

Brighton & Hove Food Poverty Action Plan 2015-2018



“Food poverty is unacceptable in our city”

Food poverty is ‘the inability to afford, or to have access to the food necessary for a healthy diet’. Food poverty does not exist in isolation from other forms of poverty nor do food prices exist in a vacuum from other household expenses such as rent, fuel and water. Food poverty is not just about hunger – it is about difficult choices (‘food v fuel’; ‘skipping meals’, ‘trading down’) and long term unhealthier food choices. Food poverty results in diet related diseases including obesity, diabetes and heart disease. For most people, the main cause of food poverty is low income in relation to their household costs– not inability to manage money or food however for some people food skills and a lack of access to shops or equipment play a part.

Good nutrition supports both mental and physical health and evidence demonstrates the impact of nutrition on educational attainment in children.

“The first thing you have to say is that food poverty is not OK.”

We heard this time and again when developing this action plan. And so this statement became the first principle of the plan.

However what can you actually do when food poverty is such an overwhelming issue where the causes and solutions are intertwined and complex?

This three year plan answers this question by providing both a list of actions and a set of principles for guiding future decisions. This plan is a living document – it will change and develop over time.

As the city has proven before when it comes to delivering on ambitious food work, the success of this action plan will be as much about ‘how’ as ‘what’.

Delivered together. We cannot succeed if we leave all the ‘solutions’ to voluntary and faith groups nor can increasingly stretched health and social care services be expected to solve this alone. And at the heart there needs to be a focus on empowerment - ensuring that people who are experiencing poverty are engaged in designing the solutions and that their voices are heard.

Co-ordinate action and be willing to try new approaches. This plan is definitely not starting from scratch and brings coordination and focus to what is already going on at both a policy and frontline level. But it is also about being willing to try out new ideas and work in partnerships. Voluntary sector organisations have already begun to work more closely together (for example bringing advice services into food banks). Statutory partners have committed to rethinking their services through a food poverty perspective, which in the absence of additional money in budgets, means being genuinely willing to do things differently.

Food is about more than nutrition. Becoming ‘*the city that cooks and eats together*’ is an important theme of this action plan as we seek to support and build on almost half a million shared meals served every year in the city. Lunch clubs and ‘shared meals’ that quietly and with very little public recognition get on with not only providing healthy food at an affordable cost but reduce isolation and – we discovered – act as a gateway to advice and further support.

Seek to influence other agendas – so much of what needs addressing is not about food. It’s about housing, jobs or benefits. Some issues can only be addressed at a national level, whilst this plan is by definition a local one. We will use evidence from this work to respond where this is relevant; but focus what we can do locally; on what is within our control. We will share what is in this plan via the Fairness Commission and partnership boards. Nationally by submitting it as one of the All-Party Parliamentary Inquiry into Hunger’s **Feeding Britain** pilots.

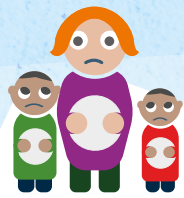
Thank you to everyone who has taken part in developing this plan and has committed to working on delivery.



Vic Borrill, Director
Brighton & Hove
Food Partnership (BHFP)



Food poverty: A preventative approach



Crisis food poverty

Food banks and hunger are just the tip of the iceberg

Long term food poverty

Our approach focuses on the **much larger** group of people struggling **long term** to eat a healthy diet, and aims to **prevent** them reaching crisis point.

What prevents food poverty?



Cooking equipment



Employment



Access to low cost healthy ingredients



Cooking skills



Benefits and pensions



Financial inclusion (e.g. savings, money advice)



Affordable housing, fuel, transport



Healthy food in health/social care services



Community networks



Shared meals & eating together

Crisis support for when prevention doesn't work



Principles for food poverty work in the city

These principles encapsulate the collective thinking that went into developing the action plan, and partners are asked to make them a basis for planning future work in the city which addresses food poverty; and for prioritising resources when difficult decisions need to be made.

