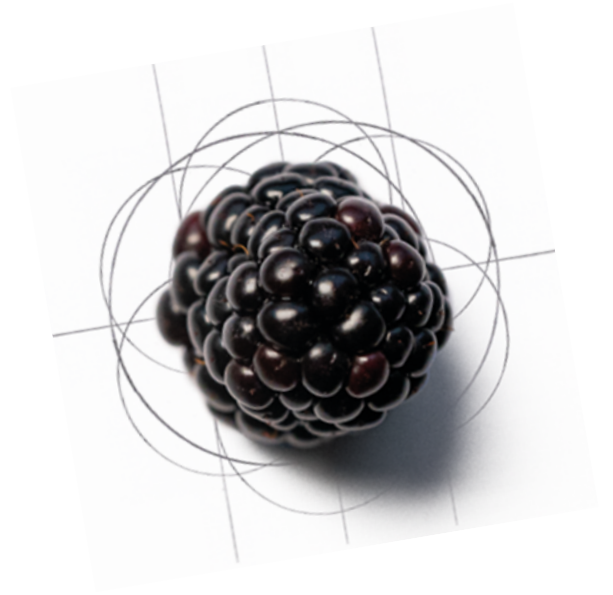




TOMORROW'S *Appetites*

How drugs, AI and diagnostics are rewiring our relationship with food –
where value shifts, and how to capture it

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BRAMBLE INTELLIGENCE

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EXECUTIVE SUMMARY

THE next few years will see a redistribution of profits on a scale that the food industry has not seen since the rise of the supermarkets. Every food company must work out how it responds, or cede value to competitors, innovators and new entrants.

Three forces from outside the food industry are starting to change what people eat and buy: appetite-suppressing drugs, artificial intelligence (AI) and diet-related diagnostic technology, such as at-home blood tests. 79 percent of UK consumers now identify wellness as a top or important priority in their lives, and more than half say they care about it more than they did a year ago.¹ Consumers are seeing these forces as practical tools, and are already using these to manage their weight, diet and health. Adoption is growing fast, and so is the effect on food shopping.*

The winners will not be the companies that talk most loudly about health. They will be the ones that can still make money when people buy fewer calories, and whose products and services are easy for consumers, AI tools to recognise as delicious, good value, filling, nutritious and genuinely better for health.

The strategic issue is global; we use the UK as the worked example in this report. By 2035, Bramble estimates that the UK will eat 4–5 percent fewer calories.² If food companies do not adapt, this drop in volume alone would mean a £3–6 billion loss in UK grocery sales in real terms: 1.5 to 3 percent of revenue against forecast. And a 25 to 35 percent hit to grocery operating profit, as lost calories fall disproportionately on discretionary, high-margin, promotion-heavy categories like snacks and alcohol.³

As volume falls, food companies will have only three sources of growth: win market share in food, sell more non-food products, or pull off the magic trick of redefining value by selling lower volumes of food for greater revenue.

The food industry of tomorrow will still need taste, price, quality and convenience – but it will also have to prove how its food helps people feel, function, and stay well.

For years, taste, quality, convenience and price have been consumers' main considerations when buying food. Health is joining those, as people come to see "better food" as one route to the scarcest commodity of all – healthy life years – and one worth paying a premium for. AI companies are accelerating the shift, by providing consumers with the advice that helps them reshape what they eat.

Brands, retailers and AI companies will fight over who gets to define "better" and so earn customer trust and the revenue that comes with it. Currently, food companies are ceding this space to AI platforms.

This shift will not look the same in every age group. Younger people tend to treat healthy diet as a performance project – researching ingredients, tracking intake, and turning to apps for guidance. Older people, who are growing as a proportion of the population, are focused on preserving the mobility and independence that lets them keep

* These changes are happening at the same time as the sourcing challenges posed by climate change, geopolitics, inflation and regulation become even more complex. Most food companies have already become skilled at navigating these supply chain issues; but the job gets harder every year. This is well documented and is the backdrop to, rather than the focus of, this report.

living the life they want to live.⁴ For all groups, AI is increasingly seen as a core decision-support tool⁵ and nutrition as central to the promise of living longer, healthier lives.⁶

1 Appetite-suppressing drugs like Wegovy and Mounjaro are already used by 2.5 to 3.2 million people in the UK. As prices fall and pills become common, we estimate a quarter of UK adults will use them regularly by 2035.

While losing weight, users typically eat 15 to 35 percent fewer calories.⁸ Maintaining that lower weight still requires a sustained reduction of about 16 percent.⁹ These medications work because they act directly on the body's biological pathways – which evolved over millions of years – to dial down hunger and increase satiety. Many people will need to stay on the medication for the long term. For some, behavioural shifts alongside short-term use of the medication will make it possible to keep the weight off.

The drugs also change what people value in their food: when you eat less, what you eat matters more. For those with a reduced appetite, “healthy” changes from being about what to avoid (less sugar, salt, saturated fat) to being about what to seek out (more protein, more fibre, more micronutrients, gut health support).

This is not only true of those on the drugs. Millions are changing how they eat without pharmaceutical help because the concepts of appetite, satiety, protein, fibre, gut health and metabolic health are entering the mainstream, as people connect the role their diet plays to both their everyday health and many chronic conditions.

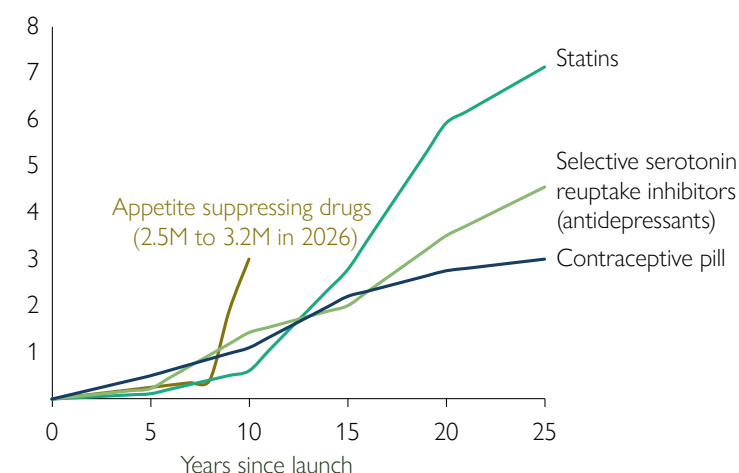
2 Artificial Intelligence (AI) is transforming a renewed interest in food, cooking and nutrition into rapid changes in diet. Millions of people already use chatbots to plan meals, swap ingredients, and decode labels. Over a third of UK and US online grocery shoppers have used AI to help them with their shop in the last six months.¹⁰

AI adoption in the UK is widespread: ChatGPT has 30 million unique monthly users, Gemini has 10M and Claude 7M, with some users spanning multiple platforms.¹¹ Most people are not yet aware what the current models are capable of. Using code capabilities inside the major models, it is already possible to upload your blood results, dietary preferences, medication constraints, budget and health goals, and have the agent do your shopping online – filling the basket so you just need to check out. If you prefer to shop in-store, you can input your postcode, and the model will create meal plans, product shortlists, supplement suggestions and costed shopping lists for the local stores it rates as best value. This was not possible three months ago; within a year the experience will be unrecognisably better.

