

Welsh Food Alliance

Volume 3

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Health Challenge Wales

This 'Health Challenge Wales' edition focuses on two aspects: the health of older people and the health of children, reflecting both ends of the age spectrum.

Older People's Food Survey

We report back on the Older People's Food Survey at pages 3 & 4. This unique survey is very timely, but took more voluntary work to complete than we planned - hence the delay. This information has already been used at meetings and will be used in evidence to government on the implementation of the Health and Social Care Review, NHS National Service Frameworks, performance indicators for local government services, and reviewing the statutory Sustainable Development Scheme.

We had 466 replies. All have been analysed, and we thank all those who contributed, with special thanks to Age Concern, Help the Aged, the Age Alliance, Carers Wales, and others, who distributed and in some cases collected and returned questionnaires. A good example of partnership working giving many people unable to attend meetings an opportunity to voice their thoughts and ideas.

Older People's Food Meetings

Our survey and recommendations will be presented on July 7th July 2004, at a meeting with older people's organisations, civil servants, retail food, local government, caterers, and Local Health Boards. Dr Neil Wooding, Equal Opportunities Commissioner for Wales has agreed to facilitate the session. To book a place at a further public meeting on 2nd September, 2004, 10.30am - 12.30pm, 216 Stow Hill, Newport, NP20 4HA, contact Hilda Smith (01633) 266781, or email hilda@hospitalitywales.demon.co.uk

Children's Food

In May 2004, the Parliamentary Children's Food Bill was launched. The aim is to improve children's health and prevent food-related ill health, and to protect children from the advertising promotion of unhealthy food. Whilst supportive, some key issues require action in Wales.

Food eaten at school is an influence on pupils' diet. What pupils eat becomes habit. How do we make certain pupils have the food and nutrition required for a future healthy life? Emulating Scottish experience could be a good use of public money, if it has the intended effect. How much is government prepared to spend to reduce obesity, and give children a good start in life?

Recognising the limitations of short-term community projects, WFA has consistently proposed collective solutions, through improved public services. Improving school meals impacts every day upon the long-term health of up to 22,000 pupils, over 190 days a year, in areas as diverse as Caerphilly and Carmarthenshire.

Third Youth Food Assembly

The aim of the third National Youth Food Assembly, to be held at the National Assembly for Wales, on 7th July 2004, will be to find out what action pupils have taken to improve the uptake of healthy food and drink in their schools, and to make practical recommendations to the Welsh Assembly 'Health Challenge Wales' project.

Pupils will be welcomed by Lord Elis - Thomas AM, Presiding Officer, National Assembly for Wales. Jane Hutt, AM Health and Social Services Minister will introduce Health Challenge Wales. Pupils will demonstrate 'How we have made a difference'. The judging panel will be supported by pupil peer evaluation, in deciding the overall winning school. This is supported by the Co-operative Group Ltd. Details: WFA Chairperson (01633) 663114, or email j.sullivan70@ntlworld.com

Health Select Committee's Report on Obesity

We welcome the recommendations, and this amplifies what we have been saying for the last five years. We look forward to action.

Welsh Food Alliance

A survey of WFA achievements over the past five years can be found at our web address, or send a stamped addressed envelope to Hilda Smith, 216 Stow Hill, Newport, NP20 4HA. WFA is a non-profit making voluntary organisation. It brings together expertise, and consumer involvement in all aspects of food policy. We aim to provide a new perspective based on informed public participation. Write for details to Secretary, 13 Cefn Coch, Radyr, Cardiff, CF15 8BJ. Email: info@welshfoodalliance.org.uk www.welshfoodalliance.org.uk

Sustainable development

In Wales, when reviewing the Assembly Sustainable Development Scheme, a key issue is not local procurement, but improved nutritional quality for pupils and patients. For example, we urge top priority be given to replacing school menu 'food groups' - which imprecisely specify food required, with nutrient standards. This is the single most important action that only government can take.

This common sense approach is being implemented in Scotland, where action is being taken to improve the quality and uptake of school food. Despite industry 'grumbling', a key change has been the introduction of nutrient standards based upon Caroline Walker Trust standards. No legislation was required, or local procurement policy. It is a central policy decision affecting every pupil, backed up by resources to guarantee improved food quality.

Planning in Scotland, of healthy school meals, is now based upon common nutrient standards. This drives the purchase specification, when ordering food. Staff across 32 Scottish local authorities are being trained to use new computer software, and new school menus will be in place in Primary Schools by December 2004, and Secondary by December 2006. In time pupils may be able to use this software for educational purposes.

Nutrition Network for Wales

Networks are a getting together of people already involved. The secret of changing behaviour patterns, which is described as necessary, during the development of 'Food and Wellbeing Strategy', will be to involve people who feel they have no need to be involved. It is in this way that dietary habits will change, and effectively contribute towards governments health gain targets.

