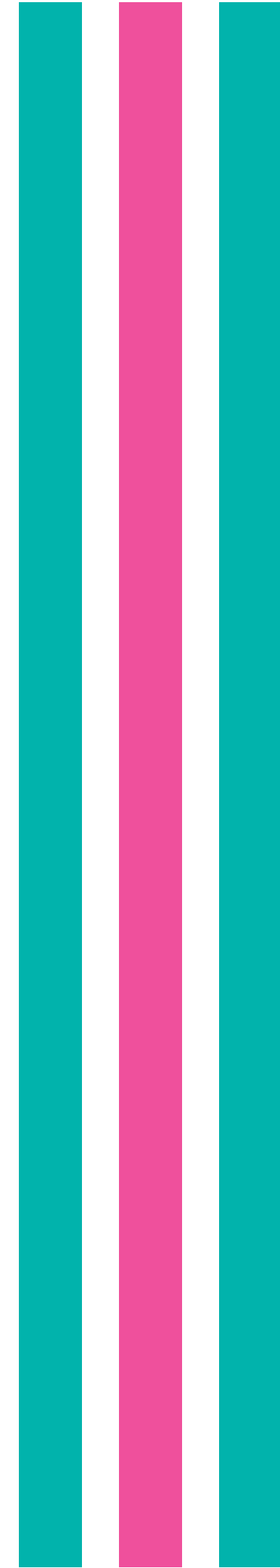




**Food Production and Food Consumption workshop**



**Workshop host – Tim Howells, Head of Public Health,**  
*City of Bradford Metropolitan District Council*



**Workshop Panel member – Professor Maria Bryant,**  
*(University of York) Professor of Public Health Nutrition*



**Workshop Panel member- Professor Bob Doherty,**  
*(University of York), Principal Investigator of the  
FixOurFood research programme.*