Mainstream consumers will be able to try this first in the US. In May, Google announced its new Universal Cart at I/O 2026, marking a shift from search-based browsing to “agentic commerce”. Launching first in the US across Google Search and the Gemini app, with YouTube and Gmail to follow, users will be able to add products to a single cross-platform cart that will then look for deals and confirm stock availability and check out through Google Pay. Partner merchants include grocery retailers, clothing and beauty companies and Shopify brands. Google will roll out this foundational agentic commerce infrastructure in Canada and Australia next, and then the UK.¹²

Who the consumer trusts in the future to make recommendations will be a determinant of where the profits move. Trust will be established through a combination of expertise and good intent. It is not a foregone conclusion that AI companies will prevail. Advertising-funded AI risks losing trust; shopper-paid AI would be trusted but would

Comparison of drug uptake
Number of users, million⁷



reach fewer people. The retailers have one significant advantage: private data, which is widely recognised as a scarce resource that can protect businesses from the AI disruption. Brands must move quickly to ensure that they are visible to whichever AI is making the recommendations, not just to consumers themselves.[†]

3 Diet-related diagnostic technologies – blood panels, gut tests and continuous glucose monitors – are starting to show people how their own bodies respond to food. What wearables did for fitness, diagnostics could do for food: providing proof of what works and then reinforces behaviour changes. They may take five or even ten years to enter the mainstream, but once they are cheap enough and even easier to access, they could become one of the most powerful forces changing how people eat in service of health outcomes. The readings, and the way the diagnostic data is analysed, still need more validation before they can be fully trusted, but point to a possible future. Shoppers who can see which foods, and overall diet, lead to better health will pay more for a measurable outcome than a marketing claim – data linking diet to outcomes then becomes the most valuable asset in the food industry.

These shifts will create new sources of profitable growth in four areas. Section 4 covers these in full.

MAKING IT EASY TO EAT WELL. The AI-enabled decision layer that shapes what people buy.

FOOD THAT NOURISHES. A premium on food that closes nutrient gaps, not just reformulation.

INGREDIENTS GROWN AND PROCESSED IN WAYS PEOPLE CAN TRUST. Integrity becomes a prized asset as food quality underpins the brand promise to consumers.

CREATING THE DIET AND HEALTH FEEDBACK LOOP. Whoever links purchases, diets and biomarkers to health outcomes owns the most valuable dataset.

The central contest will not be online versus in-store – physical stores will continue to play a meaningful role. The fight is over who shapes the basket before the shop: the retailer, the brand, the AI platform, or the healthcare provider. The companies that recognise this are moving away from their old customer segments as consumer needs change fast. Generational shifts are amplifying these changes: by 2035, digitally native Gen Z will be raising young families, health-focused Millennials will have the greatest purchasing power, and the over-65 population will be 20 percent larger than it is today.¹³ Consumer needs of the past will not be those of the future.

For those who move early, the upside is greater than what they stand to lose.

[†] AI models are also accelerating our understanding of the underlying science, helping researchers figure out complex biological systems and connect diet to long-term health in ways that were previously too slow or too expensive.

How Bramble Intelligence supports clients

TWO WAYS WE WORK WITH CLIENTS

Bramble Intelligence gives clients a forward-looking view of the whole food industry from soil to cell, and of the adjacent sectors reshaping it.

We invest our own capital into the innovations that we believe will become valuable. As a result, the best entrepreneurs and ideas cross our desks regularly. We test these opportunities with our deep network of scientists, operators and policymakers who know what works in practice.

We are also entrepreneurs. We understand that strategy is necessary, but management and execution are what deliver results.

We work closely with an unparalleled network of deep global experts across agriculture, medical and nutritional science, pharma, technology and policy. We spot patterns faster and separate media hype from enduring trends.

That is how we help clients make better decisions and pursue profitable growth.

1 Strategy: Insight into Action

Exposure and Opportunities Assessment: A rapid review of your exposure to the forces shaping the future food industry, informed by a leadership working session. We bring deep expertise on the sector, an outside-in perspective on clients' sources of value, and deliver commercial recommendations.

Strategy and implementation: Clients who want to take this *Assessment* deeper work with us to quantify profit exposure across business units, categories, brands or channels. We identify propositions, ingredients, formats, partnerships or acquisitions and translate recommendations into a board-ready execution plan: portfolio strategy, partnership choices, data requirements and organisational implications.

2 Foresight: Opportunity Readiness

Separate the signal from the noise across science, policy, consumer trends and entrepreneurial innovation. An annual retainer series of six briefings focused on in-depth working sessions on topical opportunities and risks, with additional ad-hoc briefings on important scientific, policy, consumer, or innovator developments as needed.

WHO WE ARE – LEADERSHIP TEAM



HENRY DIMBLEBY
Managing Partner,
Bramble Partners

After 8 years at Bain & Company, Henry co-founded and ran Leon Restaurants, before a successful sale of the business in 2021. He was Lead Non-Executive at DEFRA, during which time he led the UK National Food Strategy and published this as Ravenous. He also co-founded Sustainable Restaurants Association and Chefs in Schools.



CHRIS MITCHELL
Managing Partner,
Bramble Intelligence

Chris spent 15 years at Bain & Company and Boston Consulting Group, as a Partner he focused on agriculture and consumer products industries. He worked with clients on working on strategy, operating model, transformation support and agricultural production models across the full food value chain.



VICTORIA STEVENS
Partner,
Bramble Intelligence

Vicky spent 15 years at Bain & Company. As a Partner in the Consumer practice, she worked with clients across branded food, ingredients and consumer health on strategic questions: demand-led growth in marketing and innovation, supply chain redesign, operating model design and due diligence for investors. Previously she worked in Sustainability advisory for institutional investors.



ANNA -LENA ELKINGTON
Principal,
Bramble Intelligence

Annie has a decade of consulting experience, with 8 years at Bain & Company, focused on supporting clients in food and consumer health industries. She advised on corporate and portfolio strategy, value creation and due diligence questions. She was Chief of Staff and Director of Transformation at Kantar Media.

DECISIONS WE HELP LEADERS MAKE

THE questions below are designed to help executive teams and boards think about how they need to act, and how their competitors and others are likely to respond. The food industry is being reshaped by forces outside it. Understanding how others across the food industry and beyond will respond is where the competitive edge comes from.

RETAILERS

1. **Consumer demand.** Which categories contribute most to your gross profit, retail media income and supplier funding, and how much of that profit depends on impulse, portion size or food high in fat, salt and sugar (HFSS) promotion? As health and functional benefits sit alongside price, quality and convenience, how exposed are volumes and margin, and what offsets the loss?
2. **AI – threat and opportunity?** Which AI tools are reshaping your customers' choices, and how? Today, range, layout, and promotion shape what customers buy. How will you manage suppliers and shoppers, as customers and their AI agents push back, and expect better food to be easier to find?
3. **Appetite-suppressing drugs and food.** How are you connecting prescriptions and diet-related conditions to food baskets? Food, supplements and prescriptions are forming a continuum between prevention and treatment.

