missing out on thousands of pounds per week that they are entitled to.

Table 1: 23 English Local authorities that have at least 40% non-participation of eligible beneficiaries and 2,000 eligible beneficiaries

Local Authority	Total Entitled Beneficiaries	Total Eligible Beneficiaries	Uptake (%)
Barnet	1580	3140	50.3%
Redbridge	1479	2842	52.0%
Newham	2440	4633	52.7%
Hackney	1713	3225	53.1%
Brent	1981	3707	53.4%
Barking and Dagenham	2047	3823	53.5%
Haringey	1530	2715	56.4%
Buckinghamshire	1837	3248	56.6%
Ealing	1887	3327	56.7%
Hillingdon	1677	2932	57.2%
Lambeth	1614	2802	57.6%
Enfield	2518	4339	58.0%
Waltham Forest	1725	2971	58.1%
West Northamptonshire	1863	3194	58.3%
Central Bedfordshire	1197	2019	59.3%
Lewisham	2120	3571	59.4%
Leicester	2808	4721	59.5%
Luton	1720	2888	59.6%
Hounslow	1658	2783	59.6%
Bromley	1250	2095	59.7%
Croydon	2795	4680	59.7%
Tower Hamlets	2615	4368	59.9%
Wiltshire	1762	2943	59.9%

Source: NHSBSA Healthy Start Uptake Data, March 2023¹⁶

The causes of this geographical variation are not certain, but place based factors are relevant since the variation is persistent over time. Healthcare professionals are a key mechanism to increase awareness of the scheme and so differences in local training or processes might be one cause for these wide differences in take-up.¹⁷ Further, a previous evaluation found that awareness was lower among non-English speakers and this may explain some geographical differences.¹⁸

16 <https://www.healthystart.nhs.uk/healthcare-professionals/>

17 https://static1.squarespace.com/static/59f75004f09ca48694070f3b/t/6053616cbc52605e3d58aa26/1616077169167/Healthy_Start_Report_for_web.pdf

18 <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-14-148>

The value of Healthy Start in real terms

The value of Healthy Start payments was last increased in April 2021 to £4.25 per week for the majority of participants. Since then food inflation reached a 45-year high¹⁹ so that it is now worth considerably less in real terms.

By matching the healthy foods that can be bought with Healthy Start payments to ONS inflation data for categories of food, we estimate that the average prices of recommended Healthy Start foods²⁰ have increased by an estimated 25.3% since April 2021.

This means that the £4.25 Healthy Start payments are now worth an equivalent of only £3.18 now. This is a loss of £1.07 less per week or over £55 over a year. For recipients eligible for the higher value scheme of £8.50 per week, i.e. those with children aged between 0 and 1, the scheme is worth over £110 per year less in real terms.

Improving the effectiveness of Healthy Start

The low take-up of the Healthy Start scheme and considerable decline in the real value of payments makes it clear that at a time of substantial pressure on household budgets, the Healthy Start scheme could be a more effective tool for supporting low-income families to have a healthy diet.

The role for the government

The declining real value of Healthy Start payments is clearly a concern and can only be addressed by the government. We believe that the payments should be immediately uplifted to take into account the high levels of food price inflation since April 2021.

However, the government can go further than this. Now that the scheme has moved away from the use of paper vouchers, we see no reason why the payment should not be automatically updated in line with inflation as happens to other welfare payments. For the comparable Scottish scheme, Best Start Foods, the value will be uplifted by 10.1% from 1st April 2023.²¹

In line with recommendations made by the National Food Strategy,²² the government should expand eligibility to all families on Universal Credit and equivalent benefits with children under five years old. Increasing the age limit by one year would bridge the gap between the end of Healthy Start eligibility, helping to avoid children going hungry.

The role for supermarkets

While the government has a role to play, and there is an important role for public authorities and public interest groups in promoting the scheme, Which? also believes that the food industry can help to improve the effectiveness of Healthy Start and that the scheme offers a particular opportunity for supermarkets to help low-income families eat healthily. Supermarkets could

19 <https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/consumerpriceinflation/february2023>

20 <https://www.healthystart.nhs.uk/what-you-should-buy/>

21 <https://www.gov.scot/news/increase-in-social-security-benefits-1/>

22 <https://www.nationalfoodstrategy.org/>

do this firstly by promoting the scheme and making it easy for people to use their card and secondly by providing additional support by topping up the value of the payment.

