



From Crisis to Resilience: Radical Transformations for Food Security, Health and Social Justice

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About the Policy Lab

The UCL Policy Lab brings together ideas, individuals, and institutions in a collaborative method to understand and tackle the challenges facing communities in the UK and around the world. With diverse networks in politics, research, and communities, the Policy Lab facilitates dialogue between those addressing complex societal challenges.

If you have an idea or a challenge you’re seeking to explore, get in touch with the team at

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Foreword

Empowering communities to respond to local needs is one of the most effective ways to build resilience across our country. This brilliant new report demonstrates the vital role that small, locally rooted organisations play in helping the UK prepare for and withstand future challenges. Respecting and supporting these organisations is not just important -it is crucial for a stronger, more resilient society.

We know that the demands placed on communities have never been greater, with crises that often start on far-off continents sending ripples that impact the lives of ordinary families across Britain. In this context, our ability to understand the role of local, place-based networks and organisations in ensuring no one goes cold or hungry is vital.

It is inspiring to see UCL researchers working in partnership with communities to understand their realities and respond to their needs. The evidence presented here shines a light on the power of civil society and the tireless efforts of small organisations that are making a difference in communities across Britain. Their work reminds us that resilience begins at the local level, and that collaboration between research and practice is key to shaping a better future.

Lastly, this report is a reminder of the incredible capacity of our UCL colleagues to work across politics and ideas to help tackle the challenges we face as a country and as communities. As we approach the 200-year anniversary of the founding of UCL, it is a reminder of our oldest value: tackling and taking on the challenges facing Britain and the world which sits at the heart of our policy work. Today, that means collaboration with people and places, and the communities that are the foundations of our success.

Marc Stears

Director of the UCL Policy Lab and Pro-Provost (Policy Engagement) at UCL



Summary

This report examines how community-based and neighbourhood-level responses to food security challenges are pioneering innovative strategies to meet complex needs across areas including health and social care. Drawing on original global research from the UCL Bartlett School of Planning and the Institute of Development Studies, it explores how local strategies to ensure access to food and health services during the pandemic and the cost-of-living crisis were developed through a rapid testing-and-learning approach. This approach can inform the development of new responses to urgent social needs, leveraging the opportunities of the expanded devolution agenda, the NHS Ten-Year Plan and its focus on prevention. It also aligns with a wider preparedness agenda for providing routine support in times of crisis. Overall, it demonstrates the convening power of community organisations and their crucial role in creating local social infrastructure that reflects people's needs in their own communities. It argues that untapped potential within local communities should be much more valued. These efforts are essential for those working on the frontline to support vulnerable communities, but they are not sufficiently recognised or supported.

Key findings

- The impressive mobilisation of local responses during the pandemic and the cost-of-living crisis showed how voluntary and community provision can flourish when government provides adequate, flexible funding within a decentralised framework, enables and trusts local ownership, and supports innovative partnerships. Current reforms, such as English devolution, the NHS Ten-Year Plan and the New Towns Programme, provide an opportunity to recreate this synergy, provided their implementation recognises the fundamental role of trust-based funding at all levels. There is also a need for joint funding initiatives between the NHS, Local Authorities and Public Health to rebuild the effective synergies seen during the pandemic.
- Public debate has understandably emphasised the profound trauma caused by the pandemic and the need for continued recovery. It is also important not to miss the opportunity to build on lessons about what works, and what does not, in delivering key services. Many of these lessons have been generated by local, grassroots initiatives that continue to support communities daily, but that face significant headwinds in shifting from emergency response to more sustainable approaches to poverty, food and health challenges.
- Community-led innovations and responses to food security challenges, alongside the work of community centres and hubs, offer substantial potential and can deliver strong value for money. However, they are not an adequate substitute for a coherent national food strategy and a social welfare system able to meet people's basic needs with dignity.
- Food can be a powerful entry point for engaging different population groups, but to be effective it must sit within a more integrated approach to health and social care at the neighbourhood level. This underscores the importance of collaboration between the NHS, Local Authorities and Public Health in creating integrated systems.
- Across the UK there are diverse and creative local initiatives addressing social needs that continue to show what works and what is possible, despite funding cuts, shoestring budgets and ageing infrastructure. This underscores the role of joint efforts by the NHS, Local Authorities and Public Health in learning from these local responses and informing policy development. Documenting lived experiences offers a robust evidence base and valuable insights to inform and inspire transformative, place-based change that reflects what people want and need.
- The development of community hubs - where services are co-located with social support, food provision and local businesses - should be seen as a powerful model for delivering equitable and responsive services. Joint efforts by the NHS, Local Authorities and Public Health are crucial to establish and sustain these hubs.
- Flexible, trust-based, multi-year grants that provide stability, support innovation and cover core costs are an absolute necessity for tackling food security, health and social justice. Joint commissioning is particularly relevant here, with jointly funded initiatives between the NHS, Local Authorities and Public Health helping to ensure equity and reach.



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Introduction – Background

Despite Covid-19 feeling like a distant memory to many, this unprecedented event highlighted and exacerbated issues that remain pressing today, with important implications for our future resilience. The innovative responses it elicited offer lessons relevant to current reforms to the NHS and local government in England.

In these rapidly changing times, the impacts of global geopolitics are increasingly felt close to home, translating into energy and food price shocks. The effects of these shocks are intensified by renewed fiscal strictures and ongoing welfare reform. Many households are still reeling from the long-term effects of the cost-of-living crisis on living standards and household finances, compounding the hardship caused by the Covid-19 pandemic (Francis-Devine et al., 2024).

In the wake of the pandemic, there has been growing recognition in the UK and globally of the need for resilience planning, and of the multiple risks—personal and societal—posed by inequality, giving renewed urgency to protecting the most vulnerable and marginalised by ensuring access to food and health services (Lang et al., 2025).

Ensuring civic food resilience requires multi-stakeholder collaboration, with all levels of government working alongside civil society and private-sector actors. The community-led response to the pandemic showed that this was possible: it gave rise to highly innovative solutions and the rapid emergence of mutual aid groups across the country that were frequently able to mobilise more quickly than established government structures, and whose convening power was crucial in reaching different population groups to co-deliver key services (Andres et al., 2023; 2025). At a time when emergency preparedness is critical, this experience provides many valuable lessons.

The power of the collective responses seen during the pandemic and the cost-of-living crisis, are yet not long-term solutions. Nevertheless, they may contain the seeds of more effective approaches to protracted challenges, as well as better resilience and emergency planning.

