Scoping Study: Options for Collaborative Working in Glasgow

Report

for

Community Food and Health (Scotland)

March 2009

Contents

1. Introduction

This Section describes the background and context to the study and outlines its objectives.

1.1 Background to the Study

Achieving dietary change in the Scottish population has presented a major public health challenge and is still doing so, in particular in deprived communities where food choices are influenced by economic circumstances (poor levels of disposable income), limited access to a wide variety of reasonably priced healthy food and cultural habits, norms and expectations.

Policy on food and health in Scotland has developed substantially since the early 1990s. The Scottish Diet Action Plan (SDAP) of 1996, and the later Eating for Health: Meeting the Challenge (2004), formed the basis for a co-ordinated food chain based strategy for food and health improvement. This gave rise to a number of national programmes for children's diet such as Hungry for Success, Nutritional Guidance for Early Years, Healthy Start and the Health Promoting Schools Scheme.

Most recently, the Scottish Government has brought forward an integrated action plan – Healthy Eating, Active Living (2008) – which re-affirms the Government's commitment to the underlying principles and goals established in the Scottish Diet Action Plan and seeks to achieve influence in five main areas: early years, schools and school age children, adults and workplaces, older people and communities.

However, despite much progress, Scotland still has a long way to go to meet its dietary targets and develop an infrastructure capable of supporting food and health improvement.

Activity is now happening across the country to ensure that organisations involved in food activity can work together and learn together.

Over the past decades a range of community food initiatives have developed all over the country, varying from food co-ops and growing schemes to community cafe's, cookery classes and information sharing initiatives. This has occurred in remote rural areas as well as in deprived urban communities.

Initiatives can be about the supply of fresh ingredients, prepared meals or cooking classes, or could be a combination of all of these. They can also include non-food related activities such as the provision of information or advice.

The Scottish Parliament's Cross Party Group on Food has recognised the importance of collaborative action, and has endorsed the establishment of Eatwell Scotland as a new hub for community food buying and distribution. Food and Health networks/hubs are now, also being developed in east/central Scotland, North East Scotland, and Glasgow.

In August 2008 North Glasgow Community Food Initiative, with support from Community Food and Health (Scotland) hosted a meeting to explore the possibilities of a Glasgow-wide approach to community food and health. The meeting was, attended by staff from community projects and strategic partners within the NHS and CHCPs.

Since then the Glasgow Food and Health Network has met at regular intervals and is developing a way forward to improved cooperation. While at an early stage, the network is seen as providing a catalyst for developing collective working across the range of activities delivered within Glasgow (e.g. food co-ops, growing projects, cooking skills classes), and with national initiatives (e.g. development of a national hub).

While recognising that there is a range of community food and health work being undertaken in Glasgow, there is a lack of detail about this work and about the potential for developing collective and collaborative working, particularly around the supply of and demand for fresh fruit and vegetables.

Community Food and Health Scotland has commissioned this study with the intention that the report produced will assist the network members to shape future joint working. The findings will be shared with relevant agencies able to contribute and commit to taking forward their ambitions. The study is also seen as a means of generating interest and increasing involvement in the network.

1.2   Aims and Objectives of Report

In October 2008, EKOS was commissioned to examine the feasibility and options for improved collaboration by community food and health organisations in Glasgow.

The aim of this study is to assess current and potential supply of, and demand for, fruit and vegetables amongst community and voluntary organisations and produce options for future collaborative action.

The main objectives of the study are to:

- map current community-based food and health initiatives in Glasgow, including their aspirations and readiness to work collaboratively;

- identify options for collaborative and collective working around the supply and demand of fruit and vegetables;

- assess the impact of these options on community-based food and health activity, including service delivery and the communities involved;

- establish the resources required and available to take these options forward, including set up and running costs;

- assess the contributions from other sectors, agencies and initiatives, from within and out with Glasgow, in relation to progressing these options; and

- examine how local and national policies and priorities inform, influence and potentially support any future proposed option.

The study will focus on Glasgow but recognise that supply and demand opportunities may exist for collaborative working out with the City.

1.3 Method

EKOS has undertaken research to determine the scope, scale, activities and issues of the community food and health sector in Glasgow. The method of this research study contained:

- desk-based research;

- semi-structured interviews with key stakeholders in Glasgow and other community food and health networks in the country; and

- a targeted questionnaire distributed to 812 voluntary sector organisations in the city.

From this research three main options have been developed. These options have been presented to a range of stakeholders, including community food and health groups, representatives of community planning and CHCP's. This has lead to clear recommendations on the development of the Glasgow Community Food and Health Network and an action plan has been developed.

1.4   Format of Report

The remainder of this document is structured as follows:

- Section 2 provides an overview of the strategic context and policy drivers for this study;

- Section 3 details the scope of the community food and health sector in Glasgow;

- Section 4 identifies the potential for collective action;

- Section 5 explores the development options for the network; and

- Section 6 provides conclusions and recommendations.

2. The Strategic Context

This section explores some of the main policy drivers impacting on community food initiatives in Scotland and Glasgow in particular. These include a range of overarching policy drivers, together with specific ones relating to health inequalities, food access, and social enterprise.

2.1 The changing National Agenda on Food and Health

Poverty and poor diet are at the root of many of Scotland's health problems. The *Black Report* in early 1980s drew attention to the increasing gap in health between people living in poverty and those living in more affluent areas.

In 1992, the policy statement *Scotland's Health: a Challenge to Us All* described Scotland's poor health record and concluded that decisive action was required. This was followed by the "James Report, *Scotland's Health: a Challenge to Us All: the Scottish Diet*" the next year that highlighted the need for an action plan on the Scottish Diet. Over the next three years a working group consulted on this and produced *Eating for Health: a Diet Action Plan for Scotland* in 1996.

Over the next ten years a number of policy documents with implications for food and health were developed. These included the 1998 white paper *Food Standard Agency - A Force for Change*, that led to the creation of FSA and FSA Scotland.

The strategic framework for health improvement policy, *Improving Health in Scotland – The Challenge (2003)*, provides a framework to support an active programme to deliver the policy for health improvement, including a special focus programme on diet/healthy eating.

In 2004, the Scottish Executive published *Eating for Health: Meeting the Challenge* a strategy document to guide national policies and actions as well as local food and health action plans. The strategy identified community food projects as one of the solutions to addressing food poverty and health inequalities.

A recent independent review of the implementation of the Scottish Diet Action Plan between 1996 and 2005 found that, while much positive work had been done on community based work, the dietary targets set for 2005 were not achieved. There was little or no improvement across most food and nutrient groups.

In June 2008, the Scottish Government produced its action plan to improve the nation's diet in Healthy Eating, Active Living. This action plan highlighted the alarming levels of obesity in Scotland and the failure of meeting healthy eating targets. The action plan identified communities as one of the five key target groups[1].

In June 2008, Cabinet Secretary for Rural Affairs and the Environment announced the next steps towards the first National Policy for Food and Drink to boost the industry, support healthier and more environmentally sustainable choices and enhance Scotland's reputation as a land of food and drink. Access, affordability and security of healthy food and food education are amongst the five key themes of the policy[2].

NHS Health Scotland is also concerned with worrying trends, including the increase in obesity. Between 1995 and 2003, the proportion of men who were either overweight or obese rose from 56% to 64% and the percentage of women rose from 47% to 57% (2003 Scottish Health Survey).

Recent research that EKOS carried out on behalf of the Food and Health Alliance has shown that, despite much progress in delivering food and health priorities, there is still a gap between food and health policy and its implementation on the ground[3]. EKOS found that:

a) while the various stakeholders generally assign a high priority to food and health improvement, their level of engagement with and ability to implement policy priorities within their job role varies;

b) while there seems to be a widespread understanding of the fundamental issues around food and health improvement, there is an ongoing need to build knowledge, both in relation to specific topic areas and in relation to new policy and policy directions;

c) while there are a large number of networks and support activity to help stakeholders, these are not being fully used to communicate and exchange learning on food and health issues; and

d) while those with an interest in food and health have generally a strong appetite to learn, they do not always feel sufficiently connected into available forms of training or support.

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[1] Healthy Eating, Active Living: an action plan to improve diet, increase physical activity and tackle obesity (2008-2011), Scottish Government, June 2008
[2] http://www.scotland.gov.uk/News/This-Week/Speeches/Greener/food
[3] EKOS, A Study to Identify and Map the Range of Networks and Supportive Activity within all Food and Health Stakeholders: Final Report for the Food and Health Alliance, September 2008
http://www.healthscotland.com/documents/2844.aspx

This research confirms the findings of an earlier study commissioned by Health Scotland, which showed many diverse training and development opportunities to staff involved in food and health improvement. However, much of this training/learning activity is fragmented, with variations evident in quality, affordability, and accessibility[4].

Therefore, bringing about positive changes to the Scottish population's diet remains a major challenge to policy makers and the NHS. A more coordinated and cooperative community food and health network in Glasgow will make a significant contribution to this.

2.2 Glasgow's Food and Health Action Framework

The Glasgow Food and Health Action Framework 2001-2006 was developed as a vehicle for delivering the Scottish Diet Action plan in Glasgow. The framework had two main aims: improving children's diet and improving access for excluded communities, particularly by supporting community food initiatives.

Although some progress has been made with the roll out of the Get Cooking, Get Shopping initiative and the promotion of the Food For Thought Pack, the review of this framework revealed that little progress has been made in the second aim: improving access for excluded communities. The review specifically highlighted the lack of success in working with retailers and with community projects.

The review recommended that the two main priority areas should be continued, where access for excluded communities was seen as the most challenging. Here the Glasgow network could play a vital role in helping the public sector partners to make real progress[5].

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[4] Health Scotland, Workforce Mapping and Training Needs Assessment of the Food and Health Promotion Workforce, April 2007
[5] Review of Glasgow Food and Health Action Framework (2001-2006), Executive Summary

2.3 Alignment with Local Policy Priorities

2.3.1 Glasgow Community Plan 2005-2010

Glasgow Community Plan 2005-2010 sets out the five priority themes for the city: a Healthy Glasgow, a Learning Glasgow, a Safe Glasgow, a Vibrant Glasgow and a Working Glasgow.

