

PART 2: DETAILED FOOD POVERTY ACTION PLAN PROGRESS REPORT

(updates in this section date from March 2018 unless otherwise stated)



The Big Roast 2018, sponsored by First Base

Abbreviations used in this report

ASC	Adult Social Care
BHCC	Brighton & Hove City Council
BHESCO	Brighton & Hove Energy Services Co-op
BHFP	Brighton & Hove Food Partnership
BHT	Brighton Housing Trust
CCG	Clinical Commissioning Group
DWP	Department for Work and Pensions
NEA	National Energy Action
RSLS	Registered Social Landlords
TDC	Trust for Developing Communities

Key	
	Minimal/no progress
	Some progress
	Good progress
(Y.1)	Year 1 (2015-16)
(Y.2)	Year 2 (2016-17)
(Y.3)	Year 3 (2017-18)

Aim 1: Tackle the underlying causes of food poverty in the city

1A. Actions which address the broader or underlying causes of food poverty

	Action	Progress
1A.1	Provide information relating to 'solutions', including a web page plus non-digital resources (e.g. leaflets) to guide both people experiencing food poverty and those who advise them.	BHFP's information and advice page ⁵ for people experiencing food poverty continues to be well used. Food Bank referral page has developed into a directory and on-line map and is also well used. 'Eating well on a Budget' leaflets (with signposting info) produced and reprinted twice and widely distributed

⁵ <http://bhfood.org.uk/how-to-hub/food-poverty-advice/>

1A.2	<p>Better integrate food poverty into money advice programmes:</p> <ul style="list-style-type: none"> • See where food can add value to advice or engage people e.g. food as a 'safe' way to talk about budgeting • Include food ordering/ budgeting/ preparation in other financial capability training sessions, digital inclusion programmes etc. <i>(See also 3A.)</i> • Explore how lunch clubs /shared meals <i>(as well as food banks – see 4A.)</i> can become a site for money advice 	<p>There has been progress on integrating food with money advice, and including BHFP in the Moneyworks Partnership. Links between advisers and food banks are stronger (see Aim 5)</p> <p>Good progress in linking digital inclusion via Digital Inclusion partnership with food, especially with including food ordering in online training</p>
1A.3	<p><i>Paradoxically many people experiencing food poverty are working in the food industry, yet food has huge potential as an employment option. Explore the following opportunities (see also 1B for broader employment actions):</i></p>	
1A.3 (A)	<p>Better/fairer paid staff e.g. good practice on tipping in restaurants; reduced use of zero hours contracts; supermarkets becoming living wage employers</p>	<p>There has been interest in this, but no real progress specific to a local level (though nationally this has moved up the agenda and some supermarkets have committed to paying the living wage).</p>
1A.3 (B)	<p>More apprenticeships with a food element</p>	<p>Plumpton College have extended their apprenticeships programme to include baking and processing and is offering apprenticeships at all levels from entry to degree and intend to work with 40+ apprentices each year from Sept 2018.</p>
1A.3 (C)	<p>Primary and Special School Meals Service becomes a Living Wage Employer as a beacon for other large catering employers</p>	<p>Fully achieved - paid to all staff from April 2018 and is included as a requirement in the new school meals contract.</p>
1A.3 (D)	<p>A role for new apprenticeships e.g. in social care which include cooking skills (double win – increase employment in a shortage area/better care for vulnerable people - <i>see also 1B below for broader employment actions</i>)</p>	<p>There has been interest in this, but no real progress at a local level.</p> <p>Challenges: less private sector engagement in the plan. Potential for this & the related economic/apprenticeship actions to be picked up via Economic Strategy</p>

1A.4	<p>Reduce the impact of benefit issues, which currently contribute to a large proportion of food bank use⁶/crisis food poverty</p> <ul style="list-style-type: none"> • When there are delays/refusals/ sanctions, DWP automatically gives information about what the issue is and clear guidance on how to resolve it. DWP also provides information on hardship payments e.g. short-term benefit advances; and signposting to advice services and other support in the city • DWP to run awareness sessions on understanding hardship routes for advice and food bank workers & volunteers, so they can better advise their clients 	<p>(Y.1&2) DWP delivered awareness sessions on hardship routes to food banks and others at Brighton Job centre. It is hard to tell whether the situation with delays/refusals/sanctions has improved or not as a result, however local food bank use figures that year record this as less of an issue than nationally. The Fairness Commission recommendations include reducing delays in the benefit system for taking forward.</p> <p>(Y.3) Regarding Universal Credit, food banks have suggested good information provided on short term benefit advance may have helped to reduce the impact of universal credit in the area.</p> <p>Challenges: Although there has good progress against specific actions, this has been marked amber as more still needs to be done around benefits. The impact of Universal Credit is not likely to be felt until later in 2018</p>
1A.5	<p>Raise awareness in frontline workers and volunteers via food poverty awareness training/ sharing information. Also encourage two-way process where 'intermediary' organisations share their information on food poverty issues with BHFP</p>	<p>BHFP were commissioned to deliver food poverty awareness training to housing workers. Moneyworks helpline workers trained by BHFP. Several organisations have included 'food poverty' questions, notably BHCC housing (<i>see also 1A.6</i>). BHFP online food poverty resources are well used. BHFP receive regular information on food poverty challenges and the two stakeholder events relating to this plan provided useful info.</p>
1A.6	<p>Given the synergies with the Housing Strategy and the Food Poverty Action Plan, run a workshop with BHCC housing staff and BHFP to scope how to make the most of the overlaps in this work.</p>	<p>Workshop with senior BHCC housing staff and BHT took place led to changes in BHCC working practices, including inclusion of food poverty questions in STAR tenancy survey. This revealed high levels of food poverty in council tenants (<i>see intro to this report</i>). A pre-tenancy workshop with BHFP and BHT was piloted. Sheltered housing has championed food poverty initiatives.</p>

⁶ Perry, J., Sefton, T., Williams, M. and Haddad, M. (2014) Emergency Use only: Understanding and reducing the use of food banks in the UK. . <http://www.trusselltrust.org/resources/documents/press/foodbank-report.pdf>

1A.7	<p>Raise awareness of food poverty issues and this plan in other strategies, and in policy service planning – especially in housing, fuel poverty/affordable warmth, Public Health, social services, and hospital care and discharge</p>	<p>Whilst progress has been slower in some areas than in others, feedback from the 2018 stakeholder event indicated that food poverty has increased profile and moved up agendas, as reflected in this progress report. There was a suggestion at the One Year On event that BHFP should engage with the housing committee however there wasn't capacity to take this forward</p> <p><i>Challenges: BHFP & BHCC resources. Additionally, BHCC staff turnover and health service restructures means engaging with different staff/partners</i></p>
1A.8	<p>Raise awareness and seek to engage further partners in development of this action plan, especially those who work with the groups identified above as most vulnerable to food poverty</p>	<p>New partners have engaged throughout the process and further partners have come on board for the next stage.</p> <p>Financial Support secured through Food Power to understand more about food poverty in the most vulnerable groups with the 'least heard' voices including rough sleepers.</p> <p>BHFP/Red Cross 2018 case study of leaving hospital showed importance of food support at hospital discharge.</p> <p>Migrant needs assessment 2017-18 looked at food need although the report only addressed food bank use not day to day food security – researchers have been asked to go back to (extensive) data to see if more info; and VIE who work with migrants without recourse to funds have also agreed to host a focus group</p> <p>CCG engagement research in 2017 looked at food and food access in 'less heard' groups – see intro for a summary by BHFP</p>
1A.9	<p>Share the learning from developing this plan locally and nationally, and respond to both national and local campaigns and consultations</p>	<p>Achieved via case study, webinars and hearing through the sustainable food cities network. BHFP input into design of national 'Food Power' programme to</p>

tackle food poverty using a city-wide approach and are delivering mentoring support to other areas through that programme. Evidence has been submitted to national consultation and a parliamentary inquiry into food poverty. Plan and learning from it seen as influential nationally.