1. Collectively agree that food poverty is unacceptable in Brighton and Hove.
2. Reduce the impact of food poverty on the health and wellbeing of local people, leading to better mental and physical health, reduced obesity, higher educational attainment and longer, healthier lives.
3. Mitigate against the likely impact on future health and social care budgets if we do nothing about this issue.
4. Focus the city's limited resources on the most effective solutions.
5. Take a preventative approach and address the underlying causes of food poverty, even if this means thinking beyond food (e.g. employment, benefits, and housing and fuel costs).
6. Recognise that food poverty is not just about food banks – focus on how people in 'long term food poverty' can avoid reaching crisis (though we still need emergency provision when things do go wrong).
7. Focus on groups which have been locally¹ and nationally² identified as the most vulnerable to food poverty. [see right]
8. Involve people experiencing food poverty in the design of solutions.
9. Ensure that food is at the centre of policy making, not an 'add on'.
10. Commit to measuring and monitoring, so we know if food poverty is increasing and why.

People who are most vulnerable to food poverty

- a. Disabled people (including people with learning disabilities) and people experiencing long term physical or mental ill health (1a, b, c, d, e)
- b. Large families, single parent families and families with disabled Children (1b, d) (1b, d)
- c. Working people on a low income, especially younger working age people (1a, b, c, d)
- d. Vulnerable adults - including some older people - who are isolated or digitally excluded – or who are experiencing transition e.g. bereavement/ becoming ill/ leaving hospital and people moving from homelessness, offending or addiction (1d, e)
- e. 16-25 year olds who are vulnerably housed and care leavers (1b 1c ; discussions during research for this action plan)
- f. BME people and migrants who have limited recourse to funds (1d, discussions during research for this action plan)

¹ Priority groups identified from the following:

(a) City Tracker survey (see BHFP briefing *Food poverty in Brighton and Hove* (2014)) (b) Public Health's *The impacts of welfare reform on residents in Brighton and Hove* (2015) (c) *The Director of Public Health's report* for 2015 (d) BHFP's *Report on identifying food poverty in Brighton & Hove* (2013) (e) Public Health/ BHFP's Healthy Ageing and Food (2015-pending)

² E.g. *Feeding Britain* – The report of the All-Party Parliamentary Inquiry into Hunger in the United Kingdom (2014); *Walking the Breadline* (2013) and follow up *Below the Breadline: The relentless rise of food poverty in Britain* (2014); *Hungry for Change, The final report of Fabian Commission on Food and Poverty* (2015).

What is the extent of the problem?

There are 14 areas of Brighton & Hove in the bottom 1% for income deprivation nationally,³ yet it is an expensive place to live.

Data related to premature deaths in England shows that Brighton and Hove ranks 98th worst out of 150 local authorities. Cancer, liver disease and heart disease are key contributors (2,185 deaths of under-75s). Poor diet and obesity are key factors in the causes of these deaths.⁴

It is difficult to measure the exact number of people experiencing food poverty in the city as there is no fixed definition and food poverty can arise for different reasons. It is not just about money but may also be about food access, skills, equipment or be complicated by personal circumstances such as needing a special diet.

Food bank use is often used as a way to measure levels of food poverty but in practice only identifies the 'tip of the iceberg' – people in crisis or emergency food poverty – as most households will only use them as a last resort. There is a much larger group of people who are living in long term food poverty or household food insecurity – for example skipping meals, being forced to make unhealthier food choices, or having to choose to 'heat or eat'.

³ Indices of Multiple Deprivation 2015

⁴ <http://www.bhconnected.org.uk/sites/bhconnected/files/jsna/jsna-6.4.6-Good-nutrition-&-food-poverty1.pdf>

Indicators of food poverty at the crisis level are:

- The number of food banks has more than doubled in the last two years. New research by BHFP shows there are now fifteen food banks in the city which together give out an average of 289 food parcels a week, an 8% increase compared to 2014. Two thirds of food banks (67%) say that they have noticed an increase in demand over the last year.
- The Local Discretionary Social Fund (LDSF), provides payments for those on low income with an unforeseen emergency or financial crisis. In 2013-2014, 480 LDSF payments for food were made and a further 1140 made for cooking equipment.

