

CABINET

3 MARCH 2020

FOOD JUSTICE

Portfolio Holder: Councillor David Brake, Portfolio Holder for Adults' Services

Report from: James Williams, Director of Public Health

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Summary

This report provides details of the Food Poverty Action Plan following consideration by the Health and Wellbeing Board on 3 March 2020.

This plan has been prepared following discussions with a range of local voluntary and public sector partners, researching national examples of best practice and reviewing the evidence base for effective food poverty interventions.

1. Budget and Policy Framework

- 1.1 Food poverty, or household food insecurity, can be triggered by a crisis in finances or change to personal circumstances. It may also be a consequence of not being able to access a healthy diet or afford to eat well over a longer time period. The Department of Health defines food poverty as 'The inability to afford, or to have access to, food to make up a healthy diet.'
- 1.2 Medway Council, local community groups and others are taking action to ensure people have access to appropriate diets, are able to eat and to address the root causes of people's difficulties. These were initially discussed by the Health and Wellbeing Board at their meeting on 11 September 2019. The Board then discussed the ensuing Action Plan on 18 February 2020.
- 1.3 Addressing food poverty would positively contribute to the priorities set out in the Joint Health and Wellbeing Strategy. Particularly, 'Giving every child a good start' and 'Improving mental and physical health and wellbeing'.

2 Background

- 2.1 At a meeting of Medway Council on 25 April 2019, the Councillors present passed the following resolution:

“Council notes:

- There are 8 million people in the UK who have trouble putting food on the table according to the United Nations.
- Over 500,000 people used food banks in the UK last year; The Trussell Trust alone distributed over 1.3m three-day emergency food supplies to people in crisis in the financial year 2017-2018.
- 3m children are at risk of hunger during the school holidays.
- Around 10% of the NHS budget goes on treating diabetes and up to 1 million people live in food deserts in the UK.
- The Government’s commitment to the UN’s 17 Sustainable Development Goals (Global Goals), which commits governments to ending hunger, nationally and internationally, by 2030.

2.2 At the 10 September 2019 Medway Health and Wellbeing Board, the Board noted the information included within a report which presented some baseline data for food poverty related data and detailed some of the existing interventions that are currently in place to support this agenda. The baseline data included activity volume from source such as Medway Food Bank which provided 5,835 clients with food packages in the period of April 2018-March 2019.

2.3 The Board and individual member organisations discussed how they could continue to support the food justice agenda, identifying priority actions which included the enhanced Tri Cookery programme.

2.4 The Board also requested the Director of Public Health develop an action plan to tackle food poverty which aims to ensure children in low income families have appropriate access to food 365 days per year and all Medway residents are able to gain physical access to foods that promote physical and emotional health and wellbeing, requesting that in compiling the action plan budget requirements be assessed and that an update be provided to the Board on 5 November 2019.

3. Action plan development

3.1 The action plan has been developed after discussing food poverty with a range of local voluntary and public sector partners, researching national examples of best practice and reviewing the evidence base of effective food poverty interventions. A summary of systematic reviews on community interventions to reduce food poverty and promote food security shows:

- Strong evidence for:
 - Multi-component interventions: behaviour change, groups, goal setting, education, IT – especially for those with pre-existing conditions
 - Economic approaches: subsidy, vouchers and monetary incentives
 - Workplace: targeted nutrition interventions
 - School and educational settings: fruit and vegetable schemes, education, school policy and nutrition guidelines
 - National or local policy or legislation: schools/ educational settings and wider
- Moderate evidence for:
 - Changes to the food environment: increase availability of healthy foods/food outlets

- Food Sale Promotions: shops, supermarkets, workplace and food outlets
- Agriculture: or garden-based interventions
- National or local policy or legislation: taxation, regulation, labelling or procurement
- Weak evidence for:
 - Cooking skills: Cooking lessons and community kitchens
(Note - *weaker evidence does not mean the intervention doesn't work, it means there is a lack of good quality studies*)

4. Action plan recommendations

4.1 ACTION: Develop a systems leadership approach to address food poverty in Medway, by establishing a Medway Food Partnership that develops an Action Plan that amongst other food agendas, aims to reduce food poverty

4.1.1 HOW TO ACHIEVE THIS: The Partnership should bring together key individuals from Council departments (Housing, Licensing, Social Care, Public Health), NHS (ICP and Trusts), education providers (schools and colleges) private sector (supermarkets and local food businesses and transport providers), Government (DWP), the community and 3rd sector organisations (national and local charities).

