

UK Older People's Food Summit Cardiff 18th March 2009 - Hosted by the Dame Rosemary Butler, AM, at the National Assembly for Wales and organised by the Welsh Food Alliance

Summing up this event at the end of a busy morning, Dr Neil Wooding, Equalities and Human Rights Commissioner for Wales spoke of the creation of a rich story in relation to older people and food. The morning had produced a wealth of wisdom and ideas and had importantly contributed to creating voice – finding ways for older people to make their contribution to the debate. The morning had also been underpinned by a sense that ‘we know we can do better’ in relation to older people and food. The way we do this, he argued, is by building connectivity – building connections within communities, building connections between different parts of the service map, building connections between generations and across the UK.

The morning consisted of five presentations.

Prof Jim Edwardson Chair North East England Forum on Ageing

Set the context for the morning. He spoke of the increase in global life expectancy currently running at an increase of 2 years per decade. In 1900 global life expectancy was 30, in 1950 it was 46 and in 2050 it is predicted to be 76.1. We are adding to 5- 6 hours per day to life expectancy – the equivalent of us all living 29 hour days.

Improvements in public health and mass immunisation have contributed to this alongside specific medical interventions e.g. the use of statins to control cardiovascular disease.

The increase is not just an issue of inclusion, he argued – it represents a major strategic change and will be seen in the future as the major achievement of our era. Services are struggling to come to terms with it and unfortunately to date it has been primarily seen as negative – ‘the demographic time bomb’. Ageing is not inevitable, but rather the stage of evolution our bodies have currently reached. Age brings age related disorders, dementia and social care needs, but older people have resource and are economically active bringing the benefit of expanded population to the economy.

Our genes determine 25% of longevity, 75% lifestyle, with the vast majority being determined by environment. Nutrition is vital to maintenance and repair of the body due to ageing. Older people are generally well nourished although there is evidence of specific difficulties due to chronic health conditions, dental issues and cognitive impairment.

There are grounds for optimism and connectedness is the key to this. Nutrition cannot be tackled in isolation and links need to be built to a whole life view. Equally services cannot operate in isolation and developments such as the English Dementia Strategy is engaging different agencies and groupings. Planning within devolved administrations and/ or areas the size of the North East

of England is also on a scale where you can get all the people who can help to solve an issue into one room which can make a huge difference.

Louis Levy Branch Head Nutrition Division UK Food Standards Agency

Covered research currently underway into defining what is the minimum acceptable standard in terms of nutrition for older people. Social care guidance and standards all speak of a 'nutritious, varied and balanced diet' but how is this defined and measured? The risk of being undernourished in hospital is calculated at around 40% with 60 % being well nourished. Louis argued that an equally important issue to address was the number of older people who are over nourished. In general the British Nutrition Foundation found that older people in general ate a diet too high in fat and sugars and many were deficient in terms of Vitamin D.

Louis described work currently underway in care homes where the FSA have been working to improve diets. Initially high levels of Fat, Salt and added sugars – not from milk, in over 75s were drastically reduced when FSA worked with their chefs to produce a different range of meals. They were also able to increase levels of Folate, Riboflavin, Potassium, Magnesium, Iron and Zinc. There is also the need to influence at purchase, preparation, cooking and serving. Follow up research will identify whether improvements last, once researchers leave and the extent to which the practices they have suggested become integrated into meals preparation. Further work is taking place in a care home in Newcastle. Louis also highlighted the importance of linking changes to diet to changes in medication.

David Smith Policy Adviser Welsh Food Alliance

Presented initial results from the survey carried out in association with Mature Times and Age organisations. 901 responses had been received at this point* - 470 from England, 36 from Scotland and 395 from Wales. 620 of these were from women; 281 from men. There was a roughly equal balance between rural, semi urban settings and urban settings.

Gas/ electricity costs are affecting people's food choices and cooking methods. Respondents spoke of moving away from using the oven, increasing the amount of cold food and salads they were eating. Also measuring the amount of water being used in the kettle.

Older people have difficulties in getting shopping home. This is often to do with mechanical issues – e.g. difficulty getting shopping trolleys on and off buses that don't have level access. They also report having difficulties with some kitchen equipment and furniture.