The Community Plan is implemented through ten Local Community Planning Partnerships and facilitated by community planning teams located across the city. The community planning teams have a facilitating rather than an implementing role.

Although food and healthy eating are not recognised as a specific theme in the community plan, it is likely that a strong Glasgow Community Food and Health Network will lead to more and better healthy eating promotion, increased cooking skills, increased sale of fresh and healthier food, a better diet across the city and ultimately to a healthier population.

2.3.2 Glasgow Single Outcome Agreement 2008/09 – 2010/11

Within the recent restructuring of the financial relationship between the Scottish Government and the local authorities in Scotland (the Concordat), the Single Outcome Agreements (SOA) were introduced and became the main basis for receiving government funding (Fairer Scotland Fund).

The purpose of the SOA is to identify areas for improvement and to deliver better outcomes for the people of Glasgow and Scotland, through specific commitments made by Glasgow's Community Planning Partners and the Scottish Government.

The SOA refers its priorities to the 15 National Outcomes of the Concordat and matches these to the 31 local outcomes defined by the Community Plan and other local plans and strategies.

There is no national outcome that specifically refers to food and health, but National Outcome 6 is 'we live longer, healthier lives'. This National Outcome is linked to Local Outcome 12, increasing the proportion of the population with a healthy BMI and Local Outcome 14, improve children's diets.

Tackling obesity in children and adults is also one of the key priorities in the Scottish Government's Strategy Moving Scotland Forwards (a Healthier Scotland).

A more collaborative Glasgow Community Food and Health Network is likely to improve people's diets and tackle obesity.

2.3.3 Local Community Health Priorities

NHS strategy and activity are driven by the Health Efficiency Access and Treatment (HEAT) targets. These are a core set of Ministerial objectives, targets and measures for the NHS, set for a three-year period. The current HEAT targets include one main target relevant to those involved in food and health improvement:

- H3: Achieve agreed completion rates for child healthy weight intervention programme by 2010/11.

The NHS Greater Glasgow and Clyde (GG&C) Annual Report for 2008 identifies diet and exercise as key areas for focus and with the long-term danger of obesity now nationally recognised this provides a major theme for the Board.

NHS GG&C have initiated a number of programmes targeting specific groups and tackling obesity is a priority. An infant feeding strategy has been launched and is currently being implemented, including improvements in coverage of vitamin supplementation, particularly in those at highest risk of vitamin D deficiency with money from the 'Healthy Start' programme available for developments. Work on broader based food access and local nutrition work is addressed through the NHS GG&C and GLC joint health improvement group and actioned by CPP and CHCPs.

In the last few years, changes have been made to the way that local services are structured, such as the introduction of Community Health and Care Partnerships in Glasgow. These new structures require agencies to consider ways to build relationships with their local community and partners.

The Community Health and Care Partnerships (CHCP's) have each produced a CHCP Development Plan. These CHCP Development Plans do not specifically refer to healthy eating, but most of them recognise tackling obesity as one of the key priorities.

The Glasgow West CHCP has also developed a Health Improvement Action Plan in which one of the actions is to 'identify local initiatives that provide access to healthy food and cooking skills' and the plan states that West Glasgow CHCP will 'work with local projects and support the uptake of initiatives'.

The review of Glasgow City Council's food and health policy offers an opportunity for NHS GG&C and the CHCPs to work with and influence its partners on the affordability, availability and accessibility of healthy foods. This also raises the opportunity to influence the new Food and Health Frameworks, which are being devised by local authorities.

2.4 Wider Networks and Initiatives

Public policies relating to Scotland's food and health have been delivered in different ways across the country. Unlike in Glasgow, local networks and hubs have evolved over time in other parts of Scotland. These provide a means for a diversity of local projects and organisations to come together to take forward a shared agenda on food and health improvement.

In most cases, these networks are at a more advanced stage than in Glasgow and can be seen as an example for Glasgow. They provide an excellent opportunity to learn from and to fast track the development of the Glasgow network.

In addition, the networks in other areas represent important potential partners for the Glasgow network, in order to benefit from nationwide economies of scale.

Table 2.1 (overleaf) shows an overview of the various networks in Scotland.

CFINE's aim is to improve health and well being and contribute to regeneration in disadvantaged and excluded geographical and interest communities by promoting the consumption of fruit, veg, pulses and other healthy products and encouraging and supporting volunteering which brings a range of personal, family and community benefits.

CFINE operates community food outlets, a fast fruit scheme and FareShare.

CFINE also operates as a Social Enterprise selling fruit, veg and other produce on a commercial, but competitive basis. CFINE is now supplying fruit to a large number of companies who participate in Healthy Working Lives award scheme. They have launched a fruit/veg/salad box scheme, a further development of its Social Enterprise, where they deliver orders to workplaces. All profit from commercial trading is invested in the health and community development work CFINE does in disadvantaged and excluded communities.

Table 2.1 Key Community Food and Health Networks and Hubs in Scotland

Network	Objectives	Governance/Management	Activities	resources
Community Food Initiatives North East (CFINE)	• improve health and well being • contribute to regeneration • promoting consumption fruit & veg, • encouraging volunteering	company limited by guarantee with charitable status	• Community food outlets • Fast fruit scheme: distribution fruit/veg to schools/nurseries • Fare-share: distribute surplus food to deprived communities • Social enterprise food company	• Financial: grant funding (50%) + trading (50%) • Human: 10 staff plus 40+ volunteers • Physical: 4 vehicles, 1 warehouse, 1 office
East Lothian Roots and Fruits	• promote healthier eating • promote access to affordable/quality fruit & vegetables	registered charity run by a volunteer management committee	• fresh produce supply • Food co-ops • Community garden • Health promotion: taster sessions, cookery classes	• Financial: grant funding + trading • Human: a manager and 6 part-time staff members (2.5FTE). • Physical: 2 vehicles and a garage/ warehouse. Leased office space and community garden.
Edinburgh Community Food Initiative (ECFI)	• equity and social justice. • reducing health inequalities relating to diet	company limited by guarantee with charitable status	• Food co-ops • Food delivery to organisations	• Financial: grant funding • Human: 11 paid staff and 27 volunteers • Physical: 4 vans and one warehouse.

Lanarkshire Community Food and Health Partnership	• improve access to quality fresh produce • promote healthy eating	company limited by guarantee with charitable status.	• Food co-ops (12) • Fruits and Roots: 27 food stalls in health venues • High Five for Fruit: nurseries	• Financial: grant funding. • Human: 7 staff, 80+ volunteers. • Physical: 5 vehicles, an office, and a 1,200 sq.ft. warehouse
West Lothian Food and Health Development (WELFEHD)	• raise awareness of the benefits of healthy eating • tackle barriers to healthy eating: access to and cost of healthy food, and the skills required to prepare it.	company limited by guarantee	• food co-ops • Healthy tuck shop in schools • box scheme for workplaces • It also operates a returns system	• Financial: grant funding • Human: 3 full-time, 3 part-time staff ca. 60 volunteers • Physical: leases 1 van and a warehouse

Source: Scoping Study: Scoping Study: Collective Action to Address Community Access to Food, Community Food and Health Scotland, 2007, adjusted where up to date information was available

2.5 Key Points

From the brief overview of the policy environment, a number of main messages and implications emerge as significant:

- changing the country's diet remains a major challenge to policy makers;

- the policies and strategies concerning improving diet are strongly linked to the main 'healthier Scotland' promise to tackle obesity and the HEAT targets; and

- at a local level, the <u>only</u> policy and strategic support for community food and health initiatives comes through linkages with tackling obesity and therefore any new development should link activities to this target to gather funding; and

- the conclusions and recommendations of the review of the Glasgow Food and Health Action Framework may create new opportunities for support for food and health work in the city.

Although the policy landscape for community food and health initiatives has changed recently with as strong emphasis on tackling obesity and no specific targeting of community food and health activity, the Glasgow community food and health organisations are making substantive contributions to the aims and objectives of the relevant policies and strategies. A more cooperative network will only increase these contributions.

3. The Community Food & Health sector in Glasgow

This Section examines the range of food and health organisations that operate within the Glasgow area.

3.1 Scope of the Sector

The target area for this study is the city of Glasgow. A short assessment of the needs of the area, local food work and voluntary sector activity is presented in the following sections.

Glasgow is the largest city of Scotland, and the 5th largest urban area in the UK. The greater Glasgow area has a population of almost 1.2 million.

The city region makes a vital, and growing, contribution to Scotland, accounting for 45% of Scotland's GDP, 40% of Scotland's jobs, 44% of Scotland's exports and 35% of Scotland's population.

Despite considerable successes in regenerating the City in recent years, Glasgow still faces a number of significant socio-economic challenges.

The latest Scottish Index of Multiple Deprivation (SIMD, 2006) shows that concentrations of health deprivation are predominantly found in Glasgow City, which contains over a third (35 per cent) of the 15% most health deprived data zones in Scotland.

Figure 3.1, showing Glasgow's data-zones in the 15% most deprived areas in the UK, gives a picture of the level of deprivation across the City.
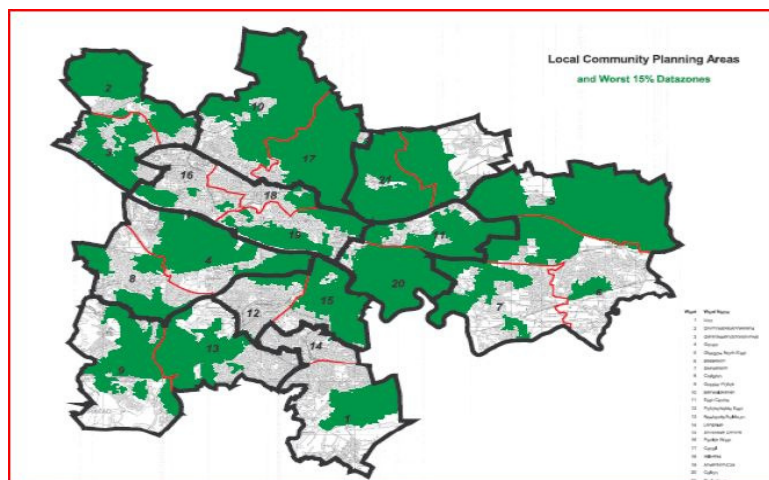
Source: Glasgow Community Planning Partnership, Regeneration Outcome Agreement 2005-2008

The 2005 health survey on Glasgow's population shows that only 30% of the population are eating at least five portions of fruit and vegetables per day. This percentage was even lower at around 20% for deprived (SIP) areas. Half the men and over a third of all women in Glasgow are overweight[6].