How network members will influence policy making and resource allocation at local and national levels, is a crucial question, when they comprise officials, community, voluntary sector, health workers and others, with different roles and responsibilities. They will need to establish a lobbying role, and a more participative approach to policy making. How will this strengthen public engagement that is required?

A real Public Health Congress, as we have long advocated, with free and easy access, allowing more people to exchange views and information could be a method for influencing the changes we all agree are required. This includes action by national and local government, but also food retailers, caterers, teachers, school governors, consumers and others. This will bring about long lasting change.

Acknowledgements

...to Word Up Design, A Print, our skilled volunteers who wrote and distributed this edition, and all who responded, or helped with our food survey.

Report back: Older people have their say

The survey anticipated World Health Organisation advice that *"In addition to the human dimension, maintaining the health and functional capacity of the increasing elderly population will be a crucial factor to reducing the demand for and cost of health services"* (November 2003).

The Older People's Food Survey reflects the fact that Wales has an ageing population. Food is important to them, and the barriers they face are not reflected in the policy development process. For our second survey, 2000 forms were distributed, primarily through older person's organisations throughout Wales. A great deal of information has been received from the 466 respondents.

This was a small, but significant self-selected survey sample, financed by WFA. However, it is a rich source of anecdotal information about the needs of older people, with widely varying circumstances. It helps shine a spotlight on how people have to cope in the absence of basic services. Our findings were as follows.

Practical help and services

They are very sensible and knowledgeable about their dietary needs. As distinct from "more professional guidance" they require practical help and services in accessing affordable good food. 62% thought it difficult to afford a healthy diet. 13% found fish and meat the most expensive, and 9% found fresh fruit and vegetables the most expensive food items.

40% found distance from food shops a problem. Taxis were expensive. 43% had to rely upon public transport. Only 11% received family help to assist. 63% had difficulty in carrying home heavy items. One respondent said, "Imagine carrying home the required five portions of fruit and vegetables, for one or two people, for seven days a week.

Another states "Food is heavy to carry, but this needs to be experienced by decision-makers who presumably use cars to collect their own shopping". In many areas the bus service is poor, with little room for bags. In some areas the buses are non existent. To the question: do you enjoy other community activities that include a meal church group, or luncheon club, 45% said yes, and 43% said no. But many meet only weekly, or monthly.

Home sweet home

Older people require practical assistance in remaining independent in their own homes, and service provision, that makes this possible, to suit their individual needs and circumstances. 31% had difficulties with shopping, preparing, cooking and carrying equipment.

Many have difficulty reading labels, opening vacuum packed products, and 'screw on' top bottles. It is difficult to purchase smaller packs of food. Buying smaller packs and tins costs more! Very many object to 'two for the price of one' - goods they do not need, and cannot carry. Such bargains are not for them.

Reading labels is an issue. 45% said yes, 51% no. 28% felt the print size was too small. 37% had difficulties obtaining the right size of food item, and 32% had difficulty in using facilities inside shops. 15% mentioned high and low shelves, and 3% disabled access.

'Meals on wheels'

Obtaining and carrying home shopping when people are ill, or in inclement weather is a major issue. When asked "Do you have difficulties going out shopping?" 24% said always, 32% in bad weather, and 40% when unwell.

We asked "Do you use 'meals on wheels' if so do you like them? 8% responded yes. 63% no, and 14% had never used this service. We also asked "during bad weather / illness would you use 'meals on wheels' if available?" 35% said yes, and 57% said no.

Of the 466 people responding 21% lived in a rural area, 25% in a semi-urban area, 40% in an urban area, and 14% were unstated.

Hospital food

We explored hospital catering, with interesting replies. We identified pockets of good and bad experience. We had 92 positive (21%) and 71 (16%) negative comments. We are very aware that people are unlikely to complain when they are captive consumers. Assessing satisfaction after a hospital experience is therefore recommended.

Feedback from one hospital in Cardiff was good, in another it was poor. A similar pattern emerged in Valley areas, but it was not always clear to which hospital comments referred. Rural areas provided a positive experience. Patient dissatisfaction could arise between different systems, such as cook freeze, cook chill, or prime production for on site consumption. Other reasons may include food budgets, food purchasing specifications, poor investment in food service, and staff training. This requires further investigation.

Commentary

Our survey indicates that thousands of vulnerable older people are being 'missed' by the NHS and social services. *Two thirds of acute hospital beds are occupied by people over 65. Hospitals need to ensure their services focus on the particular needs of older people. Recent NHS research found that 40% of people arriving in hospital were malnourished, and of those 70% became further malnourished during their stay in hospital. English trials, by a US led Evercare programme, recently suggested 3% of the over 65's in the areas covered by the trials accounted for over 35% of hospital admissions for that age group* (Guardian, 3/5/04).

