

## **Autumn Budget Representation 2026**

Submission by Alexandra Rose Charity

September 2026

### **Alexandra Rose**

Alexandra Rose is a UK charity working towards a future where people's health is not determined by where they live or how much money they earn. We believe everyone should be able to buy and eat healthy food, supported by thriving local economies and communities.

We do this through our pioneering Rose Voucher for Fruit & Veg programmes. People collect Rose Vouchers from trusted community organisations, which they spend on their choice of fresh fruit and vegetables at their local market or greengrocer. By connecting people with community and healthcare services, and directing spending into local businesses, we ease pressure on household budgets, improve health and access to specialist support, and put money back into local economies.

Alongside this place-based work, we campaign for wider lasting changes. Our advocacy is rooted in the real lives of the communities we work alongside. We create space for the voices of people with lived experience of food insecurity, financial challenges and exclusion, with respect and in solidarity. Our advocacy builds the bridge between practical action and wider policy and systems change.

### **Summary of recommendations**

The food we eat plays a vital role in our health. Where we live, and what we earn, shape the options available to us to be healthy, including our access to affordable, nutritious food. Healthy food is currently more than double the price per calorie than less healthy foods, making it a far less accessible and affordable option for those on lower incomes, leading to more families struggling with food insecurity and food-related ill health, such as obesity. Poor population health is increasingly damaging our economy, reducing our participation in the workforce and our productivity, and increasing the need for medical attention, social care and welfare support.

To address these issues and meet the Government's ambitions of a fairer Britain, where everyone lives well for longer, raising the healthiest generation of children and ending mass dependence of food banks, it is crucial that all families have sufficient income to afford a healthy diet and an effective nutritional safety net scheme that specifically support children living in low income households. We recommend:

#### **1. Establish a national 'Good Food Local Fund'**

- The Government should establish a multi-year Good Food Local Fund to support and expand place-based targeted schemes that make fruit and vegetables more affordable and accessible in low-income communities.
- The Government should commit £6 million over three years (£2 million per annum) to the Good Food Local Fund to test, evaluate and scale effective approaches to improving access to healthy food.

- The Good Food Local Fund should be centrally funded but devolved to local authorities through a national outcomes framework, enabling local areas to design and commission interventions that reflect local needs and priorities.
  - The revenues from the Soft Drinks Industry Levy and any future levies should be reinvested into the Good Food Local Fund.
2. Maximise the impact of the Healthy Start Scheme
    - The Government should expand eligibility to all families in receipt of Universal Credit, in line with the recently announced expansion to Free School Meal entitlement.
    - The Government should expand eligibility to children under five years old, bridging the gap between the Healthy Start Scheme and universal Infant Free School Meals and to align with Government recommendations on vitamin supplementation.
    - The Government should expand eligibility of the Healthy Start scheme to non-British children under five from families with NRPF, pregnant women with NRPF and mothers with children under 1 with NRPF, who meet the other eligibility criteria.
    - Introduce auto-enrolment for Healthy Start to ensure all eligible households are benefitting from the scheme and prioritise increasing uptake.
    - From April 2026, the value of the Healthy Start allowance should be reviewed annually and raised in line with food price inflation alongside other government benefits.
  3. Ensure the cost of a healthy diet is taken into account when setting benefits levels and the minimum wage
    - Track the cost of a healthy diet, and ensure benefits and minimum wages are set at an appropriate level for people to be able to afford a healthy diet along with the other essentials
  4. Continue to invest in local authorities' vital public health work
    - Restore the Public Health Grant to 2015/16 levels, alongside a more equitable distribution that reflects local needs.

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## Why action is urgently needed to improve access to healthy and affordable food

The UK faces a persistent and significant food-related health challenge. The population consumes too much saturated fat, sugar and salt, and not enough fibre, fruit, vegetables and oily fish<sup>1</sup>. Adults consume an average of 200 to 300 excess calories each day<sup>2</sup>. These patterns are shaped not only by individual choices, but by the circumstances in which people live. Where we live and what we earn influence the food that is available to us, what we can afford and the choices that are realistic for our households.

For millions of households, the cost of eating a healthy diet is increasingly difficult to manage<sup>3</sup>. Healthier foods cost more than twice as much per calorie as less healthy foods, and this gap has continued to widen. Since 2022, the cost of a basic nutritious shopping basket has increased by more than a third<sup>4</sup>. Fruit and vegetables are the most expensive food group in the Eatwell Guide, costing more than twice as much per 1,000 kilocalories as foods high in fat and sugar<sup>4</sup>. The price of vegetables has increased by more than 10% since 2020, whilst the cost of achieving the recommended five portions of fruit and vegetables has increased by up to 46p per person per day<sup>5 6</sup>.

For households with the least financial flexibility, these pressures have a direct impact on what food can be purchased. Food is one of the few areas of household spending where expenditure can be adjusted when the cost of housing, energy and other essentials increases. When budgets are under pressure, foods that provide the most nutritional value can therefore become harder to prioritise, even when people understand the importance of eating well. Households with children on the lowest incomes would now need to spend 85% of their disposable income to afford a healthy diet, compared with 70% the previous year<sup>7</sup>.

