

Charter 13.2 Community Pantries

Improvement Project Title: Community Pantries
Executive Sponsor (Chair of Outcome Improvement Group): Jillian Evans
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Aim statement This Charter uses a combination of interventions in a locality to reduce food poverty and to improve aspects of health and well-being in a community. Our initial focus is in Torry but the intention is to introduce change in iterative cycles across other communities in Aberdeen with similar needs. There are three main aims: <ul style="list-style-type: none">- Increase the number of people using community pantries by 2021- Increase the uptake of the Best Start Grant and Foods and Healthy Start vitamins by 4% by 2020 (originally part of the Integrated Children’s Services Outcome Improvement Group)- Improve oral health by increasing the number of P1 children in East Torry without tooth decay by 5% by 2021 All of these are linked together with the Locality Plan for Torry. This improvement activity is used as a test which will inform adoption and adaption of the general theory of change in other City localities. Measures: Baseline 2019/20 = 100 people using community pantry (based on Woodside Pantry members). Target 2021 = 300 Baseline 2019/20 - % uptake of families claiming Healthy Start vouchers (soon to be Best Start) in Torry = 59%. Target 2021 = 63% Baseline 2019/20 – 55% of P1 in East Torry with no obvious tooth decay. Target 2022 = 60% NB Baselines for other localities will be used as the model is tested and adapted beyond Torry
Link to Local Outcome Improvement Plan: Stretch Outcome 13 No one in Aberdeen will go without food due to poverty by 2026 Key Driver 13.1 Increase food resilience at individual and community level by establishing self-governing community cooperatives to offer further supportive ways of providing food. Stretch Outcome 3 95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026 Key Driver 3.4 Improve health and reduce inequalities Improvement Project has links with:

Driver 11.4 – encouraging adoption of healthier lifestyles, where the Community Pantry in Torry will be one of the ‘assets’ (Charter 11.3)

Our charter also links to the ambitions in the Torry Locality Plan which commits to providing children with the best start in life; increasing the income level for residents; and tackling obesity.

This charter is consistent with wider strategies and plans to tackle poverty, including ‘Towards a Fairer Aberdeen that Prospers for All’ and ‘Food Poverty Action Plan’.

Why this is important

Extract from LOIP Refresh 2019.

“The population needs assessment shows wide divisions in health and life expectancy between the richest and the poorest communities in our City. People living just a few streets apart in some areas of Aberdeen find themselves with life expectancies more than 14 years apart, we have committed to address this through a stretch outcome to increase the healthy life expectancy for the people of Aberdeen. A families ability to nourish themselves is a key factor in healthy life expectancy and it is alarming that 8% of respondents in our last City Voice survey reported that there was a time during the last 12 months when they were worried they would not have enough food to eat, with 3% reporting that their household had run out of food at some time over the last year. Helping people affected by household food insecurity is therefore a key focus for the Partnership. We hope to be able to see a future improvement in the data as a result of initiatives being put in place now; such as free school meals during holidays in our priority localities and supporting communities to grow their own food.

Aberdeen is a member of the Sustainable Food City Network. Our cross-sector partnership believes that every person in Aberdeen should have access to healthy, tasty, affordable food and that this food should be good for the environment and our local economy. Community Pantries are an alternative model to food banks and have been shown to provide access to food in a dignified way. They are member-based organisations where for a small weekly subscription, members are able to choose food and products worth considerably more, subsidised by FareShare Grampian. Pantries are run by volunteers who develop confidence and skills in stock control, food hygiene and some aspects of business management.

The Woodside Community Pantry is already proving successful with 100 members. Demand has been higher however and for some time we have had to use a waiting list whilst we ensured we could cope with more. The use of volunteers has been positive and we will build on this approach in the Torry pantry. The offer of income and benefits advice is popular in Woodside and we will extend this into the new Pantry. We have found that the Woodside pantry model has successfully tipped the demographic model from food bank users which are typically single males (75%), to pantry members that are typically female (75%). With a particular focus on The Best Start Grant and Foods Scheme we expect to focus in further on those with families in need. This Charter is about adapting the Woodside development to work in Torry, but with a specific focus on increasing the use of the Best Start Grant and Foods scheme, The Healthy Start Vitamin Scheme and improving oral health. As we learn and adapt from these changes and interventions, we aim to develop this concept and approach in other parts of the City where similar needs exist.

As in the Woodside Pantry, we want to test the level of volunteering, community participation and ultimately how this is helping to reduce food insecurity in Torry. However our Charter is focusing on two specific improvement areas. Firstly, we will target families with infants who are entitled to claim Best Start Grant and Foods and to encourage them to benefit from the Pantry. Only 49% of eligible families in Torry claim the old Healthy Start Vouchers which means 160 families are losing out on £144k of entitled benefits.