Significantly, the Wales NHS 'review' of Health Service capacity (2002), states that "urgent action is needed to address the problems of medical beds running at impossibly high levels of occupancy. Patients being treated in inappropriate settings and not being able to remain in their own homes." However, *this report gives no thought to the food needs of vulnerable older people, although it is essential for joint working of health and social services, and reducing pressure of delayed transfers of care.* Community projects are fine, but what is clear is that older people require services.

This omission is repeated by the Wanless Review of Health and Social Services (2003), although this issue was raised directly with the author, by WFA at the UK Public Health Alliance conference in March 2003, and detailed evidence presented. A search has been undertaken of all Health & Social Care Review implementation documents for the following words/phrases: food, nutrition, school meals, 'meals on wheels', and lunch clubs. The only documents using these words are 'Prevention Sub Group' documents, but not, for example, one concerned with 'optimising service delivery'.

Over the past five years WFA has observed, in scanning various government policy documents, that food is a missing link. *Warmth and shelter appear to be generally understood as a basic human right, yet food - as an essential part of living - is missing. It is a missing dimension, and one that we have emphasised in the past, and do so again.*

Huge changes are taking place in the delivery of public funded health and social care services. These aim to ensure that: resources match needs, local services are accessible, with emphasis given to prevention rather than cure, so that people are enabled to live in their own homes. So what help do vulnerable older people have in purchasing, carrying,

preparing, cooking and eating food required? To quote one respondent: *"What do we want? We want services now, not in 2006. We may not be here tomorrow"*.

Recommendations

1) Local Government: We have local elections shortly. Local government provides many of the services required by older people. A key issue is *establishing, and monitoring minimum nutrient standards, in line with Caroline Walker Trust standards*, in public sector provided or commissioned services for 'meals on wheels', day centres, lunch clubs, and in care homes for older and disabled people.

1a) Older people's organisations, should work with councillors, officers, community and voluntary sector representatives to ensure that older people diet and food access issues are addressed, through local authority *Community Strategy, and local Health Social Care and Well-Being Strategies, to support independent living*. For example, 'Dial a Ride' schemes, community transport, improved policies on retaining local shops, creative use of the planning system, healthy shopping basket indexes, increasing the number of lunch clubs, and day centres, but renaming them Healthy Living Centres, run for and by older people.

2) Large food retailers and caterers have a major part to play in ensuring 'food security' for vulnerable population groups. *Statutory bodies and voluntary bodies should challenge and work with them to ensure they give the help and services required.*

3) Attendance Allowances can help address the food needs of older people, and thereby *remove some barriers to people accessing healthy food*. For example, the use of expensive taxis to do shopping. However, is the current allowance sufficient? The Assembly Government should work closely with the Department for Work and Pensions to revise the new assessment form, which no longer prompts the applicant to explain very real and differing needs of the elderly disabled when preparing and obtaining food. National and area campaigns are needed to increase benefit uptake.

4) 'National Service Framework' (NSF). This is NHS jargon concerning standards, and resources, for *improved service delivery*. The Older Person's NSF is at an early stage of development. In England the latest draft standards make no reference to food. Were these deleted at the last moment? The three key

standards concern 'the promotion of health and active life', 'general hospital care', and 'person centred care'. Let us make a difference in Wales. WFA will make recommendations on how 'food' can best be included in service delivery standards for this and other NSF's.

5) Our NHS should ensure that it puts the health of the community at the heart of its *'Nutrition and Catering National Framework'*. This requires explicit acknowledgement of why minimum standards are essential for maintaining and improving health and wellbeing, *and implementing Standard 23*. This should ensure that the identification and fulfilment of nutritional needs is seen as an essential part of *patients' care plans, before, during and after hospitalisation*. Rather than delegating catering to each NHS Trust, we propose a co-operative approach to specifying national nutritional standards, menu planning, and procurement.

6) Audit Commission in Wales (ACiW). Our survey indicates that thousands of vulnerable older people are being 'missed' by the NHS and social services. ACiW and other Inspectorates should ensure that their investigative work includes vulnerable people not in receipt of basic services. In the case of food, NHS Trusts will be assisted by implementing the ACiW 2002 Hospital Catering recommendations.

7) Local Health Boards and the Assembly should evaluate local Wanless Action Plans, and ensure that local Health, Social Care and Well Being Strategies reflect the food access needs of older and other people by: (1) Improving hospital catering by seeking implementation of ACiW 2002 Hospital Catering recommendations. (2) Improving the nutritional status of elderly people living at home. (3) Improving the nutritional status of patients awaiting hospital treatment or surgery, and patients discharged from hospital to reduce risk of readmission.

8) Healthcare professional training. In the way that it commissions education and training, the Assembly should specify what staff training is required to promote a healthy diet and physical activity relevant to older, and other people. With demographic change, and changing needs in society, should all be trained in this issue? *In the myriad of questions continuously put to patients, should we not always ask: 'Do you eat five fruit and vegetables a day'? At no cost this could help change everyone's attitudes. There are other cost free interventions that could be made. Why not seek them out, by engaging with the public as we have done in this survey?*