1A.10 Submit the evidence which has informed this action plan to the Fairness Commission. Continue to liaise with Commissioners to ensure that food poverty is fully integrated as an issue

Evidence submitted. BHFP then met with BHCC to discuss how food poverty can be included in the 'Poverty Proofing the School Day' audit resulting from the Fairness Commission.

1B. Broader 'bigger picture' actions – influencing elsewhere to ensure that people have an adequate income in relation to their household expenditure.

1B.1 Promote Brighton & Hove as a 'Living Wage City' at the level calculated by the Living Wage Foundation; Encourage larger employers including national ones to sign up

The Brighton & Hove Living Wage Campaign continued to build and has now signed up 370 employers with 3064 salaries raised as a result of the campaign. Employers have pledged to pay their staff £8.75 per hour or more, which is the rate calculated by the Living Wage Foundation based on the true cost of living in the UK (2018).

1B.2 Via delivery of Economic Strategy and Learning and Skills work, develop a thriving economy with secure, living wage employment opportunities.

Ensure people can develop the skills needed to access good employment – including disabled people and other 'at risk of food poverty' groups listed above. Deliver a programme of work on apprenticeships as outlined in 1A.

Possability People have employment projects which are about getting people, who are the furthest away from the workplace into work.

Some progress on apprenticeships & food agenda (see 1A) but nothing specifically in relation to disabled people.

BHFP have been consulted on the new Economic Strategy and it is hoped some aspects will be taken forward through this.

1B.3 Via delivery of the key priorities of the Housing Strategy – improving supply, improving quality and improving support - deliver action to

This action was always 'bigger picture' although BHFP submitted to consultation on HMO (Houses in Multiple Occupation) standards in 2017.

increase the affordability of housing, reduce failed tenancies and reduce fuel poverty (food vs fuel pay-off is a major cause of food poverty)- especially in the private rented sector.

Challenges: *The lack of affordable housing and high levels of homelessness in the city is having a big impact on food poverty levels. Although there has been progress made against the actions the growing issues with homelessness in the city as reported by food banks and others mean this has been marked as red*

1B.4 Promote the local financial inclusion agenda and actions to tackle the 'poverty premium' whereby those on the lowest income end up paying the highest prices:

- Advice (*see also 1B.5*)- including debt & benefit maximisation
- Banking- access to cheaper means of payment e.g. direct debits
- Credit- so people are not reliant on loan sharks or payday lenders, if an emergency occurs
- Deposits- to allow a savings 'buffer' against things going wrong
- Education including digital inclusion - to access food for home delivery and other goods at the best prices* (*see also 3A.3*)
- Fuel poverty reduction/energy efficiency - keeping fuel bills low*
- Food- uniquely, Brighton & Hove includes 'food' under financial inclusion

**as food is the flexible item in people's budgets, reducing other outgoings helps to free up spend for food. Food and fuel poverty are interlinked.*

The financial inclusion agenda led to the creation of Moneyworks –to provide support to financially excluded and hard to reach groups by joining up the existing services throughout the area. Links between food and fuel poverty programmes have improved but could still go further.

(See also elsewhere - Digital Brighton & Hove have championed inclusion of food shopping in digital inclusion courses.)

Challenges: *Fuel poverty programmes tend to be funded year by year and change shape/staff, so it is difficult to embed food within them. The need for money advice (for example in food banks) is growing and funding opportunities for advice work not keeping up.*

1B.5 Identify those who will be most affected by future rounds of Welfare Reform and prioritise for support (all tenures i.e. private rented as well as social housing tenants). Share information about the impact of

(Y.1&2) BHCC Welfare Reform identified those most affected by benefit changes (the biggest impact being the benefit cap) and directly supported those

	<p>benefit changes e.g. how the changes to working tax credit will affect eligibility for free school meals</p>	<p>households. They also produced a newsletter for people who work or volunteer with those who may be affected, to clarify the changes and signpost to support.</p> <p>(Y.3) Case working support for people identified as most impacted by welfare reform continues. In addition, a large-scale training programme has been undertaken by the Council's Welfare Rights team to provide front line workers and organisations including food banks with detailed knowledge about Universal Credit, which rolled out in the City at the end of 2017 and beginning of 2018. An up to date newsletter has also been produced to provide information about support for people on Universal Credit.</p>
1B.6	<p>Undertake research to better understand the poverty premium in terms of food shopping (for example to include the price difference of healthy /unhealthy food) and the impact of local shops vs internet shopping / large retailers.</p>	<p>Food Matters have carried out research into the 'poverty premium' in relation to food in the city, and the cost of a healthy basket of food vs an unhealthy basket. This research is only available in draft format but expected to be expanded and repeated later in 2018.</p>
1B.7	<p>Ensure people can access advice about money at an early stage - before hitting crisis – including:</p> <ul style="list-style-type: none"> • Benefit maximisation & debt advice • Building savings (to have a buffer in case of crisis) • Planning for later life (thinking now about how to have an adequate income in later years) 	<p>Moneyworks continue to coordinate money advice. Possability People have introduced a programme to better prepare people for retirement, involving financial advice & activities.</p> <p><i>(See also 1B.4 & 1B.5)</i></p> <p>Challenges: <i>This is a huge area, so although there has been progress, this will still need to go further.</i></p>

Aim 2: As a bare minimum, ensure that every child, and every vulnerable adult, can eat one nutritious meal a day

2A. There is more creative use of existing support to parents of under 5s including breastfeeding, food poverty advice and Healthy Start vouchers & vitamins

	Action	Progress
2A.1	Continue existing good practice in achieving high overall levels of breastfeeding with continued focus on deprived areas	<p>(Y.1) In 2015/16, exclusive rate breastfeeding at 6-8 weeks was 57% – the highest rate in England. There were a range of initiatives in place focusing on areas and groups with lower rates in the city. In 2016/17, exclusive rate of breastfeeding at 6-8 weeks in B&H was 55.3%. This is a little lower than the previous year – but that figure was affected by an information system/data collecting change. The particular services that were in place in 2015/16 offering additional breastfeeding support in areas of the city that have lower breastfeeding rates (by definition more deprived areas) have ended. This is the result of financial challenge.</p> <p>However, Brighton & Hove continues to achieve overall high levels of breastfeeding. There is an aim to offer some additional support to areas of deprivation through the Healthy Child programme teams (HCP), and HCP Peer Support programme, including training to deliver early proactive contacts to mums. This work is also happening for groups with lower rates – such as young parents and travellers – through the Healthy Child Programme Healthy Futures team.</p>