Consequently, linking efforts to increase voucher uptake with affordable access to healthy food means we can reduce household costs for low income families.

Best Start Foods has only recently been rolled out across Aberdeen City so we currently do not know the barriers to uptake. The barriers that prevented uptake of the old Healthy Start Foods were vast. The main ones being:

- Trying to gain a signature from a Health Professional
- Applying numerous times and still not receiving the vouchers
- Conflicting information between professionals and the public

We would hope that the first two barriers would cease to be an issue due to the new application process of Best Start Foods. The third issue of misinformation may continue to be a barrier unless we work together to ensure everyone involved with a pregnant mum or family under 3 has the correct information to promote the scheme.

We intend to test this by educating all staff and volunteers who work with Pregnant mums and families with children under 3 that live in the AB11 area to feel confident in promoting the Best Start Grant and Foods Scheme. We can also ensure the scheme is promoted in all places the beneficiaries would attend. The aim of this approach is to mitigate any barriers to the uptake of Best Start Grant and Foods.

The Improvement Team will include a member of the Aberdeen City Social Security Scotland Team who Public Health are working closely with to embed the Best Start Grant and Foods across the City.

Secondly, we will raise the importance of good oral health using volunteers, supported by a development worker, to promote registration and free treatment at the dentist during pregnancy and up to 12 months after birth. The link between oral health and deprivation is well established and in Torry East, only 55% of children in Primary 1 have no obvious tooth decay compared with over 70% in Aberdeen City and across Scotland.

Our theory is that we can play a small but important part in helping families mitigate the health and well-being effects of low income and life circumstance. We are also concerned with how the Pantry influences community development, socially and economically.

Therefore our theory involves testing the effects of:

- Increasing household income
- Extending access to quality and healthy foods
- Improving oral health
- Developing skills and confidence in food, nutrition, cooking and good health
- Community participation in volunteering and ownership of the Pantry
- Skills development in business management

Measures:

Measures are still being discussed in the project team and are likely to include quantitative and qualitative data. Some of the process measures may evolve but in general, our high level outcome measures include:

Outcome

- Numbers reporting food insecurity (question in CityVoice survey)
- Percentage of eligible population taking up Best Start Grant and Food
- Number of Best Start vitamins distributed within the Pantry
- Number of Pantry memberships (where we are targeting specific demographics)
- Number of people benefitting from income and employment support (provided within the Pantry)
- Percentage of P1 children with no obvious tooth decay

Process measures

- Number of people taking part in cooking classes and physical exercise
- Number of volunteers involved in running the Pantry who are members of the community
- Number of volunteers who have successfully completed training and have specific transferrable skills
- Percentage of eligible population using their Best Start Foods payment card in the Pantry
- Number of oral health champions recruited
- Number of new dental registrations for children and parents

Balancing measures

- Uptake of community members (in target groups) across all healthy living/support activities available to them from the Pantry (where uptake of more than one shows that a one-stop community-run facility is effective)

Change ideas (What can we do that will result in improvement?)

- Use of volunteers to manage the Pantry (many of whom will be beneficiaries of it). This particular change idea is about extending the concept of 'community ownership' away from being a managed service/facility. To do this we will test approaches to recruit, train and support volunteers in confidence building, learning transferrable skills (stock control, customer service, money handling, health & safety, food hygiene, oral health, based upon learning from Woodside).
- Implement and adapt the 'baby steps' programme for pregnant women who are overweight– an initiative run by allied health professionals involving cooking classes and gentle exercise (NB this initiative has already been tested and evaluated. What we are testing are the effects of any changes to the original 'Baby Steps' and the uptake of women within the Pantry itself as part of a range of healthy living activities available).
- Test programmes of cooking classes including shop to cook, budgeting, kitchen skills, cooking and advice on health and nutrition, including oral health. The aim of these

programmes are to help participants to gain confidence in skills, encourage healthy eating, and reduce household costs and food waste.