The latest report of the Director of Public Health confirms the increase of health inequalities between deprived and more affluent areas and reconfirms the priority that tackling obesity takes.[7]

The general assumption may be that access to fresh fruit and vegetables would be relatively straightforward with numerous supermarkets serving the city as a whole. However, in the many deprived areas in the city low income and cultural habits can prevent people from accessing fresh produce in favour of low cost, ready-made alternatives.

Voluntary sector activity in Glasgow is widespread in terms of health and healthy eating. There are a number of community health projects covering some of the most deprived areas, but until recently, there has not been an organisation covering food and health for the whole city.

3.2 Collective Scale and Resources

3.2.1 Introduction

As part of this study, EKOS undertook research to determine the scale of the community food and health sector in Glasgow. EKOS surveyed 812 voluntary sector organisations in Glasgow with a 5.4% response (44 organisations). However, with regards to the response rate it should be noted that most community and voluntary organisations in the city have no direct role in food and health and in this light a 5.4% response is satisfactory.

The survey was undertaken by sending an on-line questionnaire to all voluntary sector organisations in Glasgow to find out about their involvement with food and health. Additionally EKOS has sent a paper version of the questionnaire to 28 identified organisation with the main aim of working with community food and health.

As comprehensive an assessment of the community food and health sector in Glasgow as possible within the timeframe and resources available for the study, the results of the survey give an adequate overview of scale, issues and potential of the sector.

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[6] Health and Wellbeing survey of the Greater Glasgow Population 2005, Public Health Resource Unit
[7] A Call to Debate : A Call to Action, A Report on the Health of the Population of NHS Greater Glasgow and Clyde 2007-2008

3.2.2 Scope of Activity

The activities undertaken by the surveyed organisations were diverse with working with parents with (young) children the most frequent (23), followed by cookery classes (17), community cafe (15), weaning initiatives (10), food transport/delivery (9), growing schemes (8), breakfast clubs (7) and community shops (6).

Almost two-thirds (62%) of the organisations expected their role in community food and health initiatives to grow in the future, while only 4.5% expected it to decline.

Although the survey did not uncover all voluntary sector organisations involved in food and health work in Glasgow, the return suggests that the collective scale of intervention and activity of the networks is substantial.

3.2.3 Collective Resources

The organisations rely on a series of physical, financial and human resources to deliver their services.

EKOS survey uncovered that between them the networks own or lease an impressive portfolio of physical assets, as shown in table 3.2. This includes vehicles, warehouses, offices, and growing spaces.

Table 3.2: Collective physical resources of the Networks	
Category	Frequency
Vehicles	25
Warehouses	2
Offices	64
Outreach bases	114
Allotments	28.5
Greenhouses	11

Collectively the organisations harness an array of people, skills and expertise embodied in their staff and volunteers. The surveyed organisations employ collectively 161.5 full-time, 118 part-time and 84 seasonal staff[8].

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[8] Although the survey asked specifically for 'food and health related staff', there is a suspicion that some respondents reported their total number of staff, including their non food and health related staff.

The collective annual turnover from the sale of food of the surveyed organisations is £ 641,940 per year.

These figures provide an identification of the scale of the sector, which is considerable. However it should be realised that these figures may be somewhat unreliable and under/overestimate the real value of the sector.

3.3 Growing and Food Production

Only nine of the survey respondents (20%) were involved in growing food. With half being in the very early stage of growing food and have not produced anything yet. The others are growing a range of fruits, vegetables and herbs, but do not produce any substantial surpluses.

The respondents reported a total of 28.5 allotments/sites, taking up 4.26 hectares, and 11 greenhouses where they grow food.

However, the survey was unable to capture the full extent of growing activity in the city.

Supported by the Federation of City Farms and Community Gardens and Trellis, there are also a number of projects that grow fruit and vegetables as a means of a therapeutic or community development tool. These projects do not necessarily grow food to create a surplus for selling or donation. These projects include: Children's Garden / Children's Orchard, Castlemilk Gardening Association, Banavie Road and Turnberry Road Gardens, Choices Programme Market Gardens, Drumchapel Community Gardens, Grow Your Own Project, Gumboots in the Gorbals and Toryglen Gardening Club.

Grow-your-Own" at Springburn Gardens

North Glasgow Community Food Initiative (NGCFI), in partnership with Keep well and BTCV has developed the "grow your own" project at Springburn Gardens Allotment Site. The focus is on growing and cooking fresh produce and learning about the environment. The programme currently incorporates work on the allotment site, visits to other projects, planning days, social events and educational workshops.

Community allotments

Allotments have been part of the urban culture in Glasgow for over a century. There are currently 24 allotment sites, with a total of 1,320 plots. Demand for these is high with over 600 people on waiting lists, which are in excess of seven years in some cases.

There is also work underway to investigate and encourage community growing. The Glasgow and Clyde Valley Green Network has commissioned NVA to design and pilot an urban growing scheme, using growing bags for people's gardens and using temporary removable plots on derelict sites over the city.

3.4 Sourcing and Purchasing Food

3.4.1 Purchasing Food

Most of the survey respondents are involved in purchasing food. Two-thirds of them buy food on a regular basis and 15% on an occasional basis.

Table 3.3 shows the categories of food purchased.

Table 3.3: Categories of food purchased	
Category	**Frequency**
Fresh fruit	28
Fresh vegetables	25
Dairy products	21
Dried or canned goods	18
Fresh meat	16
Ready prepared vegetables	9
Fresh bakery products	6
Ready prepared fruit	4
Fresh fish	4
Pre-prepared meals	3
Water	2

The reported collective value of the purchases is £ 312,910 per year, or £ 26,076 per month. On average, each of the organisations that reported their purchase buys for £ 10,094 per year, or £ 841 per month.

When asked about their expectations for the future, 55% responded that they expected an increase in their food purchases. This is shown in table 3.4.

Table 3.4: Future expectation of volume of food purchases	
Category	Frequency
Increase significantly	20%
Increase slightly	35%
Remain the same	35%
Decrease slightly	10%
Decrease significantly	0%

3.4.2 The Food Supply Chain

A simple model of the food supply chain is shown in figure 3.2.

Figure 3.2: Simple model of the food supply chain
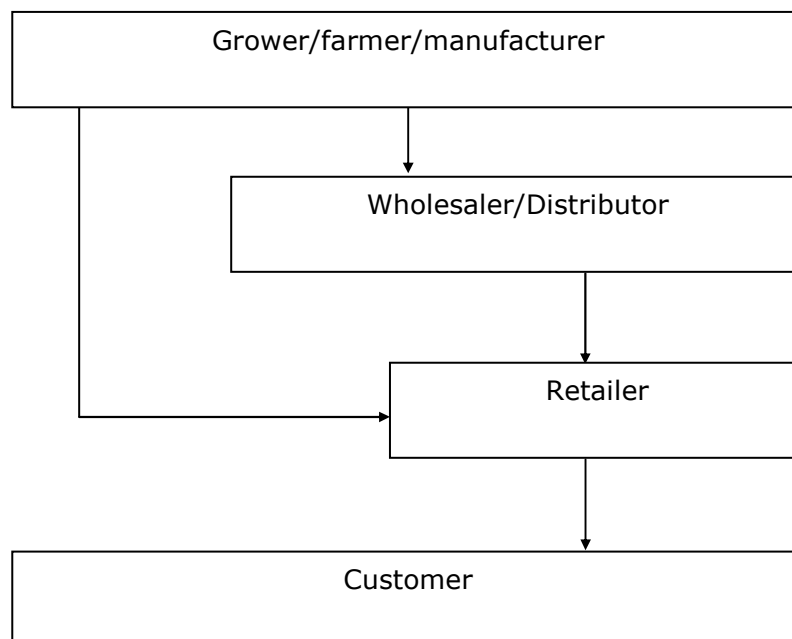
This model is fairly self-explanatory. At the start of the chain is the grower/farmer/manufacturer of the product and at the end, the customer.

The supply chain describes the route of a product to reach the customer. In this simple model, the product goes from the grower/manufacturer to a wholesaler/distributor, who assembles, sorts, grades, packages and markets the product. The wholesaler distributor delivers the product to the retailer, who sells it to the customer, who is the end user of the product.

Each of the various players in the supply chain is necessary for the product to reach the end user and add value to the product and charge a fee for that.

In general, the higher in the supply chain, the lower the price of the product is. Therefore, the larger retailers (e.g. ASDA) will try to cut out the wholesalers and thus be able to lower their retail prices and increase their profit margin.

Another key mechanism in the supply chain is that the higher in the supply chain, the larger the volume you have to purchase. Therefore, in many cases it is not worth it for retailers to buy directly from the manufacturer.

3.4.3 Current Suppliers

Suppliers currently used by the Glasgow community food and health organisations are shown in table 3.5. These have been classified into the categories shown in the model.

Table 3.5: Suppliers currently used by the Glasgow community food and health organisations			
Supplier	**Main Supplier**	**Secondary Supplier**	**Type**
Fyffes	3		Wholesaler/Distributor
Glasgow Fruit Market	3		Wholesaler/Distributor
Bookers	2		Wholesaler/Distributor
Costco	1	1	Wholesaler/Distributor
Lomond foods	1		Wholesaler/Distributor
3663	1		Wholesaler/Distributor
Woodwards	1		Wholesaler/Distributor
Dunn's Food and Drink	1		Wholesaler/Distributor
Makro		3	Wholesaler/Distributor
Brake Brothers		1	Wholesaler/Distributor
Graham's Dairy		1	Farmer /Distributor
Local supermarket	8	2	Retailer
Local shop	3	3	Retailer
Morrisons	3	1	Retailer
ASDA	3	1	Retailer
Lidle	3		Retailer
Tesco	2	4	Retailer
Super Asia	1		Retailer
Sainsbury's	1		Retailer
Other voluntary sector organisations	4	1	

From this table two important conclusions can be drawn:

- the majority of organisations in Glasgow purchase their products from retailers; and

- the organisations in Glasgow purchase their products from a wide range of different retailers and wholesalers/distributors.