FOOD MANUFACTURERS

1. **Nutritional performance.** Where is the science running ahead of consumer perception, and where is perception running ahead of the science? The first is your most under-valued asset; the second your biggest exposure once better food quality assessments reach the shopper.
2. **AI – threat and opportunity?** Which of your brands earn their place on the “AI shelf”, and which are heritage liabilities? Impartial agents will ignore any brand that can't give a clear, evidence-based reason to be in the basket. Sourcing, supply chains, and R&D become strategic sources of value.
3. **Incentives.** Are your category P&L and your nutrition strategy on the same page – literally? If marketing, R&D, and finance are still measured on volume growth in HFSS-heavy categories while the strategy paper says “health”, the strategy will lose. First movers are reorganising their decision structure and redesigning their incentives.

WHOLESALE & CONVENIENCE

1. **Range.** As appetite shrinks and “little and often” becomes the norm, this channel could be structurally advantaged: shoppers taking appetite-suppressing drugs over-index on convenience foodservice and prefer single-serve. Are you reshaping range – chilled and food-to-go – around portion control, high-protein and hydration, or optimising for yesterday's baskets?
2. **Impulse.** Alcohol, vapes, confectionery, sweet bakery and energy drinks contribute disproportionately to gross profit, and are most exposed as appetite, reward-seeking and HFSS promotion weaken. What share of profit is at risk, and what new formats – smaller, functional, foodservice-led – maintain them?
3. **Range and AI.** Wholesalers decide which stock-keeping units (SKUs) make it onto independents' convenience store shelves. As shoppers and their AI agents demand evidence-based better food, will your range, own-label and depot economics make that easy – or will you be the bottleneck between manufacturers reformulating and changing shopper demand?

AI PLATFORMS & TOOLS

1. **The science and your nutritional advice.** Whose nutrition science underpins your advice – named, dated, peer-reviewed? “Eat more vegetables” was free advice in 2010. Personalised guidance to 800 million weekly users could stray into regulated medical territory. If you can’t name your nutrition profiling method, you’ll lose trust.
2. **Incentives.** Whose interests does your nutrition advice actually serve, the user or whoever pays the platform? An ad-funded AI layer recreates the conflict of interest in today’s food industry. Subscription or fee-for-service removes the conflict but limits reach. The choice you make now sets the trust ceiling for the next decade.
3. **Grocery shopper journey.** When and how does your advice appear across the journey from inspiration through to checkout? If you don’t plug into grocery fulfilment – and into the diagnostics that close the loop on whether the advice worked – you’re a content layer; if you do, you’re infrastructure.

PHARMA

1. **Drugs and diet.** When generics arrive, what is your moat? Where does the regulatory line sit between nutritional advice and medical guidance? Differentiation will be in long-term outcomes: shaped by adherence, side-effect profile, all improved by diet. Patients regaining weight on a “miracle” drug will undermine the brand, as will medicalised malnourishment.
2. **Dietary wrap-around support partnerships.** What nutritional and dietary data are you asking of your partners? Make dietary support a condition of partnership now to capture the data and insights to improve patient outcomes, with clear ownership of the data and IP from these insights.
3. **Consumer proximity.** Patients on your drugs are eating differently: do you know how, and is that data structured to support new claims? The brands that pair the molecule with a dietary protocol that improves adherence and outcomes will have a reason to differentiate beyond the molecule.

INVESTORS AND LENDERS

1. **Portfolio exposure.** A lot of money is riding on companies that sell junk food and alcohol: the banks that lent to them, the landlords who own their shops, the investors who hold their shares. Most of it is valued as if the volume growth of the past will continue. Do you act pre-emptively now, or wait for the market to move?
2. **AI and disclosure.** Once impartial AI agents and credible nutrition profiling reach the basket, every brand and every retailer becomes scoreable at SKU level, like carbon. How will you underwrite, rate and report against product-nutritional performance? Once disclosed, which current holdings would you have to re-rate first?
3. **Food, drugs and diagnostics.** Appetite-suppressing drugs, label expansion (cardiovascular disease, breast cancer, addiction) and diagnostics are converging into an investable food-as-medicine continuum. Are you funding the operators, brands and infrastructure that benefit – or still overweight in the categories they replace?

GOVERNMENT

1. **Oversight.** How will you ensure an independent, peer-reviewed nutrition profiling system becomes public infrastructure that evolves with the science?
2. **Reducing healthcare spending.** The market will not fund the long-term outcomes evidence linking nutrition to healthcare costs. UK Biobank, OpenSAFELY and loyalty schemes exist. Linking their data is a policy decision.
3. **Preventing a two-tier food and health system.** Appetite-suppressing drug access is 32 percent lower in the most deprived areas.¹⁴ How do you prevent the same happening with AI and diagnostics?

THREE TOOLS SHAPING TOMORROW'S APPETITES

OUR appetites evolved when calories were scarce, so we crave sugar, salt and fat. Most large food companies built their businesses around that craving, using cheap refined starches, sugars and oils. Ultra-processed foods now make up just under 60 percent of the average UK diet, and roughly two-thirds for teens.¹⁵ This pattern held because cheap calories were what people wanted. What they want is changing. Consumers now have easy access to three tools that help them eat differently. For the first time, the volume growth that built the industry is at risk.

CONSUMER TOOLS	FIVE YEARS AGO	TODAY
Appetite-suppressing drugs	Diabetes treatment, limited mainstream awareness	2.5M to 3.2M UK adults have used, or are using appetite-suppressing drugs ¹⁶ 95 percent paying privately ¹⁷ 1.2M eligible for cardiovascular risk on NHS ¹⁸ Pill format approved in UK for weight loss ¹⁹ 1 in 8 US adults currently using these drugs ²⁰
AI	Consumer AI applications did not exist	ChatGPT has 230M weekly global users asking health questions ²¹ 30M unique monthly UK users of ChatGPT ²²
Diet-related diagnostic technology	Lab-led, continuous glucose monitors (CGMs) prescription only, blood panels expensive	CGMs, at-home blood panels, and metabolic breath tests are sold direct-to-consumer for under £100 a month ²³

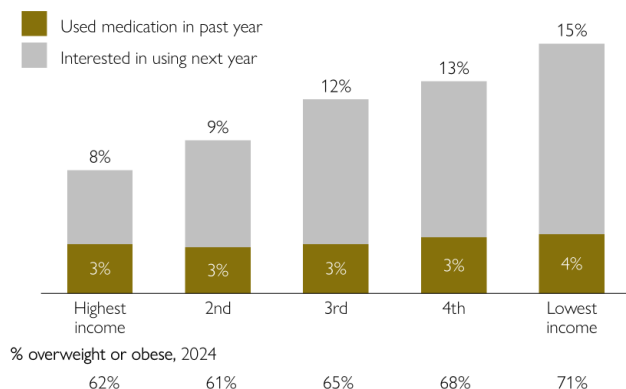
Convenience and price won in the last decade. Health and wellbeing will shape the next. Flavour and joy remain essential.