*"It is absolutely horrible. I have four children, from a one-year-old to a fourteen year old. I'm not able to buy what I need and it's getting worse. Once I pay out all my bills, I've got £100 left for the week for everything. My money just can't stretch to what I need for my children."*

**Rose Voucher for Early Years recipient**

*"The rising prices of everything has affected me. My husband is disabled, I'm currently studying, and I have two young children. All my benefits go to bills. Food is a struggle."*

**Rose Voucher for Early Years recipient**

The result is a substantial and persistent diet inequality. Only 31% of adults in England reported eating five portions of fruit and vegetables a day in 2024/25, continuing a pattern of low consumption that has changed little over the past decade<sup>8</sup>. People in the most deprived fifth of

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<sup>1</sup> Office of Health Improvements and Disparities (2025) National Diet and Nutrition Survey 2019 to 2023: report. [National Diet and Nutrition Survey 2019 to 2023: report - GOV.UK](#)

<sup>2</sup> Public Health England, Calorie reduction: The scope and ambition for action (March 2018), p 5: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/800675/Calories\\_Evidence\\_Document.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/800675/Calories_Evidence_Document.pdf) [accessed 16 September 2024]

<sup>3</sup> Food Foundation (2026). [Food Insecurity Tracking | Food Foundation](#)

<sup>4</sup> The Food Foundation (2026). *The Broken Plate 2023. The State of the Nation's Food System*. [TFF The Broken Plate 2026 FINAL.pdf](#)

<sup>5</sup> Department for Environment, Food & Rural Affairs (2024). United Kingdom Food Security Report 2024. Available at: [United Kingdom Food Security Report 2024 - GOV.UK](#)

<sup>6</sup> Department for Environment, Food & Rural Affairs (2024). United Kingdom Food Security Report 2024. Available at: [United Kingdom Food Security Report 2024 - GOV.UK](#)

<sup>7</sup> The Food Foundation (2026). *The Broken Plate Report*. [TFF The Broken Plate 2026 FINAL.pdf](#)

<sup>8</sup> Office of Health Improvements and Disparities (2025). *Obesity, physical activity and nutrition*. Available: [Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care](#)

households consume 37% less fruit and vegetables than those in the least deprived fifth, while children in the poorest families consume around 29% less than children in the least deprived families<sup>9 10</sup>. These differences begin early in life and contribute to inequalities in health and development that can persist into adulthood.

*“Vegetables would be the first thing we would cut out on the occasions we couldn’t afford to buy them.”* **Rose Voucher for Fruit & Veg project recipient**

The challenge is not only whether people can afford healthy food, but whether they can access it where they live. The availability of healthy food varies considerably between communities, with the greatest barriers often found in areas experiencing the highest levels of deprivation. Fast food outlets account for one in four places to buy food in England, rising to more than one in three in the most deprived areas<sup>11</sup>. It is estimated that 3.3 million people in England cannot reach a food store selling raw ingredients within 15 minutes by public transport<sup>12</sup>.

This creates a reinforcing cycle in some communities. Where household budgets are constrained, demand for fresh produce can be weaker, making it harder for local businesses selling healthy food to operate sustainably. Reduced availability then limits choice for residents and can make healthier food less convenient to purchase. For local markets, greengrocers and other independent food businesses, the combination of tight margins, rising costs and unpredictable demand can make it particularly difficult to maintain a reliable supply of fresh produce.

The consequences are significant because fruit and vegetables are a fundamental part of a healthy diet. They provide fibre and a wide range of vitamins and minerals while being relatively low in energy density. A diet rich in fruit and vegetables is associated with a lower risk of conditions including cardiovascular disease, type 2 diabetes and some cancers, while exposure to a wide variety of foods in childhood supports healthy growth and the development of positive eating patterns<sup>13 14 15 16 17 18 19 20</sup>. In 2019, diets low in fruit and vegetables were estimated to account for 16,000 premature deaths and 308,000 disability adjusted life years in the UK<sup>21</sup>.

Improving access and affordability of healthy food is not only a public health necessity but an economic imperative. The Food, Farming and Countryside Commission estimates that Britain's

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<sup>9</sup> Food Foundation (2023). *The broken plate 2023. The State of the Nation’s Food System*.

[https://foodfoundation.org.uk/sites/default/files/2023-10/TFF\\_The%20Broken%20Plate%202023\\_Digital\\_FINAL..pdf](https://foodfoundation.org.uk/sites/default/files/2023-10/TFF_The%20Broken%20Plate%202023_Digital_FINAL..pdf)

<sup>10</sup> The National Food Strategy (2021) [25585\\_1669\\_NFS\\_The\\_Plan\\_July21\\_S12\\_New-1\(1\).pdf](#) Accessed 26/03/2024

<sup>11</sup> The Food Foundation (2026). *The Broken Plate Report*. TFF [The Broken Plate 2026\\_FINAL.pdf](#)

<sup>12</sup> The National Food Strategy (2021) [25585\\_1669\\_NFS\\_The\\_Plan\\_July21\\_S12\\_New-1\(1\).pdf](#) Accessed 26/03/2024

<sup>13</sup> World Health Organization (2003). Diet, Nutrition and the Prevention of Chronic Diseases. Report of a Joint FAO/ WHO Expert Consultation. Technical Report Series, No. 916. Geneva: World Health Organization.

<sup>14</sup> Nour, M., Lutze, S.A., Grech, A., et al., (2018). The Relationship between Vegetable Intake and Weight Outcomes: A Systematic Review of Cohort Studies. *Nutrients*, **10**(11):1626.