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2A.2	<p>Improve healthy eating advice to families with young children and link to cookery/shopping skills. Increase uptake of Healthy Start vouchers amongst eligible families, by ensuring they are included in conversations with Health Visitors</p>	<p>Children’s centres have been proactive in bringing this agenda into their work including new cooking and eating opportunities for children and families. A new food poverty group led by the BHCC children’s Centres and focussed on children, families and early years brings together public health, Welfare Reform, midwife services, health visitors, BHFP, Chomp and others has led on Healthy Start but also brought key people together over the wider agenda.</p> <p>A joint campaign was developed between Public Health, Children’s Centres and BHFP to increase uptake of Healthy Start vouchers and vitamins, including local posters and work to improve knowledge amongst health professionals, with retailers and in community settings. (<i>Ongoing campaign see http://bhfood.org.uk/struggling-local-families-missing-out-on-thousands-of-pounds/</i>).</p> <p>The campaign has maintained (at 68%) the uptake of Healthy Start Vouchers, whilst take-up has fallen slightly elsewhere. Brighton and Hove now has the 3rd highest take up out of 68 regions in the South East (SE average is 60% and national average 65%) although other areas continue to do much better e.g. NE average is 74%.</p>
2A.3	<p>Increase uptake of healthy start vitamins</p> <ul style="list-style-type: none"> • Clinical lead to provide teaching session to Children’s Centre reception staff to increase awareness of importance of Vitamin D & Healthy Start scheme • Clinical lead to undertake audit of Health Visitor records to establish if Healthy Start vouchers and vitamins are being discussed • Guidance to be written for Health Visitors 	<p>Efforts have been focussed on healthy start vouchers rather than vitamins although there has been some progress and the BHCC food poverty group has meant the issue has stayed on the agenda. Data has shown that about 250 healthy start vitamins have been given out in the space of around 3 months from Children’s Centres in Brighton & Hove (2018)</p> <p>(<i>See also 2A.2</i>)</p> <p>Challenges: <i>There has been a lack of data available from pharmacies regarding vitamin distribution. It has been suggested by local partners & in wider research⁷</i></p>

⁷ McFadden, A., Green, J. M., McLeish, J., McCormick, F., Williams, V., & Renfrew, M. J. (2015). Healthy Start vitamins—a missed opportunity: findings of a multimethod study. *BMJ open*, 5(1), e006917.

- Continue to work with Community Pharmacists and work towards distributing vitamins from them
- Repeat update on vitamins (lunch-time seminar)

that the current targeted system of providing free vitamin supplements for low-income childbearing women and young children via the Healthy Start programme is not fulfilling its potential to address vitamin deficiencies. There is wide professional and voluntary sector support for moving from the current targeted system to provision of free vitamin supplements for all pregnant and new mothers, and children up to their fifth birthday.

2B. A greater number of families with children eligible for free school meals are accessing them. Schools embed initiatives which help to alleviate food poverty, including 'holiday hunger' schemes

2B.1 Provide information and training to schools about using breakfast clubs to alleviate food poverty. Share good practice information with learning mentors on using breakfast clubs to support learning. Support breakfast clubs to achieve the Healthy Choice Award to demonstrate that the food they are serving is healthy and age appropriate

1100 children attend a primary school breakfast club every school day in Brighton & Hove and 66% of the city's primary school breakfast clubs have been supported to improve the nutritional content of their breakfast provision through the Healthy Choice Award. BHFP produced a Primary School Breakfast Clubs in Brighton & Hove report and a good practice booklet for staff and volunteers working in breakfast clubs.

Real Junk Food Project have improved links with schools and are developing a 'fuel for schools' project

Challenges: There seems to be a difference between free breakfast clubs and paid-for ones – potential to explore via the Poverty Proofing the School Day audit.

2B.2 Continue to deliver Universal Infant Free School Meals (UIFSM) at Silver Food for Life standard. Keep prices of school meals for other age groups low by keeping uptake high. Arrangements for school meal provision when contract changes in 2017 to consider food poverty issues

The school meal service has continued to deliver universal infant free school meals at silver food for life and uptake remains high. The cost of meals was increased from September 2017 to cover the increased cost of the Living Wage Foundation living wage (higher than the government's living wage) from April 2018- this was the first increase since 2010.

2B.3	Increase uptake by those who are signed up for free school meals, but don't choose to eat one (both UIFSM and FSM)	<p>BHCC School Meals Service supported Moulsecoomb's BEST Week. During this week parents were invited to come and enjoy lunch with their child. It was very well received and there is hope that it will have a positive impact on overall take up of UIFSM and FSM.</p> <p><i>(See also 2B.2)</i></p>
2B.4	Maximise the number of eligible families who are signed up to receive free school meals, learning from any developments in best practice nationally	<p>There were 75 families identified through the School Meals Service working in partnership with the Council Welfare Team and cross-checking records. This equated to around 90 children. There is a desire to be able to find a way that this identification process occurs on a more regular basis, to make it a less onerous task.</p>
2B.5	Explore and share good practice on using pupil premium for healthy food related activity in schools	<p>Public Health Schools Programme collates data (such as the Safe and Well at School Survey and IMD data on child poverty) to develop school profiles. Public Health also works with schools (and other partners) to develop priority initiatives such as healthy eating. Food and children continues to be a priority for Public Health, explored via the BHCC led food poverty group.</p> <p>Challenges: Schools are hard to engage with collectively and there has been less direct school involvement with this plan</p>
2B.6	Raise awareness in primary schools of Chomp holiday lunch clubs for families, and improve referrals	<p>(Y.2) There was a push on awareness about Chomp holiday lunch clubs. Leaflets were distributed in school bags in a partnership between BHCC & TDC, with information such as food poverty guidance and access to local resources including food banks, Chomp holiday lunch clubs and shared meals in local areas. TDC continue to promote Chomp and shared meals. Hangleton & Knoll Project have continued to promote CHOMP in the West via Facebook, leaflets at community buildings and targeted outreach to community groups.</p>

		<p>(Y.3) Chomp has continued to expand and referrals have greatly improved from some schools, although others are less engaged. Hangleton & Knoll Project co-delivered two Chomp sessions held in Knoll Park Pavilion during the summer holidays last year supported by their community development and youth workers, ensuring they were able to target those most in need through their existing work and relationships with local families and young people</p>
2B.7	<p>Pilot a holiday lunch club taking place on at least one school premises (ideally in Portslade or Hangleton) via existing Chomp model and/or in partnership with school meals service</p>	<p>(Y.1) A successful pilot partnership (combining Chomp with funding and staff from the School Meals Service) took place at West Blatchington Primary School. Hangleton & Knoll Project actively promoted CHOMP in the West via Facebook & leaflets at community buildings and targeted outreach to community groups.</p> <p>(Y.2) In 2017, 341 meals were served at West Blatchington primary school. The club also ran during October half term and Christmas.</p> <p>(Y.3) By 2018 3 successful school venues running Chomp - West Blatchington, Benfield, and St Marks in Whitehawk in partnership with the school meals team. Chomp is also piloting in Children and Family Centres in term times.</p> <p>Chomp served approx. 700 meals in total.</p>
2B.8	<p>Contact projects providing food for children during term time to see if they are interested in expanding holiday provision</p>	<p>Contact was made – however, there didn't prove to be a good way to find new venues, and meanwhile Chomp has expanded (see above) so this is unlikely to be repeated.</p>

2C. Vulnerable adults have their food needs automatically considered during assessments. There is meal delivery provision for those who need it – but people are able to choose alternatives out of the home such as shared meals. *See also 2E for residential settings.*

2C.1 Explore if / how nutrition and hydration can be introduced to the checklist for Care Assessments as part of the Better Care agenda; and whether this can be an opportunity to give people info on ‘shared meals’ and other ways to access healthy food

As part of the CCG’s current work, including The Caring Together programme – projects are currently being developed across the Central Sussex and East Surrey Commissioning Alliance, looking at a Community Aligned Short Term Services project. BHFP’s input has led to one of the outcomes of projects being ‘Increased access to good food and prevention of diet related ill health including under-nutrition and obesity, and the importance of hydration’. Once the Project Initiation Document is finalised (this is quite complex as involves 4 different CCG’s), formal project groups will be set up to include partners across the community and voluntary sector.