Data on ongoing food poverty

- The Brighton & Hove City Tracker in 2014 asked about local people's level of concern in meeting basic living costs in the next 12 months. Almost one in four respondents (23%) disagreed with the statement that they 'will have enough money in the next year to cover basic living costs including food, fuel and water'. The groups most likely to strongly disagree were women compared with men, 18-34 year olds compared with 35-54 year olds, and people with a long-term health condition or disability.

- In 2015, 23% of people calling the Brighton & Hove Moneyworks helpline stated that they had to skip or reduce meal size in the last 6 months. Amaze, who work with families who have children with disabilities or special needs found in 2014 that 15% had reduced the size of meals or skipped meals during the last two months.

There is some good news however

Universal Infant Free School Meals mean that at least 7,200 pupils across the city now have a healthy lunch. Breastfeeding levels are the highest in the country⁵ and childhood obesity levels are below the national average (although again rates vary between more and less deprived households).⁶ Research by BHFP⁷ uncovered that almost half a million (462,334) shared meals take place each day, playing an important and largely uncelebrated role around food poverty. This plan seeks to recognise and build on some of these success stories

This is just a snapshot of extensive research undertaken to inform this plan – some references are included in the 'Research and Evidence' section.

⁵ <https://www.brighton-hove.gov.uk/content/press-release/brighton-hove-best-breastfeeding>

⁶ <http://www.hscic.gov.uk/ncmp>

⁷ <http://bhfood.org.uk/downloads/downloads-publications/99-eating-together-report-final/file>

How the plan came about – and where it will go

Brighton & Hove Food Partnership (BHFP) led on the development, drafting and consultation using funding from the Esmée Fairbairn Foundation with support and input from a range of council staff, Brighton & Hove Connected and voluntary, community and faith groups.

The plan, which sits under the city's food strategy⁸ was developed using a participatory approach to ensure wide ownership of the actions, and that the action plan is embedded in city policy and practice at different levels, including at senior decision making level. As well as a formal adoption by Brighton & Hove City Council (BHCC), the Health and Wellbeing Board and other partners, it will feed directly into the city's Joint Strategic Needs Assessment (JSNA) and Fairness Commission.

This plan was developed over a year following a city council commitment to work on a plan with partners in November 2014. As well as research into national good practice, we engaged with many local people and organisations via consultation events and also numerous individual conversations.

⁸ *Spade to Spoon, Digging Deeper: A food strategy for Brighton & Hove, 2012*

Key stakeholders are:

- Strategic decision makers and budget holders
- Community, voluntary and faith groups
- Food banks – via the Food Banks & Emergency Food Network
- Shared meals/settings – via survey and research project
- Advice services – via Advice Services Network & Partnership
- Organisations working with older people – via Healthy Ageing research project
- Gardening projects – via Harvest Evaluation
- Focus groups with people experiencing food poverty

This is a partnership plan and we would like to thank the many people who have been part of drafting the plan and who will be partners in delivering it. There are sure to be organisations and individuals that haven't been included and we urge you to get involved going forward.

Consultation events in 2015 included:

- Action Plan consultation session at Community Works conference
- Food Poverty Strategic Round Table with Brighton & Hove Connected
- Presentations at Advice Services Network (2015) and Advice Services Partnership
- Food Poverty Action Plan stakeholder 'finalisation' event

How will we know we have succeeded?

This plan has an overall aim: to **reduce food poverty**. However there are real challenges to knowing what success should look like. There is no one defined measure nationally or locally and there is a lack of data. Aim 5 of the action plan seeks to address this gap – but it is important to recognise the limitations, especially as food is rarely ‘a thing on its own’.