1 Appetite-suppressing drugs are moving from clinical use into everyday life faster than any drug class before them. They work because obesity is not a failure of willpower. Appetite, satiety and energy storage are governed by a system linking the gut microbiome, gut and brain hormones, and reward circuitry. The drugs act directly on this system.

2.5 to 3.2 million UK adults have used, or are using them,²⁴ 95 percent paying £2,500–£3,500 a year privately.²⁵ Access to these medications via NHS England funding is restricted. At the time of writing, 220,000 patients with obesity will be prioritised from mid-2025 to mid-2028, with GPs able to prescribe Mounjaro only to patients who have a BMI of over 40 and four weight-related conditions.²⁶ The clinical approval (Medicines and Healthcare products Regulatory Authority) for these drugs is for a BMI of 30 or above, or BMI of 27 with one weight-related

condition, which amounts to 11–15M adults in the UK.²⁷ This results in unequal access nationally based on willingness to pay, despite obesity rates being twice as high in the most deprived areas.²⁸

Prevalence of weight loss drug use by UK adults by income group in 2025



NHS access may broaden: the April 2026 approval for cardiovascular disease is expected to reach a further 1.2M eligible patients, at a significantly lower BMI threshold of 27.²⁹ Despite the access restrictions and high cost, adoption has been faster than statins.³⁰ As shown in the chart, the use of these medications, and the desire to use them, runs high in lower-income groups, not just the affluent – reflecting higher rates of overweight and obesity in those groups.³¹ As production scales, oral versions arrive (approved June 2026) and patents expire (2030+ in the UK), prices will fall sharply.³²

Bramble estimates that 25 percent of adults in the UK could be taking appetite-suppressing drugs by 2035.³³

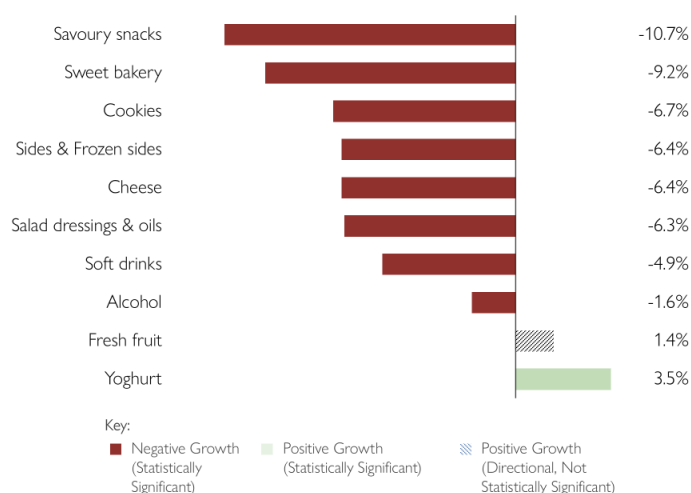
Globally, oral formats are available in the US and shortly the UK, while generics are available in India with prices as low as \$14/month.³⁴ Innovation effort is also moving fast on next-generation formats – longer-acting, reduced side effects – and on broader indications: trials are underway for cardiovascular disease, sleep apnoea, addiction, Alzheimer's and chronic kidney disease.³⁵ The relationship between dietary support, side-effect tolerance and long-term outcomes is poorly researched but anecdotally clear: patients who eat well do better.

When people start on the drugs, their calorie intake falls sharply. The first year is the most dramatic: on average, ~26 percent fewer calories and rapid weight loss.³⁶ The body then settles into a new equilibrium and weight plateaus. Stop the drugs without lasting dietary and behavioural change and the weight returns.³⁷ To maintain the weight lost, people need to eat on average 16 percent fewer calories than they used to.³⁸

As demonstrated below, the categories most exposed are the discretionary, high-margin ones – snacks, desserts, bakery and alcohol – and similarly the channels that depend on impulse and convenience.³⁹ The decline may not be equally distributed, small-format sales could increase as customers buy fewer “sharing” sizes from supermarkets.

Percentage change in sales value of appetite suppressing drug users

**15-35%
reduction**
in calories consumed
per user across retail and OOH



The change is not just about eating less – in both portion size and frequency. Many users are substituting volume across categories to prioritise nutritional density – choosing protein, fibre and whole foods.

The effect spreads through the household. The patient base skews heavily towards women aged 30 to 49 – often the primary food shopper for the household.⁴⁰ Early evidence suggests that when one adult starts on these drugs, their partners and children eat differently too – shared meals and shopping baskets reshape around a new pattern. 15–20 million UK adults are influenced by appetite-suppressing drugs without being on them.⁴¹ That group is bigger than the user base itself, and just as important. Appetite-suppressing drug use is the catalyst for change, not its limit.

This broader consumer demand for better food is already visible in the basket. At breakfast, 15 of the top 20 cereal brands are losing volume, with Crunchy Nut down 9 percent, while gut-health challengers are growing and Bio&Me volumes are up 40 percent.⁴² At lunch, sandwich demand is softening, with 70 million fewer units of standard bread sold in 2025, while salads at Pret are growing three times faster than sandwiches, and Jason's Sourdough has become the UK's third-biggest bread brand.⁴³ At dinner, traditional processed ready meals are losing share while premium ready meal volumes are growing as consumers cut back on eating out.⁴⁴

More consumers are assessing more of the products in their baskets using a health lens. They will still choose on taste, price, quality and convenience. But more shoppers, more often, are now asking themselves: What does this product do for me? Will it help me feel the way I want to feel? Can I trust the claims?

2 Artificial Intelligence (AI) helps answer these questions. It is where consumers go to make sense of the flood of contradictory food advice they face from social media and podcasts, mainstream news, influencers and a steady drip of new scientific research.

The definition of “good food” is getting richer and more personal, and more than a label on a packet can hold. In seconds, conversational AI gives a coherent answer on what a specific family should eat based on their health goals, taste preferences and budget. Personalised tracking, planning and recipe support, once only for elite athletes, is now more widely accessible.



Between January and May 2026, the largest AI labs – OpenAI, Microsoft, Perplexity and Google – launched consumer-facing health products. They promise to integrate medical records and wearables, with OpenAI expanding into dietary logs and grocery orders.⁴⁵

AI shopping assistants are gaining traction and are helping retailers grow conversion rates. Walmart's AI shopping assistant "Sparky" has seen a rapid growth in adoption – between February and April 2026 weekly users doubled and the number of items bought through it grew more than fourfold. Walmart also reports that customers using Sparky have an average order value that is 35 percent higher than that of non-users.⁴⁶ Amazon's AI assistant Rufus is converting shoppers at nearly twice the rate of non-Rufus users.⁴⁷

Agentic shopping – where an AI agent reads a consumer's preferences and places the grocery order itself – is moving into early deployment. Google's open standard underpinning its agentic shopping infrastructure has been co-developed with major grocers including Walmart, Kroger and Carrefour, suggesting a path to consumer scale.⁴⁸ The technology will mature unevenly: expect the agents to disappoint before the integrations are good enough to save time and money in the weekly shop.

Once AI sits between the shopper and the shelf, every other actor in the food industry is downstream of it. Whoever controls that layer shapes millions of baskets.