4.1.2 The Partnership should develop an Action Plan to address food poverty by determining the priorities for Medway and measure the impact on outcomes.

4.1.3 The Partnership should address strategic priorities which target root causes, including:

- Co-ordinating increasing access to healthy food and ensuring food security for people experiencing food poverty
- Influence national or local policies, legislation and levers that can increase healthy food consumption
- Ensure sufficient signposting for debt advice provision for key groups
- Explore how Medway can use national, local and institutional levers to promote access to healthy food, change the food environment and protect consumers from foods high in sugar and saturated fats

4.1.4 GAP THIS ADDRESSES: There is no strategic partnership, issue leadership, co-ordination of activities, integration or sharing of good practice at present.

4.2 ACTION: The Partnership should oversee the development of a co-ordinated approach to Education and Prevention in Medway for parents and children

4.2.1 HOW TO ACHIEVE THIS:

- Adopt a whole school approach that includes maximising the benefits of fruit and vegetable schemes, educational approaches (inc. engaging school nurses), school food policies and nutrition guidelines
- Work with school and caterers to increase the uptake of free school meals
- Explore the contractual levers to address food poverty through school food catering contracts, also considering food availability during school holiday periods
- Explore external funding opportunities such as government funding for holiday hunger programmes

- Explore the opportunities of using pupil premium to support children experiencing food poverty
- Investigate expansion of school breakfast clubs and school food provision to cover holiday periods (e.g. explore future funding opportunities such as applying for future rounds of free meals and activities over holidays Government funding if available)
- Ensuring current provision of multi-component programmes for people with related health issues provides elements to identify and address food poverty
- Continue efforts to increase breastfeeding rates
- Target cooking skills programmes at key groups including those with learning disabilities, care leavers and prison releases
- Add a focus on food poverty into the Medway Health Champions programme
- Use the Medway Healthy Workplaces Programme to introduce diet-related worksite interventions which have demonstrated positive impacts on employees' nutritional knowledge, food intake and health and on the firm's profitability
- Consider opportunities to introduce a garden-based food programme, such as using available community space to create communal food growing areas

4.2.2 **GAP THIS ADDRESSES:** Lack of a co-ordinated and strategically targeted approach to prevention activity with a long term approach, inconsistent school responses, low free school meal uptake and a variable uptake of access to existing programmes.

4.3 **ACTION: Remove barriers to accessing food and healthy food provision**

4.3.1 **HOW TO ACHIEVE THIS:**

- Introduce a “food hub” approach which brings together food banks with DWP, debt advice and cookery education. This could be done using existing infrastructure
- Explore opportunity for “fuel bank” provision within the food bank, by applying to the Trussell Trust project with N-Power. They currently run 31 fuel banks in UK but not in Medway. Medway Food Bank has expressed an interest in taking this forward but would require further funding
- Develop community cafes that not only allow opportunities for reducing social isolation (“chatty cafes”), but consider opportunity to embed other food agendas such as tackling food poverty, cooking literacy and healthy eating

4.3.2 Key groups will include households/families living below the national minimum income standard, families with children who are defined as being in child poverty, people in the most deprived wards, those with learning disabilities, people who are obese or underweight, and young people leaving local authority care.

4.3.3 **GAP THIS ADDRESSES:**

- Perceived stigma of accessing food “handouts” through food bank
- Inaccessibility of larger supermarkets for those without transport
- Barriers to food preparation – including fuel poverty

4.4 ACTION: Provide a consistent network of targeted subsidies, vouchers and monetary incentives to increase the consumption of healthy foods

4.4.1 HOW TO ACHIEVE THIS:

- Review current provision of subsidies, vouchers and incentives related to healthy food access and uptake
- Develop an action plan to increase uptake of Healthy Start vouchers (currently 68%) and vitamins (approx. 3%)

4.4.2 GAP THIS ADDRESSES:

- Low take up of Healthy Start scheme
- Lack of co-ordinated approach to use of subsidies, vouchers and incentives