<sup>15</sup> Tetens, I., Alinia, S. (2009). The role of fruit consumption in the prevention of obesity. *J Hort Sci Biotech*, **86**(6):47-51.

<sup>16</sup> Boeing, H., Bechthold, A., Bub, A., et al., (2012) Critical review: vegetables and fruit in the prevention of chronic diseases. *European Journal of Nutrition*, **51**(6):637–63.

<sup>17</sup> Craigie, A.M., Lake, A.A., Kelly, S.A., et al., (2011). Tracking of obesity-related behaviours from childhood to adulthood: a systematic review. *Maturitas*, **70**:266–84.

<sup>18</sup> Ness, A.R., Maynard, M., Frankel, S., et al., (2005). Diet in childhood and adult cardiovascular and all cause mortality: the Boyd Orr cohort. *Heart*, **91**(7):894–8

<sup>19</sup> Maynard, M., Gunnell, D., Emmett, P.M. et al., (2003). Fruit, vegetables, and antioxidants in childhood and risk of adult cancer: the Boyd Orr cohort. *Journal of Epidemiology and Community Health*, **57**(3):218–25.

<sup>20</sup> Arimond, M., Ruel, M.T. (2004). Dietary Diversity Is Associated with Child Nutritional Status: Evidence from 11 Demographic and Health Surveys. *The Journal of Nutrition*, **134**(10):2579–85. pmid:15465751

<sup>21</sup> The National Food Strategy (2021) [25585\\_1669\\_NFS\\_The\\_Plan\\_July21\\_S12\\_New-1\(1\).pdf](#) Accessed 26/03/2024

unhealthy food system costs £268 billion annually, including around £67 billion in costs to the NHS<sup>22</sup>. The long-term consequences are particularly stark for children. Analysis by IPPR suggests that excess weight among today's children will cost the NHS £74 billion over their lifetime<sup>23</sup>, while Frontier Economics estimates that the total economic cost of excess weight, including healthcare, social care, welfare and lost productivity, already stands at £126 billion per year and is projected to rise to £150 billion by 2035<sup>24</sup>.

## **Recommendation 1: Establish a national 'Good Food Local Fund'**

Relevant Departments: Department of Health and Social Care, Department for Environment, Food and Rural Affairs, Ministry of Housing, Communities and Local Government

Across the UK, the community food sector is evolving in response to rising food insecurity, widening health inequalities, and increasing pressure on public services. Whilst emergency food provision has played a role in addressing immediate need, there is growing recognition, reflected in government commitments to reduce mass dependence on emergency food parcels, create a Good Food Cycle, and shift healthcare from sickness to prevention, that sustainable solutions must address the structural drivers of poor diet and food insecurity.

Targeted initiatives that improve the affordability and accessibility of fresh fruit and vegetables are emerging as an important part of this approach<sup>25</sup>. These programmes are particularly effective when embedded within trusted local community and healthcare settings and designed around the needs of specific populations and places.

Evidence from our Rose Voucher for Early Years and Fruit & Veg on Prescription programmes demonstrates the potential of these initiatives to deliver benefits across multiple policy objectives simultaneously.

### *Addressing affordability as a structural driver of poor diet*

Rose Vouchers address this problem directly by providing a ring-fenced stable budget each week for the most nutrient-dense and most expensive food group per calorie of a healthy diet. They change the economics of food in the household, making healthy eating achievable, rather than aspirational. Participants consistently report that Rose Vouchers cover most or all of their fruit and vegetable costs, allowing them to prioritise nutritional value and variety rather than price when shopping.

*"There are a lot of things that I wouldn't buy in the supermarket because of the price, such as raspberries, blueberries, aubergine and asparagus. But I'll buy these things with my [Rose] vouchers. Now, when my child says they'd like watermelon or papaya, I can buy it. I couldn't afford this before."* **Rose Voucher for Early Years parent**

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<sup>22</sup> Food, Farming & Countryside Commission (2024). The false economy of big food and the case for a new food economy. [FFCC False-Economy report v4.pdf](#)

<sup>23</sup> IPPR (2020) The Whole Society Approach <https://www.ippr.org/files/2020-08/a-whole-society-approach-aug-2020.pdf>

<sup>24</sup> Nesta (2025) The economic and productivity costs of obesity and overweight in the UK <https://www.nesta.org.uk/report/the-economic-and-productivity-costs-of-obesity-and-overweight-in-the-uk/>

<sup>25</sup> Health and Social Care Select Committee (2026). Food and Weight Management: Fixing the Food Environment. [Food and Weight Management: Fixing the food environment](#)

### *Investing in nutrition security*

Since the 2008 global financial crisis there has been a continual rise in food banks and emergency food aid, exacerbated by the COVID 19 pandemic and subsequent cost of living crisis. The focus of the emergency food aid sector has been on food security, i.e. providing people with enough food to avoid hunger rather than nutrition security, which ensures access to food that supports health.

Rose Vouchers address this gap by providing consistent, ring-fenced support for fresh fruit and vegetables. Rather than substituting for emergency provision, the programmes strengthen the infrastructure needed to reduce reliance on crisis responses over time.