Behind all this, AI is also accelerating developments in nutrition science itself. Researchers are mapping the gut–brain–immune axis and what it means for multiple complex biological systems including inflammation, mood, and metabolic disease. Bioavailability, how much of a nutrient the body actually absorbs, and how processing or food (and supplement) format erodes that, is increasingly central. The Periodic Table of Food Initiative (PTFI) is leading global research to map the full biochemical make-up of food across all edible biodiversity. Researchers and regulators are paying closer attention to how food is grown, packaged and prepared, and how this impacts health outcomes: glyphosate and other agrichemicals, microplastics in packaging, and "forever chemicals".

Consumers talk about "health and wellness" in terms of outcomes: more energy, easier weight control, better ageing, less guilt, more protein, more fibre. Scientists talk in mechanisms: metabolic health,[‡] satiety, nutrient density, gut health. Companies need to understand both: language that resonates with consumers, and the scientific evidence.

This has widespread commercial implications. Social media and AI are overtaking the traditional sources of nutrition advice – government guidance, on-pack claims, GPs – and are creating a new channel that is inherently personalised. For anyone online, using AI is quickly becoming a default rather than a choice. Google, the front door to the internet, now generates AI overviews on every search; soon the experience will be conversational by default.⁴⁹ Standalone AI tools such as ChatGPT are already used by over half of UK adults – and almost four in ten working-class adults.⁵⁰

[‡] Medical professionals use the term metabolic health to describe how well the body handles what you eat: keeping blood sugar, blood pressure and cholesterol in a healthy range, putting energy into muscle rather than fat round the middle, and letting the hormones that govern hunger and fullness do their job.

3 Diet-related diagnostics give people what they have always lacked: feedback. Without seeing how their own bodies respond to what they eat, they have neither the proof nor the motive to change behaviour. Demonstrable outcomes will reshape what is valued.

If a credible, evidence-based link between specific foods and specific health outcomes can be shown to a shopper, the case for paying a premium for nutrient density stops being a marketing claim and becomes a measurable one.

At-home biomarker and gut-health tests, metabolic breath devices, and wearable continuous glucose monitors (CGMs), now link what people eat to how their bodies respond. These links still need more testing to confirm how accurate and reproducible they are, though analysing the data from large-scale use will help. What was lab science a few years ago is becoming something individuals can act on each week. At-home gut microbiome testing and blood panels are increasingly mainstream. In the UK Thriva and Medicecks price 50-plus-biomarker panels from £199.⁵¹ Function Health offers a comparable product in the US.⁵² Breath testing devices can be used to diagnose and measure gastrointestinal conditions, for example FoodMarble measures hydrogen and methane levels to diagnose small intestinal bacterial overgrowth (SIBO) and other food intolerances. CGMs are now sold direct to consumers for under £100 a month.⁵³

Most of these tools are still early and expensive. The cost and hassle of using them – blood draws, stool samples, food logs – keep them confined to the most health-engaged and affluent. But they are getting cheaper,⁵⁴ and are increasingly sold straight to the public rather than as medical devices. Many of the conditions they support have dietary implications. The group most likely to pull them into the mainstream is already forming: the people on appetite-suppressing drugs, intensely motivated to keep the weight off. And consumer demand is growing. 58 percent of UK consumers would share personal health metrics with brands if it helped them stick to better habits.⁵⁵

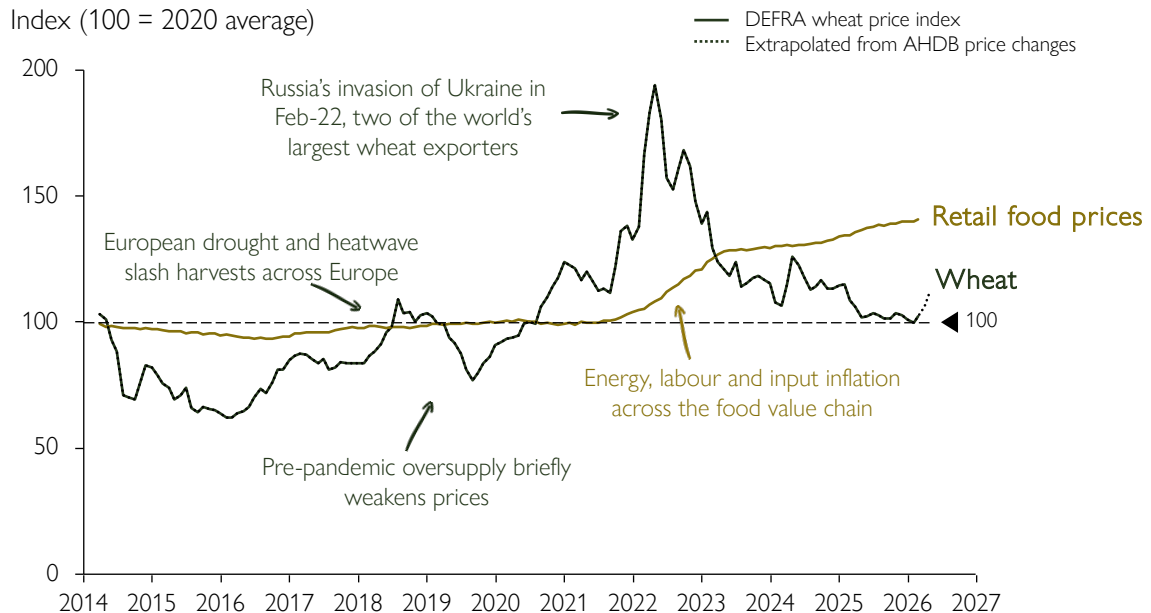
Of the three tools in this report, diet-related diagnostics are likely to reach the mainstream more slowly, as they are currently expensive and the underlying science is still being established. But the data foundations being collected now will influence nutrition advice in the future.

THE backdrop: cost and regulation are tightening at the same time. Climate volatility and geopolitics have turned sourcing from a procurement task into a strategic problem.

Cocoa prices tripled in 2024 on West African crop failure, peaking above \$10,000 per tonne and forcing Pladis to reformulate its McVitie's Penguin and Club bars below the threshold at which they could be described as chocolate.⁵⁶ Tensions over the Strait of Hormuz and new US tariffs have shown how fast politics moves prices. Since January 2026, urea (fertiliser) has increased by ~50 percent globally, and farm diesel is up around 70 percent in the UK.⁵⁷ The insurer Howden has warned that climate risk is becoming uninsurable in parts of Europe.⁵⁸ A strong 2026/2027 El Niño could trigger severe drought across Southern Africa, pushing food and cotton prices higher still as global supplies tighten.⁵⁹

The chart below shows UK wheat farm-gate prices swinging sharply, while retail food prices have risen by about 40 percent since 2021.⁶⁰ Planning models built on stable inputs no longer work. Companies need to diversify their sourcing, base it on better data, and prepare it for shocks that are now routine, not exceptional.

UK retail food prices and wheat farm gate prices index, 2014 to 2026



This adds to the costs and tension businesses face as they shift away from cost-per-calorie towards food that may be pricier and less shelf-stable – and it sharpens the challenge for consumers too.