Key to realising this potential is learning from what was done differently during the pandemic and creating learning systems that build on local experience and expertise to inform policy development and service delivery. **This report examines how local responses to food security challenges developed since the onset of the pandemic are pioneering innovative strategies to meet complex needs across areas including health and social care. These approaches have the potential to contribute to key elements of the Government's Plan for Change, including Places for Growth 2030 and the Plan for Neighbourhoods, and to the creation of Neighbourhood Health Centres and Community Hubs within the Government's NHS Ten-Year Plan.**

Learning from local pandemic responses in the UK and internationally

This report draws on original global research carried out between 2022 and 2024 by the UCL Bartlett School of Planning and the Institute of Development Studies, with Trans-Atlantic Platform funding from the Economic and Social Research Council (UKRI-ESRC) and additional support through the ESRC IAA 2023–28 UCL Impact Acceleration Account. UCL and IDS worked with community groups and with local authority, NHS, academic and voluntary-sector partners in Birmingham, Solihull, Brighton & Hove and the London Borough of Barnet, while also collaborating with partners in Brazil, Canada and South Africa to draw comparative insights from local responses in each country.

In addition to data gathered between 2022 and 2024 by the PANEX-Youth and Building Back Better from Below projects, in 2024 and 2025 we held three workshops across England and one with international participants, bringing together practitioners, policymakers, advocates and frontline workers to reflect on their experiences and innovations during and since the pandemic, when, as one practitioner put it, “We were able to get things done.” While acknowledging the significant loss and trauma experienced by community members and frontline service providers alike, we explored the potential to recreate successful aspects of that period, building on the new ways of working seen during the pandemic and envisioning policy approaches to food, health and intergenerational justice that incorporate these innovations.

In documenting local strategies to ensure access to food and health services during the pandemic and the subsequent cost-of-living crisis, we analysed how they were developed through a rapid testing-and-learning approach, rooted in strong relationships and bonds of trust and enabled by the flexible funding available during the pandemic. This approach can inform the development of new place-based responses to urgent social needs while enabling greater community resilience to future shocks.

Emergency preparedness planning for more resilient communities

The UK government recently issued guidance encouraging people to prepare for future emergencies, building on the PREPARE campaign and launching the UK Resilience Academy, which will train over 4,000 public- and private-sector workers in crisis skills each year. This draws on learning from the Covid-19 pandemic and aims to strengthen the UK’s resilience to shocks while better protecting those who are vulnerable. In parallel, the National Preparedness Commission has launched a review of the UK’s food resilience, examining how well prepared government, citizens and the food system are for future shocks (Lang et al., 2025a). The review also considers the potential role of the public and civil society in responding to and adapting to future food-security shocks. Previous reluctance to plan for such events is shifting, creating more space for dialogue on planning for civil food resilience, defined as the capacity of people in their daily lives to be more aware of risks to food, more skilled in reducing unnecessary risks, and more prepared to act with others to ensure all society is well fed in and after crises (Lang et al., 2025b, p3).

Crucially, the report states: “This cannot be left to the people to activate in an ad hoc way or on their own. It requires a process of learning, capacity-building and preparation. To be, as government wishes, a response of the ‘whole of society’ requires infrastructure, guidance and support” (Lang et al., 2025b, p3). The review finds these elements currently lacking but highlights provisions that could and should be introduced.

This report demonstrates the potential for learning from the many examples of locally led civil food resilience that emerged during the pandemic, some of which were rooted in longer-term efforts to address poverty, food insecurity and health challenges in the UK

Food as an entry point for accessing other services

Food insecurity currently affects 18% of households with children in the UK, down from a peak of 25.8% in September 2022 (Food Foundation, 2025). The last 15 years have seen significant growth in food banks and other forms of emergency food provision (Francis-Devine, 2024). Data from the Trussell Trust and the UK Government show that people experiencing disability, those living in social housing, renters and those in receipt of benefits are disproportionately represented among those referred to food banks (Francis-Devine, 2025). At the same time, the Independent Food Aid Network reported significant increases in people using its food banks for the first time (Independent Food Aid Network, 2024), and evidence shows that people in employment also use food banks and other forms of food assistance, highlighting low wages and precarious work conditions that can lead to financial hardship even when people are working (Francis-Devine, 2024). New research shows that one in five schools in the UK provides some form of food assistance to pupils and their families, but these initiatives are not counted as food banks, so the figures produced by the Trussell Trust and IFAN do not reflect the full impact of food poverty in the UK (Baker, Knight and Leckie, 2024). The expansion of eligibility for free school meals in England was widely welcomed by anti-poverty campaigners who had long argued for all children in households receiving Universal Credit to be eligible. However, as the data above show, more must be done to resolve the food and nutrition security challenges faced in the UK and to build civil food resilience.

To illustrate this point and provide introductory context, we use the example of **Birmingham**, which learnt from Covid-19 responses to find solutions during the cost-of-living crisis. Since 2020, the local authority has acted as the system's quiet integrator: convening, resourcing and de-risking community action while rapidly rewriting its own delivery in unprecedented timeframes. The public health team at Birmingham City Council used flexible lines in its budgets, particularly the Department for Work and Pensions' Household Support Fund (HSF), to deliver a citywide cost-of-living response targeting increased deprivation and food poverty. What changed first was posture. Instead of bulk-buying and centrally distributing generic staples to food banks and other food projects, the council shifted to cash grants for applicants who met pre-

set criteria around need and existing food-provision work, assessed by a panel of both council staff and key actors in Birmingham's food-aid ecosystem. This enabled them to purchase culturally appropriate food for the people they knew best. That choice explicitly privileged local knowledge over central control, signalling an early move towards operating at the 'speed of trust'. This new posture was paired with a pragmatic thinning of red tape: grant requirements were pared back to a small set of essentials (insurance, safeguarding, health and safety, a constitution and an organisational bank account), with the council sharing templates so smaller groups could comply. The intention was to protect residents and the authority without shutting out grassroots capacity, and to signal that the council trusted those organisations to act fast.

Second, the council embraced testing-and-learning as a routine method rather than the exception. Teams mapped who could safely handle different kinds of surplus (ambient, chilled, frozen); accordingly, they piloted a surplus hub at the wholesale market. The same adaptive logic underpinned targeted micro-grants to seed affordable food models (pantries, clubs, social supermarkets) exactly where maps showed gaps, and a food-truck pilot that brought hot meals into temporary accommodation when cooking facilities were scarce. Each move was framed as a way to relieve immediate pressure while learning what worked, and for whom.