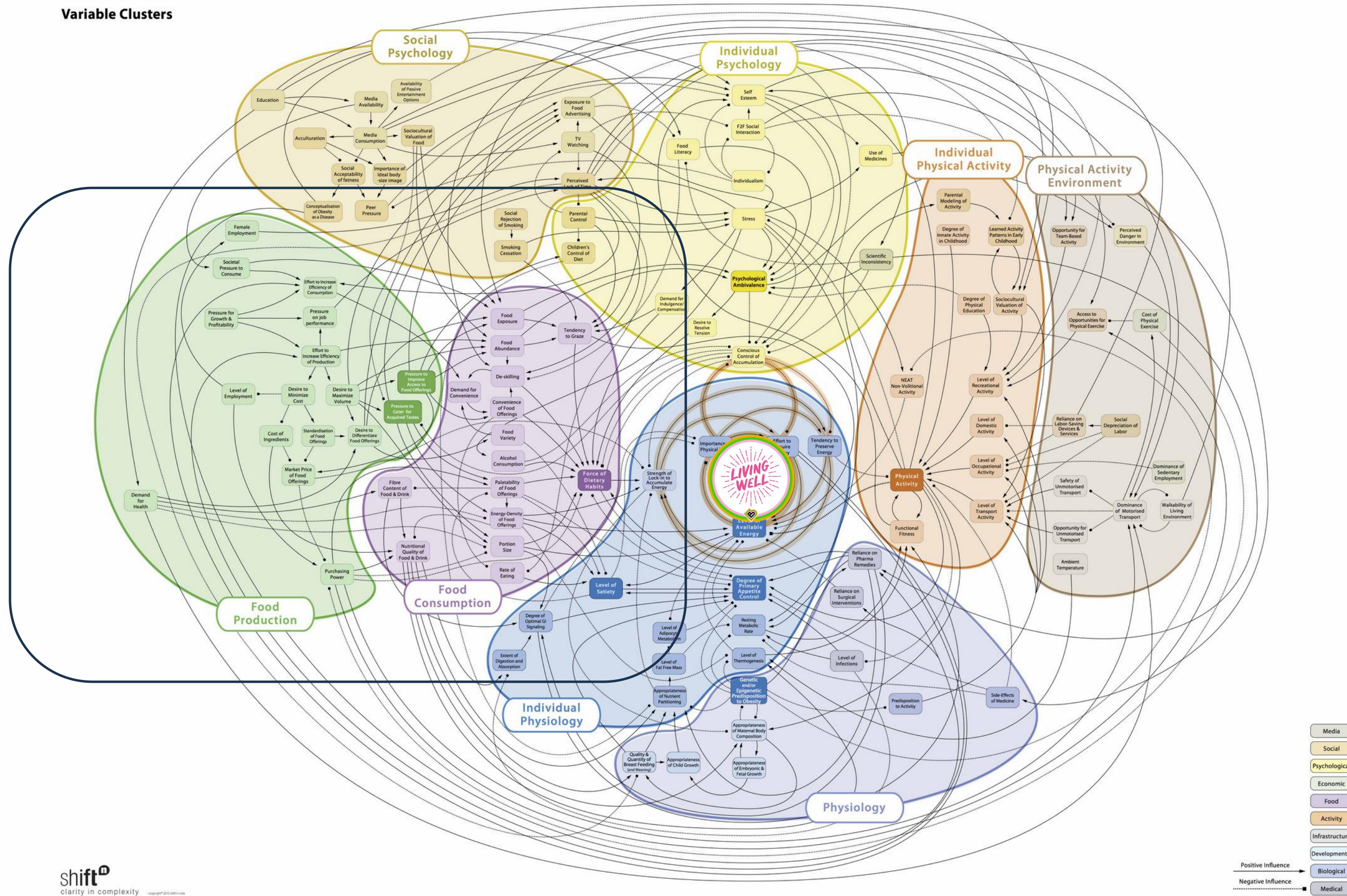


**Workshop Panel member - Nichola Harris – Area  
Operations Manager, FM Catering**

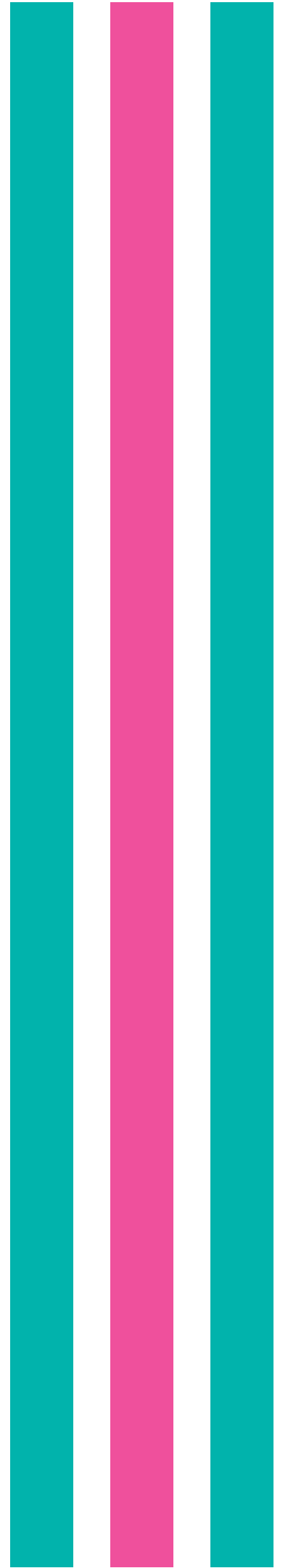


# Obesity System Map

## Variable Clusters



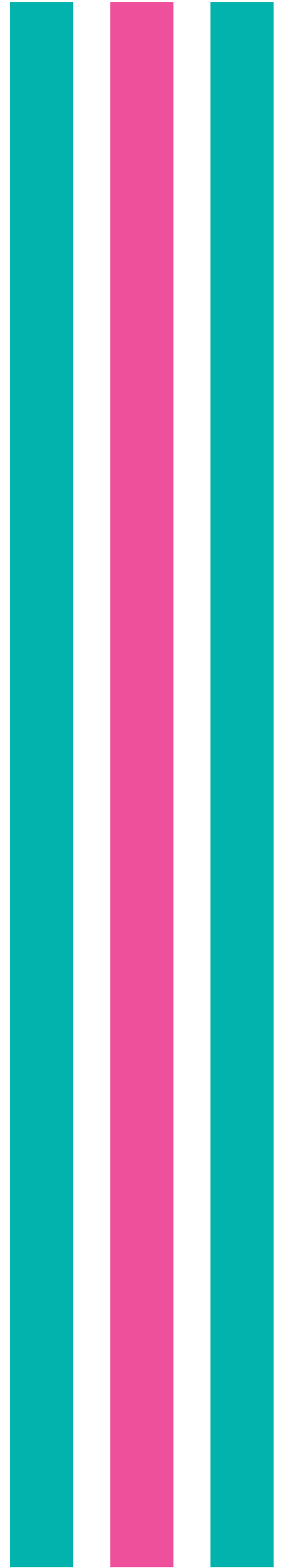
- Improving the food system is recognised as a crucial, structural approach to tackling obesity, shifting the responsibility from individual willpower to creating an environment where healthy choices are easy, affordable, and accessible.
- Modern, "obesogenic" food environments—characterized by foods high in Fat, Sugar and Salt, aggressive marketing, and excessive portion sizes—are key drivers of the obesity epidemic.
- Reducing daily intake by just 50 calories could lift 340,000 children and 2 million adults out of obesity.



