

# Option appraisal of a centrally based community kitchen

## Executive Summary

The Aberdeen City Food in Focus Steering Group consisting of representatives from NHS Grampian, Aberdeen City Council and the voluntary sector identified the need to carry out an option appraisal study to consider the way forward for the community kitchen located at Summerhill Community Centre in Aberdeen. The option appraisal was prompted in 2010 by concerns for the future of this successful partnership initiative that arose as a result of the planned closure of Summerhill Community Centre.

The aim of the option appraisal was to gather the information needed to make recommendations that will enable an informed and transparent decision about the future and long term sustainability of the Confidence to Cook (C2Cook) initiative (see note on page iv) within Aberdeen City.

### **The objectives of the option appraisal were to:**

- Provide a literature review of the evidence of the effectiveness of practical food skills initiatives for improved health and well being within the context of current public health priorities and lifelong learning.
- Review the use of the kitchen from its opening to date (If available - no's attending; no. groups each year; age range in groups; purpose of groups - eg teenage mothers; postcodes of individuals/groups using the kitchen and possible outcomes/outputs from groups using the kitchen)
- Identify the impact of the loss of the facility from its existing location as a central resource.
- Generate a range of options for the future of the initiative.
- Assess the costs and benefits of these options (cost effectiveness).
- Identify the advantages and challenges of the options, quantifying and valuing them where possible (including the extent to which the options align with strategic NHS priorities for Healthy Eating and Active Living and SOA outcomes. This will involve looking into options available locally, e.g. in local schools and will take cognisance of emerging/final LA structures in Aberdeen City.
- Assess the risks of these options.
- Make recommendations for what represents the most appropriate option/s and best value use of resources (not simply focussing on the lowest initial costs).

### **The study involved the following key stages:**

- Researching the strategic context for, and background of, the community kitchen in Grampian
- Reviewing the literature on the evidence of effectiveness of practical food skills initiatives
- Collating examples of good practice of practical food skills work across Scotland; analysis of the use of the kitchen
- Semi-structured interviews with clients, steering group members, academics and staff involved in the original funding application for the community kitchen
- Workshop with key stakeholders to discuss and consider the pros and cons

- Risks and sensitivities of the options proposed
- Interim report and ranking exercise by key stakeholders
- Development of final report recommending the most appropriate and best value use of resources for further consideration by management

## Context

Since the 1990s food and health has been high on the agenda at the national and local level. Policy has developed substantially from the Scottish Diet Action Plan in 1996 to now be encompassed in the Healthy Eating Active Living Action Plan (2008) and Preventing Overweight and Obesity in Scotland: A route map towards healthy weight (2010). More recently, child healthy weight (HEAT target, 2008 - 2011) and infant and maternal nutrition (Improving infant and maternal nutrition, 2011) have become priority areas for action. However despite these strategic developments, a review of the Scottish Diet Action Plan (2007) highlighted little change in overall diet in the past decade. People are increasingly unaware of where their food comes from, how it is produced, and lack the skills to prepare healthy food for themselves.

Overall the Scottish population is still eating too much saturated fat and not enough fruit and vegetables, bread, oil rich fish and wholegrains. Scotland has one of the highest levels of obesity in the Organisation for Economic Co-operation and Development (OECD) countries. There is increasing concern about maternal and infant nutrition and the rise of childhood obesity and the implications of such obesity persisting into adulthood. There is a clear linear pattern of increasing obesity with increasing deprivation in adult women in Scotland (Scottish Government, 2010). In Grampian, it is estimated that, 22.8% of all adults are obese (<http://www.scotpho.org.uk> 2010). NICE guidance (2006) states that local authorities and health boards should ensure that preventing and managing obesity is a priority for action, dedicated resources should be allocated – at both strategic and delivery levels – through community interventions, policies and objectives.

## Background

The community kitchen was developed as a result of a needs assessment, conducted by NHS Grampian's Dietetic Service in 2003, which highlighted the need for practical cooking skills provision in Grampian. The community kitchen was built at a capital cost of £25,000 funded by NHS Grampian's health improvement fund. The community kitchen consists of five workstations with cooking areas and an area with a table for eating food prepared. It has been hosted by Aberdeen City Council in Summerhill Community Centre. Aberdeen City Council also covered day to day running costs and administrative support. Seven hours per week of a development workers time to facilitate the community kitchen was initially covered by NHS Grampian and latterly by Aberdeen City Council (through funds raised via income generation work). NHS Grampian has supported development and training courses through the dedicated staff time of health improvement assistants, catering advisor, community dietetics and public health staff.

Aberdeen City Council community learning and development staff and NHS Grampian staff have provided ongoing input to the community kitchen steering group.