Third, the team widened the aperture from 'treating' to 'preventing' food insecurity. Officers described approaching food insecurity as a public health problem: emergency provision prevents starvation but does not cure the condition. So the response was twinned with prevention levers, advocating for the Living Wage, providing advice and benefits support, strengthening resilient local supply chains, issuing guidance to ensure nutritious food aid, embedding measures to prevent shame and stigma through a co-developed toolkit, and using points of food access as opportunities to provide individuals with relevant information. Trust did not mean *laissez-faire*; it meant calibrating risk with smart guardrails and using the council's convening power to knit together faith groups, pantries, food banks, growers and anchor institutions. The authority acknowledged that many places providing food would not call themselves 'food banks', hence the focus on 'food projects', including those connected to other services (for example, debt advice, warm spaces and children's activities). Importantly, post-pandemic, the council, despite significant financial constraints, has been trying to embed these improvisations into organisational memory so that the learning survives beyond the cost-of-living crisis.

Food as an entry point for accessing other services

There is an urgent need to reimagine how we support people experiencing poverty. Our research shows that food can be a powerful entry point for engaging different population groups, but to be effective it must form part of a more integrated approach to health and social care at neighbourhood level.

Food is often one of the most squeezed elements in household budgets and is therefore frequently the first necessity to be sacrificed, leading to reliance on additional support (for example, food banks). The impact of poverty extends beyond whether people have enough to eat, it also affects the quality of food they can access. Poorer diets, dominated by calorie-dense but nutrient-poor ultra-processed foods, contribute to long-term health issues and reinforce existing health inequalities (Andres et al., 2025; European Commission, 2024; WHO Europe, 2024; Lonnie et al., 2024). These inequalities not only burden individuals but also place added strain on the health and care systems, creating a feedback loop of disadvantage.

Echoing national-level discussions, participants at project workshops in Birmingham, London and Brighton & Hove highlighted that food banks and other emergency food projects have taken on an outsized role in recent years, largely because the provision of food is not a statutory responsibility for local councils, despite the multiple impacts that food and nutritional insecurity have on public health and other areas of local authority responsibility. This gap in public duty has placed significant pressure on the voluntary sector to respond to growing need. However, many of these organisations are themselves in crisis. Declining volunteer numbers, shrinking funding streams and changes to how surplus food is distributed have left numerous food banks struggling to operate, while others have been forced to shut down entirely. Smaller charities and community groups often face the greatest challenges. Rigid, compliance-heavy funding processes and a lack of flexible financial support make it difficult for them to secure the resources they need, further widening gaps in local provision.

During the Covid-19 pandemic and the cost-of-living crisis, community-based organisations were supported through local authority community grants. Sometimes this involved simplifying grant processes or supporting organisations to develop the necessary policies and procedures. For example, as noted in the previous section, Birmingham City Council's public

health department provided capacity development to community-based organisations to help them qualify for grants, advising on how to develop policies on safeguarding and health and safety where necessary, and requiring insurance, a constitution and an organisational bank account. These measures offered greater protection to council resources and to those using organisations' services. Learning from this process has been developed and shared across the council and with other local authorities.

Similarly, in Brighton & Hove, the Food Partnership (BHFP) developed a regranting mechanism that enabled small organisations to receive funding for which they would otherwise not have been eligible. Risks to BHFP and funders were minimised through BHFP's close knowledge of, and relationships with, community-based organisations, which were trusted to deliver services within their communities. This built on a long history of testing and learning between the local council and the Food Partnership, including through a staff member working across both organisations.

Brighton & Hove and Birmingham are widely recognised as pioneers in food policy in the UK. Brighton & Hove achieved the UK's first Gold Sustainable Food Places Award in 2020, with Birmingham achieving the Bronze Award in 2023, recognising the cities' pioneering work in creating a healthier, more sustainable food system. Close working relationships across all sectors are key to their success, as is a commitment to learning and knowledge sharing, which is enabled by a range of mechanisms. These include international networks such as the Milan Urban Food Policy Pact (MUFPP), which provide opportunities for mutual learning, and the UK Urban Food Forum (UK-UFF), initiated by Birmingham City Council and now hosted by the Food Foundation. The UK-UFF was recently relaunched and offers an important space for local authority officers to share best practice, explore challenges and develop solutions across urban food policy, sharing learning on navigating political, financial and structural constraints in delivering healthy, sustainable and equitable food systems. Birmingham originally provided funding for the UK-UFF as a way to connect with the people who actually do food policy in local authorities, reflecting the diverse landscape of food policy organisations in the UK, where food partnerships are often run as Community Interest Companies (CICs) rather than by local authorities.

An enabling policy framework is fundamental. In Birmingham, work on food sits within the council's Food System Strategy (2022–2030), operationalised through the Birmingham Food System Partnership, a sub-forum of the Health and Wellbeing Board. In Brighton & Hove, the council's Health and Wellbeing Board works with the Brighton & Hove Food Partnership (BHFP) on the citywide Food Strategy, which promotes cross-sector collaboration and underscores food as a lever to drive public health and social equity outcomes (BHFP, 2023).

There is strong evidence that a food-in-all-policies approach can yield gains that go beyond food and nutrition (Papargyropoulou et al., 2024; Fanzo et al., 2021). In Birmingham, this included working with faith groups from different traditions. Birmingham Youth Services also partnered with local police to assist with the distribution of food and educational or play parcels to those in need. Youth Services, which has suffered deep and wide-ranging cuts, played a key role in coordinating action to reach the most vulnerable households (Andres et al., 2023).

During the Covid-19 pandemic, Brighton & Hove City Council (BHCC) collaborated closely with BHFP and numerous community organisations to address escalating food insecurity. Central to this effort was the establishment of the Food Cell, a cross-sector working group initially chaired by BHFP, which coordinated emergency food provision and connected a broad network of council departments, voluntary-sector partners and community initiatives (Brighton & Hove City Council, 2020; Brighton & Hove City Council, 2021). Council members' remits enabled rapid intersectoral coordination across food, temporary housing, children, communities, public health, vulnerabilities and inequalities, workplaces and safety, frontline workers, waste and working from home, among others. The multidisciplinary nature of the group meant there was a wide range of organisational backgrounds, which supported the coordination and delivery of services and facilitated the identification and signposting of colleagues as relevant (Shankland et al., 2025).

The structure of the Food Cell allowed for swift identification of needs and effective resource allocation, as well as a test-and-learn approach that informed its work on a weekly basis. Owing to BHFP's long-standing relationship with the council, including staff embedded across both organisations, the Food Cell was able to mobilise rapidly and work at the speed of trust (Chambers, 2020). The group facilitated the development of a citywide network of 50 neighbourhood food hubs, delivering food parcels and cooked meals to vulnerable residents. Funding from multiple sources underpinned these efforts, with the UK government's Household Support Fund providing

£2.1 million to support emergency food vouchers, food banks and meal services (Brighton & Hove City Council, 2022a, 2022b). As the pandemic receded, the Food Cell evolved into the Food Insecurity Group, which continues to work with partners to address ongoing and entrenched food insecurity aggravated by the cost-of-living crisis (Brighton & Hove City Council, 2024).