2C.2 Develop possibilities of shared food in terms of Adult Social Care services e.g. whether people can eat with a neighbour/ friend/family member/ at a lunch club as part of a care package; and/or whether eating together might allow people to combine their care packages allowing more time with care worker and/or reducing social isolation

Challenges: *There has been good progress in promoting lunch clubs and other opportunities to eat/socialise together including via Access Point, the council’s single point of contact and sending a list of lunch clubs to former meals on wheels recipients (see below) however the actual reconfiguration of care packages to allow combining is still a work in progress – there is interest from the Central Social work team in taking this forward in 2018/19*

2C.3 Ensure that Community Meals are available, affordable and offer a range of options to meet and maintain people’s nutritional needs. Explore options for April 2016 (current contract end date March 2016) to ensure further choice and control for people using the service. Ensure that people are also aware of the alternatives (such as shared meals) which reduce social isolation and engage people back in communities

When the RVS Community Meals (Meals on Wheels) contract ended, an independent review by ASC checked whether individuals had a new meals provision in place or had made alternative arrangements. The majority of people were happy with the outcome and some had found inventive, alternative ways of getting access to meals. ASC sent out a lunch club list, community transport pamphlet and casserole club leaflet for volunteers and diners to all former recipients

There remains a gap left by the loss of the community meals service i.e. need for people to receive food help at home, and a pilot by Sussex homeless support will

		explore using the old RVS kitchen to deliver a limited number of meals to people who find it hard to get out and are at risk of malnutrition.
2C.4	Adult Social Care is currently re-commissioning the Home Care contract provision - meal preparation to be considered as part of this process	See 2C.7
2C.5	Take steps to make nutrition and hydration a priority by mainstreaming into thinking and across contracting. Initial meeting with CCG / BHFP to understand what information there is already available about the scale of problem/ budget implications (including possible cost savings from a preventative approach)	<p>Healthwatch are looking at this area in relation to hospital discharge 1018-19 (see above). The NHS standard contract (2017-19), which was updated in January 2018, sets out certain rules for food standards. This includes ensuring that NHS providers provide and promote healthy food and drink; also, from the 1st July 2018, the NHS service providers must not itself sell any sugar-sweetened drinks.</p> <p>In addition, one of the Sussex Community Foundation Trust CQUIN (commissioning for quality and innovation) measures in 17/18 was Staff Health and Wellbeing: Healthy Food for NHS staff, visitors and patient⁸</p>
2C.6	Invite BHFP to give a presentation to the Home Care Provider Forum on nutrition and preparation of nutritional meals for vulnerable people	BHFP attended a Home Care Forum to give a presentation to the Council's contracted home care providers (who provide the majority of the home care within the city) however this area does need more exploration

⁸ Some of the changes proposed for this measure include:

- a.) The banning of price promotions and advertisements on sugary drinks and foods high in fat, sugar or salt (HFSS) on NHS premises
- b.) The banning of sugary drinks and foods HFSS from checkouts on NHS premises
- c.) Ensuring that healthy options are available at any point, including for staff working night shifts
- d.) 70% of drinks stocked on the premises must be sugar free, 60% of confectionery and sweets do not exceed 250 kcal.

At least 60% of pre-packed sandwiches and other savoury pre-packed meals available contain 400kcal or less per serving & do not exceed 5.0g saturated fat per 100g

2C.7	<p>BHFP to offer the learning from developing this action plan into the Home Care recommissioning process – e.g. the importance of including enough time for preparing a simple nutritious meal– not just microwaving/ ‘taking off the foil’; and importance of paid care workers understanding nutrition & having cooking skills</p>	<p>Learning was shared but the recommissioning process did not include any extra time for meals - the new provider was appointed in 2016 for 4 years. Some training for paid care workers also provided (see below)</p> <p>Challenges: This has been flagged as amber as although the action was completed the need remains current</p>
2C.8	<p>Explore provision of training for paid care workers on both nutrition and cooking - explore the ‘cooking together’ model (carer and client learn together)</p>	<p>Paid care worker training on nutrition is provided on an annual basis via the BHCC training programme (1 course in 2017). Plus, BHFP have run sessions for private care providers in food and nutrition (3 courses in 2017)</p> <p>Challenges: This has been flagged as amber as although there has been some progress, the need remains current</p>
2C.9	<p>Ensure hospital discharge procedures include a ‘nutrition and hydration’ check i.e. that appropriate food arrangements are in place (e.g. someone will be able to help with shopping/cooking/special diet if needed).</p> <p>Ensure that hospitals provide information at discharge about food options including ‘shared meals’ such as lunch clubs and/or referral to befriending organisations if people need support to attend them</p>	<p>(Y.1) BHFP prepared a briefing and facilitated a conversion on hospital discharge and food. Partners agreed to take the questions & recommendations to their hospital, CCG and Adult Social Care senior contacts. BHFP contacted Healthwatch.</p> <p>(Y.3) Healthwatch project on hospital discharge and the elderly planned for 2018-19, which will look at nutrition and hydration. (in progress)</p>

2C. 10 Explore whether 'food to go bags' can be provided to people who won't be able to immediately access support with shopping (if needed) when they are discharged from hospital, so they don't go home to an empty fridge.⁹

(See also 2C.9) BHFP facilitated a meeting on hospital discharge and food with follow up with frontline workers (see above). Moneyworks provided some funding for food bags for the Red Cross - this pilot was very successful, but the CCG have not taken on funding the bags on an ongoing basis as hoped.

Brighton & Sussex University Hospitals (BSUH) hospital discharge lounges currently supply vulnerable patients with a food bag at discharge however the contents of this varies between wards and has not been standardised. The Trust has set up a 'Food Improvement Group' (attended by Healthwatch) and one project under this group is to agree the exact content of a discharge food bag (items to cater for the first 24 hours post discharge) from both a nutritional and food safety standpoint; and to agree some criteria to ensure access to these discharge packs is fair and equitable.

Develop a trigger mechanism if a meal service for vulnerable people is under threat, i.e. ensure that a range of options is available so that people will have their needs met

BHCC have suggested that there are limited settings where meals are provided by the council, and that the process developed when the RVS Community Meals contract ended will be adapted for other contracts ending as necessary.