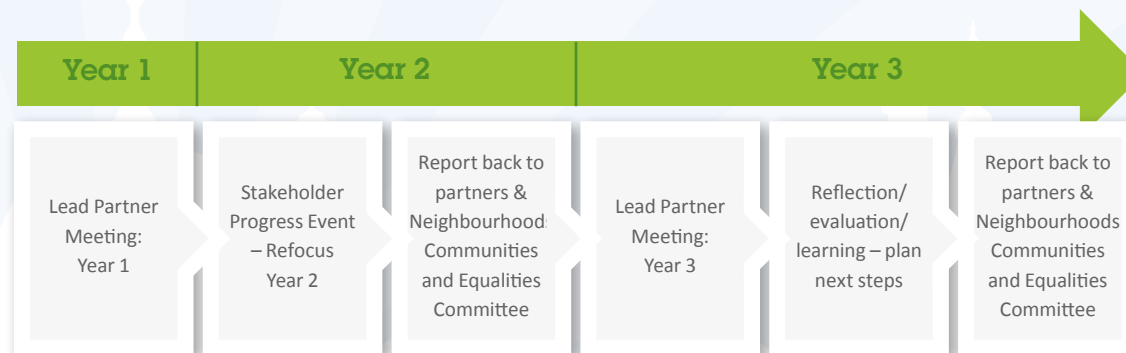
Additionally the external environment is changing. For example further welfare benefit changes and cuts, and a continuing increase in housing costs, might mean that success might actually be a **slower rate of increase in food poverty**, rather than an actual reduction, and the following measures should be seen in this context.

Overall aims (outcomes)	How it will be measured (subject to resources)
There is reduction (or slower growth) in ‘emergency’ or crisis food poverty i.e. the number of people experiencing hunger or seeking emergency assistance – and we are able to measure this.	Local Discretionary Social Fund (LDSF) figures & collated food bank figures (see Aim 5)
There is a reduction (or slower growth) in long term food poverty i.e. the number of ‘coping but struggling’ people on a low income being forced to make unhealthier food choices, skipping meals or reducing portions on an ongoing basis – and we are able to measure this.	City Tracker figures; data from city services & voluntary & community groups (see Aim 4)
Food poverty awareness is embedded in policy and in service planning – especially in housing, fuel poverty, Public Health, social services, and hospital care and discharge – with a focus on prevention.	BHFP to monitor policy. Action plan partner to monitor their own service provision (see Aim 1)
Brighton & Hove becomes the city that cooks and eats together . ‘Shared meals’ are thriving and celebrated in the city, strengthening community networks which are themselves a resource in hard times. People are able to find out about and get to them; and new ways of sharing food are explored.	BHFP & Federation of Disabled People to monitor shared meals settings and alternative models.

How will we track progress?

All actions in the plan have identified a tracking or monitoring mechanism, and a lead partner. Subject to securing funding, BHFP will keep an overview of progress (alongside the city’s Food Strategy) and where possible will help to facilitate progress e.g. by bringing relevant partners together.

Stakeholders will be invited to come together half way through the 3 year plan to hear about progress; and refresh or refocus actions. Lead partners will also come together after year 1 and finally at the end of year 3, to report back and agree any evaluation plus next steps.



Brighton & Hove Food Poverty Action Plan

The plan has been arranged under the following five aims, although in line with our cross-cutting approach, many actions will add value in more than one of these aims i.e. there is overlap – which is a good thing!

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

Embedded in the principles for food poverty work, a preventative approach which focusses on the 'coping but struggling' with a view to avoiding the need for emergency food is key.

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

In some ways this is a shockingly low aim, but it would make a huge difference to many people in the city.

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

Having the skills and equipment to cook is vital to eating well on a budget. A thriving climate for shared meals contributes to reducing isolation, and number of people needing crisis support (as family and community networks are the first place we turn when our finances are under stress).

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

For when all the efforts at prevention do not work. This should not be reliant purely on voluntary, community and faith groups.

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

We need to do this or we will not know if we are succeeding.

“It’s such a treat to get food like this ... if you’re living on a tight pensioner’s budget there just isn’t anything left to spend on good food”

– Hove Methodist Church lunch club attendee

“I wouldn’t have survived without it ... all my money was being spent on my son’s medical care”

– Food Bank Client

“I don’t eat this well the rest of the week. I try to come every week if I can”

– Migrant English Project attendee

“I know I won’t go to sleep hungry tonight”

– Participant at Young People’s Centre

Summary of Actions *A full version is also available, with details of leads, partners & timescales*