This approach highlights how sustained collaboration between local government, community organisations and dedicated coordination structures can respond effectively to public health emergencies and evolving social needs (Brighton & Hove Food Partnership, 2021; Local Government Association, 2023; Sustainable Food Places, 2021; Andres et al., 2023; Andres et al., 2025).

Reimagining integrated provision of food, health and care in the community

Research undertaken by PANEX-Youth and Building Back Better from Below underscored the critical role of community-led projects tackling access to food, play and leisure, not only in alleviating hunger and improving food and nutritional security, but also as strategic platforms for wider service access. For people facing extreme poverty, precarity or crisis, food banks (and other responses such as pantries, which fall under the heading of emergency or affordable food projects, EFPs or AFPs) are often the first place they turn in emergencies, serving as critical safety nets of last resort. Beyond providing meals, food banks play a vital role in connecting people with other forms of support. They frequently assist with tasks such as drafting housing letters, completing benefits applications and navigating complex bureaucratic processes. Just as importantly, they offer something more intangible but deeply valuable, a warm and welcoming space where people can sit down for a cup of tea and a chat. This makes food banks a key entry point for change in the way the state engages with people experiencing need.

Community-based organisations play a vital role in building food resilience in the places where we live, and they are able to do this through their convening power, which in turn rests on bonds of trust between community leaders, volunteers and local residents, who often live in the same neighbourhood. Such community-based and neighbourhood-level responses often enable access to food as well as to health services. These responses to food security challenges can be adapted to include joint efforts with local authorities and Public Health to leverage their resources and expertise.

However, a lack of predictable, flexible funding, or a lack of funding altogether, compromises the ability to build more resilient communities.

‘The problem is restricting the funding. When you restrict the funding, the organisation restricts the service. Places like the Old Boat Corner [Community Centre] see an increase in demand as there is no referral system and no cap on the number of times you receive help. We are seeing more and more people spend money on bus fares travelling across the city to access food and other services, rather than being able to visit their local provider. Things like DWP, mental health, GP surgeries, health and wellbeing advice should all be under one roof and localised in the way the school system is. This would make it easier to access and less expensive for all, and build the trust between the providers and the communities. With unrestricted funding the services could be built to reflect local communities’ needs.’

Reyna Kothari

CEO, Old Boat Corner Community Centre

This was echoed by Andy Burnham, Mayor of Greater Manchester, in a recent op-ed: ‘We must start with places people trust at a local level, such as community and voluntary organisations, and with the issues in people’s lives that are the true barriers to work. This is the essence of Live Well. We know there are thousands of people in Greater Manchester who have completely disengaged from the DWP but, if helped in a different way and particularly with issues that are destructive to their mental health like personal debt, could be supported into work’ (Burnham, 2025)

Unusual suspects in the provision of community-based services

One of PANEX-Youth's research partners was the Meriden Adventure Playground Association (MAPA) in Chelmsley Wood, West Midlands, a dynamic environment with large play areas where children aged 0 to 17 can engage in free and imaginative play. However, MAPA is not just a children's playground; out of necessity, it has become a community hub, with food assistance and a clothes bank. It has built on its local knowledge of who needs what among its users, finding new ways of supporting its families, both new and longstanding, many of them in work, who are experiencing poverty and food insecurity. Meriden's staff and volunteers are playworkers and educators; faced with a community in need, they have also become link workers, de facto social workers and counsellors to the vulnerable families who come to them. Trust is the key currency at Meriden, as is the deep generosity of all who work there, and a commitment to a relational approach, making the playground and services accessible to all without requiring forms and needs assessments, which can present a barrier to access.

During the pandemic, it played a crucial role in supporting young people and their families, assisting with access to food and clothing, signposting to other services, and providing mental health support. As need increased post-pandemic, so did MAPA's offer, which expanded to reach parents and carers, for example by extending the Holiday Assistance Funding (HAF) to deliver £1 'parent portions' during all six weeks of the summer holiday, rather than the two weeks HAF is designed to fund.

In addition, MAPA offers therapeutic play, support for people with SEND, groups for those educated outside school and a Forest School. Meriden provides this as a standalone offer, which is particularly important for those who do not want to, or are not ready to, engage with mainstream services. One element of this approach is Meriden's partnership with the Connected Care Network (CCN). Using a 'tell them once' system, they can offer a much wider range of services. Working across the NHS, education, social care, and the voluntary and community sectors, the CCN is a pioneering model of care for supporting children and service integration through a partnership of voluntary, statutory and health services across Solihull. The whole-of-life, whole-population approach of the CCN combines integrated working with room for single-condition pathways when needed. The model's aims have been determined by co-production and co-design at a very local level with families, children and professionals

across many sectors, as well as consultation with stakeholders, aligning community needs with system aspirations.

Funding is an ongoing challenge. There is greater need and less funding, which means starting from a deficit point each year. MAPA could do more if there were more sources of flexible funding, a point echoed by other organisations interviewed.

'Trust enables creativity and responsiveness, where charities can access grants that are not project-based and cover core costs, where you see a need and are then able to respond to it, like creating the Parent Portions.'

Zoe Hill

Manager, Meriden Adventure Playground Association

MAPA's experience, and that of other organisations working with young people, shows how crucial it is to have a two-way flow of information and communication between public services and people, "nothing for us without us", as stated by PANEX-Youth young researchers Hamaam Shire and Victor Agbontean from the Birmingham Youth Board. They pointed to the importance of integrating people into policies and including young people when designing and delivering interventions. For example, MAPA's experience with stretching HAF highlighted the limitation that it is not targeted to older teenagers, which means many miss out, as Victor Agbontean noted:

'Many older teens fall through the cracks. This is a critical time for identity, mental health and belonging. Extending this provision to include youth over 16 would reflect real need. For young people, trust is often built in spaces that are informal, relational and not clinical. Community hubs that double as creative or cultural spaces, such as MAPA or The Old Boat, are especially effective at this. Young people are not just recipients of services but can be co-producers of change.'

The experience of the pandemic shows the potential for system-wide partnership and coordination between local authorities and voluntary-sector organisations to embed holistic services within organisations such as community hubs. These hubs bring together a range of services that can be delivered by different partners. While often still incipient in many contexts, such partnerships offer government the potential to connect with people at the hyper-local level, in their communities, and to offer services such as health screenings, mental health support, and advice on benefits, welfare and employment, in a single, trusted and accessible setting.

There is nominal provision for this type of partnership approach through the Integrated Care System, and a number of local authorities have some form of partnership working in place, as our cases demonstrate. Integrated Care Boards in England have a statutory obligation to work with the voluntary sector to deliver services, as do Health and Wellbeing Boards, which work more closely with Public Health departments. This offers opportunities for engagement, joint commissioning and service delivery around food as an element that cuts across other areas of place-based work. Health and food are often implicit in ICB documents, but they need to be explicitly linked.