2D. Older people's experiences of food poverty are considered – including increased risk of malnutrition; and issues around food access. For more detail see also Public Health/BHFP's *Healthy Ageing and Food (2016)*¹⁰

2D.1 Explore how older people can best be supported, especially at key 'transition times' including hospital discharge (see also 2C) and bereavement to prevent long term food issues / entrenched isolation developing

'Eating Well as you Age' booklet produced by BHFP in partnership and jointly funded by Age UK and the CCG to help prevent malnutrition in the community. Widely distributed

Citywide Connect have coordinated better support at bereavement e.g. work with funeral directors on signposting. Healthwatch project on hospital discharge

⁹ <https://www.freshthinking.uhmb.nhs.uk/2015/03/23/local-hospitals-offer-patients-food-to-go-bags-when-they-are-discharged/>

¹⁰ <http://bhfood.org.uk/wp-content/uploads/2017/09/010916-Older-people-and-Food-final.pdf>

and the elderly planned for 2018-19, which will look at nutrition and hydration (see also above). Public Health are recommissioning their Ageing Well programme activities for older people during 2018 for a 2019 start. The new service will focus on reducing social isolation and loneliness, promoting good health and wellbeing, preventing ill health, and enabling people to remain independent for as long as possible. Identifying older people at risk of food poverty and/or malnutrition and taking positive action will be a key performance indicator for the service.

Challenge: As this is a huge and growing issue, it is flagged as amber even though progress has been made

The CCG recognises that more work needs to be done to bring together information derived from the MUST tool and that a wider and more consistent use of the MUST tool needs to be explored. For example, Primary Care uses the tool routinely on older, frail patients and this information could be used to map out areas where there was a greater prevalence of community malnutrition. A review of the use of the MUST tool took place in March 2018, with the following feedback:

Primary Care: A training need has been highlighted. The lead dietitian is working with the Primary Care Workforce Tutor and the SCFT Clinical Skills Hub to help develop nutrition and hydration training, which would include the use of this tool. There is no MUST tool automatically built into Systm1 and Emis, but some surgeries may have loaded a MUST template onto their system. A longer term strategy would be to develop a template that would include MUST and link with our local guidelines. The Lead Primary Care Dietitian has undertaken training with District Nurses and Integrated Primary Care Team nurses at Brighton General Hospital, Hove Polyclinic, Conway Court, Portslade Health Centre and Moulsecoomb Health Centre and care homes about MUST.

2D.2 Fully embed the MUST (malnutrition screening) tool in hospitals and beyond e.g. in GPs, via health checks and in care homes (as many hospital admissions from care homes are related to malnutrition). Also engage with private sector home care agencies & discharge agencies around training/ embedding

CCG Medicines Management Team:

Local Oral Nutrition Support (ONS) guidance on the CCG website includes information on MUST scoring tool and the requirement to have the score at hand when initiating prescribing and subsequently conducting monthly scores to monitor ongoing benefit of oral nutritional supplements.

The CCG would like, healthy as part of its 'Caring Together', to develop the consistent utilisation of the MUST tool. Relevant programmes are:

- Programme 1 - Preventative Services & Community Care
- Programme 3 - Access to Primary Care & Urgent Care

Digital Brighton & Hove have championed inclusion of food shopping in digital inclusion courses.

Possability People created an easier search function and a print button for the 'It's Local Actually' Directory, which made it easier to search for lunch clubs

ASC organised the set up and control of 'My Life' portal. Casserole Club has been added to food section of My Life and Nutrition Course for Carers. There is also a link to the BHFP website.

Non-digitally, Adult Social Care (ASC) has sent out a lunch club list, community transport pamphlet and Casserole Club leaflet for volunteers and diners to all food banks and lunch clubs as well in order for them to put up where people can see them and spread the information

ASC ensured that the Carers Centre had information on the Food Nutrition Course for Carers & Casserole Club and provided leaflets and also shared within relevant adult social care teams.

2D.3 Noting lower levels of internet access/confidence amongst some older people, ensure:

- Digital inclusion courses for older people include food shopping (*see also 3A*)
- Information is provided non-digitally –around changing nutritional needs with age, cooking in response to changed mobility, choosing a ready meal, home delivery of pre-cooked meals, how to find lunch clubs/ shared meals etc. (*see also 3A.3*)

2E. Food in residential settings such as hospitals and nursing homes is palatable and nutritious, and where possible sustainable: reducing levels of malnutrition and improving clinical outcomes

2E.1 Improve hospital food at Royal Sussex County Hospital in terms of nutrition, sustainability and palatability, exploring the potential to work in partnership with other local NHS Trusts around a joint catering production unit

(Y.1) The wording of this action was changed to “joint catering procurement” from “joint catering production unit”.

(Y.2) There was no progress on this at this point because there was no permanent Catering Manager employed within the Trust. A formal management restructure took place, potentially allowing for recruitment for this post.

(Y3) The new catering managers are now in post and focusing on creating an allergen database and streamlining catering procurement and menus across the two main hospital sites (RSCH and PRH). Regular patient feedback on the hospital food comes from ‘Patient Voice’ questionnaires and through annual dietitian-led ward meal observation audits. The Trust ‘Food Improvement Group’ consists of members of the catering, dietetic and nursing teams as well as patient representatives. They meet quarterly to discuss patient comments on food and identify/implement/ monitor work streams to improve patient catering.

2E.2 Adult Social Care and the Clinical Commissioning Group to work together to explore how nutrition and hydration can be improved in care homes

ASC and CCG carried out joint quality monitoring visits to nursing homes plus desk assessments, which take into account nutrition and hydration in relation both to individuals and the care home processes, and they have provided detailed info on these (see footnote for full update¹¹).

¹¹ ASC and CCG have been carrying out joint quality monitoring visits to nursing homes. The care plans are checked and this can include a risk assessment about dehydration/malnutrition, if appropriate. If it is appropriate, the care plan should have a MUST assessment and weighing of the resident, as well as, monitoring sheets for food and fluids. At quality monitoring visits, there is a walk-around the property which includes observing if the residents have access to drinks in both their rooms and communal areas. The meal time can be observed and the chef can be asked about whose meals need fortifying.

		<p>The CCG Lead Dietitian works with individual care homes, and they have provided detailed information about this role.¹² She has also been working with BHCC to improve the robustness of training offered to care home staff on the Food Safety, Nutrition and Hydration & make it more relevant to the attendees by targeting it towards the needs of the elderly at risk of malnutrition and dehydration. She is working with the Primary Care Workforce Tutor and the SCFT Clinical Skills Hub to help develop nutrition and hydration training.</p>
2E.3	<p>Deliver training on nutrition and cooking skills to staff in care homes via the BHCC core training programme. Undertake programme of work to encourage wider uptake of the training.</p>	<p>This training was successfully delivered (approx. once annually).</p>
2E.4	<p>Promote the Healthy Choice Award to encourage good practice in residential settings; include as part of Adult Social Care audit/review process; share good practice at relevant forums/through relevant communications. BHFP to give presentation at the city-wide Care Home Forum on the Healthy Choice Award.</p>	<p>This particular work has now ceased. Instead, the BHFP/Age UP publication 'Eating well as you age' was circulated across the city (~7000 copies). This is an information booklet aimed to raise awareness of malnutrition in the community.</p>

We work closely with the Speech & Language team (SALT) about resident's swallowing difficulties and the correct food textures.

There is a three-monthly Nursing Home Professionals meeting which includes SALT and Community Dietitians to discuss the nursing homes in the city and any concerns.

ASC also undertake Desk Top Reviews (DTR) of care/nursing homes which would include looking at any concerns/complaints/incidents and safeguarding raised in the past year. This would see if any concerns about nutrition and hydration had been raised, which could lead to a focused visit.