This picture shows that community food and health organisations do not use their collective power to get the best prices and quality available to them.

3.4.4 Satisfaction with current suppliers

Table 3.6 shows the satisfaction rate of the Glasgow organisations with the various components of service delivery by their suppliers.

Table 3.6: Satisfaction rate with service of suppliers of fresh food		
Challenge	**Not fully satisfied**	**Fully satisfied**
Availability of locally grown produce	96%	4%
Ethical credentials of the supplier	96%	4%
Affordability	85%	15%
Ability to get delivery	81%	19%
Availability of seasonal produce	70%	30%
Quality	62%	38%
Choice	60%	40%

Levels of satisfaction are low. While choice, quality and availability of seasonal produce achieve highest levels of satisfaction, between 60-70% are still not fully satisfied. Availability of locally grown produce, ethical considerations, affordability and delivery score extremely low satisfaction rates.

Table 3.7 shows how the supply of fresh food could be improved.

Table 3.7: How could supply fresh produce improve	
Category	**Frequency**
Sourced locally	12
Delivery	5
More choice	2
Increased funding	2
Cheaper price	2
Improved cleanliness	1

The vast majority of the respondents indicated that they would save money if the service from their suppliers would be improved. They also indicated that they could improve the quality of their services, increase their sales and lower their prices with an improved service from suppliers.

The Glasgow market has been in existence for over forty years and sells around 300,000 tonnes of food per year, with a total value of £300-350 million. The market is home to between 40 and 50 different traders and provides direct employment to around 600 people. The market sells fruit, vegetables and fish and game, locally produced as well as imported. There is a processing facility on site and the market recycles waste food (composting).

The main competitive advantages of the market are: freshness of produce, choice of products, great assortment of different quality produce, and highly competitive prices.

The Glasgow Market has been part of Glasgow City Council, but has recently been set up as a Limited Liability Partnership (LLP), with the Council as the only shareholder. This has been done to protect the market from budget cuts, to allow the market operating outwith Glasgow and to attract investment and grant funding.

The Glasgow Market is planning a £ 5 million refurbishment programme to be completed this year.

The market sells locally produced food, when in season, mainly from producers in Ayrshire and the Borders.

3.5 Making Food Available to Others

The majority of survey respondents (60%) were involved in the distribution, preparation or sale of food.

Table 3.8 shows the activities that these organisations are involved in.

Table 3.8: Food distribution activities	
Activity	**Frequency**
Prepare and sell meals to general public or service users	11
Sell fresh produce to the community	10
Sell fresh produce to other groups/organisations/workplaces	8
Distribute fresh produce at no charge to people that need them	7
Prepare meals at no charge for people that need them	3
Cookery classes	2
Others	

Table 3.9 lists the venues where these organisations sell or distribute their food.

Table 3.9: Venues for food distribution	
Activity	**Frequency**
Own premises	8
Outreach bases	7
(Healthy eating) Cafe	6
Community centre	5
School / nursery	3
Cookery class	2
Food hamper	2
Church	2
Community shop	1
Housing association	1

Collectively the organisations reported an annual turnover from the sale of food of £ 700,700, or £ 13,475 per week.

The Sunshine Cafe is a comfortable, relaxed café providing healthy, affordable food and refreshments. The cafe aims to be an area to meet friends, enjoy breakfast, lunch, dinner or just a snack!

Food is freshly prepared using healthy ingredients, and offers a tasty (and healthier) alternative to chip vans and greasy spoons. The cafe also has a kids' corner and playpark to keep the children entertained along with colourful art work on display from the creative groups and a book-swap library.

The Sunshine Cafe can provide catering or refreshments for meetings or events at the centre, and offers express lunches and external catering

3.6 Associated Health Promotion Activity

Most organisations involved in community food and health activity are also undertaking activities on disseminating information on and promotion of healthy eating and health improvement.

For 13% of the surveyed organisations food and health promotion is the top priority, for 67% one of the main priorities, for 15% it is a low priority and for 5% not a priority at all.

Table 3.10 shows the frequency of various health promotion activities that survey respondents are involved in.

Table 3.10: Health promotion activity				
Activity	**Involved in**	**Planning to do**	**Thinking about**	**Not involved**
The health impact on people's diet	27	5	4	6
Info on what is a healthy diet	27	4	3	6
Inequalities in health outcomes	21	5	2	7
Food availability in deprived communities	20	3	7	6
Weight issues, including obesity	18	7	2	9
Affordability of food in deprived communities	16	5	7	7
Nutrition during early years	16	5	4	13
Health in the workplace	15	7	6	6
Nutritional content and labelling	13	2	6	15
Use of food in public places (schools)	12	4	5	11
Nutrition during pregnancy	7	3	7	18

This suggests a broad and varied contribution from organisations in addressing health inequalities, improving diets, and tackling obesity.

Table 3.11 shows what new food and health promotion activities the organisations would undertake, given the availability of appropriate resources.

Table 3.11: Additional health promotion activities if more resources would be available	
Activity	**Frequency**
Start increase number of cookery classes/demonstrations/workshops	16
Distribute/sell/give away more fruit and vegetables	7
Develop information materials	6
Start growing food	5
Start a community cafe	2
Provide advise	1
Attend weaning fairs	1
Start food vouchers	1

Special suggestions deserve a specific mention:

- developing a fruit game; and

- providing visual materials for hearing impaired people.

This demonstrates potential for organisations to increase their impact in health improvement even further.

Food for Thought Glasgow encourages social integration and healthier lifestyles through training. To support this work, they also provide Healthy Hospitality catering for Events and Functions.

Their Healthy Appetite Campaign is all about food and cooking. Cooking is a life skill that many people miss out on. If people can't cook, they cannot successfully make healthy choices and take control of the food in their lives.

The Healthy Appetite Campaign is the leading practical food education and outreach programme in Glasgow. It inspires people to cook and prepare healthy food.

3.7 Key points

From the research on the community food and health sector in Glasgow, a number of main messages and implications emerge as significant:

- the Glasgow area suffers from relatively high levels of deprivation and health inequalities;

- there is a wide variety of voluntary sector organisations that are involved in some form of community food and health activity;

- the financial scale and the collective resources of the sector in Glasgow are considerable;

- there are many organisations in Glasgow involved in growing activities and in the production of food, a high level of demand from the community to get involved in this, and a number of new initiatives emerging to support this;

- the organisations purchase their food supplies from a wide variety of suppliers, with the majority buying from retailers and very high levels of dissatisfaction;

- the evidence suggests that the collective purchasing power of the CFH organisations in Glasgow is large. EKOS research established a collective purchase power of £ 312,000, but the true volume is believed to be much larger, possibly in the region of £ 500,000 to 1,000,000 per year;

- food and health promotion is a priority for most CFH-organisations, and the sector appears to make a broad contribution to tackling health inequalities, improving diets, and tackling obesity; and

- the limitations in the availability of fresh produce is seen as a major barrier and the desire to source more local produce is seen as an important way to improve the supply of food.

4. The Potential for Collective Action

This Section examines some of the main areas for potential collective working among the food networks and reported willingness and interest to move towards greater collaboration. We examine this firstly from the perspective of community food and health organisations and secondly from those stakeholders that are well placed to fund or support this work.

4.1 The perspective of food and health organisations

4.1.1 The Key Challenges for Food and Health Activity

Food and health organisations in Glasgow were also invited to report on the main challenges in their food and health work. Table 4.1 shows the challenges identified by the food and health organisations in Glasgow.

Table 4.1: Challenges for food and health organisations	
Challenge	**Frequency**
High cost of supplies	64%
Lack of joined-up/partnership working with other food & health orgs.	55%
Limited growing/storage/warehouse capacity	52%
Lack of joined up/partnership working with the local authority	52%
Availability of produce	50%
Instability/unavailability of funding	50%
Lack of professional support from other agencies	50%
Lack of joined-up/partnership working with other local organisations	48%
Lack of time	48%
Lack of space	45%
Lack of volunteers	43%
Lack of demand for produce/services	41%
Staffing shortfall/turn-over	36%
Lack of knowledge about sales/promotion/pricing	34%
Limited knowledge of diet/nutrition/health	34%
Lack of transport	30%
Difficulties in transporting produce	30%
Lack of procurement skills	27%
Lack of community involvement in committees	23%
Lack of technical skills	20%
Lack of project development skills	20%
Lack of management skills	18%
Inadequate leadership/management in organisation	18%
Lack of financial skills	14%

In summary, the main challenges for the majority of the organisations are as follows:

– the inability to secure best price from their suppliers;

– a lack of joined-up/partnership working;

– limited physical resources (space, storage, warehouse, growing facilities);

– limitations in the availability of fresh produce; and

– an over-reliance on insecure grant funding streams.

Increased cooperation in a Glasgow network/hub can assist the sector in overcoming most of these challenges.

– the lack of cooperation in itself is identified as one of the main challenges;

– if the network could operate as a buyer for all organisations, it could secure significantly better prices from suppliers through the large volume of the orders;

– with increased cooperation, physical resources can be shared and it will be more economical viable to purchase/lease new vehicles and properties; and

– it is economically not viable and physically not possible for each of the organisations to establish and maintain relationships with the producers and distributors of fresh produce to assure the availability of the desired produce. As a collective, however, this may be a viable option through the increased economies of scale.

4.1.2 Local awareness and Interest in the Network

Just over half of the survey respondents (55%) were aware of the Glasgow Food and Health Network before completing the questionnaire.

More encouragingly about half of them (49%) expressed a strong interest in becoming involved in the network and 44% said they would potentially be interested in joining. Only 7% showed no interest at all.

Almost all of the surveyed organisations have left their contact details to receive further information about the network, which is another sign of support.