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

1A	Actions which address the broader or underlying causes of food poverty
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.
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 (as well as food banks - see below) can become a site for money advice
1A.3	<p>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 <i>(See also 1B for broader employment actions)</i>:</p> <ul style="list-style-type: none"> • Better/ fairer paid staff e.g. good practice on tipping in restaurants; reduced use of zero hours contracts; supermarkets becoming living wage employers • More apprenticeships with a food element <i>Initially arrange for BHFP to present this work to Learning, Skills and Employment Partnership to develop understanding of overlaps in work</i> • Primary and Special School Meals Service becomes a Living Wage Employer as a beacon for other large catering employers • 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- see below)

1A.4	<p>Reduce the impact of benefit issues, which currently contribute to a large proportion of food bank use¹ /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
1A.5	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.
1A.6	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.
1A.7	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.
1A.8	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.
1A.9	Share the learning from developing this plan locally and nationally, and respond to both national and local campaigns and consultations.
1A.10	Submit the evidence which has informed this action plan to the Fairness Commission; and continue to liaise with Commissioners to ensure that food poverty is fully integrated as an issue.

¹Perry, 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>

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 (£7.85 p/h in 2015). Encourage larger employers including national ones to sign up.
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. <i>(see also 1A for actions linking employment and food)</i>
1B.3	Via delivery of the key priorities in the Housing Strategy – improving supply, improving quality and improving support - develop actions to increase the affordability of housing, reduce failed tenancies and reduce fuel poverty (food vs fuel pay-off major cause of food poverty) - especially in the private rented sector.
1B.4	<p>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</p> <ul style="list-style-type: none"> • Advice (see directly below) – 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 below) • Fuel poverty reduction/ energy efficiency – keeping fuel bills low* • Food – uniquely, Brighton & Hove includes ‘food’ under financial inclusion <p><i>*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.</i></p>

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 benefit changes e.g. how the changes to working tax credit will affect eligibility for free school meals.
1B.6	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.
1B.7	Ensure people can access advice about money at an early stage - <i>before</i> hitting crisis – including: <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)

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
2A.1	Continue existing good practice in achieving high overall levels of breastfeeding with continued focus on deprived areas.
2A.2	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.
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• Continue to work with Community Pharmacists and work towards distributing vitamins from them• Repeat update on vitamins (lunch-time seminar)

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.
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.
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).
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.
2B.5	Explore and share good practice on using pupil premium for healthy food related activity in schools.
2B.6	Raise awareness in primary schools of Chomp holiday lunch clubs for families, and improve referrals.
2B.7	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.
2B.8	Contact projects providing food for children during term time to see if they are interested in expanding holiday provision.

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. <i>See also 2.E for residential settings.</i>
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.
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.
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.
2C.4	Adult Social Care is currently re-commissioning the Home Care contract provision - meal preparation to be considered as part of this process.
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 preventative approach).
2C.6	Invite BHFP to give a presentation to the Home Care Provider Forum on nutrition and preparation of nutritional meals for vulnerable people.
2C.7	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.

2C.8	Explore provision of training for paid care workers on both nutrition and cooking - explore the 'cooking together' model (carer and client learn together).
2C.9	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). 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.
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.
2C.11	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.

2D	Older people's experiences of food poverty are considered – including increased risk of malnutrition; and issues around food access. <i>For more detail see also Public Health/ BHFP's Healthy Ageing and Food report (November 2015)</i>
2D.1	Explore how older people can best be supported especially at key 'transition times' including hospital discharge (see above) and bereavement to prevent long term food issues / entrenched isolation developing.
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.

2D.3	<p>Noting lower levels of internet access / confidence amongst some older people, ensure:</p> <ul style="list-style-type: none"> • Digital inclusion courses for older people include food shopping (<i>see also 3A below</i>) • 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. (<i>see also below and 'Healthy Ageing and Food' report, November 2015</i>)
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2E	<p>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</p>
2E.1	<p>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.</p>
2E.2	<p>Adult Social Care and the Clinical Commissioning Group (CCG) to work together to explore how nutrition and hydration can be improved in care homes.</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>
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.</p> <p>BHFP to give presentation at the city-wide Care Home Forum on the Healthy Choice Award.</p>

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	
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 people².</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>
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 below)• Lacking cooking equipment e.g. in temporary accommodation or bedsits• 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	<p>Include food ordering/ budgeting/ preparation in financial capability training sessions.</p> <p>Also in 'getting online' training. e.g. How to set up a 'favourites list' for food shopping on-line.</p>

² See for example <http://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>

3B	Brighton and Hove becomes ‘The city that can cook’ : Part B <i>Equipment</i> (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.
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.

