



Fairer Health for All Fellowship Cohort 1:
Optional Template – Interim and Final report

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Project details

Project Name	How can not-for-profit organisations, work together to reduce the potential negative impact of food poverty and have a positive impact on residents through improved healthy diet, physical activity and mental health
Fellowship Dates	February 2024 - January 2025

Summary/Abstract – FINAL REPORT

The summary / abstract provides the reader with an overview of all covered in the project report. Even though a summary is placed at the beginning of a project report, you can only write it once your entire report is complete.

Introduction	Tameside is one of the most deprived places in Greater Manchester. With the rising levels of cost-of-living crisis and members of the community facing health issues due to food poverty, it is crucial that groups in Tameside work together to help prevent the long-term impacts of food poverty.
Central aim of your project	<p>I will achieve this by working collaboratively with Tameside organisations that have the opportunity to influence better health outcomes for residents. I aim to work with organisations within a pilot area in Tameside, to support cross organisational working to increase awareness of support services and opportunities for Tameside for residents to access, to reduce the impact of food poverty of health and improve health outcomes. I plan to do this by gaining organisational buy-in to support the project, setting up a working group with organisations and mapping the support offer within this area that residents can access to improve their health and wellbeing. Finally, I will develop a resource of these opportunities for organisations and services to be aware of and signpost/refer residents to, that will support their health and wellbeing by taking part in physical activity, support to eat well and in turn support them to have good mental health e.g., through participation in activities and reduced social isolation.</p> <p>A lot of groups are working in silos or doing repeat work without consulting one another to sign post each other to specific groups to target specific issues.</p>

	<p>As food poverty, poverty and health are all linked, network too combine these efforts to tackle these issues would be a crucial part in tank side. However, due to new projects arising and stopping regularly throughout yes it's hard to keep track of what is occurring in the borough. My aim was to create a network of groups but work around food poverty health and food skills such as cooking classes and share service users and members of community an signpost to each other to prevent repeat work occurring can take these groups out of working in silos. However to create this network the prospects of meetings rose but due to limited capacity throttle groups in Ashton this was unlikely to be the case.</p> <p>Create a signposting document of all the food banks free countries cooking classes and health exercise groups in Ashton that are low cost or free for members in Ashton. This is to ensure that group leaders are aware of what is going on close by and therefore can easily signpost members of Ashton if they are struggling with skills such as lack of cooking knowledge and are struggling with weight management they can easily showcase the resource at hand two members of the community making it easier to contact and utilise the services that are available in Tameside.</p>
<p>Methodology, results, conclusion</p>	<p>Methodology Survey methods: I created a survey where the aim was to see if members of the community are aware of the services available in the community and if they utilise the services available. I distributed this to groups such as Citizens Advice and Social Prescribers but due to issues in house, this survey was delayed and no response for the survey was collected.</p> <p>Under the assumption that there is a lack of a combined network in the community, I wanted to launch a network of groups that work around health and do a post project survey, questioning the same people to see if there has been any impact on their awareness of services available and if they have had any impact on their health.</p> <p>This was also deemed unsuccessful due to groups having limited capacity to start a new project or take part in a new network. There was some interest but due to the many ongoing issues they face every day, a new project was not best fit for them at this moment.</p> <p>Despite this, groups were still willing to share their information for the resource and I created I document which was last updated Dec 2024. It includes what services are out there regarding health and fitness and contact details are available on the document.</p> <p>Conclusion</p> <ul style="list-style-type: none"> • The resource I have created will be shared in places that would benefit from it such as food banks, sports centers, community centers and GP surgeries. Due to the

	<p>constantly changing groups, this will be a short-term project and will only last for a few months.</p> <ul style="list-style-type: none"> • Therefore, I will monitor if the groups have had more uptake since the resource has been developed, more uptake in the new year will mean that a resource works and will work closely with groups across Ashton to encourage them to submit information • To ensure the topic of food and health is still at the forefront of my role, I will implement themes around food and health to the agendas of my networks meetings that are already established. This allows other groups to gain knowledge on what is available in Tameside and will allow in person signposting
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Introduction: Purpose and Overview of the Project Brief – INTERIM REPORT