*"Because the Rose Vouchers can only be spent on fruit and vegetables it almost forces you to be more creative. Sometimes I see foods I've never heard of at the market, I wouldn't even know if they were a cabbage or a fruit...! I'd ask people, ask traders - how do you cook that then? [...] I look into recipes online with what I have left in the fridge."* **Rose Voucher for Early Years recipient**

### *Supporting the shifts from treatment to prevention and from clinical to community centred healthcare*

Food-related ill health remains one of the most significant and preventable drivers of NHS demand and costs<sup>26</sup>. By increasing access to fruit and vegetables among households facing financial pressure, Rose Voucher programmes act as an upstream intervention that aim to reduce future pressure on services rather than responding once problems are entrenched.

Rose Vouchers deliver prevention through community infrastructure rather than clinical settings alone. Distributed through trusted local organisations such as children's centres, health hubs and family services, the programme embeds health promotion within everyday community spaces, strengthening relationships, increasing engagement with wider support services, and reducing barriers to early intervention. This reflects the wider direction of NHS reform, shifting support closer to where people live, addressing the social determinants of health, and enabling communities themselves to become active sites of prevention.

*"This is what a lot of people have been crying out for. I've had a lot of weight loss referrals but have been restricted on what I can do or offer. It's made things a lot more accessible to people, reduced barriers – cost is a huge barrier to eating healthily. It's harder to have a healthy lifestyle when you have all of these other stresses going on."* **Fruit & Veg on Prescription Social Prescriber**

### *Centring dignity, choice and community connection*

Unlike traditional forms of charitable food aid, the Rose Voucher model delivers financial support in a way that preserves dignity and normality. Participants shop in local retail environments alongside other customers, using vouchers to purchase fruit and vegetables of their choosing. There are no pre-packed parcels, no restricted selections and no separate systems to navigate. Households retain autonomy and control over how they shop, addressing affordability barriers without compromising agency or reinforcing stigma.

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<sup>26</sup> Food, Farming & Countryside Commission (2024). *The false economy of big food and the case for a new food economy*. [FFCC False-Economy report v4.pdf](#)

Delivery through trusted community partners, including children's centres, Family Hubs and health settings, ensures that support is embedded within wider systems of care. Food insecurity and food-related ill health are rarely isolated issues; it intersects with low income, insecure housing, health challenges and limited access to advice. By situating voucher distribution within established local services, the programmes create practical links to benefits advice, early years provision, Healthy Start uptake, language support and other wrap-around services, enabling more coordinated responses.

Regular weekly voucher collection provides consistent points of contact between households and trusted services. These structured, repeated interactions strengthen relationships over time, reduce barriers to engagement and allow earlier identification of emerging needs. In this way, the programme contributes to preventative, community-based infrastructure, supporting local system resilience rather than reinforcing reactive crisis response.

*"The staff at the centre have helped me in so many ways. I've had help with topping up my electricity meter, managed to halve my monthly water bill and now been able to get fruit & veg on prescription. Six months ago I was made redundant. I was stressed. I didn't know how I would pay my rent. I didn't know any of this help existed until I had these difficulties."* **Fruit & Veg on Prescription participant**

*"The face-to-face contact and chats when they come to collect their Rose Vouchers gives families the opportunity to highlight needs relating to their children's development, which we are able to offer support for, and the chance to find out more and be part of our 1st Place Children's Centre community."* **Project Lead Southwark Rose Vouchers of Early Years Project**

#### *Investing in healthy local food economies and sustainable food landscapes*

Rose Vouchers are exclusively accepted by local independent healthy food businesses like traditional markets and greengrocers, which keeps wealth within the local economy. Small to medium food businesses have been shown to create more jobs per £million of turnover than larger supermarkets<sup>27</sup>. The model pushes back against the dominance of unhealthy fast-food outlets in high streets and town centres, while also offering culturally appropriate food offers for local people.

Alexandra Rose works collaboratively with partners across the food system to improve access to organic, sustainably produced, locally grown and UK-produced fruit and vegetables for communities that would otherwise miss out. This whole-systems approach spans sustainable production, shorter and more ethical supply chains, independent retail, and community-based cooking and food education.

*"Families come down with their vouchers to my shop that I wouldn't usually see. People can sometimes be quite isolated, but having Rose Vouchers to spend encourages people to come out of their houses. I could go on all day about the positives of this project. It's breaking down barriers and helping so many people. Rose Vouchers are giving people a support network. It's a wonderful idea, and I hope it continues and expands."* **Rose Voucher retailer**

*"When I see customers have the Rose Vouchers, I look them in the eye and give them a big smile and say, "Please, please, we want the vouchers. What would you like?" I know that sometimes people can be embarrassed to spend them when they don't have the cash, and*

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<sup>27</sup> CPRE (2012). *From Field to Fork: The Value of England's Local Food Webs*. [https://www.cpre.org.uk/wp-content/uploads/2019/11/From\\_field\\_to\\_fork\\_The\\_value\\_of\\_Englands\\_local\\_food\\_webs\\_interactive.pdf](https://www.cpre.org.uk/wp-content/uploads/2019/11/From_field_to_fork_The_value_of_Englands_local_food_webs_interactive.pdf)

*others are using cash. They wait until they have gone. But I say come, I want them to know the Rose Vouchers are great, and I point to my posters about them and say we are proud to take them.”* **Rose Voucher retailer**

### **Rose Voucher Programme Impact**

#### *Diet quality*

Evaluation of the Early Years project in the London Borough of Southwark shows substantial improvements in diet when affordability and access barriers are removed. Parents report increasing fruit and vegetable intake by an average of three portions per day for themselves and their children. After six months of participation, 64% of children and 55% of adults were eating their recommended five portions a day, compared to 7% of children and 15% of adults at the start of the project<sup>28</sup>. These are not marginal gains. They represent a step change in diet quality in households facing the greatest financial pressure.