Regulation has moved from suggestion to law. The UK's HFSS advertising ban took effect on 5 January 2026: a 9pm watershed and a total online ban on paid advertising for thirteen unhealthy categories.⁶¹ Government is updating the Nutrient Profiling Model that defines what counts as healthy⁶² and is moving towards mandatory, sales-weighted nutrition reporting for large food businesses. Within five years, UK regulators are expected to require large food companies to prove, with data, that a rising share of what they sell counts as healthy.⁶³

Companies face a genuine tension here: keeping food available and affordable while paying the premiums that come with more resilient sourcing and more nutritious food.



THE COMING VALUE SHIFTS

THESE three consumer tools – appetite-suppressing drugs, AI and diet-related diagnostic technology – make the food industry’s volume-led growth playbook less relevant and reliable. Some categories, channels and meal occasions will still grow, but the assumption that population growth, appetite and impulse will lift the whole market no longer holds.

Bramble’s value-at-risk modelling separates out three effects that are often blended together:

Customer cohorts on appetite-suppressing drugs – how consumption varies depending on whether the medication is used in acute obesity care, proactive health management, lifestyle reset, or other medical management; and the size of these segments, their calorie reduction during active dosing, and long-term dietary changes.

Household and cultural spillover – how shared meals, family baskets and wider awareness of satiety, protein, fibre and portion size change behaviour among non-users.

Category and channel profit concentration – how lost calories fall disproportionately on discretionary, high-margin, promotion-heavy categories such as snacks, confectionery, bakery, desserts, alcohol and food-to-go. These categories make up a disproportionate share of convenience store profits.

With 15 million people on the drugs eating 16 percent fewer calories, and a further 20 million shifting their habits alongside them, 4–5 percent of the calories in the UK food industry disappear. We estimate that,[§] depending on which categories are most affected, £3–6 billion of revenue could come out of the UK grocery market by 2035.⁶⁴

But that decline is not spread evenly. It concentrates where margins, supplier funding, trade spend and retail media income are typically highest. As consumers eat less, energy-dense foods (higher kcal / 100g) are cut first while less energy-dense foods grow. Energy-dense foods are typically cheaper per calorie (made from refined oils, sugars, and carbohydrates), so the revenue impact is muted, but the impact on profitability is magnified. Currently, selling a healthier diet to consumers is less profitable for food businesses.

Operating leverage magnifies the damage: if there is no industry response, a 1.5–3 percent revenue decline translates into a 25–35 percent hit to grocery operating profit against forecast.⁶⁵ Manufacturers, wholesalers and foodservice will all face similar commercial pressure.

[§] Bramble modelling projects a 2035 UK grocery market of around £190 billion in today’s prices, driven by population growth. We assume 15 million people will be taking appetite-suppressing drugs, split by BMI and usage pattern: long-term users with major diet shifts, “lifestyle reset” users, and short-term users with limited category change. Their average grocery spend falls by 5–10 percent, mainly in alcohol, savoury snacks, confectionery, soft drinks and processed meat, partly offset by small increases in legumes, fruit, veg and nuts. A further 6–20 million adults reduce spend by around 0.5 percent across similar calorie-dense categories.

Gross profit impact is modelled by category, using category gross margins and checked against the CMA retail average of around 26–28 percent. The impact comes from lower category revenue and reduced supplier funding in confectionery, snacks and alcohol. We assume supplier funding adds around 2pp to gross margin in these categories, with a 20 percent reduction, equivalent to around 0.4pp. Using the CMA average operating margin of 2–3 percent, the resulting £1–2 billion gross profit reduction is assumed to flow directly through to operating profit, with no cost mitigation.

But falling volume need not mean falling revenue, let alone falling profit. Consumers in aggregate could even spend more on food, not less, as households pay a premium for four things they increasingly value:

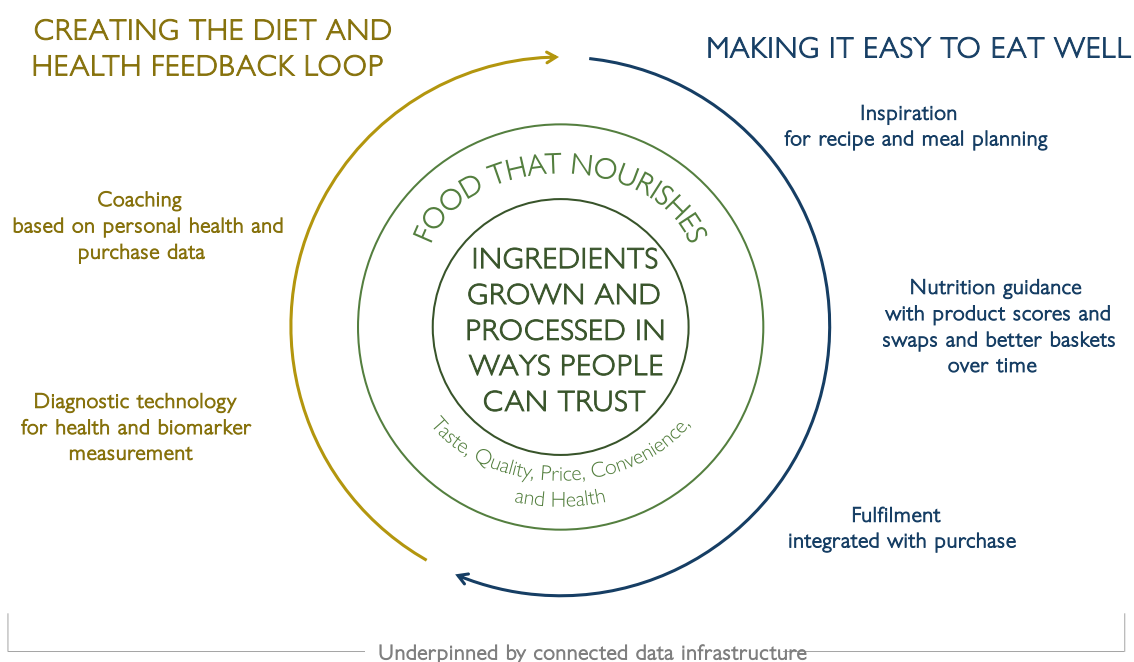
MAKING IT EASY TO EAT WELL. The AI-enabled decision layer is the biggest prize. Make eating well the easy option: remove the hassle, inspire people, give them nutrition advice they can act on, and make buying and getting the food simple. Whoever controls this layer shapes millions of diets.

FOOD THAT NOURISHES. As nutrient density per bite becomes the unit of competition, people spending more time thinking about what to eat are literally “valuing” it more. It's about getting people to eat more healthy food to close nutrient gaps, not just reformulation. There will be a premium on delicious and nutritious food and not only at the upper end of the market.

INGREDIENTS GROWN AND PROCESSED IN WAYS PEOPLE CAN TRUST. Reformulation pressure turns proteins, fibres, micronutrients, seed genetics and processing into a business-to-business profit pool covering innovation in every step before the product reaches the shelf. Integrity will become a prized asset in the value chain, as food quality becomes the basis for consumer trust in brands and retailers.