Provide background, context, and an outline for your chosen project

Problem the idea is seeking to solve or address (if any) and population group	<p>Pilot an area in Tameside, to support cross organisational work to increase awareness of support services and opportunities for Tameside for residents to access, to reduce the impact of food poverty on health and improve health outcomes.</p> <p>Develop a working group for these groups in order to share resources and learning as well as sign posting each other on issues</p> <p>Develop a resource of these opportunities for organisations and services to be aware of and signpost/refer residents to, that will support their health and well-being by taking part in physical activity, support to eat well and in turn support them to have good mental health</p>
Key assumptions and interdependencies	<p>From a partnership perspective, there is a potential lack of cross organisational working within groups around Tameside. A lot of groups are working in silos or are doing repeat work which could lead to slowing down in the rate of obesity.</p> <p>There is a clear view that a lot of work is being done, but due to the limited capacity and myriad of ongoing issues on Tameside, not a single group can take the lead on this.</p>
What is the overall purpose of this project? Aims?	<p>Pilot an area in Tameside, in this case, Ashton to support cross organisational work to increase awareness of support services and opportunities for Tameside for residents to access, to reduce the impact of food poverty on health and improve health outcomes.</p>

	<p>Develop a resource of these opportunities for organisations and services to be aware of and signpost/refer residents to, that will support their health and wellbeing by taking part in physical activity, support to eat well and better their overall health.</p>
<p>Why it needs to be done? / Why it should be done now?</p>	<p>There are some Weight management post COVID-19 in Tameside it was estimated that in 2021/22 around one in four reception aged children and over one third (39%) of children in year six were overweight or obese.</p> <ul style="list-style-type: none"> • The trend for both has been staying the same when compared to the last data point and for Reception age children is significantly worse than the England average. • Also in 2021/22, around 1% of reception age children and 1.4% of year 6 children were underweight. • Although this is not significantly different from the England average, it is alongside obesity a good indicator around nutrition, and can be an indicator of food poverty. <ul style="list-style-type: none"> • When looking at the adult population, in 2020/21 over two thirds (70.3%) of adults are overweight or obese. • This is significantly worse than the national estimate of 63.5% and has been on a worsening trend albeit a slight decrease in the last data point from 2019/20. • In respect of eating the recommended fruit and vegetables, 50.1% of the adult population are meeting the recommended '5 a day' on a usual day, making this significantly worse than the England average. • In addition, deprivation plays a factor, with those coming from a more deprived background more likely to be overweight/obese and not eat the recommended five a day <p>With significant factors such as food poverty, a lack of healthy food places and cost of living in Tameside, there is a serious need for some form of intervention needed for long term health conditions.</p> <p>Michelle Foxcroft, Public Health Intelligence Manager, Population Health, Tameside Council</p>
<p>Opportunities and Challenges?</p>	<p>With the rising cost of living, there is a need for reliance on these groups to avoid food poverty or to help prevent it. However with limited pots of funding, and capacity within individual groups, there is an opportunity network and create a self sustaining partnership between a range of groups in the centre of Tameside.</p> <p>Challenges: due to the ongoing issues and lack of funding, there is a limited capacity of people able to get in involved. Some of these groups tend to be over consulted or over utilised with other projects across Tameside are often not consulted with the outcomes of consultations.</p>

	Members of the community are also over consulted and may feel as though their information doesn't respond in beneficial outcomes.
Desired results of the project?	<ul style="list-style-type: none"> • Better connectivity between groups in Ashton to better the lives of service users and residents. • More access around the great ongoing projects and services available for members in Ashton and wider Tameside residents. • A shared resource of sign posting and sharing information which allows people who are affected by food poverty to get the support they need there and then without having to do the research themselves. This information should be readily available.
Brief description of methodology used.	<p>Survey methods:</p> <p>Doing a survey pre project and towards the end of the project to collect an array of methodology. This survey will consist of how people and groups are aware of the services available in the community and if they utilise the services available. From the assumption that there is a lack of a combined network in the community, I would launch a network of groups that work around health and do a post project survey, questioning the same people to see if there has been any impact on their awareness of services available and if they have had any impact on their health.</p>