Families describe replacing ultra-processed snacks, which are often high in salt, sugar and saturated fats, with fruit, and vegetables being used to bulk out meals. Parents also report children developing a preference for fruit and vegetables over time, including acceptance of more bitter flavours. This is critical in early years, where food preferences and habits are formed and track strongly into food preferences in later life.

Similar findings emerge from the London Boroughs of Tower Hamlets and Lambeth Fruit & Veg on Prescription projects, where participants report an average increase of 3.2 portions of fruit and vegetables per day<sup>29</sup>. At baseline, only 23% reported eating five or more portions a day; follow-up data shows that around 70–78% of participants meet this guideline after sustained engagement with the project. Participants report greater meal variety, more regular home cooking, and increased use of fruit as a snack instead of foods high in fat, salt and sugar.

These changes extend beyond the main project participant. Households report increased fruit and vegetable intake among other members, including children, with many families moving from three to four portions a day to six or more across the household.

*“They [participants children] would not eat fruit and vegetables as much, before they would only eat oranges and bananas, but now they eat all sorts – peas, carrots, sweetcorn, just more variety. They are accustomed to fruit and vegetables now - they know what I use, what’s missing, what it should taste like, they notice and are learning.”* **Rose Voucher for Early Years recipient**

*“The vouchers are so helpful – I can get fruit and veg even when I have no money. My bills are always a priority. But this helps take care of fruit and veg, which should also be a priority.”* **Fruit & Veg on Prescription recipient**

#### *Food-related ill health, mental health and well-being*

Evaluation of the Southwark Early Years project demonstrates tangible preventative health impacts. 86% of participating families reported reduced stress and anxiety around money. 77% of parents

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<sup>28</sup> Alexandra Rose Charity (2024). *Southwark Rose Vouchers for Fruit & Veg project*. [Southwark report Feb 2024](#)

<sup>29</sup> Alexandra Rose Charity (2024). *Can Community EatWell Initiatives Transform Diet and Health Outcomes? Exploring the Power of Fruit and Veg on Prescription*. [Exploring-the-Power-of-Fruit-Veg-on-Prescription\\_ARC-web.pdf](#)

report improved digestion and reduced constipation in children and 82% report that Rose Vouchers help their child to maintain a healthy weight or reduce weight, where appropriate.

Parents also talk about having the freedom to try new fruit and vegetables, rather than sticking to safe and familiar options. This diversification of diet has the potential to promote a healthier gut microbiome, which is an exciting area of research<sup>30</sup>. Families also report lower levels of sickness across the household and fewer GP visits, indicating reduced pressure on primary care.

Participants on the Tower Hamlets Fruit & Veg on Prescription project report improvements in physical health linked to better food intake, including improved blood sugar control, healthier weight management, improved iron and vitamin levels and reduced symptoms associated with poor nutrition. For some participants, this has contributed to reduced need for medication and better management of long-term conditions. The programme supports participants to follow food-related health advice that was previously unaffordable or unsustainable within their existing budgets.

Improvements extend beyond physical health. Before joining the project, around 80% of participants reported skipping meals or eating smaller meals because there was not enough food or money for food. This fell to around 30% after nine months on the project. 54% of participants report improved mental health, attributed to reduced worry about affording food, increased sense of control, and feeling more supported and connected through ongoing support from local trusted community partners<sup>31</sup>.

For health services, these outcomes translate into measurable system benefits. Self-reported GP visits among participants have reduced by around 15%, reflecting greater stability and improved management of food-related health conditions. Earlier cohort analysis suggested even larger reductions, indicating the potential for significant demand-management benefits when preventative food-based interventions are embedded within local health and community systems<sup>32</sup>.

*"I have been managing my weight but since being on Rose Vouchers I have lost 4KG. It's down to my diet and eating lots of fruit and vegetables."* **Rose Voucher for Early Years recipient**

*"The food choices I'm making now are forever. Before I started receiving Rose Vouchers, I was feeling awful – I'd found out I had Type 2 Diabetes and high cholesterol. It's been a complete lifestyle change; I could never go back."* **Tower Hamlets Fruit & Veg on Prescription recipient**

*"The stress that it takes away from people. One person had a lot of things going on with her – first meeting talked about being suicidal, pain in legs, a lot of pain generally, and financial stress. [...] Pressure it releases for participants - [they] don't have to worry about having to factor this amount of fruit and vegetables into their finances and diet. [...] The pressure it takes off is immeasurable."* **Social Prescriber**

### *Social return on investment*

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<sup>30</sup> Sanz, Y., Cryan, J.F., Deschasaux-Tanguy, M. et al. The gut microbiome connects nutrition and human health. *Nat Rev Gastroenterol Hepatol* 22, 534–555 (2025). <https://doi.org/10.1038/s41575-025-01077-5>

<sup>31</sup> [Press release: Tower Hamlets' Fruit & Veg on Prescription project enters third year after cutting self-reported GP visits by 15% - Alexandra Rose](#)

<sup>32</sup> Alexandra Rose Charity (2024). *Can Community EatWell Initiatives Transform Diet and Health Outcomes? Exploring the Power of Fruit and Veg on Prescription*. [Exploring-the-Power-of-Fruit-Veg-on-Prescription ARC-web.pdf](#)

In 2023, Alexandra Rose commissioned an external social value evaluation of the Rose Vouchers for Early Years programme using a Social Return on Investment (SROI) approach<sup>33</sup>. This evaluation captured both the health and well-being benefits reported by families and the estimated resource savings to the NHS. The evaluation found that the social value generated annually equates to approximately £2,220 per child aged 1–59 months and £745 per carer, representing around £7.20 of social value generated for every £1 invested.