There are some examples of good practice. Iceland has for example promoted the scheme on milk bottles with its “Could you get this milk for free?” campaign²³ It has also promoted the Healthy Start scheme with special QR coded delivery vans and has more recently partnered with Del Monte to promote Healthy Start on Del Monte frozen fruit products.²⁴

In 2022, Social Security Scotland partnered with Asda to host in-store events at 7 supermarkets to boost awareness and engagement of the Best Start Foods Scheme. This has been impactful, the increase in takeup from 2020–21 to 2021–22 by 14 percentage points has been partially attributed to the partnership work between Social Security Scotland and supermarkets.²⁵

A similar approach could be implemented in the other three nations for the Healthy Start Scheme by promoting takeup especially in those local authorities with significant capacity for improving takeup. There are significantly more Tesco and Sainsburys stores situated in these local authorities with the worst takeup,²⁶ 368 and 199 respectively, compared with Asda and Morrisons (38 and 51).

Several supermarkets have previously provided additional support – including through additional vouchers or in Iceland’s case, free frozen vegetables.²⁷ However, the majority of the major retailers have faced difficulties topping up the new prepaid card scheme compared to the previous paper voucher scheme, reducing the prevalence of these initiatives. Sainsbury’s has however still been able to commit to providing additional £2 top ups for people eligible for Healthy Start across England, Wales and Northern Ireland in the form of vouchers.²⁸

It is important that other supermarkets follow these examples and provide this much needed additional support. The switch to the prepaid card was intended to bring a number of benefits, including being more discreet, payments being added automatically and the ability to retain money on the card, rather than having to spend it in one transaction.

Supermarkets need to work with the government to work around the technical challenges that are preventing some of them from providing top ups. Our analysis shows that more generally, there is still a lot more that they can be doing to help raise awareness of the scheme within store and online, building on innovative initiatives that have already been tried, and also to make it easy for people to seamlessly use their cards in store by ensuring that staff are aware of the scheme and trained in how to support people who are using the card.

23 <https://sustainability.iceland.co.uk/news/iceland-promotes-nhs-healthy-start-and-best-start-foods-on-90-million-milk-bottles-in-industry-first/#:~:text=Iceland%20will%20become%20the%20first,breakfast%20tables%20across%20the%20country>.

24 <https://www.delmonteeurope.com/news/NHS-Healthy-Start.htm>

25 <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2022/10/take-up-rates-scottish-benefits-october-2022/documents/take-up-rates-scottish-benefits-october-2022/take-up-rates-scottish-benefits-october-2022/govscot%3Adocument/take-up-rates-scottish-benefits-october-2022.pdf>

26 See table 1, 23 English local authorities with more than 2000 eligible participants and less than 60% takeup.

27 <https://sustainability.iceland.co.uk/news/iceland-offers-free-frozen-veg-with-healthy-start-vouchers/>

28 <https://www.about.sainsburys.co.uk/news/latest-news/2022/10-10-2022-sainsburys-could-help-feed-half-a-million-as-cost-of-living-rises>

Conclusions

The discontinuation of the paper-based scheme means that take up of Healthy Start is lower than when people could use either vouchers or a prepaid card. Early indications are that take up is increasing, but remains well below the NHS's modest target of 75%. In addition to this, there is substantial geographic variation in take up with some areas, notably London, performing very poorly.

The government should up-rate the value of Healthy Start payments in line with food price inflation, which should increase take up, but Which? believes that the supermarkets could also promote the scheme and increase its value. Very high levels of food inflation have played a key role in the cost of living crisis and organisations with the ability to support struggling families need to play their part.

Which?

Which? is the UK's consumer champion. As an organisation we're not for profit – a powerful force for good, here to make life simpler, fairer and safer for everyone. We're the independent consumer voice that provides impartial advice, investigates, holds businesses to account and works with policymakers to make change happen. We fund our work mainly through member subscriptions, we're not influenced by third parties and we buy all the products that we test.

Authors

Denise Lovett and Sue Davies.

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Which?

Which?, 2 Marylebone Road, London NW1 4DF

Which?, 3 Capital Quarter, Tyndall Street, Cardiff CF10 4BZ

Phone +44 (0)20 7770 7000 Fax +44 (0)20 7770 7600 www.which.co.uk