The response to the pandemic demonstrated the potential for integrated, cross-sector collaboration that connects food-security responses with access to other services and is agile and responsive to changing needs. The NHS is often the largest anchor institution in localities, yet there is limited day-to-day collaboration with local authorities on food and nutrition policy, despite the links with obesity and other non-communicable diseases. Further work is needed to identify practical actions to improve collaboration, typically on procurement, menu design and the delivery of hospital food.

The pandemic showed that local authorities were able to cut or relax red tape to get food to people who needed it most. In part this was possible due to structures such as Brighton and Hove's Food Cell, which created a rapid feedback mechanism to government, which had data from trusted partners on what was and was not working. Such agility is not built into business-as-usual approaches. As a result, seemingly simple experiments, such as increasing the use of pulses in publicly procured meals, become onerous unless explicitly enabled, for example by a clear commitment in an NHS strategy document.



Building locally led resilience through community hubs

There are multiple benefits for local authorities working more closely with the voluntary and private sectors, and the voluntary sector continues to show the power of co-locating or clustering services and information. Crucially, individuals experiencing poverty and deprivation are often unable to seek help because of a range of personal, structural and systemic barriers, and in many cases the state lacks the capacity or infrastructure to reach those most in need proactively. Our research found powerful examples of voluntary-sector organisations that were able to reach people in what the NHS and local authorities sometimes term ‘hard-to-reach communities’, whose need is often well known within their communities. This highlights the need for an enabling policy framework to support joined-up working, including making a focus on food security and food resilience a statutory duty.

The development of community hubs, centres where services are co-located with social support, food and even local businesses, presents a powerful model for delivering equitable and responsive services, with the proviso that they are adequately funded. Community hubs embody a holistic approach, with care and support at their core, promoting health, food security and social inclusion in a coordinated manner that enables greater efficiency and cost effectiveness [refs]. As Ronald Ranta, co-founder of the Alliance for Dignified Food Provision, stated, ‘We know what the solution is. We have all been talking about clusters, community centres, the question is how to get there?’

Physical space is often available, either through existing community or council buildings, but the clustering and co-location of services remain piecemeal. The experience of successful community centres shows that, by opening their doors, they were able to increase footfall and funding, and to reduce reliance on local authority funding, which is often cumbersome for smaller organisations.

‘The Old Boat has a community café that covers the majority of the cost of the staff and stock; room rental covers the cost of the building, and then we apply for grants and funding for the projects we run. We invite other organisations and partners to deliver their service in exchange for free space in the building. What ends up being created is a building of many services, for all ages and demographics, under the same roof, with diversified funding, local support and a fast response to community needs. This approach means that one person can access many services in one trusted place, reducing travel costs and overheads.’

Reyna Kothari

Manager, Old Boat Corner Community Centre,
Brighton & Hove

There was consensus in all the city workshops that there is much duplication, with organisations, state and non-state, often working in parallel and competing for the same resources, with differing levels of impact, as opposed to the examples where collaboration and cooperation lead to a division of labour and more effective and efficient delivery. Short or unpredictable funding cycles also have a negative impact on people accessing those services, since continuity of delivery cannot be guaranteed, which makes it difficult to build trust with clients, many of whom are vulnerable and marginalised. As Bob Bevil (Chipping Barnet Food Bank) highlighted,

‘We have drop-in services where the funding cycles are so short that the service is sometimes gone just as it is established. We have had services, for example Change, Grow, Live, go and then come back once the funds are back.’

Funding structures can also lead to an over-reliance on volunteers:

‘Some of the work is technical and should arguably be done by a qualified person rather than volunteers. The point about de facto social workers and counsellors is an important one, as sometimes guests think we are a government department, that is to say, institutionalised.’

Bob Bevil

Chipping Barnet Food Bank

Working through community hubs offers the opportunity to pool resources and save on overheads and other costs, which can then be invested in new or expanded services, while also creating opportunities for learning and engagement. The conclusion was, 'We need to get people in the same building.' Titilola Banjoko, Deputy Chief Integration and Primary Care Officer and Director of Joint Commissioning, observed:

'There is a limited pot of funding, so parallel working is not efficient anymore. We are lucky that the VCSE sector here has formed an alliance, so that is the front door for us to engage with VCSE rather than engage with multiple people and in parallel.'

Many of the project partners and participants highlighted the importance of systems approaches, and the challenge that statutory organisations do not always recognise that the VCSE sector holds a wealth of relevant relationships, partnerships and learning from national and international networks, which they bring into their local experience. The absence of trust in commissioning structures stems in part from the absence of co-design, whereas the experience of co-designed solutions during the pandemic showed the value of this approach. Furthermore, the way co-commissioning across local authorities, ICBs and the VCSE sector is structured does not allow for integration and joint partnership development, in part because the time spans are too short at twelve months.

'Understanding that building partnership takes time and takes resources, not one year. Commissioning needs to give time and freedom, for example five years. If it defines the way of delivery but cannot flex to the needs and learning of the project, your outcomes become your binder and do not enhance your freedom, whereas your learning is that you could radically improve the outcomes and change the model based on learning. Trust is key, trust us to know and recognise where outcomes and outputs shift, and a model we built six years ago can shift.'

Jessica Sumner
CEO, Community Works
Brighton & Hove

Flexible funding is key, as is trusting local partners' knowledge and ability to reach the desired outcomes without wasting time and money, while ensuring accountability. This requires a strong foundation of trust and working within an ecosystem where partners' experience is known and recognised. Our research found many such examples of what works in helping tackle food and nutritional insecurity and in improving access to health at place. One community leader in

Brighton & Hove, Reyna Kothari, Manager of the Old Boat Corner Community Centre, described how things can be done differently by summarising an exchange with the leadership of the Brighton & Hove Food Partnership (BHFP):

'BHFP: What do you want to do?'

Old Boat: Don't know yet, I have to ask my community and be able to change the plan based on regular evaluation.

BHFP: Get to that point by the end of the year without wasting time or money.

Old Boat: Done. And that led to another four years of funding, and excellent work done by everyone. With government funding you cannot actually do your work. If changes need to be made you cannot make them because of the parameters of the funding and the risk of losing it if changes are made.'

Kothari went on to say that opening the doors to the community centre was a key part of the puzzle and allowed them 'to bring people into the building who did not work together and now do'. This was echoed by Kathleen Cuming, Consultant in Public Health at BHCC, and Juliet Ssekitoleko, Director of the Black and Minority Ethnic Community Partnership (BMECP) and lead of the BMECP Food Bank. They saw an opportunity for integrated community universal health, where food was integrated in many different ways along with other services, working to the principle of building on what works and what already exists in the city, and considering where value could be added by bringing other service providers into the same space.