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. <i>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 them³.</i>
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. <i>NB - gaps are at evenings/weekends and in the East and North of the City –52% of people accessing shared meals live nearby</i>
3C.2	Explore whether existing projects can add <i>cooking and eating together</i> to their existing services - e.g. community groups; school holiday activities such as Playbus; ‘trusted’ providers such as food banks (See also Aim 4 below).

³ See BHFP’s ‘Eating Together’ report for more detail about the role of Shared Meals in tackling isolation, food poverty and acting as a gateway to advice and support

3C.3	<p>Explore in-kind support for shared meals e.g. use of council premises for shared meals and/or for storage of ingredients/ surplus food</p> <ul style="list-style-type: none"> • 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
3C.4	<p>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 on evenings & weekends (identified as a gap).</p>
3C.5	<p>Explore whether BHFP can support shared meal projects with recruiting volunteers and/or other development support e.g. around management/fundraising.</p>
3C.6	<p>Provide 3 x 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.</p>
3C.7	<p>Recognise the ‘infrastructure’ role of FareShare and grassroots surplus food distributors in supporting shared meal settings (plus food banks – see below – and other food services for vulnerable/ disadvantaged people) to keep their costs low and accessible – support via direct funding and/or in-kind support especially storage facilities for surplus food.</p>
3C.8	<p>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, e.g. Community Navigators).</p>
3C.9	<p>Support initiatives which encourage neighbours to connect, with potential to share e.g. ‘Know my Neighbour Week’ May 2016; Neighbourhood Care Scheme.</p>

3D	It becomes easier access to low cost food in the city, whether this is ingredients or shared meals – making it easier to make healthier choices
3D.1	<p>Explore options to increase access to fresh low cost ingredients at a local level for example:</p> <ul style="list-style-type: none"> • 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 <p><i>See also digital inclusion – improving access to home food delivery</i></p>
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.
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.
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 Pt2).
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.
3D.6	<p>Shared meal settings refer to the Federation of Disabled People's 'Out and About' guide for information about informal shared transport options and other useful examples and guidance on ensuring effective (free) insurance provision for volunteer drivers:</p> <p>http://www.thefedonline.org.uk/citywide-connect.</p>

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
4A.1	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.
4A.2	FareShare and other food surplus organisations continue to redistribute surplus food effectively, underpinning the work food banks do in the city. Focus on securing more fresh/ healthy food + expanding to meet demand - whilst acknowledging that food waste is never the 'answer' to food poverty. The debate around food surplus issues to be explored via food surplus network and future city waste strategies. <i>NB affordable surplus food also supports 'shared meals' as well as food banks– see above</i>
4A.3	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.
4A.4	Food banks continue to look at how they can offer longer term support which goes beyond emergency food/ is preventative <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
4A.5	BHFP secures funding to develop its work to support Food Banks & Emergency Food providers; and continue the food banks network as a collective space for food banks to work together and meet with advice providers and the City Council.

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
5A.1	BHFP to continue to measure crisis or emergency food poverty by providing an annual snapshot of food bank use in the city.
5A.2	Continue to gather information on longer-term or chronic food poverty in the city; also on national good practice/ 'solutions'.
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.
5A.4	Use breastfeeding rate data to track rates of breastfeeding, taking note of trends in more deprived wards.
5A.5	Use child measurement programme data to track rates of childhood obesity in different income groups.
5A.6	Food banks commit to measuring the reasons people are accessing them, using 'Trussell Trust' categories so that the data can be compared.
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.
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 (See also Aim 1A).
5A.9	The City Council measures on-going levels of long term or chronic food and fuel poverty via a question in the annual weighted 'city tracker' survey, Clinical Commissioning Group (CCG)/ BHCC explore whether contracts for health and social care services can help with measuring levels of food poverty (by requiring data collection); or whether they can share existing data e.g. from health visitor assessments.