#### *Stronger connection to wider support services*

Evaluation shows that 70% of parents on the Southwark Early Years project had not previously accessed their local children's centre before receiving Rose Vouchers, demonstrating the project's ability to reach families who may otherwise remain disconnected from support.

Participants in the Tower Hamlets and Lambeth Fruit & Veg on Prescription project were referred to an average of five additional services through health hub staff, highlighting how food access interventions can act as gateways into broader support systems.

*"My social prescriber put me in touch with the energy advice team, housing advisor and also got the free SIM card. The service has been a life saver."* **Fruit & Veg on Prescription recipient**

*"My social prescriber has introduced me to the gardening project, which is helping me with my mental health. I am learning all about what community is."* **Fruit & Veg on Prescription recipient**

#### *Economic impact*

An economic impact assessment found that every £1 spent on Rose Vouchers generates an additional £2.11 in local economic activity, delivering a total benefit of £3.11 per £1 invested<sup>34</sup>. Local market traders reported that Rose Vouchers represented between 15% and 60% of their income during the reporting periods, helping to stabilise businesses through the COVID 19 pandemic and the cost-of-living crisis.

In the Tower Hamlets Early Years project, Rose Vouchers have directly increased the number of new shoppers at Chrisp Street Market. On joining the project, 26% of participants reported that they rarely or never shop at the local market. At follow-up, 100% of participants shopped at the market. The project has also increased the frequency of visits to the market, with those shopping at regularly rising from 56% to 95% within 6 months of participation.

#### **Current policy context**

The current government has laid out a bold commitment for health services to shift from hospitals to communities and from treatment to prevention in its recent 10- Year Health Plan. Simultaneously, the Food Strategy led by the Department of Environment, Food and Rural Affairs has placed healthy food access at the heart of national policy discussions.

Fruit & Veg on Prescription has already been identified in the UK as a policy with the potential to reduce food-related ill health and health inequalities. The 2021 National Food Strategy<sup>35</sup> led by Henry Dimbleby recommended that the Government invest £2 million a year for three years to trial a

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<sup>33</sup> Envoy Partnerships (2023). *Alexandra Rose Vouchers Social Value Evaluation*. [Rose-Vouchers-Social-Value-Evaluation.pdf](#)

<sup>34</sup> Envoy Partnership (2022). *An Economic Impact Assessment of the Rose Vouchers for Fruit & Veg Project*. [EIA report 2022](#)

<sup>35</sup> The National Food Strategy (2021) [25585\\_1669\\_NFS\\_The\\_Plan\\_July21\\_S12\\_New-1 \(1\).pdf](#) Accessed 26/03/2024

“Community Eatwell” programme to provide targeted healthy eating support for people living on low incomes suffering from food-related ill health. The proposed programme would give GPs the option to prescribe fruit and vegetables, along with food-related education and social support, to patients suffering the effects of poor diet or food poverty. This recommendation was committed to in the conservative government’s 2022 Levelling Up White Paper but was not implemented.<sup>36</sup>

The Government’s Plan for Neighbourhoods announcement represented a landmark moment for initiatives like Fruit & Veg on Prescription and Rose Vouchers for Early Years. Among the Plan’s pre-approved interventions are community-based food vouchers and fruit and vegetable prescription schemes, a major endorsement of our work. While we strongly welcome their inclusion, these interventions sit alongside a wide range of regeneration and infrastructure projects, including modernising social housing, redeveloping unused land for sports facilities, creating new footways and cycle routes, and supporting the establishment and ongoing running of open air markets. These larger-scale projects are likely to absorb much of the available funding, raising concerns about whether sufficient investment will reach schemes that directly address food-related ill health and inequalities.

Elsewhere in the UK, devolved governments are showing leadership. In 2015, Wales introduced the Well-being of Future Generations (Wales) Act, a landmark law designed to improve the nation’s social, economic, environmental, and cultural well-being. The Act created the role of the Future Generations Commissioner for Wales, tasked with safeguarding the interests of future generations and supporting public bodies to achieve the wellbeing goals. In the Commissioner’s latest report, food is identified as a national priority, with a call for a coordinated approach to ensure it is produced sustainably, strengthens Wales’ food resilience, and supports farmers and local economies. Among the recommendations is that the Welsh Government, local authorities, and health boards work together to introduce a national fresh fruit and vegetable voucher scheme for low-income households, helping families to afford nutritious food while boosting local growers. Our work at Alexandra Rose is highlighted in the report as a blueprint for success, demonstrating the real-world impact and feasibility of such an approach.<sup>37</sup>

#### **Policy recommendations:**

1. The Government should establish a multi-year Good Food Local Fund to support and expand place-based targeted schemes that make fruit and vegetables more affordable and accessible in low-income communities.
2. The Government should commit £6 million over three years (£2 million per annum) to the Good Food Local Fund to test, evaluate and scale effective approaches to improving access to healthy food.
3. The Good Food Local Fund should be centrally funded but devolved to local authorities through a national outcomes framework, enabling local areas to design and commission interventions that reflect local needs and priorities.
4. Revenues from the Soft Drinks Industry Levy and any future levies should be reinvested into the Good Food Local Fund.