For example, BMECP ran a blood and organ donation drive, and was keen for the NHS to come to the community centre to encourage blood donation from their community members, who would feel comfortable and confident in that setting, but there was no funding available for this. They also saw it as a chance to integrate health and non-health services, ranging from managing non-communicable diseases and taking blood pressure readings to providing financial advice.

Hangleton and Knoll Project, Brighton and Hove

The Hangleton & Knoll Project (HKP) is a long-established community development charity based in West Brighton & Hove. For over forty years it has partnered with local residents to build grassroots groups, from youth clubs and women's networks to IT training hubs, job clubs and activities for older adults, based entirely on neighbourhood-identified needs. HKP engages residents through community development workers who help people organise, access resources and develop skills, while sustaining community-run groups and decision-making forums. It also runs a major youth work programme for ages 11 to 19, or up to 25 for young people with SEND, offering clubs, outreach, personal development and holiday activities across Hangleton, Knoll and Portslade. HKP has a formal role as an NHS provider, partnering with primary care networks and the West Area Health Forum to bring health services into the community. Its Act on Cancer Together initiative, funded with Macmillan and partners, focuses on early cancer screening, widening access and tackling local health inequalities. The project runs health-awareness events offering on-site blood pressure checks, screenings and sexual health services, including C-Card and STI kits via NHS-branded outreach at St Richard's Centre, plus signposting to NHS App support and vaccination campaigns.

In the experience of many local leaders, it was easier to secure funding outside government than to 'jump through the hoops' required to obtain it. With the exception of Healthy Lifestyles Team funding, all of the Old Boat Corner Community Centre's funding is external. This is remarkable given current funding strictures, but it also shows what is possible with strong leadership, cross-sector partnerships, diversification and effective delivery, all built on a foundation of trust. The required level of insurance is a significant barrier. As noted by Reyna Kothari, the council 'are asking £10 million public liability but we have £5 million. This could mean that we have to pay to get our insurance increased or refuse the money.' Additionally, other pots of funding represent a cost for local organisations, typically the Household Support Fund: 'We do not see it as a grant, as it costs us money in admin time to redistribute to the community in vouchers and funds. We are helping the council by taking this money, not the other way round.'

We also heard about a group of philanthropists in Brighton who have been unable to find initiatives to fund, in part because 'the vision is missing'

regarding what a multistakeholder partnership between the VCSE, private and government sectors could look like and how it would function in practice. While recognising the need for transparency and accountability, several participants highlighted that the voluntary sector effectively delivers or co-delivers many services in the city but is not always part of the decision-making process. For example, the Granville Community Kitchen in North London provides informal assistance to Adult Social Services, which asks it to step in with food and other support when patients are discharged home. However, in terms of commissioning and attaching funding to services, Granville is not registered or paid as a service provider, despite its vital role in supporting local residents who have been discharged. This was echoed by community leaders in Brighton & Hove, where the council refers people to community-provided services without commissioning them, providing financial support or including community-based organisations (CBOs) in decision-making processes.

A similar dynamic is seen when social prescribers refer clients to CBO-delivered services that do not have funding attached. Alex Shankland (Institute of Development Studies) noted that when Brazil designed its flagship social protection programme, the *Programa Bolsa Família* (Family Grant Programme), it encountered a similar issue, which was addressed by attaching funding to people in the first place, with councils receiving funds for services delivered to a specified number of people. This is similar to the way GPs receive funding for additional services delivered to patients.

In recent consultations with voluntary-sector leaders, there was a suggestion that the council could match-fund as a way of bringing more money into the city while also making decision-making more equitable. However, concerns remain about how commissioning could be done more effectively, given the experience of some services in the city having been privatised.

Co-locating services and community outreach, for example by employing Focused Care Practitioners (Brighton & Hove) or Community Health and Wellbeing Workers (CHWWs), as seen in Pimlico and across twenty-five localities in England, has been shown to enhance access and improve outcomes while easing pressure on the wider health and care system, improving efficiency and equity (Junghans et al., 2025; Junghans, Antonacci et al., 2023). The Secretary of State for Health and Social Care has been vocal in support of the CHWW programme; however, there is still no commissioning or funding mechanism to enable scale-up or the development of CHWWs as an NHS cadre, so local Integrated Care Systems (ICSs), Primary Care Networks (PCNs) and surgeries have been inventive in finding funds, for example through the Additional Roles and Responsibilities pot.

Community Health and Wellbeing Workers are paid to do much of what is currently done by a patchwork of volunteers, who do not always have the ability or access to refer people to statutory services. CHWWs work at the hyper-local level and live in the wider community they serve. This is important because, in many cases, local authority, NHS or other civil servants working at place are not hyper-local. This disconnect comes at a cost, as highlighted by Bob Bevil of the Chipping Barnet Food Bank: ‘They often lack a hyper-local understanding of key issues. As broad-level bureaucrats, often with tight budgets, this creates a perceptual barrier to building hyper-local solutions and a fear of spending money on what might be seen as unconventional.’

Economic modelling shows that these place-based strategies are not only more inclusive but also highly cost-effective, since many individuals experiencing multiple disadvantages are unable to access available public services because of systemic or logistical barriers (Polley, Elnaschie and Seers, 2024). Community hubs offer strong potential for delivering neighbourhood health, care and other services at place, with existing health centres and community centres already functioning as quasi or de facto hubs, for example the WellBN Health Centre, Wellsbourne Healthcare CIC and the Old Boat Corner Community Centre in Brighton & Hove. However, in the absence of a clear model for neighbourhood health centres, as with Canada’s Community Health Centres, it is difficult to scale up or sustain this (Rayner et al., 2018).

To respond effectively to growing deprivation and social fragmentation, there is an urgent need for integrated health and social care models at neighbourhood level. Food offers a practical and inclusive starting point, helping to address nutritional insecurity, promote healthier diets and reconnect individuals with state support. There is robust evidence on the success of such food-led interventions and how they connect to health, particularly mental health. Indeed, in Brighton & Hove there is a strong example of how this can work. The Old Boat Corner Community Centre is represented on the Integrated Care Team Central Area board, and in September 2025 the Old Boat welcomed the local Primary Care Network manager into the community centre to offer services with paramedics, pharmacists and mental health workers. They work with the community to build services based on local needs, alongside surgeries and services in the local Primary Care Network. This includes primary and mental health support, alongside the food service and the Old Boat’s wraparound services.

Our conversations with local policymakers, frontline workers, change-makers and residents, both younger and older, showed a strong appetite to build on existing community-centred approaches.