4.5 ACTION: Work with supermarkets, suppliers and charities to maximise access to healthy foods to key groups

4.5.1 HOW TO ACHIEVE THIS:

- Engage supermarkets and suppliers to participate in the strategic partnership approach
- Encourage promotion of health information on food at the point of purchase to promote healthy dietary choices
- Strengthen the hot food takeaway guidance note with a fuller planning policy to tackle the proliferation of unhealthy food (e.g. takeaways, convenience stores) against access to healthy food (e.g. supermarkets, greengrocers) in deprived areas

4.5.2 GAP THIS ADDRESSES: Charities identified difficulties in accessing regular supply of healthy food. Address obesogenic environment and saturation of unhealthy eateries in areas of deprivation.

5. Health and Wellbeing Board – 18 February 2020

5.1 The report provided details of the food poverty action plan which had previously been requested by the Health and Wellbeing Board. The Head of the Health and Wellbeing Service drew reference to best practice demonstrated in Brighton and Hove and explained that one of the key actions proposed for Medway was to establish a food partnership. Links to the proposed whole system approach to tackling obesity (agenda item 8 of the Health and Wellbeing Board agenda) were highlighted and this approach was welcomed.

5.2 Clarification was sought in relation to the proposed action to review the current provision of subsidies, vouchers and incentives. Concern was expressed in relation to the ease in which vouchers could be sold or traded. In response, it was clarified that this action primarily related to 'Healthy Start' vouchers which were means tested and non-transferable.

5.3 In response to a question regarding the root cause of food poverty, it was explained that deprivation was a contributing factor. It was recognised that addressing the wider determinants of health would have an impact.

5.4 The Health and Wellbeing Board recommend that Cabinet:

- a) support the establishment of a Medway Food Partnership, with a composition as set out in para 4.1.1 of the report, to develop a systems leadership approach to address food poverty in Medway and develop an Action Plan that aims to reduce food poverty as set out in section 4 of the report; and
- b) agree that the range of actions set out in section 4 of the report should be scoped and progressed by the Partnership subject to any further necessary approval by Cabinet in accordance with decision-making rules set out in the Council's Constitution.

6. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Lack of partner engagement	Food poverty is a wider determinant of health issues that is multi-faceted and complex. For this reason, it is essential that a wide range of public, voluntary and private sector partners support the action plan development	Broad engagement work required by all HWB Members in development of the project plan	D2
Insufficient data availability	In order to identify the key issues and most suitable priority actions, it is essential that we have sufficient data that is valid and reliable locally	Identification of available data sources and engagement with relevant intelligence teams at earliest opportunity	D3

7. Financial implications

7.1 No immediate cost implications arise from this report, however establishment of the Medway Food Partnership may result in new actions for the Council and its partners which would either need to be met from within existing budgets or any additional resources required will need to be approved in line with the Council's Constitution. The food partnership will be a multi-organisation partnership that is independent of Medway Council (although several council services are likely to be active partners), so any action plans developed and progressed by the partnership will need to be resourced by external investment).

8. Legal implications

8.1 The key functions of the Health and Wellbeing Board as set out in the Council's Constitution are to prepare the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy and to encourage an integrated approach in the planning and delivery of health and social care services as

well as services related to the wider determinants of health. The Board has no executive decision making powers.

- 8.2 The proposal is to establish a Medway Food Partnership with a remit to develop an action plan including the possible work streams outlined in this report. This initiative has the potential to result in actions which are significant in terms of their effects on communities living or working in an area comprising two or more wards in Medway and which may therefore require approval of the Cabinet under Key Decision rules.

9. Recommendations

- 9.1 The Health and Wellbeing Board has recommended that the Cabinet:
- 9.1.1 support the establishment of a Medway Food Partnership, with a composition as set out in para 4.1.1 of the report, to develop a systems leadership approach to address food poverty in Medway and develop an Action Plan that aims to reduce food poverty as set out in section 4 of the report; and
- 9.1.2 agree that the range of actions set out in section 4 of the report should be scoped and progressed by the Partnership subject to any further necessary approval by Cabinet in accordance with decision-making rules set out in the Council's Constitution.

10. Suggested reasons for decisions

- 10.1 The establishment of a Medway Food Partnership and the development of an Action Plan will ensure that there is systematic and evidenced based approach to reducing food poverty.

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Appendices

None

Background papers

None