# Bradford Food Survey

Lisa Dowling, Sonia Pombo-Rodrigues, Tim Howells,  
Emily Austin, David Ryan, Maria Bryant

*This study aimed to identify whether differences exist in the nutritional intakes of children (age 3-11 years) in Bradford compared to a nationally representative sample.*



# Key findings

## Fat and saturated fat

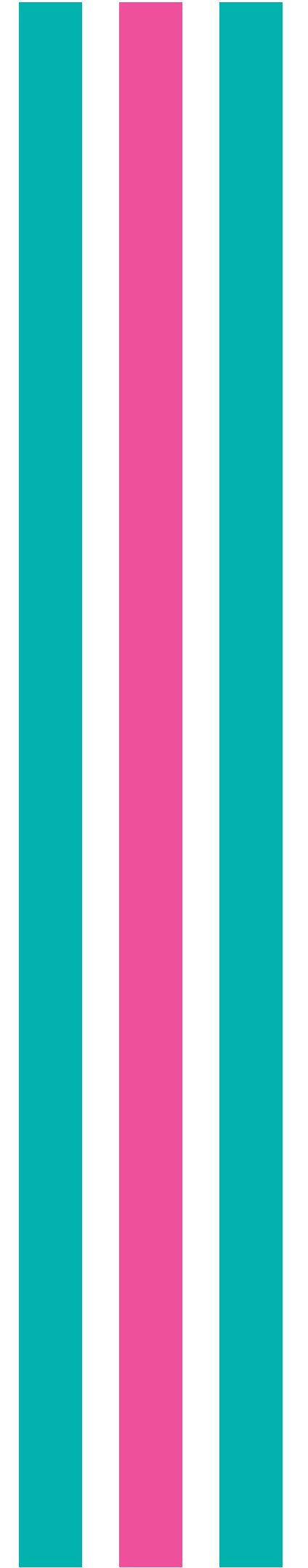
- Higher intakes in Bradford, could be related to deprivation, local food environment, cultural differences
- Potentially differences in foods contributing to fat intake e.g. more fatty breads in Bradford e.g. naan, paratha, roti

## Free sugars

- Higher in Bradford
- Fruit juice main contributor, consistent with the National Diet and Nutrition Survey - More national / local efforts needed here
- Buns/cakes and puddings ranked higher