4.1.3 Suggested Network Activities

Table 4.2 shows the proposed activities for the Glasgow Community Food and Health Network as determined by the voluntary sector organisations involved in food and health.

Table 4.2: Activities Glasgow Community Food and Health Network	
Activity	**Frequency**
Circulation of relevant information	82%
Organising seminars/events	75%
Developing a food and health directory	73%
Support development of new projects and activities	64%
Organising training	59%
Facilitating opportunities for joint working	59%
Providing guidance on nutrition, diet & health improvement	55%
Organise network meetings to share information	41%
Providing expert advise on management, business & fundraising	41%
Bulk purchasing	39%
Coordinate transport solutions	25%
Shared storage/warehouse	23%

There is an overwhelming support for the Glasgow network to develop activities around information sharing, advice, training and project development, the more traditional network activities.

Although less frequently cited on the list in table 4.2 there is also a strong support for a more operational co-operation: the development of the network into a buying and distributing hub. Around one-third to one-quarter of the surveyed organisations sees a role in purchasing, storage and transport for the Glasgow network. However, when looking at the volume of purchase, around two-thirds of the organisations reporting an annual spend on food purchases of more than £ 5,000 see a role for the Glasgow network in purchasing, storage and transport.

This is relatively high, given the diverse background and roles of the surveyed organisations. Some are very small or the food and health aspect of the organisation is very small. In addition, many of the surveyed organisations do not buy or sell food and are only involved in food and health promotion. These organisations will, by the nature of their work, not be interested in the more operational potential of the network.

4.2 The Perspective other Stakeholders

EKOS carried out a set of focused interviews, both face to face and by telephone, with relevant staff in Community Planning Partnerships (CPP) area teams, NHS Greater Glasgow & Clyde (GG&C), and Community Health and Care Partnerships (CHCP), to get their view on the food and health work in their area and the opportunities for collective development and support. Interviews were also carried out with representatives from Community Food Initiative North East (CFINE), Lanarkshire Community Food and Health Partnership (LCFHP), Eatwell Scotland and the Glasgow Market.

4.2.1 Community Health and Care Partnerships (CHCP)

While the Glasgow CHCPs do not have a common food policy, the health improvement teams all viewed food work as important but there was a differential spread of both community based work and focus. They were positive about the role of a network but had concerns around were it would fit in terms of their policy drivers. There was concern about setting up a range of unsupported community projects that would have to spend all their time looking for funding in a financially difficult time as with the CPPs the idea of moving funding from Project to Program was mentioned in this context.

They all had national policy targets around childhood obesity to meet and in theory, any work funded or supported has to fit into this policy framework (Healthy Eating Active Living Action Plan). However, most of the teams, while they had limited (or no) money for community food development work that did not fit the policy drivers had been able to use existing funding creatively.

However, the approaches taken across the city varied. The South West CHCP has established a food policy action group and is using this to develop action plans. The South West CHCP has adopted the "Get Cooking – Get Shopping – Get Moving" approach from the East CHCP.

The East CHCP had successfully piloted this approach in a nursery with the support of local workers and community projects (Kids and Co and Urban Fox) and plan to extend it across the area. Apart from the food work of Kids and Co, there were no existing community food groups. There is a training kitchen in the Healthy Living Centre, which provides a focus for local community cooking courses. They are developing a set of community food guidelines to support community based work with young people e.g. in the proposed community youth café (Fuse).

The North CHCP also has a food strategy group and there are projects on the ground to engage with. The North CHCP Health Improvement workers viewed food work as an important strand of their job. Health Improvement in the North CHCP had been able to fund work on Food by tying it into exercise and arts work and has, also been able to access health improvement support monies from the HLC in the area.

In the West CHCP they are about ten community cafes but no food co-ops. The West CHCP expressed that they see the role of the network much broader than just supply of fruit and vegetables and include training and skills development. The West CHCP would like the food and health work to fit into their morbidly obese children work.

4.2.2 Community Planning Partnerships (CPP)

CPP's work on food was, shaped by the policy objectives that are set around health improvement. This means that they may have no priority for food and health at the moment.

Community based work has to fit into the policy drivers, of which Project to Programme, is the main. The Project to Programme approach is the CPP's response to the growing number of individual projects funded by Glasgow CPP across the city through a wide range of funding steams that do not always work in harmony together. It aims to develop a more programme based approach to funding and delivery of activity in the city – at both a city-wide and local level.

In a practical sense, this means that a range of thematic programmes are/will be developed and any Fairer Scotland funding must be related to these programmes. Projects that are not related to these programmes will not receive support or funding.

The North CPP, however, participates on the CHCP's food strategy group and they have been able to be creative in funding elements through other strands (e.g. youth programme or exercise and arts budget).

Funding was an area of concern within the CPP's allied to problems with sustainability. There was interest in the network across all the CPP's and different levels of action and support around community food work. The common themes were, moving funding towards Project to Programme and the need for community food and health to be recognised as a strategic priority, which is not the case at the moment.

4.2.3 Other CFH Networks

EKOS also consulted with two of the leading CFH networks and hubs outwith Glasgow: Community Food Initiatives North East (CFINE) in Grampian and Lanarkshire Community Food and Health Partnership (LCFHP).

Both networks were very, supportive of a Glasgow network and saw distinct advantages of increased collaboration in Glasgow, mainly in economies of scale, increased purchasing power, shared training and learning.

CFINE emphasised the need to develop the network as a social enterprise.

Both CFINE and LCFHP saw opportunities for their organisation to work together with the Glasgow Network. CFINE saw this cooperation through Eatwell Scotland. LCFHP saw opportunities to work directly with the Glasgow network, mainly because of the convenient closeness of North Lanarkshire and Glasgow. LCFHP saw cooperation with the Glasgow network as an opportunity to increase their buying power and an opportunity to start buying more from the Glasgow market.

4.2.4 Eatwell Scotland

Eatwell Scotland is a joint initiative of five CFH networks covering one or more local authority area and North Glasgow Community Food Initiative (NGCFI). Eatwell Scotland is in the process of establishing a central distribution point in Scotland where a buyer will be located to source produce, negotiating the best prices and co-ordinating the distribution to the member CFH networks. Additionally, Eatwell Scotland will have a development and support responsibility for existing and emerging CFH networks and co-ordinating tenders for appropriate national contracts.

In all the five areas outside Glasgow, one of the leading local CFH organisations has been developed into the network and hub organisation. This hub organisation will receive the ordered produce from Eatwell Scotland and subsequently deliver it to the various CFH organisations in their area.

Members of Eatwell Scotland are committed to buy all their produce through Eatwell Scotland.

Membership to Eatwell Scotland is in principle only possible for networks representing at least one local authority area, but an exception has been made for NGCFI

Eatwell Scotland is at the moment in a development stage and not yet fully operational. It has submitted a funding application to the Third Sector Enterprise Fund for start up capital to employ staff.

For the time being WEHLFED, its West Lothian network member, is acting as the central buyer for Eatwell Scotland.

Representatives from Eatwell Scotland expressed a strong interest in the development of the Glasgow network and were keen to support it. They would welcome the Glasgow network as a member and saw the benefit of it joining.

4.2.5 Glasgow Market

The Glasgow market also has a role in food promotion. They see the promotion of fresh food as a means to grow the turnover of the market. The market organises tours for schools, is involved in the Council's culinary excellence programme and they organise farmers markets.

The market has a plan to set up a series of food stalls and food outlets in derelict shops in the deprived communities in the city to promote the use of fresh produce. The lack of knowledge about fresh food and the inability to cook it properly is seen as a major barrier to the use of fresh food.

The Glasgow market sees an increase of fresh food sales to the city's BME community and regards this as a future growth area.

The market sees huge advantages of a Glasgow network, and specifically a purchasing and distribution hub, for the local CFH organisations. The hub would save the organisations considerable amounts of money, solve distribution/delivery issues, increase the efficiency in the use of the collective resources and get the organisations fresher produce with more choice of products and the quality thereof.

For the market itself, a CFH network and hub would mean increased turnover, even more so in the case of a hub. In addition, more collaboration in Glasgow would fit with the food promotion remit of the market. A disadvantage for the market could be the loss of turnover by their existing customers/traders.

4.3 Key Points

From the research and consultations on the community food and health sector in Glasgow, a number of main messages and implications emerge as significant:

- the community food and health organisations identified the lack of joint working, the high price of supplies, the lack of resources, the limited availability of fresh produce and the over reliance on unstable funding sources as the key challenges for the sector;

- the Glasgow network is not well known within the voluntary sector, but the support for it is overwhelming, both for a network that facilitates information sharing, training and project development and for a hub to support community food buying and distribution;

- there is an in-principle support for the Glasgow network within the CHCP's, the NHS and community planning, although this is not likely to translate into substantial financial resources;

- the other food and health networks and hubs in the country would welcome a strong Glasgow network and would see many advantages in working together in the Eatwell Scotland structure; and

- there is interest and potential to establish a strong and productive partnership with Glasgow City markets LLC which operates Scotland's main fruit and veg. market in Glasgow.

5. Development Options

In this final Section a series of broad options for collective action are presented and their relative advantages, disadvantages and resource implications are explored.

5.1 The Options

After reviewing the needs of the sector and assessing their combined future potential, three main options emerged. These are:

–   Option 1: no network;

–   Option 2: a Glasgow CFH network; and

–   Option 3: a Glasgow CFH network plus hub.

Each of these options is presented in more detail on the following pages.

5.1.1 Option 1: No network

In any option appraisal, the "do nothing" option, in this case to abandon efforts to develop a network, must always be considered.

In that case, the food and health organisations in Glasgow would continue to operate on their own. Joint working will occur only occasionally and between limited numbers of organisations.

Advantages:

–   no cost or effort.