¹² The CCG employs a Lead Dietitian Primary Care worker as part of the Medicines Management Team. The dietitian works with individual care homes –which either self-refer or are flagged up following intelligence, either visits or through meetings. Training offered can include MUST Screening, food fortification, adequate hydration, appropriate referral to Dietetic Services.

The Lead Dietitian for Primary Care has been in post since October 2017. She has been working with the council to improve the training offered to care home staff on the Food Safety, Nutrition and Hydration course to bring this in line with local guidelines and to make it more relevant to the attendees by targeting it towards the needs of the elderly at risk of malnutrition and dehydration. She spoke at the Sussex and Surrey Safeguarding conference to highlight the importance of nutrition and hydration, where she launched "Hydration Hints for Older People - <https://www.gp.brightonandhoveccg.nhs.uk/files/hydration-hints-older-peoplepdf>"

She is also working with the Primary Care Workforce Tutor and the SCFT Clinical Skills Hub to help develop nutrition and hydration training. The lead dietitian has been working directly with individual care homes to provide training in homes relating to MUST screening, food fortification, hydration, care planning and appropriate use of oral nutritional supplements. Care homes can contact the lead dietitian directly to arrange training, or she accepts referrals from the care quality team, the community dietitians at BSUH and GPs. She is also providing training sessions for community nurses (district nurses, responsive services)

Aim 3: Brighton & Hove becomes the city that cooks and eats together

3A. Brighton and Hove becomes 'The city that can cook': Part A Skills

	Action	Progress
3A.1	<p>Expand the number of classes on offer in cooking and shopping skills, for both general public and specific groups e.g. people with learning disabilities; single men; older/bereaved men ('Old Spice') and the groups identified above as at risk of food poverty, including young working age people¹³</p> <p>Explore how budgeting, numeracy etc. can be embedded within cookery sessions</p> <p>Explore how cookery sessions can be better linked with community cookery/shared meals groups e.g. Chomp holiday lunch clubs for children and families</p>	<p>BHFP and others such as Big Fig and community centres have continued to offer cookery courses, plus cooking has been built into other activities e.g. Chomp have run sessions. BHFP have secured funding for a purpose-built community training kitchen to open in 2018.</p> <p><i>Challenges: funding can be sporadic, including for courses that are seen as priority such as Old Spice.</i></p>
3A.2	<p>Develop specialised training courses and/or written 'Tip sheets' – for people in particular circumstances (and those who support and advise them e.g. support workers, paid carers and family/unpaid carers)</p> <ul style="list-style-type: none"> Adapting cooking to disabilities/sensory impairments (plus how to access cooking equipment/ adaptations – see 3B.1) Lacking cooking equipment e.g. in temporary accommodation or bedsits 	<p>A leaflet was produced by BHFP in partnership with CCG and BSUHT on older people's nutritional needs and identifying malnutrition. There is still a desire to produce some that include other tip sheets - in particular, on cooking with limited equipment, which has become even more relevant with the increase in use of emergency accommodation which often has poor kitchen facilities.</p> <p><i>Challenges: BHFP have not had the capacity to produce all desired tip sheets.</i></p>

¹³ <https://www.independent.co.uk/news/uk/home-news/16-to-24-year-olds-spend-more-on-food-than-any-other-age-group-says-research-a6678596.html>

- Mental health condition (e.g. cooking in advance for bad days)
- Cooking for one
- Older people's nutritional needs (these change as we age)
- Choosing a healthy ready meal in a supermarket/ options for home delivery (many people are reliant on pre-cooked meals)

3A.3 Include food ordering/budgeting/preparation in financial capability training sessions. Also, in 'getting online' training e.g. how to set up a 'favourites list' for food shopping online

Digital Brighton & Hove have championed inclusion of food shopping in digital inclusion courses.

3B. Brighton and Hove becomes 'The city that can cook': Part B *Equipment* (fridge/freezer/cooker/saucepans/storage)

3B.1 Improve access to equipment that will help people with sensory impairments or other disabilities to cook, initially by exploring wider roll out of Independent Living Centre and/or re-ablement services similar to those available after a stroke

Possability People hasn't had the capacity to progress on this front.
The Independent Living Centre has since closed.

3B.2 Explore whether Sheltered Housing refurbishments/developments can include a fridge/freezer rather than a fridge with icebox as this is important for budget cooking for one or two people

Sheltered Housing refurbishments will now include a fridge/freezer. In Sheltered Housing premises, shared meals have been set up and casserole club promoted, and other aspects of food such as food growing have also been encouraged.

3B.3 Encourage registered providers (social landlords) to ensure adequate kitchen provision in refurbishments/ developments i.e.

- Appropriate kitchen space

BHFP submitted to HMO (Houses in Multiple Occupation) consultation in 2017 requesting this be incorporated in guidance (outcome unknown)

- Appliances to enable budget cooking e.g. accommodation aimed at single people/couples, includes a fridge freezer (rather than a fridge with icebox)

BHCC have been proactive in promoting and have taken to private sector landlords' forum.

3C. Brighton & Hove becomes 'The city that eats together'. Shared meals are thriving, and people can find out about and get to them. Offers of new venues and storage spaces help keep costs low. *Sharing food is an effective means for people to eat well – including (but not only) those who are vulnerable e.g. don't have the mobility, equipment or skills to cook. They help strengthen community networks which are themselves a resource in hard times. Cost, access and (especially) transport are key factors in accessing them.*¹⁴

3C.1 Recognise the role that shared meals e.g. lunch clubs are playing in improving the health, nutrition and mental health of the city; increase their role as a site to deliver advice or be a 'safe place' to raise other issues.

Ensure that projects can keep up with increasing demand e.g. explore creative commissioning arrangements (*see also 'care packages' below*) and/or new micro funding to test new models of provision/ meet gaps /increase sustainability.

*NB - gaps are at evenings/weekends and in the East and North of the City – 52% of people accessing shared meals live nearby (2015)*⁸

BHCC have funded some BHFP development support and training for shared meal settings. BHFP have included shared meals in the 'good food grants' programme to provide some limited funding. Casserole Club set up (see 3C.9).

'Shared meals' have had a higher profile and partner engagement e.g. Possability People made sharing food a discussion theme at a Citywide Connect event, leading to action plans around promoting Casserole Club and new shared meal settings.

New models /pilots include Posh Club - <http://theposhclub.co.uk/clubs/brighton/>

Although this has been flagged green because of progress, sustainability is an issue. Mad Hatters in East Brighton has closed, as has Bluebird.

3C.2 Explore whether existing projects can add *cooking and eating together* to their existing services - e.g. community groups; school holiday activities such as Play bus; 'trusted' providers such as food banks (*see also Aim 4*)

Sheltered Housing have encouraged shared meals in Sheltered Housing premises. BHFP offer Good Food Grants and development support for shared meals settings (see above). Providers such as the Purple People Kitchen food bank have made a meal integral, and the Brighton Women's centre is looking at adding a meal to their food bank service.