Asked whether during periods of bad weather or illness they would welcome Meals on Wheels for a limited period of time – 320 said they would 400 said not. Asked about their experience of food provided in a hospital and/or residential home, respondents highlighted variability and felt that the food could be more tempting and not unheated and disgusting. 308 said that they took advantage of local activities that included a meal – 539 did not. In terms of the causes of malnutrition and action that could be taken to tackle this issue – there was a very mixed picture of responses. These ranged from the cost of food and fuel (81),

money (128), cannot be bothered (55), lack of interest or appetite (55), living alone (32), ignorance or lack of knowledge (26), ill health and specific health conditions (60).

Questions in relation to food retailer issues highlighted the importance of easy packaging, price promotions on single items, availability of smaller portions and good access to shelves, freezer cabinets, dial a ride and free transport provided by the retailer.

**An additional 400 responses were eventually received from Manchester and Liverpool but due to (a) many additional forms being incomplete and (b) our limited self-financed resources, a further reworking of the above data was not undertaken. We are however confident that our main findings remain the same.*

Kevin Morgan Professor of Governance and Development School of City and Regional Planning Cardiff University

Planners have addressed all the essentials of human life – water, sanitation, health, buildings, and cities but to date have failed to address issues of food. Currently the fastest growing research area is food planning. Key drivers for this are the impact of climate change and concerns in relation to food security.

Work on school food identified three areas for change - an increase in resourcing, reskilling throughout the food chain and the need for tougher regulation. To date work on food for older people has not had as high a profile as younger people and been a lower political priority.

There is however potential for this to change. A combination of the localisation agenda together with the move to personalisation of services creates opportunities for local mutuals to get involved in community food planning and the delivery of local food and personalised care. Kevin finished his presentation by stressing the need to convert the many strategies, which have been developed for older people into action.

Ruth Marks Older People's Commissioner for Wales

Covered her role as the first commissioner for older people in Europe. Her office was established by Act of Parliament, is independent of government and is based on the UN principles for the older person aged 60 +. Her role is to promote awareness of the interests of older people, to ensure best practice in the treatment of older people in Wales, to advise on the adequacy of law in relation to older people and to challenge age discrimination.

Extensive consultation with older people across Wales has identified four main areas of concern: -

- The challenges of living on a fixed income

- Access to and information about local services

- Public transport

Being treated with dignity and respect.

In relation to food and nutrition older people identified

- The importance of being able to get to the shops and the importance of good public transport and community transport in supporting this
- Once there - issues in relation to access to shelves
- The cost of food – and the role of food co-ops in addressing this
- The importance of community services – meals on wheels, lunch clubs -are often lifelines
- In institutional settings the importance of information, choice, cleanliness and respect for food choices.

In taking this work forward, Ruth pledged to ensure that older people's voices play a major role in shaping future action. Also to focus on making sure that older people have access to the services that they need.

Other contributions

There was limited time for contributions from the floor – those taken included

- Limited knowledge in relation to nutrition among GP's, Nurses, social work and social care staff and ways in which this could be addressed as part of their training.
- A preventative focus – possibility of combining screening for under nutrition with current screening offered to older people.
- Research currently being undertaken by Age Concern England into the role of community food projects in addressing nutrition in older people.
- The potential for intergenerational work – schools linking lunch clubs to their canteens
- Developments in Kent where day centres are operating in local pubs – working where people are comfortable and also maintaining local facilities.
- The refurbished supermarket opened by Kaiser Stores in Berlin tailored around the needs of older people. In two years they exceeded their projected turnover by 100% demonstrating the economic case for addressing the needs of older people.
- Importance of seeing older people as a potential resource. Majority of volunteers in food co-ops in Wales are older people.
- Extent to which food poverty among older people remains hidden. People are often unwilling to admit to some of the issues they are facing either in terms of affordability of food or being able to prepare it.
- The importance of linking changes to diet to changes in medication and medication reviews.
- Improved public sector catering, including nutrient specification of procurement, and re-skilling staff at all levels of the organisation.
- Monitoring the nutritional status of older people, eg, via the FSA National Diet and Nutrition Survey in each of the UK countries.

The future

The over 50's account for 34% of the population, 51% of retail food trade and 80% of disposable wealth. The role of the Presiding Officer in hosting the summit and support from our Commissioner for Older People and the Wales Equalities and Human Rights Commissioner provide a marker of how Wales can take the lead in contributing to UK wider debates.

A report of this summit will be made available to an Older People's Food conference later in the year being organised by older people's organisations in London. The organisers hope that this might lead to the preparation of an Older People's Food Charter working with older people's organisations across the UK. We invite the participation of all in taking this initiative forward.

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