Disadvantages:

–   no sharing of information;

–   no structured joint working;

–   no training and development opportunities;

–   key issues, such as the high price of supplies, limited availability of physical resources and the availability of fresh produce will not be addressed;

- no ability to influence policy in Glasgow or at a national level;

- no fit with the development of the sector outside Glasgow; and

- no contribution to the development of a vibrant, sustainable food and health sector in Glasgow.
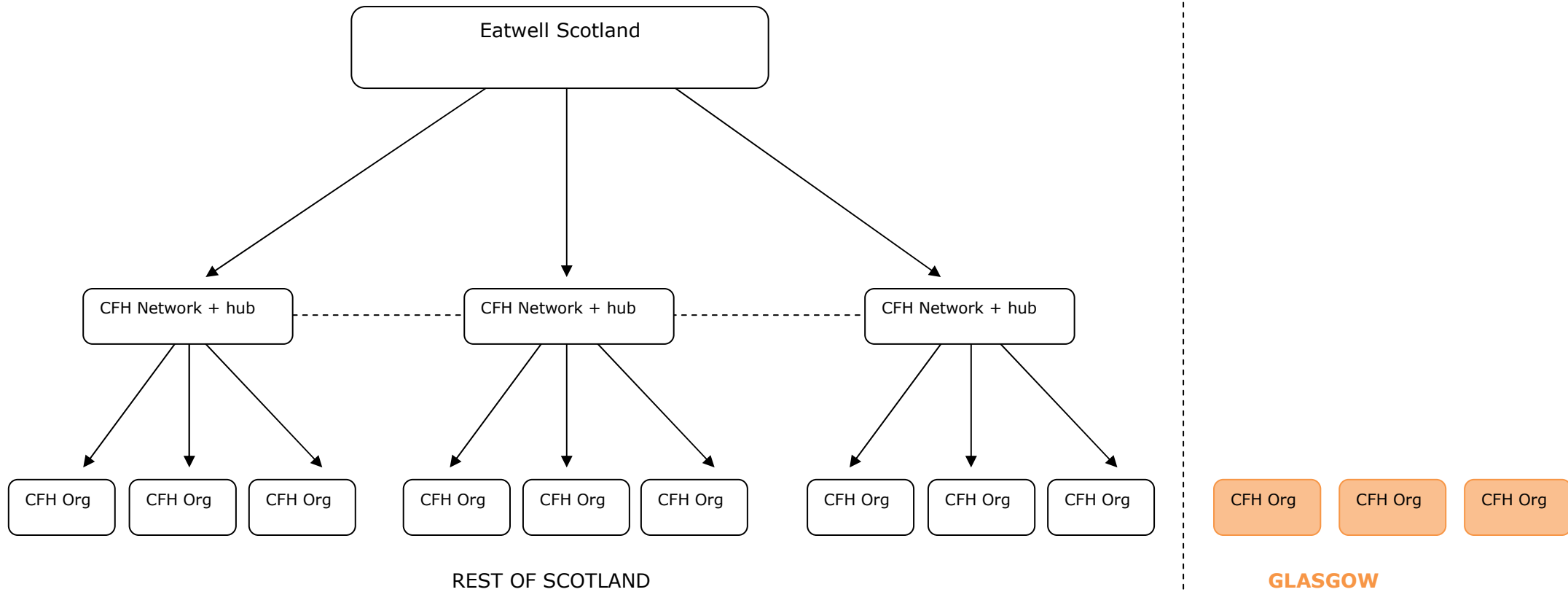
Resource implications:

- no direct resource implications to the CFH organisations.

Figure 5.1, overleaf, shows how this would look in relation to the current structures in other parts of Scotland.

The diagram shows the structure of the food and health sector in the areas that are currently covered by Eatwell Scotland (rest of Scotland), and shows how the proposed option for Glasgow (in orange) would fit with that structure.

Eatwell Scotland acts as the central purchasing and distribution hub for fresh produce in Scotland. It buys bulk supplies either directly from farmers/producers or from wholesalers and distributors. It distributes the produce to the various community food and health network and hubs, who in turn further distribute it to the organisations in their area.

Figure 5.1: Option 1 No network

Eatwell Scotland

CFH Network + hub

CFH Network + hub

CFH Network + hub

CFH Org

CFH Org

CFH Org

CFH Org

CFH Org

CFH Org

CFH Org

CFH Org

CFH Org

CFH Org

CFH Org

CFH Org

REST OF SCOTLAND

GLASGOW

5.1.2 Option 2: A Glasgow Food and Health Network

In this option, the organisations in Glasgow will continue their efforts to develop a Glasgow CFH network. Within this main option, there are two specific options:

a. Informal Network:

The informal network represents the situation as it is at the moment. The network would continue to organise regular meetings to discuss and progress areas of mutual interest. It would continue to be supported by Community Food and Health Scotland.

b. Supported Network:

This option would involve the development of a supported network, with its own legal identity (company limited by guarantee) and resources.

Initially the network would employ a development worker, but later this could be extended to a training officer, a business development adviser, a marketing advisor and/or other functions.

The network could rent its own premises, or one of the larger of its the members of the network could host this network support project.

Option 2a: Informal network

Advantages:

- no additional cost; and

- some opportunity to share information.

Disadvantages:

- key issues, such as the high price of supplies, limited availability of physical resources and the availability of fresh produce are not addressed;

- limited opportunities to develop and deliver bespoke training courses that specifically address the needs of the sector;

- limited opportunities for increased joint working;

- dependent on support of Community Food and Health Scotland;

- some ability to influence policy in Glasgow or at a national level;

- no fit with the development of the sector outside Glasgow, in particular, an unsupported, light-touch, network would not be able to take advantages of Eatwell Scotland; and

- it will only contribute marginally to the development of a vibrant, sustainable food and health sector in Glasgow.

Resource implications:

- no additional cost for the CFH organisations;

- no additional cost for Community Food and Health Scotland; and

- requires a limited amount of staff time from the members, mainly to attend meetings.

Option 2b: Supported network

Advantages:

- increased opportunity for joint working;

- possibility to develop bespoke training;

- possible fit with the development of the sector outside Glasgow, in particular, it would give CFH organisations in Glasgow the opportunity to take some advantage of Eatwell Scotland;

- the ability to assert greater influence policy in Glasgow and at a national level; and

- the network will be less dependent on the support of Community Food and Health Scotland.

Disadvantages:

- key issues, such as the high price of supplies, limited availability of physical resources and the availability of fresh produce will not be addressed;

- difficulty to ensure long-term sustainability after initial grant funding; and

- limited contribution to the development of a vibrant, sustainable food and health sector in Glasgow.

Resource implications:

- the network will have to access funding to support pay for its running cost. An indicative 3 year cost is presented in table 5.1

Table 5.1: Indicative cost supported network			
	Year 1	**Year 2**	**Year 3**
Development Worker[9]	24,755	25,498	26,263
NI (12%)	2,971	3,060	3,152
Travel and expenses	1,000	1,030	1,061
Premises	2,400	2,472	2,546
Administration	1,800	1,854	1,910
Working Budget	5,000	5,000	5,000
Capital cost	3,000	0	0
Total	**40,926**	**38,914**	**39,932**

Figure 5.2, overleaf, shows how this would look in relationship with the current structures in other parts of Scotland.

[9] Salary based upon 12 comparable job adverts on 27/02/2009 on www.goodmoves.org.uk , the specialist recruitment website for the voluntary sector

Options for Collaborative Working in Glasgow

Community Food and Health (Scotland)

Figure 5.2: Option 2 Glasgow Food and Health Network

REST OF SCOTLAND   **GLASGOW**
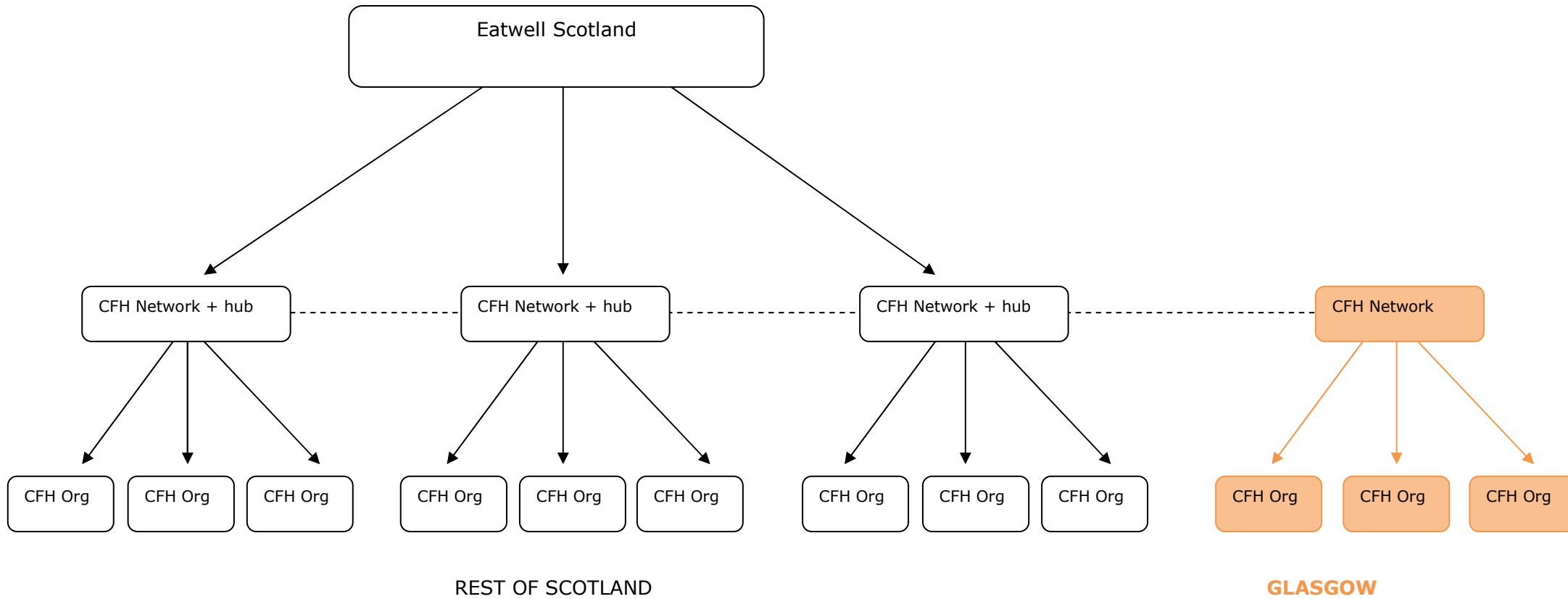
5.1.3 Option 3: A Glasgow Food and Health Network and Hub

This option would involve the development of a physical hub (a buyer, warehousing, and transport infrastructure) to purchase and distribute fresh affordable food to all community food and health organisations in the city.