¹⁴ <https://bhfood.org.uk/wp-content/uploads/2017/09/Eating-Together-Report-FINAL-1.pdf>

3C.3	Explore in-kind support for shared meals e.g. use of council premises for shared meals and/or for storage of ingredients/ surplus food; Sheltered / seniors housing (for residents also for wider community); Schools and children’s facilities (for family meals and/or holiday lunch clubs); Council storage spaces and community rooms e.g. in housing estates (especially ones with kitchens); Faith groups/ community groups/ facilities in private sector e.g. care homes	<p>Whilst this could be more coordinated, there has been some progress e.g. Chomp have expanded onto school premises (see above). BHCC were unable to find premises for The Real Junk Food Project but they have secured a storage hub (see below). Sussex Homeless Support are looking at taking on the former RVS meals on wheels kitchen. St Vincent De Paul Society have taken on the former BHCC Tower House Day Centre to act as a lunch club. Mayfield Manor private care home have also set up a lunch club accessible by the community.</p> <p>This continues to be a priority going forward given the loss of some provision e.g. Mad Hatters & Bluebird lunch clubs and community facilities such as The Bridge in Moulsecomb.</p>
3C.4	Secure a premises so that a ‘pay as you feel’ meal is available 7 days a week - ideally own premises, but if shared then focus particularly on evenings & weekends (identified as a gap)	RJFP found premises to offer lunch 5 days a week, in different community venues, and secured a storage hub in Bevendean which includes a pop-up shop. They are still seeking a permanent café site.
3C.5	Explore whether BHFP can support shared meal projects with recruiting volunteers and/or other development support e.g. around management/fundraising	BHFP’s work has included provision of development support in these areas (funded by BHCC) to shared meal settings although capacity is limited.
3C.6	Provide 3x initial training sessions – including food safety and creative cooking with surplus foods/cooking for groups - as a cost-effective way to support shared meal projects	BHFP coordinated several training sessions in food hygiene/safety for shared meal settings, and following further research into priorities for these groups, they also ran training sessions on mental health awareness and on boundaries
3C.7	Recognise the ‘infrastructure’ role of FareShare and grassroots surplus food distributors in supporting shared meal settings (plus food banks – see 4A.2 – and other food services for vulnerable/ disadvantaged people) to keep their costs low and accessible –	<p>BHCC have funded the Surplus Food Network and this has brought in additional funding through Sainsbury’s and the People’s Project. FareShare have also increased their infrastructure role through accessing national funding</p> <p>The wording was changed (see left) for this action in 2016.</p>

support via direct funding and/or in-kind support, especially storage facilities for surplus food *and/or strategic support [added 2016]*

3C.8 Make information about shared meals more accessible via an easier search mechanism on the 'It's Local Actually' directory and by non-internet methods e.g. printed list/radio – promote in other settings (e.g. hospital discharge, care assessments, via GPs and other health professionals, Community Navigators).

3C.9 Support initiatives which encourage neighbours to connect, with potential to share e.g. 'Know my Neighbour Week' May 2016; Neighbourhood Care Scheme.

Possability People created a 'lunch club' category in the on-line 'It's Local Actually' Directory, which made it easier to search for them. ASC organised the set up and control of 'My Life' portal. Casserole Club has been added to food section of My Life and Nutrition Course for Carers- there is also a link to the BHFP website.

Non-digitally, ASC has sent out lunch club lists, community transport pamphlets and Casserole Club leaflets for volunteers and diners to all food banks and lunch clubs in order for them to put up where people can see them and spread the information.

ASC ensured that the Carers Centre had information on the Food Nutrition Course for Carers & Casserole Club and provided leaflets. [see above/below]

KMN Week in May 2016 was a collaboration of organisations including One Church picnic, BHFP, Brighton University, and Hop 50+. Time to Talk Befriending held events to bring neighbours together, generally around food.

One Church passed the project (KMN) on to Impetus in early 2017.

BHFP, Impetus and Bright Dials Digital Marketing set up Casserole Club to reduce isolation by encouraging neighbours to share a meal. This has been advertised in a number of ways including coffee morning packs.

3D. It becomes easier to access to low cost food in the city, whether this is ingredients or shared meals – making it easier to make healthier choices

3D.1 Explore options to increase access to fresh low-cost ingredients at a local level for example:

- link existing local grocers van or with food banks, lunch clubs; community venues
- encourage new individual or community run low cost food outlets in community spaces or sheltered housing (offering free use of space to keep costs down) e.g. low cost veg; bulk buying clubs or food co-ops

(see also 3A.3 for digital inclusion – improving access to home food delivery)

The Surplus Food Network, and the increase of FareShare’s capacity with a new focus on fresh food, has increased supply.

Challenges: *Less progress has been made on community run co-ops or bulk buying clubs.*

3D.2 Deliver a programme of work with outlets to offer healthier options in restaurants, cafes and takeaways; including healthier cooking techniques and achieving the Healthy Choice Award

(Y.2) BHCC worked with restaurants and caterers on healthier options, as part of the Sugar Smart Campaign (which also ran much wider) and produced a guide to Healthy Choice catering.

(Y.3) There are currently 103 Food Outlets who are part of the Healthy Choice (HC) scheme in Brighton & Hove. The scheme looks at preparation, purchasing cooking methods, choice, drinks and marketing of healthier options. The council offers HC training sessions, which usually take place quarterly. They also offer healthier frying catering training sessions.

3D.3 Explore how City Plan Part 2 and economic planning processes can encourage local shops and market stalls selling fresh ingredients; and encourage healthier takeaways

(Y.2) BHFP submitted a far-reaching submission to City Plan 2.

(Y.3) BHFP have explored the possibility of supplementary planning guidance with BHCC.

3D.4	Recognise the role of community kitchens and venues in addressing the impacts of food poverty and explore protection through existing and future planning policy frameworks (e.g. City Plan Part 2)	(Y.3) A new policy had been drafted on 'Community Facilities' for City Plan Part 2, which protects against the loss of community facilities and sets out their importance in the city especially to vulnerable residents. Public consultation on the draft City Plan Part 2 is due summer 2018.
3D.5	Via Transport Strategy ensure accessible affordable public and community transport is promoted and provided, enabling people to travel to local and main shopping areas and/or access shared meal settings. Transport is an important factor in food poverty, especially to those with disabilities	The Local Transport Plan (March 2015) ¹⁵ stresses both connecting people with shopping areas, and the importance of local shopping centres in allowing access to food, as well as creating healthier environments that encourage walking and cycling to be used for food shopping journeys.
3D.6	Shared meal settings refer to the Fed Centre for Independent Living's 'Out and About' guide ¹⁶ for information about informal shared transport options and other useful examples and guidance on ensuring effective (free) insurance provision for volunteer drivers	Shared meal settings were referred to this in the shared meals survey undertaken by BHFP. Transport remains a barrier to people accessing support such as lunch clubs.