CREATING THE DIET AND HEALTH FEEDBACK LOOP. The adoption of at-home diagnostics and AI coaching creates recurring, valuable relationships with individuals to reinforce desired behaviours and close the loop to make it easy to eat well. Over the next five to ten years, whoever builds the evidence base that links purchases, diets and biomarkers to health outcomes creates the most valuable dataset across the food industry.

Creating the diet and health feedback loop – making it easy to eat well:



A new battle for the basket is emerging. The companies that succeed will be the ones closest to the customer as drugs, AI and diagnostics reshape how they eat. They will build products and services for specific customer segments' needs across the four sources of value.

Our recent customer research shows that new customer needs and segments are emerging, and buying behaviour is shifting. But this shift will not happen evenly across regions or income groups. Cost-of-living pressure will slow behaviour change for many households, even where the stated desire to eat better is high. More affluent consumers are likely to adopt diagnostics, AI-enabled nutrition advice and premium "better food" first. Lower-income households may engage through different routes: cheaper appetite-suppressing drugs, retailer own-label reformulation, convenience formats, pharmacy-linked offers and products that deliver satiety and nutrient density without a price premium. The commercial challenge is not only to make healthier food desirable, but to make it affordable, available and easy to act on.

The table below looks at the products and services that would be valuable to just one of these new segments: people on appetite-suppressing drugs. (This is a group, incidentally, that itself contains subsegments with quite disparate attitudes towards health and food.)

Example opportunity areas across these value shifts for people on appetite-suppressing drugs

MAKING IT EASY TO EAT WELL	Inspiration Recipes and meal plans that pack in nutrient quality		Nutrition Guidance Advice on what to eat and how to handle the medication's side effects		Fulfilment Make it simple, fast and frictionless to buy quality, nutritious food
	Maximising quality protein Over 20g of protein in under 150 calories, from good sources, to protect lean muscle	Full of fibre Fibre that fills you up and feeds your microbiome — from wholefoods, not fortification	Rich in micronutrients Vitamin D, iron, B12, calcium, iodine and magnesium your body can absorb easily, built into bread, dairy and ready meals	Healthier convenience New formats for people on medication: smaller portions and plain food for the first 4–12 weeks, when side effects peak	
	Ingredient Discovery Genomic testing and precision breeding to grow crops with more protein, fibre and micronutrients – and critically, more flavour		Better Growing Reducing synthetic agrichemicals and intensive farming practices; and tracking how those changes affect an ingredient's food quality	Better Processing Maintaining shelf life and food safety, without potentially problematic additives	
	Coaching Diet advice, prescription support, help with side effects, and a route to escalate when symptoms persist or get worse	Diagnostics Wearables, at-home biomarker tests and subscriptions that measure how your body responds to food, and nutrients needed		Data Integration Pulling together purchase, wearable, biomarker and health data to show how food choices shape your health	

The most hotly contested of the four areas will likely be the influence over customer choice – **MAKING IT EASY TO EAT WELL**. The AI companies are ahead, but all is to play for.

The winners will need to convince customers that they are **both experts and have good intentions**. Both are needed to build trust. They must become experts on the science, taking a view on what "healthy" means. Science, innovation and media are moving too quickly for government to be the arbiter of what is healthy – the UK's recently announced consultation on updating the 2004 Nutrient Profiling Model (NPM) to the 2018 NPM is already eight years out of date. It is still primarily designed to reduce the consumption of unhealthy food, not help consumers seek out the nutrient-rich diets that they are increasingly signalling as their priority.

To be genuinely useful, the way we evaluate “healthy” food must be easy for shoppers to understand and give AI agents a science-backed reason to recommend one product over another. It must cut through the noise of today’s patchwork of health labels, nutrient claims, marketing messages, traffic lights and back-of-pack nutrient tables that leave shoppers confused, not informed.

Brands began as a promise of safety. People were falling ill, and dying, from food that was adulterated, dirty or outright poisonous, and a brand was a maker putting its name to a product to say it was safe to eat. Food science, quality control, standards and certification all grew from that need.

The public health harm has since changed shape. Too much industrially made food now makes us ill more slowly: too much fat, salt, sugar and synthetic additives, and too little fibre, vitamins and minerals.

The food companies that win the next era will trade on the same thing brands were built on: trust. But what trust covers has widened. Food quality now means the whole chain: how food is grown, what it is made from, how it is processed and packaged, and what it does for our health. Consumers will increasingly give their trust, and their money, to the companies that get this right.

This is hard to judge. Plant genetics, regenerative agriculture, PFAS (the “forever chemicals”), microplastics, nutrient density: most people have neither the time nor the training to weigh it all up. That is the job AI will do for them.



At Bramble we believe that mainstream consumers require simple, actionable signposting to help them tell similar products apart and improve their basket and diet over time. Cereals, bread, snacks and ready meals are some of the hardest cases: centre-of-plate staples where consumer concern about ultra-processed food sits alongside a wall of health claims, leaving shoppers to make trade-offs across nutrition, quality, taste and price.

These products are at the centre of the fast-moving scientific debate on ultra-processed foods (UPFs).⁶⁶ Scientific consensus on the harms of these foods is growing. Observational studies consistently link high consumption of ultra-processed foods to increased risk of type 2 diabetes, cardiovascular disease, gastrointestinal disorders and depression, alongside weight gain.⁶⁷ Yet many of these UPFs don’t fall under current HFSS (high in fat, salt or sugar) designations, even though they are often hyperpalatable and lead to overconsumption. In clinical trials people on a UPF diet consumed 500–1,000 extra calories a day.⁶⁸ In the UK, UPFs make up 51 percent of the average adult diet and 68 percent for adolescents.⁶⁹

The choice of nutrition measurement methodology and the science that underpins it is critical. It will have to take a very different form from the current government “NPM” model, which was developed only to show what you could not advertise, not what you should seek out.

Nutritional profiling and scoring

The UK’s **Nutrient Profiling Model** (NPM) was built to police advertising, not to guide shopping. A product that meets the HFSS threshold can advertise; one that falls below it cannot. As an incentive for reformulation, NPM works. As a guide for a consumer standing in front of the cereal aisle, it does not. It looks at a small set of nutrients. It ignores how processed the food is. It was only designed for a defined list of categories. And it gives a binary pass/fail answer where most products sit just above or just below the line.⁷⁰

Newer scores are built for the shopper. **Food Compass**, developed by Tufts University, is one useful published example. It gives foods a 1-to-100 score using 54 attributes across nine health-relevant domains, including nutrients, ingredients, additives and processing characteristics. The point is not that Food Compass must become the standard. The point is that shopper-facing nutrition scoring is moving beyond traffic lights, back-of-pack tables and narrow nutrient thresholds.⁷¹ Because the Food Compass score draws on 54 different inputs, manufacturers can’t lift it by tweaking one nutrient, and researchers can update the model as the science moves on.

Expertise alone is not enough; good intent is needed to build lasting trust with customers and influence their decision-making. Different businesses start with different strengths and weaknesses, and all need to find a commercial model that works. It is not yet clear-cut who will manage this best.