Logic Model – INTERIM REPORT

A Logic Model is a way of mapping and visualising the future goals you want for your project which is fundamental to its design. It helps to set out; A clear link between the activities you want to do to achieve your goals; What needs to be in place to ensure your activities link to your goals; how you will know whether you have achieved your goals. It helps to test how plausible and feasible are your goals and provides a framework from which you gather data, learning, and insight on your journey to prove how you are achieving your goals.

Please see the Appendix below for a blank template of a logic model. Guidance for how to complete this can be found below:

Context: This is important because the organisational, policy and practice context can affect whether we achieve what we set out to. Changes in an organisational structure, new policy requirements, or new services being commissioned are all examples of things that can change and influence what our initial theory was based upon.

Rationale for change: This is at the heart of our theory. What is the problem that we are seeking to address, and why?

Inputs: > These are the resources that will be necessary. This almost always includes money, but other resources are also usually required such as in-kind contributions from partners, physical space, kit, or (parts of) FTE posts.	Activities: > These are the things that we are going to do to deliver the programme. They are usually grouped into different themes or strands – for example there may be activities in primary care, for workforce development and patient engagement.	Outputs: > That our activities will deliver. Outputs are usually things that we can count. What we will notice changing? How many people will be involved?	Outcomes: > Are the things that we are aiming to improve. They are what we expect to be achieved by the programme.	Impacts: There is always some work to do to separate outcomes and impacts. Impacts are best understood as the wider, longer-term changes that we expect our outcomes to contribute to. Outcomes are directly attributable to what we will deliver. Impacts are wider, at a system or societal level.
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Assumptions: All theories are based on assumptions – examples include the contribution of partners, availability of funding, recruitment of related posts, or patient or clinician take-up. They are often related to the context. Recording the assumptions means that we can test them in the evaluation; and take account of things that are important if they do not happen.

Body of the report – INTERIM REPORT & FINAL REPORT

This section provides the detail of your work analysis, data, and graphics.

Provide the evidence and theory behind your project	<ul style="list-style-type: none"> • When looking at the adult population, in 2020/21 over two thirds (70.3%) of adults are overweight or obese. • This is significantly worse than the national estimate of 63.5% and has been on a worsening trend albeit a slight decrease in the last data point from 2019/20. • In respect of eating the recommended fruit and vegetables, 50.1% of the adult population are meeting the recommended ‘5 a day’ on a usual day, making this significantly worse than the England average. • In addition, deprivation plays a factor, with those coming from a more deprived background more likely to be overweight/obese and not eat the recommended five a day <p>Michelle Foxcroft, Public Health Intelligence Manager, Population Health, Tameside Council</p>
Explain your key findings, results,	<p>Under the assumption that people are working in silos, I have found that people are very low on capacity due to increased need for specific issues in Tameside. There's a lack of cross organisational working due to various reasons due to low staff, funding and time to work outside of their own organisation. For VCSE groups to work together there needs to be an established project and key goals that have already been decided before they get involved – they don't have capacity to start new projects. Therefore the landscape of Ashton and Tameside overall is that they are still work in silos due to groups working on short term,</p>

	more immediate issues and more work needs to be done to allow groups to make time to network as it could potentially better them in the long term.
Describe achievements, changes and difference made, impact	Assumptions for this project are that there will be better short term signposting and increase in demand for groups in Ashton. More vulnerable people will be aware of the groups available that are there to support them. The hope is that people have better understanding of their health and are able to opt for small changes in their lifestyle that has limited impact on their monthly costs towards this.
Provide any recommendations	Relationships and an understanding of the landscape of the project are two vital themes that are needed when starting a new project. Having an established relationship with groups will allow a level of trust with one another and therefore allow you to progress with the project. There will be more of a focus on integrating food poverty within the networks that have already been established.