Research and evidence

A huge amount of research went into developing this plan – most importantly talking to local people and organisations. These are just some of the some key documents

Research and evidence: Local (BHFP publications reports and research all downloadable at <http://bhfood.org.uk/resources>)

- BHFP overview briefing on [Food poverty in Brighton and Hove](#) includes data from the recent city tracker question on food and fuel poverty
- [The Director of Public Health's report](#) for 2015 includes a specific chapter on food poverty
- [The impacts of welfare reform on residents in Brighton and Hove](#) (2015) identifies the most vulnerable residents & also looks at food including coping strategies, importance of wider networks etc.
- BHFP's [Eating Together: Exploring the role of lunch clubs and shared meals in Brighton & Hove](#) (2015) explores the 'hidden' role of shared meals in generating community resilience as well as access to nutritious food
- BHFP's [Identifying Food Poverty in Brighton & Hove](#) looks at groups most at risk of food poverty using existing data

Research and Evidence: National

- [Feeding Britain](#) - The report of the All-Party Parliamentary Inquiry into Hunger in the United Kingdom (2014) is a detailed analysis with recommendations. The development of this action plan is itself a 'Feeding Britain' pilot and will feature in the '**one year on**' report due December 2015
- Sustainable Food Cities "[Beyond the Food banks](#)" national campaign (NB *Brighton and Hove is the country's only silver sustainable food city*) suggests actions to focus on with examples from [different cities](#); also has a comprehensive list of [resources arranged by topic](#)
- [Walking the Breadline](#) (2013) and follow up [Below the Breadline: The relentless rise of food poverty in Britain](#) (2014)
- (Church Action on Poverty and Oxfam) provides a detailed analysis of food poverty issues
- The [interim report from the Fabian Society's commission into Food and Poverty](#) has a range of evidence and is strong on 'trading down' and unhealthy food choices and the final report [Hungry for Change](#) is also strong on long term food poverty or 'household food insecurity' and recommends local authorities should create a food access plan (2015)
- [Joseph Rowntree Foundation](#) has just announced new Minimum Income Standards defining 'acceptable' income for different groups in the UK

Action Plan Partners

A huge thank you to the partners, many who have helped to develop, or committed to delivering, actions in this plan

Age UK Brighton & Hove
BHESCo (Brighton & Hove Energy Services Co-operative)
BHT (Brighton Housing Trust)
Brighton & Hove Chamber of Commerce
Brighton & Hove City Council ⁴
Brighton & Hove Connected (Local Strategic Partnership)
Brighton & Hove Food Partnership
Brighton & Hove Living Wage Campaign
Brighton & Hove Strategic Housing Partnership
Brighton & Sussex University Hospitals Trust
Brighton and Sussex Universities Food Network
Brighton Unemployed Centre Families Project (BUCFP)
British Red Cross Brighton
Carers Centre for Brighton & Hove
Chomp lunch club
City College Brighton & Hove
Clinical Commissioning Group (CCG)
Community Works
Department for Work & Pensions (DWP) & Job Centre Plus
East Sussex Credit Union
Economic Partnership
FareShare Sussex Brighton & Hove

⁴ With particular thanks to:

Adult Social Care, Children's Services, Housing, including Seniors Housing, Planning, Policy, Public Health, School Meals Service, Transport, Welfare Reform

Federation of Disabled People (The Fed)
Food Matters
Food Waste Collective
Healthy Ageing Partnership/ Forum
Hove Luncheon Club
Learning, Skills and Employment Partnership
Lunch Positive
Mind
Migrant English Project
NEA
Neighbourhood Care Scheme
One Church Brighton
Private home care providers & discharge agencies
Prof Martin Caraher, City University (with thanks for chairing the Food Poverty Round Table)
Real Junk Food Project
Sussex Partnership NHS Foundation Trust
Sustain
The city's advice services – individually and via Moneyworks, the Advice Services Network & Advice Services Partnership
The city's befriending organisations
The city's food banks – individually and via the Brighton & Hove Food Banks & Emergency Food Network
The city's lunch clubs and shared meal settings
The many other community & voluntary groups who are part of this plan

A longer 'delivery' version of this action plan is also available, which includes details of partners and timescales for each action