For the AI companies’ large language models (LLMs), taking a view on “healthy” will require editorialising, underpinned by ongoing expertise, which is a new and uncomfortable space for them. Today, the models do not yet have a clear standard for how they assess products. Bramble analysis shows that what surfaces on the AI shelf is often decided by consumer-review platforms, wellness blogs and commercial editorials, not by any systematic comparison of nutritional information. And even where such a comparison is possible, not all retailers make their data accessible. Without a structured approach to product ranking, or consistent data inputs, the AI models predict the most likely answer, so they give inconsistent answers each time.⁷²

What happens when someone asks AI what they should buy

Prompt

"I'm a mum with two kids under 8, find me which good value breakfast cereal I should add to my shopping list and which to avoid"

The Shopping List

"Add to your shopping list"

- ☒ Weetabix - "best all-rounder"
- ☒ Plain porridge oats - "best value breakfast"
- ☒ Original Shreddies
- ☒ Bran Flakes

"Acceptable in moderation"

- ☐ Corn Flakes
- ☐ Multigrain Cheerios

"Avoid as everyday breakfasts"

- ☐ Frosties
- ☐ Coco Pops
- ☐ Crunchy Nut
- ☐ Honey, chocolate and novelty cereals

"A simple rule when shopping"

Under 5g sugar per 100g, at least 6g fibre, whole grains first on the ingredients list.

The Recommendation Engine

The model is probabilistic. Ask the same question again and the list changes.

Personalised, conversational queries

- Shoppers ask in their own words and get one personal answer back.
- More useful and more engaging than a keyword search.

Key Questions for Brands

- 1. Visibility** Is your brand in the answer at all, and how far up the list?
- 2. Sentiment** Is your brand framed positively or negatively?
- 3. Competitors** How do you rank against rivals?

The Online Sources

Commercial editorial, Heavenly Snacks (snack shop blog), Testix (SEO review site), Daily Dish (food blog), GoodtoKnow (lifestyle site, two articles)
Consumer comparisons, Which? (consumer body, two articles), Allsupers (price comparison site)
Press, The Times (UK newspaper), Gazeta Express (overseas news portal)
Health charities, British Heart Foundation, Diabetes UK
Forums, Netmums (parenting site)

Dozens of nutritional guidance apps have launched in the last few years. Many have good traction: Yuka has 80 million consumers globally.⁷³ Existing players have bolted on modules (MyFitnessPal, Healthify); new entrants pair

medication with coaching (Voy, Noom); several companies offer an assessment of “health”, but the underlying expertise isn’t always strong. They also struggle to provide enduring utility to customers: they are thin on nutrition science, disconnected from where food is bought, and short of clinical evidence. Their products are not sticky.

For both AI and food companies there is jeopardy in stepping away from regulation and defining a new standard for “better” food themselves. This is made harder by the tensions between their economic models and the needs of their customers. Who will pay for the advice? Will the agent be funded by the consumer? In which case, will it reach scale? Or will it be funded by advertising and product placement (as seems to be the plan for Google’s Universal Cart)? In which case, will the customer trust it?

Pharma and other health companies, which may be most credible on health advice, are also eyeing up this space. The recent appearance of appetite-suppressing drugs on billboards across the UK is likely to be followed by the launch of more intensive wrap-around care offers. Pharma companies are moving away from being solely in the molecule-discovery business.

But retailers have two of the greatest assets – the existing relationship with the customer and the best current private data assets. Sarah Friar, OpenAI’s CFO, has estimated that 80 percent of data is private.⁷⁴ Private data is one of the greatest moats against AI disruption. Agentic commerce could be seen as a gatekeeper between them and the customer, but it could also let them deepen a relationship they already own. Combine what they know about a customer with what that customer wants, and they can become a genuine health partner.

In the meantime, brands, which have paid for visibility and the ability to influence customers at point of purchase (through prime shelf position, sponsored placement, and media) will have to work out how to engage with the AI-powered layer advising their consumers. To win customer trust product differentiation on digital channels will need to be understood by machines in order to appear in recommendations.

The window to act is small. AI shopping agents will not be widespread for a year or two, and at first they will not beat an ordinary grocery shop. But the shoppers who adopt them early will tend to stay with whoever gave them a good first experience, and those habits will stick.

The four things customers will value are not abstract: making it easy to eat well, with food that nourishes, using ingredients grown and processed in ways people can trust, and creating a diet and health feedback loop. These are product, service and supply-chain innovation opportunities that can be acted on now. **Winners will not innovate in just one of these areas. They will build products and services across all four, connect them with data, and make them easy for customers to use. The first to do this well will win the trust, the data and the customer relationship.**



EXAMPLES OF BRAMBLE INTELLIGENCE WORK

We help companies turn tomorrow's appetites into commercial advantage.

We are the only food strategy adviser that has deep expertise from soil to cell. We work across systems, not silos. We spot patterns faster, separate media hype from enduring trends, and turn them into commercial decisions our clients can act on.

EXAMPLES OF RECENT CLIENT WORK

Client	Guiding Question	Commercial Outcomes Supported
Retailer	<i>"What should our food, health and wellbeing strategy be?"</i>	Built a ten-year food, health and wellbeing strategy spanning food, supplements and pharmacy, and conducted consumer research to strengthen customer segmentation across health needs and behaviours. Identified priority categories and defined the initiatives that will contribute five percent revenue growth over the next decade.
Retailer	<i>"What should our health ambition be, and how much growth could that contribute towards our corporate plan?"</i>	Defined the healthy diets strategy and set internal targets for measuring healthy and sustainable sales across the company, framing what should be competitive versus pre-competitive and how to engage with current and pending regulation. Brought the leadership team to agreement on integrating health into the corporate financial plan.
Food Manufacturer	<i>"How do we better measure nutritional performance and decide where to invest for future growth?"</i>	Worked through the nutritional performance of the full range of categories and products and outlined how to integrate this with carbon foot print analysis, alongside mapping the external market and competitors. Built the commercial case for strengthening portfolio health performance, unlocking >£200M incremental growth potential.
Industry Body	<i>"Which sectors across the food industry provide the most opportunity for resilience and economic growth?"</i>	Conducted research on priority sectors to identify high-potential sub-sectors, assess growth barriers, and define a vision for each sector's contribution to the UK's economic growth, including mobilising £5 billion in investment, creating 60,000 jobs, and improving national food security.
Retailer	<i>"What are the consumer, competitor and regulator trends that will shape the food system over the next five years?"</i>	Ran leadership workshops covering a wide range of nutritional performance and environmental sustainability growth and risk areas, including ultra-processed food, nutrition scoring methodologies, nutrition targets, and approaches to mandatory reporting. Drew out the commercial, health and sustainability implications for the business, and the opportunities and risks these present.
Retailer	<i>"How do we identify and support the challenger food brands that will support our future growth?"</i>	Conducted detailed analytics on the Challenger Brands portfolio to identify early indicators of commercial success, and the ways in which the retailer could select and support these brands to accelerate their growth. Used this to inform the design of an accelerator to increase sales of brands whose products support health, sustainability and circularity ambitions.

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