Decentralising health and care systems has the potential to enhance collaboration in the delivery of health and social care, promote local empowerment and provide more holistic care. Integrated community hubs can empower local systems and people to make decisions, ensuring that funding is targeted towards areas with greater need. This also aligns with the growth and employment agenda, spanning better health, access to food and relevant support services, all of which are key ingredients for access to work. Clustering GP services, social prescribers, community restaurants, social supermarkets, shops and local businesses, youth organisations and statutory organisations such as leisure centres or activities offers new forms of partnership working, as evidenced by the Meriden Adventure Playground Association (MAPA) in Chelmsley Wood, West Midlands, and the Old Boat Corner Community Centre in Brighton & Hove. Spatial clustering is key to ensuring integrated social support and to enabling listening, learning and knowledge sharing. It is a cost-effective solution that allows services to share resources ranging from infrastructure and equipment to funding, staff, knowledge and social capital.

However, several interviews showed that despite the ICS structure, there is still a significant gap between the NHS and local authorities. As one community leader put it, ‘They talk together but do not work together. They end up commissioning separately but talk about being connected as commissioners.’ This speaks to deeper issues of organisational culture, which must be addressed to enable integration.

‘What I have got from this meeting is that everyone wants integrated services to be grassroots. Solutions should come from the bottom, but all the power and all the money stem from the top, where people are making all the decisions. When I was asked two years ago to replicate the Old Boat around the city, I said no, it will not work. It depends on the context; you have to build relationships first and everything else, and build up from that. And it was not me on my own, it was a team of people, it was the community.’

Reyna Kothari

Manager, Old Boat Corner Community Centre,
Brighton & Hove

Our research provided a snapshot of the dynamic, highly competent and creative leaders working in UK communities. We also found a number of CBOs that would like to do more but need support with upskilling and capacity development. One suggestion was to use skills within the community to do this, in a way that pools resources and people so they can be deployed effectively and efficiently, with minimal

waste. Developing a team to do this would enable work across multiple community centres in the same city, rotating weekly and helping to build a learning system that is integrated with local authority and ICS systems, while leveraging existing institutional memory and relationships. Centralising data at the local level means that when CBOs request funding decisions from the local authority, these can be made quickly based on existing data, with support structures in place to help grow capacity, working with people rather than doing things for them. This also helps identify silos, whether geographic or by type of provision, for example reaching people with particular protected characteristics or providing culturally appropriate services. These teams could advise on policy, food, funding and volunteering, and include designated liaison roles for engaging with the council, the Integrated Care Team, the NHS and other statutory services.

Building on existing community centres, health centres and other voluntary organisations to create community hubs connected to key community anchor institutions such as schools offers the potential for the existing experience and expertise of those involved to be used, shared and acquired in the same place. Ensuring that these hubs are part of a learning system is vital, so that connections to other organisations allow local learning to feed into wider processes at local, regional and national levels, informing policy and planning. Community hubs should be constructed on local, place-based knowledge of individual and spatial vulnerabilities. They are based on the experience and knowledge of organisations and actors working with and supporting those in poverty. Such place-based knowledge allows for faster and more appropriate responses.

Wellsbourne Health Centre, Whitehawk, Brighton & Hove: an example of successful integration

Wellsbourne Health Centre is a community-driven GP surgery and Community Interest Company (CIC), founded as a not-for-profit organisation in 2018 in Whitehawk, east Brighton. It combines comprehensive NHS primary care, with GPs, nurses, clinical pharmacists, health engagement workers and link workers such as Focused Care Practitioners, serving around 5,600 patients, with a strong emphasis on addressing the social determinants of health in one of Brighton's most deprived areas. Wellsbourne also has space for a dental surgery, although there is currently no dentist in post because of wider shortages in the city.

Wellsbourne partners closely with the Sussex Community NHS Foundation Trust, the local authority and voluntary-sector organisations in initiatives such as its Community Garden, co-located with the library, pharmacy and the Roundabout Children's Centre, where local residents, patients and volunteers grow produce, plant trees and create shared green space. Wellsbourne also runs a Health & Wellbeing Café, offering blood pressure checks, diabetes advice, healthy-eating support, falls prevention, benefits guidance and more, shaped by participatory community research.

The practice hosts an active Patient Participation Group that meets several times a year to shape surgery services, community projects, opening hours, communications and accessibility. It also regularly takes part in community events, such as joint vaccination and health days with Whitehawk FC and other local groups, offering NHS checks, registration, signposting and promoting community engagement.

Wellsbourne has built a strong and successful practice, 'rooted in the principles of continuity, community and care for those facing the greatest health inequalities', and 'whose work has set such a pioneering example of good practice in addressing health inequalities that we were featured in the Marmot Review in 2020', as noted by practice GP Dr Posy Greany (Greany, 2025).

It is worth noting that in 2025 Wellsbourne CIC lost its NHS contract, which was awarded to a large, for-profit company based in Leeds. The decision was appealed, with significant local mobilisation in favour of Wellsbourne CIC, and was eventually overturned. This highlights challenges in commissioning and contracting processes, where the promise of value for money from a private company with no links to place can outweigh integrated, place-based health and care successfully delivered by a local not-for-profit organisation.

Adopting a decentralised test-and-learn approach at grassroots level

Notwithstanding the huge loss, damage and trauma caused, the pandemic inadvertently functioned as a mass social experiment that showed it was possible to challenge business as usual. It also exposed deep inadequacies in many existing systems, making emergency preparedness ahead of future crises even more urgent. Our research shows a clear desire to build on lessons from the pandemic. However, the return to business as usual has left limited resources to sustain and scale better ways of working and delivering services. Furthermore, staffing and resourcing cuts across local authorities, the local NHS and community-based organisations mean

that institutional memory from this period is already being eroded as people move on from their roles and organisations. This is not only true for professionals. As Reyna Kothari from the Old Boat noted:

'The people [whose] difficulties began due to Covid and then elongated due to the cost of living and long-term health conditions are being forgotten as people are thinking this is the new normal. People eating for a £1, visiting food banks and feeling disconnected, this is the new normal. It feels like the longer this happens, the more people are being defeated by it and accepting it. It is now normal for a large part of the population not to be able to afford to live.'



Better Data

Building a learning system generates the data needed to support better budget allocation, commissioning and implementation. Its design can also enable residents to contribute their lived experience, shaping services that are relevant to the people and places they serve. Learning systems can also provide data that central government does not currently collect, such as granular measures of food insecurity at place level.