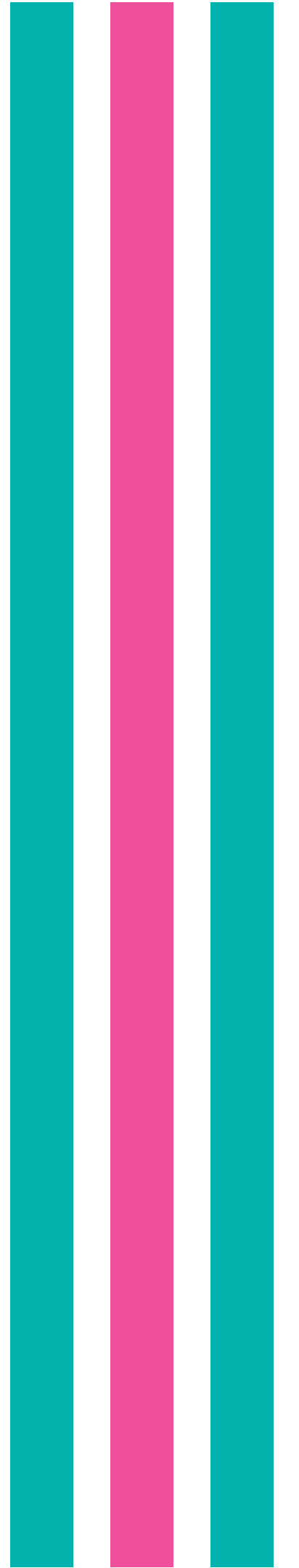
## Micronutrients

- Selenium, iron, iodine –unlikely clinically significant
- Vitamin D –low, consistent with NDNS, potentially more of a concern in Bradford given demographics
- Sodium -slightly higher in Bradford, translates to a higher population risk

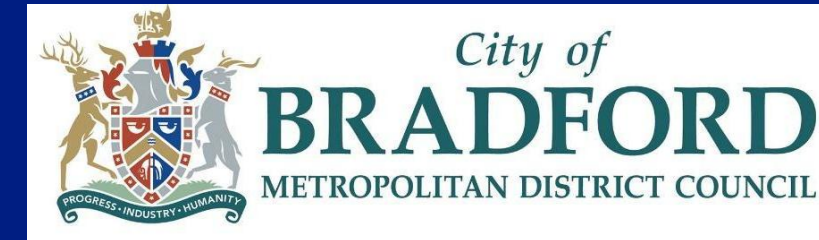


# What's next?

1. Results shown here have been submitted as a manuscript which is currently under review.
2. Does dietary intake differ by ethnicity? (combining results from Bradford and Tower Hamlets).
3. What is the level of ultra-processed food consumption amongst children in Bradford and is this influenced by food insecurity?



Feb/2026



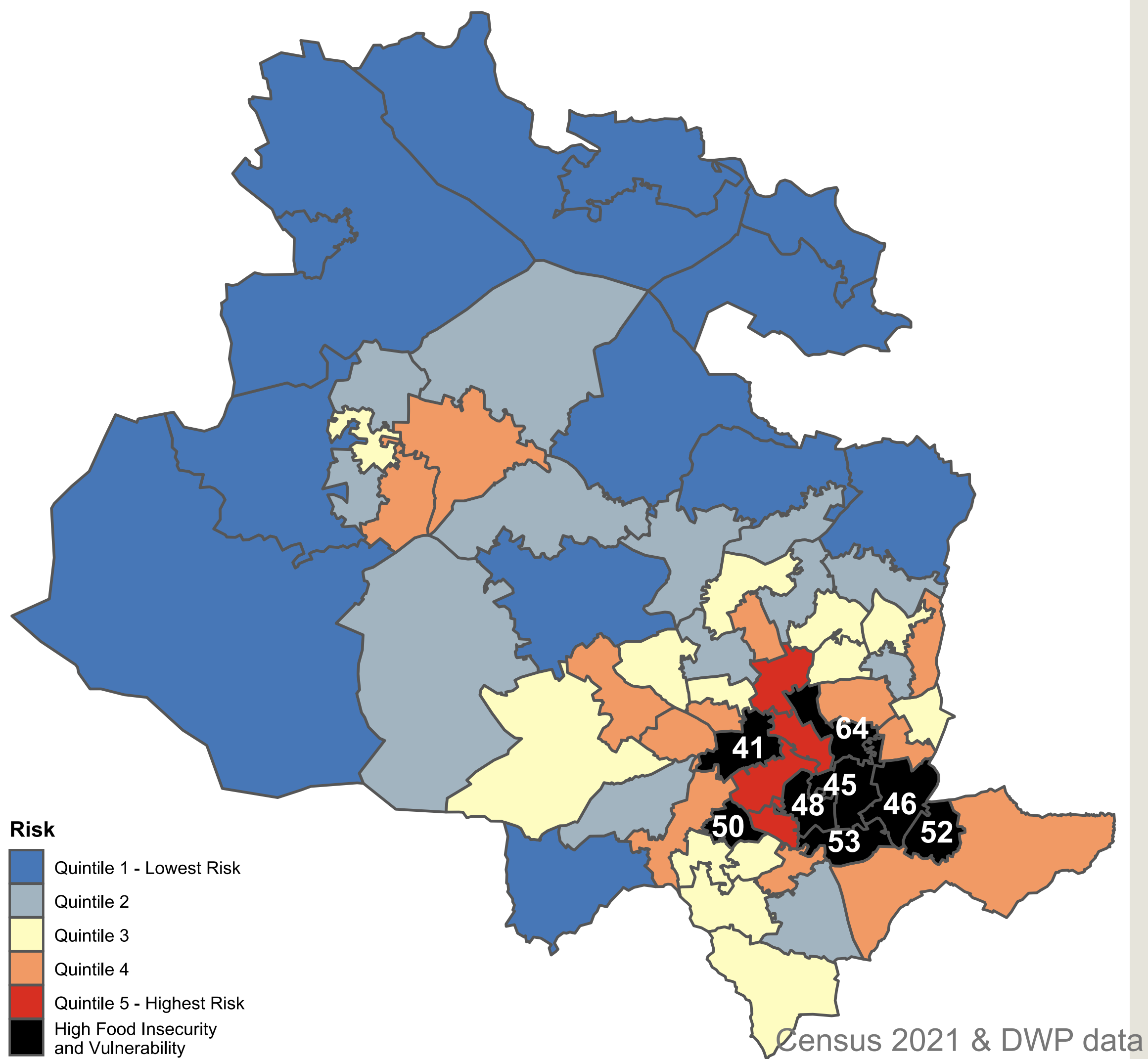
# Bradford Food Insecurity Health Needs Assessment