In addition to the formation of a supported network, in this option the organisations in Glasgow would make use of a central source of expertise to source, negotiate, and buy quality and affordable produce on behalf of the organisations. The hub would also establish commercial relationships with local producers to source fresh produce as local as possible.

This option could be achieved in two different ways:

- develop a Glasgow hub company that will become a member of Eatwell Scotland; or

- set up an independent Glasgow Community Food and Health Hub company.

Option 3a: Eatwell Scotland

Option 3a requires Glasgow to develop a structure comparable to the rest of the community food and health sector in Scotland, represented by Eatwell Scotland.

Eatwell Scotland aims to be a national CFH organisation that owns a central distribution point in Scotland where produce would be purchased and distributed to its member CFH network/hubs. Additionally, Eatwell Scotland provides development support to existing and emerging CFH networks and co-ordinates tenders for national contracts.

For Glasgow to become a full part of this structure, one of the CFH organisations should step up and become the hub organisation for Glasgow. North Glasgow Community Food Initiative (NGCFI) is fulfilling this role for North Glasgow. It is already involved in the development of Eatwell Scotland. This approach would have many advantages, compared to setting up a completely new organisation.

The development of Eatwell Scotland is dependent on successful grant funding application to the Third Sector Enterprise Fund.

Advantages:

- increased opportunity for joint working, also outwith Glasgow;

- maximise the possibility to develop bespoke training;

- perfect fit with the development of the sector outside Glasgow, in particular with Eatwell Scotland;

- address key issues, such as the high price of supplies, limited availability of physical resources and the availability of fresh produce;

- a potential cost savings for CFH organisations in Glasgow;

- fresh produce would be delivered to CFH organisations in Glasgow;

- ability to influence policy in Glasgow and at a national level; and

- maximum contribution to the development of a vibrant, sustainable food and health sector in Glasgow.

Disadvantages:

- success will be dependent on progress in other areas of Scotland;

- limited influence on Eatwell Scotland;

- limited attention to the specific purchase and distribution needs of Glasgow as a large urban area; and

- dependent on the success of Eatwell Scotland's funding application to the Third Sector Enterprise Fund.

Resource implications:

- the indicative set up cost of a Glasgow network and hub organisation within the Eatwell Scotland structure for the first three years are shown in table 5.2

Table 5.2: Indicative cost Eatwell Scotland hub			
	Year 1	**Year 2**	**Year 3**
Capital cost	5,000	0	0
Development Worker	24,755	25,498	26,263
Administrator (0.5)	8,000	8,240	8,487
Driver (2x)	32,000	32,960	33,949
NI (12%)	7,771	8,004	8,244
Vans (2x)	36,400	37,492	38,617
Administration	3,000	3,090	3,183
Travel and expenses	1,800	1,854	1,910
Miscellaneous	10,000	10,300	10,609
Total	**128,726**	**127,438**	**131,262**

Figure 5.3 shows what this option would look like.

Figure 5.3: Option 3a Integration with Eatwell Scotland

REST OF SCOTLAND
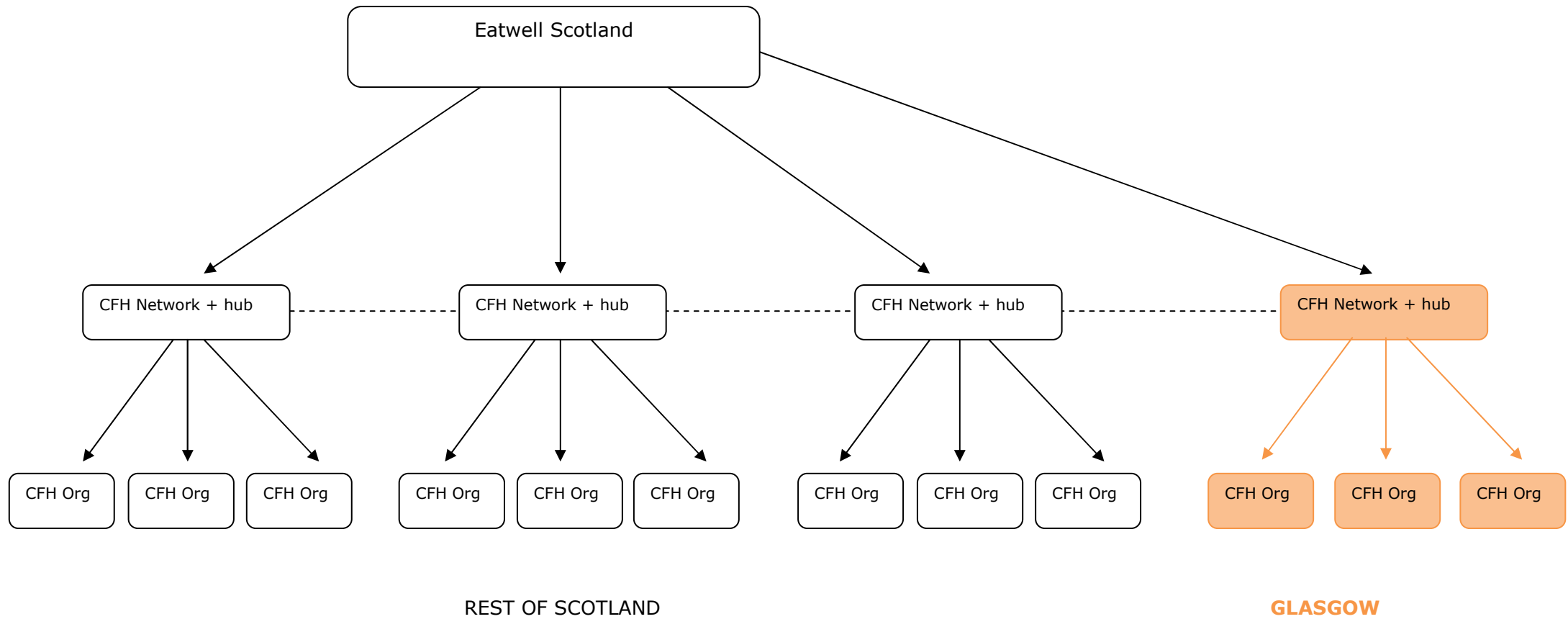
GLASGOW

Option 3b: Independent Glasgow Hub

Another option is to establish an independent Glasgow hub, separate from Eatwell Scotland. This option may have some advantages given the unique urban characteristics of Glasgow, and its role in hosting Scotland's main fruit and veg. Market.

Option 3b would involve establishing an independent shared services company that would be jointly owned by the partners, through the Glasgow network.

The hub, broadly equivalent to Eatwell Scotland would provide a mechanism to: purchase, store, and distribute produce; jointly bid for health promotion and food supply contracts; and offer joint training, planning, and capacity building support to the sector.

The shared service company would be owned by a number of key voluntary sector organisations. The involvement of statutory partners (CHCP, NHS, and Council) as investors could be explored.

The legal from of this company could be a Community Interest Company (CIC) or a private company limited by shares.

The company would need initial investment to start up, but would aim to be self-sustainable within two years. It would earn its income from distributing and transporting food to its members and could also, trade as a commercial company selling food to commercial retailers in the city.

This option would require setting up an appropriate infrastructure and could include bringing together existing resources, such as storage space, warehouses, vehicles and office space.

Advantages:

– increased opportunity for joint working;

– maximise the possibility to develop bespoke training;

– key issues, such as the high price of supplies, limited availability of physical resources and the availability of fresh produce are addressed;

– potential cost savings for CFH organisations in Glasgow;

– fresh produce would be delivered to CFH organisations in Glasgow;

– ability to influence policy in Glasgow and at a national level;

– maximum attention to the specific purchase and distribution needs of Glasgow as a large urban area;

– may turn out a very cost effective option if all key organisations agree to bring in their existing resources;

– possibility of local public bodies to invest in the company; and

– maximum contribution to the development of a vibrant, sustainable food and health sector in Glasgow.

Disadvantages:

– limited opportunities for joint working outwith Glasgow;

– limited fit with the development of the sector outside Glasgow, in particular, an independent relationship would have to be established with Eatwell Scotland, which may be problematic if Eatwell Scotland sees the Glasgow hub as competition;

– could turn out to be the most costly option; and

– need for start up investment or grant funding.

Resource implications:

The indicative cost for a stand-alone Glasgow hub are shown in table 5.3

Table 5.3: Indicative cost Independent CFH hub			
	Year 1	**Year 2**	**Year 3**
Capital cost	7,500	0	0
Project Manager/Buyer	30,000	30,900	31,827
Development Worker	24,755	25,498	26,263
Administrator (0.5)	8,000	8,240	8,487
Warehouse Operator	18,000	18,540	19,096
Warehouse Assistant	14,500	14,935	15,383
Driver (2x)	32,000	32,960	33,949
NI (12%)	15,271	15,729	16,201
Warehouse [10]	30,654	31,574	32,521
Vans (2x)	36,400	37,492	38,617
Administration	3,000	3,090	3,183
Travel and expenses	1,800	1,854	1,910
Miscellaneous	15,000	15,450	15,914
Total	**236,880**	**236,262**	**243,351**

Figure 5.4 provides an illustration of the concept.