While some data are now collected nationally, the lack of granularity on prevalence and severity means public health departments often use food bank data as a proxy. This is problematic, given the diversity of food banks and food projects, many of which do not collect data in the way that networks such as the Trussell Trust or the Independent Food Aid Network do. Public health departments estimate that there has likely been a recent shift in the severity of food insecurity, but not in prevalence. However, they require city-level data to support evidence-based responses.

Learning systems also help reduce duplication of effort and enable learning about what works well. For example, as Bob Bevil (Chipping Barnet Foodbank) noted, London has thirty-three boroughs, many using different mechanisms for council tax relief and support. There are pockets of excellence and innovation, for example in public food procurement or free school meals (Newham Council has provided free school meals since 2009), but limited ways of sharing that learning to inform programmatic change. Learning systems are a good way to build on locally present experience and expertise and extend it using a systems-based approach.

The experience of the PANEX-Youth programme demonstrated the potential and importance of building youth peer research and lived-experience data into systems. As Victor Agbontean, PANEX-Youth researcher and Birmingham Youth Board member, stated, 'It was evidence that we are not just "beneficiaries"; we are also researchers and storytellers. Youth-led evidence can highlight gaps that top-down evaluations often miss.'

Bob Bevil also pointed out that Chipping Barnet Foodbank's robust wraparound service is possible only because it has strong data. 'Our food bank is part of the Trussell Trust network, which means clients come from referral partners, and Trussell has a robust data system that identifies why guests come to the food bank. This in turn shapes our wraparound offering. Without that system our service would not be as locally relevant or as

embedded as it could be. This raises the question of how to collect data appropriately in integrated community hubs.'

Working closely with organisations already providing key services and social infrastructure within communities is fundamental. These are the people who know what does and does not work, based on a vast and robust experiential evidence base. This approach offers value for money, avoids costly mistakes and needless attempts to reinvent the wheel, and can form the basis for a holistic, robust learning-system approach co-created with local communities.

We have seen that the knowledge and experience gained from the pandemic offer valuable insights for shaping new ways of working. This is key not only for current and future emergency planning, but also for strengthening connections between national and local government, as well as with local-level stakeholders.

Building a flexible learning system requires active engagement across all levels of government, the private sector, the voluntary sector and communities. It is not only about working together in response to challenges, but also about learning from that collaboration while creating space for adaptive, agile approaches that can evolve as circumstances change. As demonstrated during the pandemic, such an integrated and responsive system is essential for addressing the deep-rooted and intersecting inequalities that drive deprivation. It also lays the groundwork for innovative partnerships that can support the development of more resilient, inclusive and flourishing communities.

Conclusion

Devolution, a new opportunity

The expansion of England's devolution agenda presents an important opportunity to build on place-based learning, especially since several proposed devolution areas align with Integrated Care Board areas, which make explicit provision for services to be jointly commissioned and delivered among the NHS, councils and VCSE organisations. Alongside the recently published NHS Ten-Year Plan and its commitment to integrated, neighbourhood-level health and care, this is a key moment to change how core services are delivered at place. While ICS progress has been uneven, there are examples that point to the potential for joining up health and social care at devolved local authority level, as seen in Greater Manchester. Together, the two tracks of devolution and NHS reform may bolster ICS performance by identifying innovative practices and creating spaces that support communities in addressing social challenges around access to health, food and social inclusion.

'When integrating with the council, they would need to do it in a way that doesn't slow the voluntary sector down. No old-school methods, unrealistic asks or tick-boxing tasks. The council should be there to provide safety, stability and structure without being overbearing and restricting. They should be there to enable the voluntary sector to do what they do best. Community work.'

Reyna Kothari

Manager, Old Boat Corner Community Centre,
Brighton & Hove

Manchester is frequently cited as an exemplar, having recently positioned itself as a 'prevention demonstrator'. This is more important than ever. Cuts to local councils will make it impossible to deliver the basic services local populations need, let alone the public health prevention agenda necessary to underpin the NHS Ten-Year Plan and enable people in Britain to live well.

A call of action

Securing food justice, health and equality demands systemic change. We must stop treating food insecurity, health inequality and social exclusion as separate issues, and instead act on them together through a joined-up, prevention-first approach. Locally rooted hubs should serve as trusted gateways where people can access food, health and care in one place, with communities, especially young people, at the heart of decision-making.

For this transformation to take hold, government and local authorities must act differently: trust communities to lead; reform funding so it is flexible, long term and accessible; and embed collaboration across councils, the NHS and the voluntary sector. By investing in people, hubs and local infrastructure, we can deliver a system that works at speed, reaches those most in need and creates lasting social justice.

The way forward:

- Think system, not silos: tackle food, health and social justice together, with prevention and food at the core.
- Back local leadership: empower communities, especially young people, through hubs that co-locate food, health and care.
- Build with trust: shift from central control to trust-based governance, embedding VCSE organisations and lived experience in decision-making.
- Fund for transformation: provide flexible, multi-year funding that covers core costs, removes barriers and sustains community infrastructure.
- Embed the creation of community hubs into the delivery of new housing programmes (including New Towns) through close partnerships and devolved responsibilities among the NHS, local authorities, public health and MHCLG.

Key policy takeaways

Delivering food security, health and social justice requires radical transformation. Four priorities must drive change: systems thinking, locally grounded action, trust-based governance and smarter funding.

Adopt a systems approach

Food, health and social justice are deeply interconnected and must be addressed together. Policy should place food at the centre of prevention and whole-person support, with councils, the NHS and VCSE organisations acting as one system. Co-located hubs, shared missions and decentralised test-and-learn models can reduce fragmentation and strengthen accountability. Data must be place specific, with young people actively engaged in shaping solutions. Locally grounded responses must be backed.

Change works best when designed and led locally.

Community hubs should act as trusted entry points, bringing together health, advice, food and youth services. Local workforce roles, including outreach, wellbeing and multidisciplinary teams, should be funded to extend access and build community capacity. Decentralised governance and local learning loops must capture what works and amplify community voices, especially those of young people.

Put trust at the centre of governance

Trust is not just an aspiration but an operational necessity. Public authorities must shift from central control to enabling local leadership, with light guardrails that support speed, creativity and adaptation. Co-decision frameworks that embed VCSE partners and lived experience should become the norm. Informal, culturally familiar spaces and hyper-local leaders are essential brokers of trust, particularly for marginalised groups and young people.

Reform funding to enable transformation

The right funding shapes the system. Flexible, trust-based and multi-year grants are needed to provide stability, support innovation and cover core costs. Requirements must be proportionate so that small and grassroots organisations can access funding. Community hubs should be recognised as civic infrastructure, and funding should also sustain embedded community health roles. Barriers such as excessive compliance must be reduced to ensure equity and reach.

In sum, a healthier, fairer food system that benefits people, communities and business will emerge only when we join up policies, empower local action, build trust into governance and fund communities to lead.



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