Conclusion – FINAL REPORT

This section brings the entire project report together, summarising your argument and why it is significant.

Restate original ambition	To create a network and resource for n not-for-profit organisations, where groups can work together to reduce the potential negative impact of food poverty and have a positive impact on residents through behavioural change.
Summarise the key themes	Focusing on mitigating the health impacts through more awareness of what is being done together Avoid repeating the same work other groups are doing and sharing resources with each other.
Summarise your thoughts	Although the project didn't achieve most of the goals, I have learned a lot about the landscape around food and health in Tameside. I do believe there is a need for collaboration, but a different approach is needed. For this I will work on implementing themes of food poverty in my other network meetings and focus on establishing relationships with food focused groups to ensure that this topic is at an essential topic in making Tameside and Ashton a better place.
Describe any future actions or work needed	To ensure the topic of food and health is still at the forefront of my role, I will implement themes around food and health to the agendas of my networks meetings that are already established. This allows other groups to gain knowledge on what is available across Tameside and allows groups that are not food or health focused to gain an insight into what services are available.

Appendix

Logic Model

Project Title: How can not-for-profit organisations, work together to reduce the potential negative impact of food poverty and have a positive impact on residents through		Completed by: Tayyaba Kosar	Date: 06/09/2024 Version:	
Context: Ashton, Tameside is one of the most deprived areas in the UK. With the rising cost of living and food insecurity, and groups working in silos, there must be a bet				
Rationale for change: - Many groups in Tameside tend to work in silos and as a result a lot of work is repeated instead of shared pooling of resources				
Inputs: Inputs: stakeholders sharing their information and resources to overcome issues around food poverty A database or physical space where	Activities: biannual meetings with the stakeholders to share information, share details of what's on the ground and recurring in Tameside Food Poverty Mapping of all the projects that are ongoing in Ashton these resources will be shared with schools parents people who are using social prescribers GP's and general VCSE groups who are dealing with people who need support around food poverty General VCSE groups such as food pantries children and young people,	Outputs: signposting service users to one another More connectivity with groups running food-related services	Outcomes: better awareness of community members, better relationship building, and an overall less reliance on one group to do it all,	Impacts: a less reliance on PCNs to provide services for people who are struggling with food poverty. People are more aware of where to go, how to get help and realise the barriers to accessing good health. An overall better relationship with various groups in Ashton, including GPs, food pantries, social prescribers, and food banks.

<p>groups can share knowledge and services with each other.</p>	<p>vulnerable people with mental health issues and general physical health issues Food banks can choose to develop relationships with those who run classes and even create a link where they can share healthy food such as fresh food and vegetables, at low price to ensure that people have access to fresh and healthy foods instead of an overly over reliance on processed and quick ready meals</p>			
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Assumptions:

Assumptions: are that stakeholders involved within the going to be sharing resources such as food and information to other groups
Activities: people who are part of these groups are going to be committed to attend these biannual meetings with stakeholders and sharing the information that they know outputs that will be an active amount of energy being put in where they are signposting their service users to other groups such as cooking classes and food pantries where they see fit.

Outcomes: people will be aware of what is available for them to access in Ashton and that is and more cross organisational working as a result of this pilots network

Impacts: would be that GP's are aware of what is available through the mapping opportunity that is created that would be less reliance on GPS sending them to for profit organisations where they have one to one sessions and are kind of left away to the on spices this impact would be that that is a one to one continuous support available to people who are at risk or are currently suffering from food poverty through awareness of what is available in Ashton whether that be where to find cheap food where to find class if they can't cook and any exercise groups that are low cost or free for them

There will be fewer people who are suffering from the consequences of obesity due to awareness of cooking classes and being able to cook the low-cost foods that are available from food pantries or food banks all when people are not suffering from money insecure is they can opt healthier foods arts that local supermarket