

Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

Subject:		Food Poverty Action Plan F from the proceedings of Communities & Equalities on the 13 March 2017	the	Neighbourhoods,
Date of Meeting:		13 June 2017		
Report of:		Executive Lead for Strategy, Governance & Law		
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Wards Affected:	All			

FOR GENERAL RELEASE

Action Required of the Health & Wellbeing Board

To receive the item referred from the Neighbourhoods, Communities & Equalities Committee for consideration.

Recommendation:

(1) That in regard to the Action Plan, the ASC & CCG actions in Aim 2C around building nutrition and hydration into care assessments, creating innovative ways to allow people to eat together by combining Adult Social Care (ASC) care packages, ensuring that food issues are considered in Home Care Commissioning Process, developing a trigger mechanism when a meal service for vulnerable people is under threat; and how social enterprise model Community Meals/ Meals on Wheels delivery could be stimulated be referred to the Health & Wellbeing Board for consideration.

BRIGHTON & HOVE CITY COUNCIL

NEIGHBOURHOODS, COMMUNITIES & EQUALITIES COMMITTEES

4.00PM 13 MARCH 2017

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

- **Present**: Councillors Daniel (Chair); Moonan (Deputy Chair), Simson (Opposition Spokesperson), Littman (Group Spokesperson), Bell, Gibson, Hill, Lewry, K. Norman and Penn.
- Invitees: Joanna Martindale (Hangleton & Knoll Project); Anusree Biswas Sasidharan (BME Brighton & Hove Police Engagement Group), Jane Lodge (CCG) and Jane Ross (Community Works).

PART ONE

60 FOOD POVERTY ACTION PLAN PROGRESS UPDATE

- 60.1 The Chair welcomed Becky Woodiwiss and Emily O'Brien to the meeting and invited them to introduce the report.
- 60.2 Becky Woodiwiss stated that a report had been brought to the committee in November and this was an update on the progress made to implement the citywide Food Poverty Action Plan.
- 60.3 Emily O'Brien stated that a great deal of good work in developing and implementing the Food Action Plan, which had been recognised at a national level and she had been invited to speak to the Welsh Assembly on setting up Food Action Plans. She then outlined various aspects of the Plan and not that there were still significant challenges to be addressed including 1 in 5 people in the city were struggling to meet household costs, 1 in 5 council tenants regularly reduced meal sizes or skipped a meal and 2 in 5 felt that they ate less healthily than they could. There was a higher level of food poverty amongst young people and a third of people in the City Tracker survey indicated that disabled people felt insecure about food poverty. She also noted that there was a fear of food prices increasing as a result of Brexit.
- 60.4 Emily O'Brien stated that the council was involved in over half of the actions that had been identified in the Plan and its partnership was welcomed as it meant that there was a collective approach to the problem. She noted that the Partnership was working with schools to support children and maintain the success of CHOMP.

- 60.5 The Chair thanked both Becky and Emily for attending and providing the update on the action plan.
- 60.6 Members of the Committee welcomed the report and queried whether there were any areas where more support or action was required and whether the local discretionary fund was fully utilised. The need for sign-posting to advice and support for people with mental health was also raised as well as the role of home care and support workers in regard to providing information about nutrition.
- 60.7 Emily O'Brien stated that there was a need to look at hospital discharges and whether people were eating properly and had access to healthy food. It may be that the situation had been recognised but it would help to have stronger links with Adult Social Care so that information could be shared and updated. In regard to the local discretionary fund she was unsure if it was fully used. She stated that the Action Plan was only half way through and more could be done if resources were available e.g. she wanted to develop a food tip sheet for specific groups of people and noted that home visits were not really long enough to enable people to provide information and help in terms of eating healthily. Perhaps it would be possible to combine care packages so that people leaving hospital could be seen together thereby having a 45mins tine period, in which they could be seen and eat together.
- 60.8 The Executive Director for Neighbourhoods, Communities & Housing stated that she would ensure an update on the local discretionary fund was sent to all Members of the Committee.
- 60.9 Councillor Littman stated that it was an important report and proposed that the recommendations be amended to include that proposals for next steps are included in the next report to committee.
- 60.10 The Chair welcomed the amendment and formally seconded it. She also suggested that the matter of adult care should be referred to the Health & Wellbeing Board for further consideration.
- 60.11 Councillor K. Norman welcomed the proposal to refer the issue to the Health & Wellbeing Board and formally seconded the Chair's amendment.
- 60.12 The Chair noted that the recommendations had been amended and put them to the vote which was carried.

60.13 **RESOLVED:**

- That the report be welcomed and the progress made by all partners in delivering the Food Poverty Action Plan be noted;
- (2) That officers be instructed to bring back a report at the end of action plan period highlighting successes, learning and proposals for next steps; and
- (3) That in regard to the Action Plan, the ASC & CCG actions in Aim 2C around building nutrition and hydration into care assessments, creating innovative ways to allow people to eat together by combining Adult Social Care (ASC) care packages,

ensuring that food issues are considered in Home Care Commissioning Process, developing a trigger mechanism when a meal service for vulnerable people is under threat; and how social enterprise model Community Meals/ Meals on Wheels delivery could be stimulated be referred to the Health & Wellbeing Board for consideration.