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[10] Cost for a 2,650 sq.ft. unit at the Glasgow Market (£ 1,859 per month+ VAT) plus £ 5,000 utility

Figure 5.4: Option 3b Independent Glasgow CFH Hub

REST OF SCOTLAND
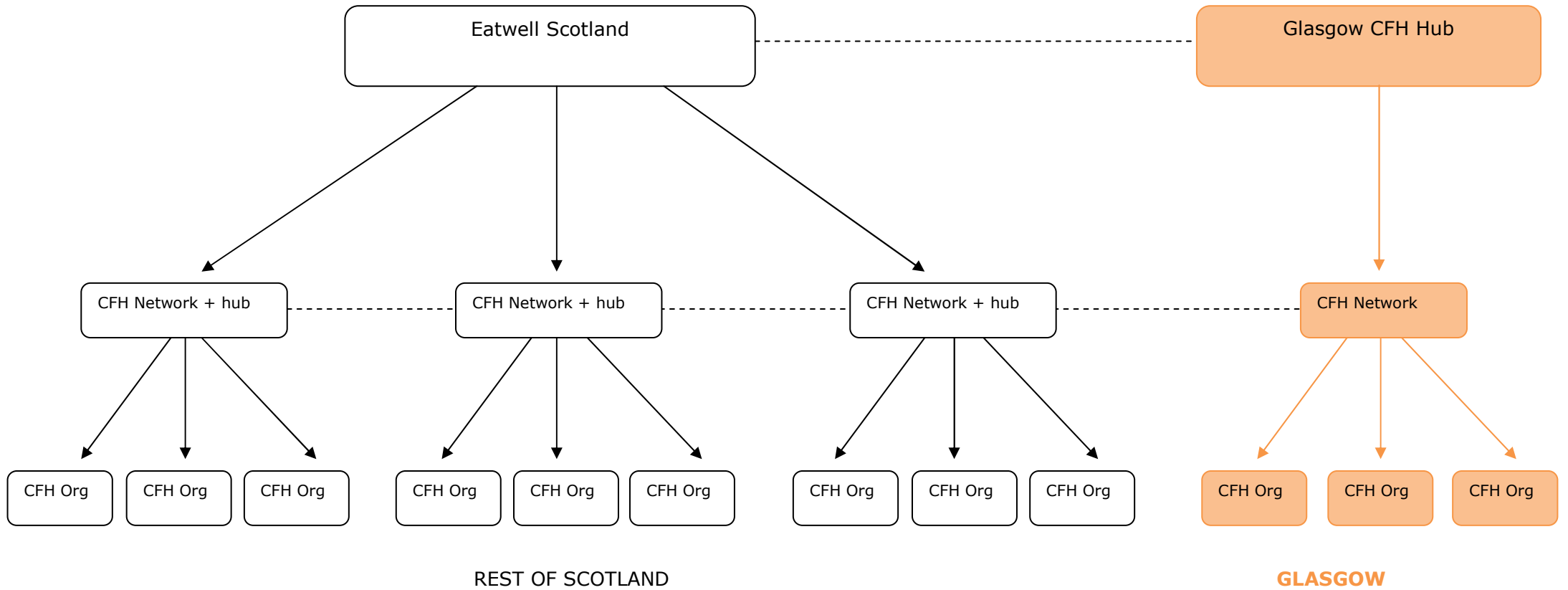
GLASGOW

Additional benefits of a Glasgow hub (independent or as part of Eatwell Scotland)

The establishment of a Glasgow CFH Hub, whether as an independent Glasgow hub or as a member of Eatwell Scotland, would have wider social, economic and environmental benefits for the CFH sector in Glasgow, including:

- freeing up staff time to develop projects and health promotion activity;

- the physical resources of the networks (staff, vans, warehousing) would be reduced, redeployed or used more efficiently;

- the potential to reduce food miles by developing relationships with local growers;

- the potential to access larger scale local growers due to combined purchasing power;

- increased financial sustainability of the Glasgow network, by opening up additional sources of earned income from sales and contracts;

- open up new supplier avenues and generate economies of scale; and

- providing a framework with ethical principles, incorporating green and fair trade policies.

The main requirements in pursuing this option would include:

- vision, commitment, and leadership from the Glasgow network;

- the management capacity, to ensure the professional delivery of services and contracts;

- sound legal and financial advice would be required to establish a company that would meet shared aims and eliminate risk;

- initial capital and revenue investment/funding required for start up.

5.2 Option Selection

This scoping study set out to better understand the collective challenges, capacity, aspirations, and potential of the community food and health organisations in Glasgow.

The research undertaken has highlighted the collective scale and strength of the community food and health organisations examined, and their common challenges.

The analysis and consultation undertaken as part of the study has led to the development of three broad options for the development of increased collaboration and meaningful collective action.

EKOS has presented the results of the research and the detailed options with their relative advantages, disadvantages and resource implications in two workshops to the members of the Glasgow network. From these workshops, a strong preference emerged for Option 3A, the development of a network and purchasing and distribution hub that in turn will become a member/partner in Eatwell Scotland.

The participants in the workshop felt that an informal network would not meet the needs of the sector, and a supported network was deemed to be unsustainable in the longer term.

There was overwhelming support for the development of a hub that would take on the role of purchasing and distributing food for the city of Glasgow. Participants thought it logical and more efficient to take part in the existing emerging Eatwell Scotland structure, rather than setting up an independent Glasgow hub.

There was some concern, however, regarding a possible lack of cooperation on the part of Eatwell Scotland with the Glasgow fruit and veg. market, but felt that this could be dealt with through influence within Eatwell Scotland.

However, it is acknowledged that the scale and complexity of this option is significant, and that a robust business case is required to ensure that:

- the hub can attract the start-up funding required;

- the venture can become financially viability over the short to medium term and will not rely on grant subsidy for revenue funding;

- the company is a separate entity, albeit controlled by the Glasgow organisations, but limiting their financial liability; and

- the proposed venture will build on and strengthen the local community food work in Glasgow and not undermine it.

This being the case, we recommend that the Glasgow CFH network sets itself up as a separate organisation and register their interest with Eatwell Scotland to become a partner in the development of it.

The next step is to secure funding to commission a detailed business plan for the proposed network and hub.

The network should use this study to further develop the potential interest of other community food and health organisations in the city to become a member of the network.

The network should also open constructive discussion and negotiation with the CHCPs, the NHS and the Community Planning Partnership to place community food and health higher on the agenda in Glasgow and get it included in future policies, strategies and plans.

6. Conclusions and Recommendations

In this final section, the conclusions of the study are reported and recommendations for collective action are made.

6.1 Main Findings

The main findings of this study could be summarised as follows:

- there is still a great need in Scotland and Glasgow in particular to improve on the diet and eating habits of the main population;

- healthy eating, diet and nutrition still have a place in national policy with the emphasis on tackling obesity;

- at a local level, action on food and health does not yet come across as a clear or explicit priority within local strategies;

- although there are not many organisations with a specific food and health remit in Glasgow, the scope of voluntary sector organisations involved in community food and health work is considerable;

- the food and health sector in Glasgow is large and has considerable financial and physical resources;

- local organisations buy produce from a large variety of suppliers, many of them retailers, and do not use their collective purchasing power effectively;

- there is an extreme high level of dissatisfaction with the service that organisations receive from their suppliers;

- the majority of the organisations in the sector are involved in distributing / selling food and the turnover from food sales is considerable;

- organisations also make a broad and important contribution to addressing health inequalities, improving diet and tackling obesity;

- there is an increasing interest in growing food;

- there is great appetite for more collaborative working and support for a more developed network and hub; and

- a Glasgow network and hub could address many of the issues the sector is facing. It could:

  - improve the structure for disseminating information and developing health promotion activities;

  - develop and provide bespoke training opportunities aimed at the specific needs of the sector in Glasgow;

  - create a stronger negotiating position for the sector to influence local policy and put community food and health on the agenda;

  - effectively use the sector's purchasing power and thus address the identified major issues of price, choice, quality and delivery; and

  - initiate, facilitate and support existing, emerging and new growing projects in the city and thus address the issue of a lack of local fresh produce.

6.2 Recommended Actions

On the basis of this study, we make the following recommendations to develop a Glasgow network and hub within the Eatwell Scotland structure.

1. The network should establish itself as a separate constituted organisation (company limited by guarantee).

2. The network should publicise its existence to a wider audience.

3. The network should undertake a membership drive to get more organisations involved and active. This should not be limited to community food and health organisations, but should include all organisations involved in growing, purchasing and distributing food and targeted at the voluntary sector, but not excluding the public and private sector. Interesting sectors to target would include homelessness, addictions and care organisations.

4. The network should start using its collective power to influence policy and strategy development at a local level in a structured way. This can be realised by tasking the chairperson of the network with this task or by establishing a sub-committee with this specific task.

5. The network should undertake a training needs assessment of the members of the Glasgow CFH Network and provide training necessary for the organisations.

6. Once the network is established as a constituted organisation, it should become a member of Eatwell Scotland.

7. The network should establish and maintain a relationship with the Glasgow Fruit and Vegetable Market.

8. Through the formal membership of Eatwell Scotland, the network should influence national policy and strategy development and the development of Eatwell Scotland itself in a way that meets the needs of the Glasgow organisations.

9. The network should develop a detailed business plan for the Glasgow Hub, including legal structures, governance and management, establishing demand, financial forecasting and a risk assessment.

Appendix 1: List of Consultees

- Dorothy Morrison, Glasgow West CHCP

- John Casey, Glasgow South West CHCP

- Janet Tobin, Public Health Practitioner, Glasgow East CHCP

- Megan Hagger, Health Promotion Officer, Glasgow North CHCP

- Nicola Fullerton, Glasgow South East CHCP

- Anne Gebbie-Diben, Health Improvement Nutrition, Physical Activity and Weight Management Team, NHS Greater Glasgow and Clyde

- Kirsteen Shearlaw, North Glasgow Community Planning Partnership

- Andrena Coburn, East Glasgow Community Planning Partnership

- Simon Dell, Regeneration Manager, South East Glasgow Community Planning Partnership

- Karen Docherty West Glasgow Community Planning Partnership

- Greig Sandilands, Manager North Glasgow Community Food Initiative (NGCFI)

- Jane Anderson, Milton Food Project

- Heather Dickson, East End Healthy Living Centre

- Margaret Rutherford, SEAL

- Dave Simmers, Strategic Manager, Community Food Initiatives North East (CFINE) and Eatwell Scotland

- Ian Shankland, Manager Lanarkshire Community Food and Health Partnership (LCFHP)

- Graham Wallace, Manager, and Gordon Paterson, Service Development Officer, Glasgow Wholesale Fruit, Vegetable and Flower Market (LLP)

- Vicky Ferguson, Field Worker Co-ordinator, Trellis and Federation of City Farms and Community Gardens