Authors: Andre Bedendo, Giorgia Previdoli, Maria Bryant (University of York)

Commissioned by: Public Health at the City of Bradford Metropolitan District Council

# Eight areas identified as at high risk of food insecurity and higher concentrations of underserved communities

1. Brown Royd (Bradford 041)
2. Broomfields & East Bowling (Bradford 045)
3. Laisterdyke & Bowling (Bradford 046)
4. Holme Top (Bradford 048)
5. Great Horton & Brackenhill (Bradford 050)
6. Holme Wood (Bradford 052)
7. Bowling Park (Bradford 053)
8. Barkerend West & Little Germany (Bradford 064)



Food insecurity is more than twice as high in underserved communities, compared to the wider population

# Underserved Communities

Two times more likely than non-underserved groups to face:



16.3%

Food Insecure



16.8%

Cut the size or skipped meals



5.8%

Feels hungry because there's not enough food.



23.8%

Had no money to buy more food



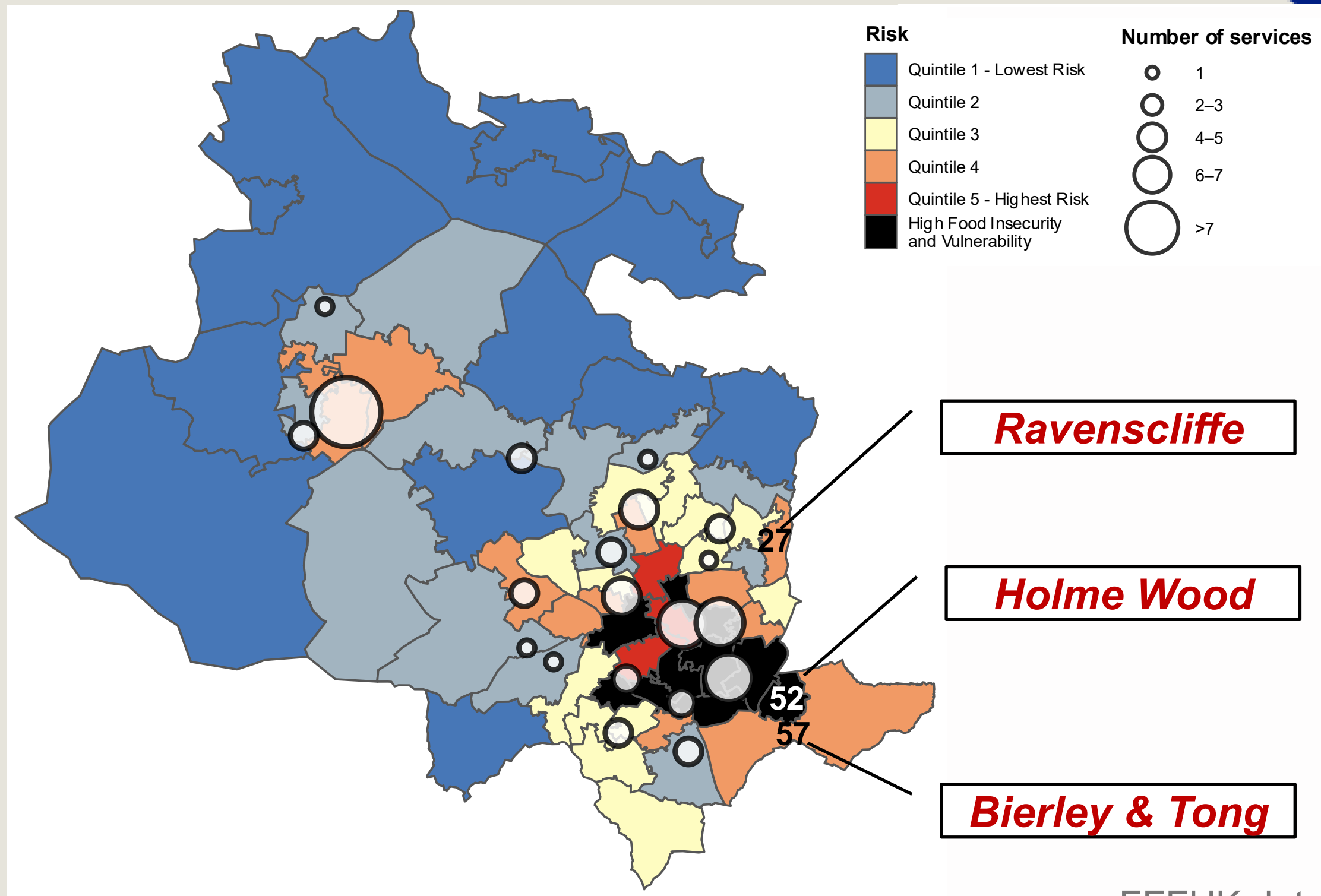
# Community food organisations coverage largely matched areas of higher levels of food insecurity

**Provision:** 63 services, concentrated in Central (36.5%) and Inner Ring (33.3%).

**Service Types:** Mostly food parcels (67.7%) and food banks (44.6%).

**Financial Models:** 78.5% free; 21.5% fixed-cost.

**Three Gaps:** Bierley & Tong, Holme Wood, and Ravenscliffe – implying long travel times.



# Recommendations

## Address Economic Driver

Prioritise financial security and systemic inclusion to tackle poverty

## Target High-Risk Areas

Prioritise the high-risk areas and three areas with CFO (Community Food Organisations) limited availability

## Barrier Removal

Expand access to affordable childcare;  
  
Explore mechanisms to support households with precarious status (e.g., migrants)

## Transport and Access

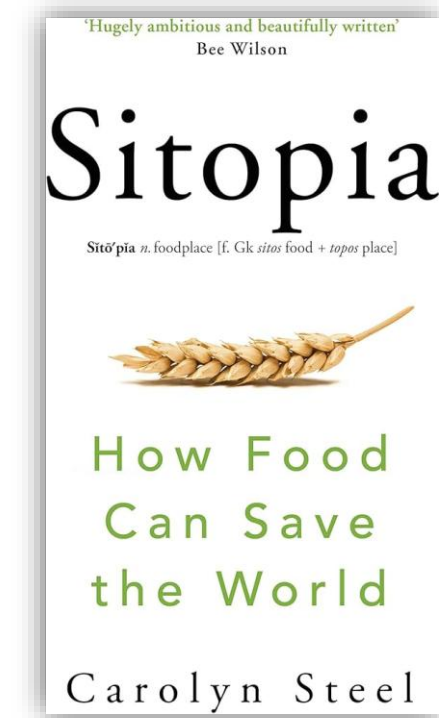
Travel vouchers and Service delivery models (e.g., mobile pantries, home delivery).

## Service Quality

Ensure safety standards and culturally appropriate options (e.g., Halal).

# Recommendations....

1) A book to read – “*Sitopia*”



2) Join us– “*Bradford Sustainable Food Partnership*”