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<sup>36</sup> Department for Levelling Up, Housing and Communities (2022). Levelling Up the United Kingdom. [Levelling Up the United Kingdom White Paper](#)

<sup>37</sup> Future Generations Commissioner for Wales (2025). Future Generations Report 2025.

<https://futuregenerations.wales/cym/wp-content/uploads/2025/05/Future-Generations-Report-2025.pdf>

## Recommendation 2: Maximise the impact of the Healthy Start Scheme

Relevant department: Department of Health and Social Care

The Healthy Start scheme provides weekly payments to pregnant teenagers and low-income pregnant women or families with children under four, to purchase healthy foods including fruit, vegetables and pulses, as well as milk and infant formula. It also gives access to free vitamins and minerals. The Healthy Start scheme is a vital nutritional safety net that has the potential to tackle health inequalities and give every child the best start in life. This is critical at a time when diet-related health inequalities are being embedded from children's earliest years. Poor nutrition in the early years can have life-long health consequences<sup>38</sup>.

### *Eligibility*

Eligibility for the Healthy Start scheme requires families to be in receipt of a qualifying benefit and to meet a very restrictive income threshold of £408 per month or less (excluding benefits)<sup>39</sup>. Many low-income families on Universal Credit and equivalent support are unable to benefit. In April 2025, just 330,500 children under 4 and pregnant women were registered for Healthy Start,<sup>40</sup> equating to around 10% of the total population in these groups.<sup>41</sup> We know, however, that 48% of children from families where the youngest child is under five experience poverty.<sup>42</sup> This disconnect highlights a clear gap between the number of families able to access Healthy Start, and the true number of those who need this vital nutritional safety net.

Furthermore, there are children falling through the gap in support between eligibility to the Healthy Start Scheme which ends at age four and to Free School Meals which start on entry to school between four and five years of age. The age range of the scheme also falls short of the NHS recommendation that all children aged six months to five years are given vitamin supplements containing vitamins A, C and D.<sup>43</sup>

In October 2024 the Government closed a consultation on expanding eligibility to other families who are prevented from accessing public funds due to immigration controls (families with NRPF) but who meet the other criteria for the Healthy Start Scheme. As of September 2026, the Government has yet to publish their response to this consultation.<sup>44</sup>

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<sup>38</sup> [Healthy-Early-Years-Diets-Achieving-the-Best-Start-in-Life-December-2025.pdf](#)

<sup>39</sup> NHS Business Services Authority, (undated). Am I eligible for NHS Healthy Start?, accessed 04/12/2025: <https://faq.nhsbsa.nhs.uk/knowledgebase/article/KA-30129/en-us>

<sup>40</sup> NHS (2025) NHS Healthy Start Uptake Data – England March 2025. Available at: <https://www.healthystart.nhs.uk/healthcare-professionals/>

<sup>41</sup> The Food Foundation analysis based on population statistics from ONS (England and Wales) and Northern Ireland Statistics and Research Agency (Northern Ireland). Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales> and <https://www.nisra.gov.uk/statistics/population/mid-year-population-estimates>

<sup>42</sup> CPAG (2025). Child poverty statistics - new record high and further breakdowns, available at: <https://cpag.org.uk/news/child-poverty-statistics-new-record-high-and-further-breakdowns>

<sup>43</sup> NHS (2015). Vitamins for children. <https://www.nhs.uk/conditions/baby/weaning-and-feeding/vitamins-for-children/>

<sup>44</sup> [Eligibility for Healthy Start for groups who have no recourse to public funds or are subject to immigration controls - GOV.UK](#)

## *Uptake*

The most recently available figures suggest Healthy Start uptake was around 60%, compared with uptake of approximately 84% for Best Start, the equivalent Scottish scheme. More recent Healthy Start uptake data have not been routinely published. Currently, families with eligible children must apply for the scheme to receive payments but various factors (such as lack of awareness, not knowing if they are entitled and the administrative burden of applying) mean many people who meet the entitlement are not signed up. An opt-out rather than opt-in approach would ensure that all families who want access to the scheme are able to. As this is a statutory scheme, funding should already be available.

## *Payment value*

In the 10 year Health Plan for England: fit for the future, the Government announced an increase of approximately 10% to the weekly Healthy Start payments from April 2026. This means that for pregnant teenagers, and for pregnant teenagers and women and children aged 1 to 4 weekly payments will be £4.65 and for infants under 1 weekly payments will be £9.30 per week.