Since 2004, the community kitchen has provided a 'one stop shop' for training in food and health for people from some of the most disadvantaged communities in Aberdeen City and across Grampian. Training and cooking skills courses address barriers to healthy eating such as declining cooking skills, menu planning on a low disposable income, taste preference.

The evidence on the effectiveness of practical food skills work is limited. Wrieden et al (2007) concluded that "*cooking skills are but one part in the healthy eating jigsaw but may*

*be a useful starting point for initiating dietary change and behaviour in the shorter term".* Confidence in ability to change behaviour in one aspect of life can be used as a stepping stone to bridge the 'intention-behaviour gap' (Schüz et al 2009). However, there are a wide range of examples of good practice in practical food skills work happening in communities across Scotland. Most of which highlight wider health benefits e.g. improved self esteem, confidence, emotional well being and community capacity.

C2Cook has been successful in attracting people to use the facility and encouraging facilitators from groups to get trained to deliver healthy eating and cooking sessions since it opened in 2004. Over three hundred people accessed the kitchen and crèche for a C2Cook session, training the trainer or training workers in 2009.

### **Conclusions and results**

From a number of interviews held over a time period of eight months with stakeholders involved in the community kitchen, key areas of achievement highlighted include:

- The range of good work achieved since 2004 in terms of tackling inequalities and the focus on disadvantaged groups e.g. homeless, people with mental health problems, substance misuse issues, young mothers, single parents.
- Strong support for continuation of C2Cook/practical food skills work in Aberdeen City.
- The usage figures of the community kitchen from across Aberdeen City and Grampian which have increased year on year since it opened in 2004.
- The partnerships developed and the wider outcomes of involvement in the community kitchen e.g. building transferable work place skills.

### **Areas for improvement highlighted include:**

- Better strategic linkage and accountability/reporting mechanisms for practical food skills work through appropriate reporting lines to partners.
- Opportunities to do more direct work such as setting up GP referral to schemes for practical food skills work.
- More development time spent on future planning, grant application, audit. Facilitating the use of C2Cook and proactively engaging with individuals, groups and services and co-ordinating usage via strategic themes.
- Learning from examples of good practice elsewhere in Scotland and the UK and developing further to become an independent and self-sustaining project.
- More of a focus on evaluation and capturing wider outcomes of involvement in C2Cook e.g. the mental health/self confidence benefits as well as any dietary change.

Due to the closure of the building where the community kitchen was based, the options listed below are recommended for further consideration:

1. **Do nothing.**
2. **Outsource the 'C2Cook' model** and rebuild a new community kitchen as a social enterprise.

Support a multi agency partnership proposal to rebuild a new community kitchen, which can operate as an independent and flexible 'social enterprise' funded by charity/income generation/lottery grant with NHS Grampian and Aberdeen City Council as key partners. (See Appendix 1 for examples of income generated by

C2Cook and section 3.3 for an example of a community food and health social enterprise programme in Edinburgh).

3. **Seek finance for relocation** of a centrally based community kitchen from within NHS/Aberdeen City Council budgets (approx capital cost £26,000). The Edinburgh Food Health Training Hub study (2009) concluded from a range of best practice investigated that having a central base that included outreach provision was the preferred option for developing a coordinated approach to food and health training.

Proposed opportunities for a replacement community kitchen include: Mither Kirk project; Dobbies/Hazelhead learning disabilities project, Intensive Community Support and Learning Project (MCMC) Westburn Road.

4. **Use existing community based facilities** available e.g. use the 'Cookwell programme developed and evaluated by a team based at Dundee University as the model (further details Appendix 2).

Improve kitchen facilities in existing community centres across Aberdeen e.g. provide 'Cookit kits'<sup>1</sup> to all suitable community centres (maximum of six) at a cost of (£881 per centre) and three table top 'baby belling' type ovens per centre (£200 each). Provide basic cooking skills targeting vulnerable groups and utilising network of locally based trainers.

Access home economic classroom/kitchen facilities in schools during evenings and weekends to provide training for larger groups (approximate costs £17.16 per hour – August 2007). Also there is the opportunity to access Robert Gordon University food handling facility (at a negotiated fee) to provide training for larger groups and to run income generation training sessions.

**Note:**

**Confidence 2 Cook (C2Cook)**

**C2Cook is a resource package developed in partnership with Aberdeen City Council and NHS Grampian to bring cooking skills into the community with emphasis on areas of inequality. Although the initiative was based in Aberdeen, at the community kitchen in Summerhill Community Centre, the resource is utilised across Grampian. C2Cook is much more than a mere training facility for the people of Grampian. The project has evolved to meet the needs of the wider community through sharing of best practice, training and development of resources.**

**Throughout the document C2Cook is the branding used to describe foodskills activities and training which take place in the kitchen and wider community.**

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<sup>1</sup> More information about Cookit Kits available from <http://www.focusonfood.org/resources.html>