- Link up with active travel Charter (sustainable city) to test use cargo bikes and bike hire as a means of transporting food home
- Test the extent to which we can recruit oral health champions from staff in partner organisations and volunteers to act as ambassadors in improving oral health. The aim of this change is to use oral health champions to raise awareness, lend support and work as part of the evaluated Childsmile programme.
- For every contact, programme and activity at the Pantry, we aim to test the extent to which we can 'Make Every Opportunity Count' with staff and volunteers initiating a well-being conversation and guiding people to support if required. (Tier 1 MEOC).
- Develop and test communication and promotion materials working with the community, community and statutory organisations to raise awareness of Best Start, Oral health champions, volunteering opportunities
- Train all professionals/volunteers about the Best Start Grant and Foods Scheme that would have contact with pregnant mums and families under 3 in the AB11 area. (This approach worked well in the AB25 area when Healthy Start Vouchers were being promoted.)
- Capturing/recording local data by Health Professionals and CFINE about delivery of Healthy Start vitamins for pregnant mums/breastfeeding mums and children.

Potential Barriers:

- Lack of commitment from residents and attracting volunteers to operate the Pantry
- Access to affordable premises (although this is being negotiated)
- Maintaining supply of FairShare surplus food (to stock the Pantry)
- No local data for Best Start to enable a comparison of uptake versus claimants
- Maintaining accurate reporting and recording of information for reports
- Misinformation about who qualifies for Best Start Grant and Foods

Project Team:

- Community representatives from Torry Locality Partnership and Tullos Management Committee
- Jo Mackie, Locality Manager, ACC
- Colin Wright, Development Manager ACC
- Teresa Dufficy Development Officer ACC
- Emma Williams, Public Health Practitioner-Advanced, NHSG
- Carol-Anne Duff, Public Health Practitioner-Senior NHSG
- Pippa Robbie, Childsmile Coordinator NHSG
- Mag Campbell, Health Improvement Officer-Neighbourhoods
- Helle Busch Larsen, Public Health Practitioner (Oral Health)
- Nicky Mckay, BSSP Development Worker
- Dave Simmers, Chief Executive, CFINE
- Christine McLean, Development Worker, CFINE
- Dave Kilgour, Development Work Manager, CFINE

(To be confirmed: Lisa Buchan, Local Delivery Relationship Lead from Social Security Scotland.)

Although midwifery/Health visiting do not sit within the Improvement Team, we consult them regularly on any work that may affect them

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	Establish Steering Group for the Best Start and Smile Pantry	Established July 2019
Designing and Testing Changes (Project Score 4-7)	<p>Area in CFINE which it will operate from needs prepared and finalised.</p> <p>Based on the learning from the Woodside Pantry, membership will be promoted advertised throughout Torry and identification of potential beneficiaries contacted and BSSP launched.</p> <p>Test of change: Promotion of pantry model encourages more women to become members. (%monitored applications)</p> <p>Test of change: Membership increases take up of Best Start scheme (No of applications)</p> <p>Based on the learning from the Woodside Pantry, volunteers need to be recruited and trained in all aspects of the Pantry operation including food hygiene and management, training around promoting Oral Health, management of pantry itself i.e stock control and systems, money handling and customer service</p> <p>Test of change: participants feel more skilled and provide feedback to improve training. (baseline established)</p> <p>Food supply for Pantry has to be secured and maintained through communication of increased need for equitable distribution throughout the FareShare network.</p> <p>Test of change: increased share of quality chilled and frozen produce directed to CFINE. (%increase delivered)</p> <p>Steering Group agreeing baselines for monitoring and evaluation from the outset to ensure benefits and changes for those participating in the project are recorded and processes in place to evidence improvements</p>	<p>7th October</p> <p>By end of October for launch in November 2019</p> <p>By end of November 2019</p> <p>By end of October 2019</p> <p>Monitoring and evaluation measures to Steering Group meeting in</p>

	in child oral health at P1 when children are tested.	January 2020
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<p>Regular monitoring and evaluation of all Best Start and Smile Project initiatives and PDSA cycles undertaken to ensure improvements – regular, consideration and reporting on progress to the Steering Group.</p> <p>Other aspects of the project eg Baby Steps requires information on the Moray evaluation and lessons learned analysed. We intend to use evaluation support to test different aspects of this model of practice. BSSP will be regularly reported on to Steering Group and Scottish Government funder in line with grant conditions</p>	Pantry will be launched in Nov 2019. Ongoing, iterative cycles of change and improvement will be ongoing for the next 2 years
Spreading Changes (Project Score 9-10)	<p>We intend to develop more Community Pantries, learning from the lessons of each one and adapting it for different communities and specific needs.</p> <p>Commitment from all partners involved – especially front line staff from all community planning partners is essential to spread and embed changes. In particular, we plan to build on ‘Making Every Opportunity Count’ so that when staff are in contact with Torry residents that they can nudge changes and improvements in health and choices, particularly concerning oral health.</p>	<p>Over the next 2 years.</p> <p>This will be incremental over a number of years.</p>