¹⁵ <https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/BHCC%20Local%20Transport%20Plan%204%20Document%20v260515.pdf>

¹⁶ <https://www.possabilitypeople.org.uk/wp-content/uploads/2017/08/Out-about-guide.pdf>

Aim 4: When prevention is not enough - ensure there is crisis and emergency support so that people do not go hungry

4A. Food banks are supported to operate effectively as an emergency option and to widen their services to help address underlying causes of food poverty – and they are not the only option in a crisis

	Action	Progress
4A.1	<p>Advocate and provide planning options for the continuation of the Local Discretionary Social Fund (LDSF) or similar form of crisis support by a statutory organisation - so that people experiencing an emergency are not reliant purely on the voluntary/community or faith sectors. Options for continued funding are creatively explored before current provision ends in 2017</p>	<p>(Y.2) Although funding was reduced, BHCC continued to support the LDSF meaning that people experiencing an emergency are not reliant purely on the voluntary/community sector.</p> <p>(Y.3) BHCC will continue to provide support through the LDSF in 2018/19.</p> <p>Challenges: This is marked as amber as there is always a question over funding.</p>
4A.2	<p>FareShare and other food surplus organisations continue to redistribute surplus food effectively, underpinning the work of food banks in the city.</p> <p>Focus on securing more fresh/healthy food & expanding to meet demand - whilst acknowledging that food waste is never the 'answer' to food poverty.</p> <p>The debate around food surplus issues to be explored via the Surplus Food Network and future city waste strategies <i>(NB affordable surplus food also supports 'shared meals' as well as food banks – see 3C.7)</i></p>	<p>(Y.2) FareShare increased their volunteer number and their food supply, as well as their reach. They encouraged healthier food donations. Grassroots action to redistribute surplus food was enhanced with new peer to peer apps and platforms including Olio and Food Cloud (now called FareShare Go). Supermarkets including Lidl, Tesco and Sainsbury's were much more proactive at offering surplus.</p> <p>(Y.3) FareShare continues to recruit and support volunteers, including through provision of training: 17 have moved into employment so far in 2017/18. FareShare provision of surplus food to local charities continues to grow, with plans underway to significantly upscale operations. BHCC Public Health has committed funding for FareShare to continue to improve health outcomes until 2019. FareShare has worked closely with Surplus Food Network member Sussex Gleaning Network to</p>

		<p>rescue more fresh surplus produce from farms and get it to those in need. Two major supermarkets are coming on board with FareShare Go in 2018.</p> <p>The Surplus Food Network and a Food Waste Round table have explored issues including the 'value' of surplus food and the importance of quality donations.</p>
4A.3	<p>Food banks and emergency food providers ensure that people receive holistic support to tackle the underlying causes of the emergency, including access to the city's advice services (either on site or by referral). Advice services continue to better integrate their services with food banks</p>	<p>In 2016, food banks identified housing advice as a particular need – resources were shared on housing advice via the Emergency Food Network (EFN). Also, an adviser from BHCC visited several foodbanks. Food banks have continued to expand provision, including access to advice services and a focus on prevention. Moneyworks partners have worked more closely with food banks, with more advisors attending food bank sessions. An annual BHFP survey continues to identify food bank needs in relation to training and other services.</p>
4A.4	<p>Food banks continue to look at how they can offer longer term support which goes beyond emergency food & is preventative:</p> <ul style="list-style-type: none"> • Digital access ideally with support • Shared meals / other 'longer term' options • 'Cooking and Eating Together' sessions and/or cookery classes • Access to low cost ingredients for cooking at home (e.g. food buying groups, link with local grocers) alongside healthier food within food banks 	<p>There has been continued progress, including a pilot digital access project with Brighton & Hove Libraries/ Digital Brighton and Hove. Several Food banks meals offer meals or refreshments e.g. at Purple People food Bank. There have been pop up cookery sessions using food bank ingredients by BHFP but this was quite hard to coordinate and not seen as priority going forward. The Emergency Food Network has continued to help build links with other services and support as have individual food banks.</p> <p>There has been less progress on looking at food banks as a place for 'bought' food at low cost/ links with grocers</p>
4A.5	<p>BHFP secures funding to develop its work to support food banks & emergency food providers; and continue the EFN as a collective space for food banks to work together and meet with advice providers and the City Council</p>	<p>BHCC has funded BHFP to support the EFN for 3 years from 2017.</p>

Aim 5: Commit to measuring levels of food poverty so we know if we are being effective

5A. Existing monitoring mechanisms are used to gather better info on food poverty

	Action	Progress
5A.1	BHFP to continue to measure crisis or emergency food poverty by providing an annual snapshot of food bank use in the city	BHFP's annual survey ^{17 18 19} of food bank use continues to provide a useful insight (see intro to report)
5A.2	Continue to gather information on longer term or chronic food poverty in the city; also on national good practice/ 'solutions'	BHCC continue to ask a question about food/fuel poverty in the annual city tracker. (see below) Although BHFP have less funding for coordination on food poverty issues, new financial support from Food Power has allowed them to keep on top of national issues and good practice
5A.3	Explore how information from MUST (malnutrition screening) can inform understanding of food poverty in the city, in parallel with wider use of MUST outlined in Aim 2	The CCG recognises that more work needs to be done to bring together information derived from the MUST tool to inform a wide overview of food poverty and has committed to doing so (for more detail see aim two)
5A.4	Use breastfeeding rate data to track rates of breastfeeding, taking note of trends in more deprived wards	This data is still tracked (<i>see also 2A.1</i>).
5A.5	Use child measurement programme data to track rates of childhood obesity in different income groups	This data is still tracked and still shows disparity between different income groups in relation to child obesity.

¹⁷ <http://bhfood.org.uk/wp-content/uploads/2017/09/Food-Bank-Survey-Snapshot-July-2015-v2.pdf>

5A.6	Food banks commit to measuring the reasons people are accessing them, using 'Trussell Trust' categories so that the data can be compared	Several food banks have introduced the use of Trussell Trust Categories which has been useful both for understanding reasons for food bank use and comparing with national figures. <i>Challenges: not all food banks are using this method, but it was anticipated this would happen.</i>
5A.7	Organisations and services track food poverty levels amongst their service users using question(s) already piloted by BHFP or including the broader city tracker food/fuel question; or 'innovative' methods e.g. video/visuals - BHFP to collate data	Several organisations have included BHFP's questions in their monitoring and responded with answers. BHCC's Housing department found food poverty to be a surprisingly big issue. Other organisations have also found high levels of need. (see intro to report) <i>Challenges: It can be hard to get data back from organisations for collation</i>
5A.8	Universities strengthen their research partnership with BHFP and/or Food Matters, including at least one joint project around understanding or tracking food poverty or food prices/availability in the city (<i>see also 1A</i>)	Food Matters carried out research into the 'poverty premium' in relation to food in the city, and the cost of a healthy vs. an unhealthy basket of food. (see Aim 1) BHFP & Sussex University have strengthened joint working, with a joint event looking at tracking impact of food strategy, including the food poverty aspects, and Adrian Ely from Sussex University joining the expert panel for the food strategy refresh. BHFP and Brighton University have jointly applied for funding for a PhD student to track progress and impact.
5A.9	BHCC measures on-going levels of long term or chronic food and fuel poverty via a question in the annual weighted 'City Tracker' survey. CCG/BHCC explore whether contracts for health and social care services can help with measuring levels of food poverty (by requiring	BHCC continues to include the food and fuel poverty question in the annual 'City Tracker' survey. Although the sample is relatively small (1000 people) it has been consistent over four years so seems to provide a good picture.

¹⁸ <http://bhfood.org.uk/wp-content/uploads/2017/09/Food-banks-and-Emergency-Food-Network-report-2016-final.pdf>

¹⁹ <http://bhfood.org.uk/wp-content/uploads/2017/09/Food-banks-and-Emergency-Food-Network-report-2017.pdf>

data collection); or whether they can share existing data e.g. from health visitor assessments

Although it is just one question (three or more would be much more effective) many cities are envious that we have anything. See intro for data.

There has been less progress on bringing together other data sources and potential measurements e.g. Sharing health visitor assessment data not practical.

BHFP have supported national campaigns around the need for a systematic Government-led means of tracking of food poverty.