This is the first increase in payment since April 2021 and is therefore welcome. However, the value of payments falls short of the value offered in Scotland under the equivalent scheme of Best Start (payments are £10.80 for under 1s and £5.40 for pregnant women and 1-4 year olds). Nor does the new uplift keep up with high levels of inflation and rising food prices. Healthy Start payments can be used to purchase first infant formula milk, which for non-breastfed babies, is the only alternative safe nutrition for babies under 6 months old. Infant formula prices rose by 20-59% from 2019 to 2023, compared to overall food prices rising by 32% in the same period. Under the current Healthy Start Scheme value, only four first infant formula products in a standard 800g tin are affordable within the weekly £8.50 Healthy Start scheme payment provided to babies under one.

## **Policy recommendations:**

1. The Government should expand eligibility to all families in receipt of Universal Credit, in line with the recently announced expansion to Free School Meal entitlement. Expanding the scheme to all families receiving Universal Credit is estimated to generate £7.7 billion in net benefits over ten years and return £2.36 for every £1 invested, through reduced food insecurity, increased household disposable income and wider economic gains<sup>45</sup>.
2. The Government should expand eligibility to children under five years old, bridging the gap between the Healthy Start Scheme and universal Infant Free School Meals and to align with Government recommendations on vitamin supplementation.
3. The Government should expand eligibility of the Healthy Start scheme to non-British children under five from families with NRPF, pregnant women with NRPF and mothers with children under 1 with NRPF, who meet the other eligibility criteria.
4. Introduce auto-enrolment for Healthy Start to ensure all eligible households are benefitting from the scheme and prioritise increasing uptake.
5. From April 2026, the value of the Healthy Start allowance should be reviewed annually and raised in line with food price inflation alongside other government benefits.

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<sup>45</sup> Mohtashami Borzadaran, H., and Osifowora, B., and Frew, E., A Cost-Benefit Analysis of Expanding the Healthy Start Scheme in England, Wales and Northern Ireland (March 09, 2026). Available at SSRN: <https://ssrn.com/abstract=6378638> or <http://dx.doi.org/10.2139/ssrn.6378638>

### **Recommendation 3: Ensure the cost of a healthy diet is taken into account when setting benefits levels and the minimum wage**

Relevant Departments: Department for Work and Pensions and Department for Business, Innovation, Science and Trade

*“Living conditions have become very difficult since the pandemic. Sometimes I get enough money to live on from my job, and sometimes I don’t.”* **Rose Voucher for Early Years recipient**

The ability to afford a healthy diet is closely linked to income, as well as the cost of food and other essential expenses. Research from The Food Foundation shows that for many households, a nutritionally adequate diet remains unaffordable, with the most deprived fifth of UK households needing to spend 49% of their disposable income (after housing costs) on food to follow the Government’s recommended healthy diet, the Eatwell Guide. By contrast, the most affluent fifth of households would need to spend just 11%<sup>46</sup>.

Food insecurity is especially prevalent among households receiving benefits. A third (36%) of households on Universal Credit are experiencing food insecurity, compared with 9% of those not receiving it<sup>47</sup>. This raises important questions about the adequacy of social security for people unable to work full-time, such as disabled people or single parents.

However, employment alone does not always protect against food insecurity. According to the Food Foundation’s Food Insecurity Tracker, 14.5% of workers in some kind of employment reported experiencing food insecurity<sup>48</sup>. This underscores the need for wage levels to reflect the actual cost of living. The Real Living Wage, calculated based on living costs, is £14.80 in London and £13.45 elsewhere compared to the National Living Wage of £12.71, which is based on a percentage of median earnings<sup>49</sup>.

#### **Policy recommendations:**

- Track the cost of a healthy diet, and ensure benefits and minimum wages are set at an appropriate level for people to be able to afford a healthy diet along with the other essentials

### **Recommendation 4: Continue to invest in local authorities’ vital public health work**

Relevant Departments: Department for Health and Social Care

We welcomed the 2025 Local Government Finance Settlement for councils in England, which, for the first time, set out indicative local authority-level Public Health Grant allocations over a three-year period. Public health services are critical to improving population health and reducing health inequalities. This multi-year settlement gives local authorities greater flexibility to fund longer-term initiatives that can make a real difference to residents’ health and wellbeing.

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<sup>46</sup> The Food Foundation (2026). The Broken Plate Report 2026. [TFF The Broken Plate 2026 FINAL.pdf](#)

<sup>47</sup> The Food Foundation (2026) Food Insecurity Tracker Round 19. [Food Insecurity Tracking | Food Foundation](#)

<sup>48</sup> The Food Foundation (2024) Food Insecurity Tracker Round 14. [Food Insecurity Tracking | Food Foundation](#)

<sup>49</sup> The Living Wage Foundation (2026). <https://www.livingwage.org.uk/what-real-living-wage>

We also welcomed the above-inflation uplift to the Public Health Grant settlement in 2025, representing a 5.4% increase (or 3% in real terms). This provided a clear indication that the government is serious about investing in prevention and building stronger, healthier communities.

However, real-terms funding is still 26% lower per person than at its peak in 2015/16 and, proportionally, represents just 2.0% of the NHS budget, compared with 3.6% a decade ago. While the uplift and introduction of multi-year allocations are positive and will give councils greater stability when planning long-term public health programmes, public health services remain under significant pressure following persistent cuts to the grant since 2015/16. Meanwhile, preventable illnesses continue to rise, costing the NHS and the wider economy billions.

**Policy recommendations:**

- Restore the Public Health Grant to 2015/16 levels, alongside a more equitable distribution that reflects local needs.