

**Minutes of a Joint Meeting of the Cross Party Groups on Food and Older People Age and Ageing held on 16 January 2019 in Committee Room 4 of Scottish Parliament**

**Present**

Sandra White	MSP (Chair)
Rhoda Grant	MSP (Chair)
John Scott	MSP
Bill Gray	NHS Health Scotland
Anne Connor	Outside the Box/ CPG Older People
Mary Lawton	CPG Food Secretariat
Jackie McCabe	REHIS
Rachel Mirfattahi	Interface
Fran Throw	Food Train
Laura Cairns	Eatwell/Age Well/Food Train
Michelle Carruthers	Food Train
Ann Packard	RSA
Laura Wyness	Nutrition Research & Commun
Graeme Findlay	SQA
Lynne Stevenson	Nutricia/BDA
Jennifer Fleming	Big Lottery Fund
Andrew Senew	Home Instead Edinburgh
Stuart Forbes	Scottish Food Coalition*
Sue Whittle	Compassion Edinburgh
Ray Lorimer	Kafoodle
Athina Tziboula-Clarke	Abertay Uni
Lesley Curtis	Edinburgh Community Food
Iain Stewart	Edinburgh Community Food
Cat Hay	FDF Scotland
Pat Abel	Transition Edinburgh South
Lorraine Tulloch	Obesity Action Scotland
Laura Wilson	Food Standards Scotland
Craig McCormack	Greencity
Elizabeth Baikie	NHS Lothian
Arvind Salwan	Care Inspectorate
Jimmy Martin	North Ayrshire Council
James Miller	Scottish Older Peoples Assembly
Kimi Smith	Scottish Government (Health)
Suzanne Zaremba	QMU/Scottish Government
Melanie Weldon	Scot Gov Health
Adam Stachura	Age Scotland
Stephanie Mander	Nourish Scotland
Wilma Malik	Independent*
Wendy Wrieden	Newcastle Uni
Robbie Snowden	NHS Lothian
Frances Birch	NHS Health Scotland
Rose Jackson	Scottish Pensioners Forum
Brenda Black	Glasgow Community Food Network

To meet requirements of CPGs, organizational non-members (as submitted on re-registration) are denoted by an asterisk.

### 1. Apologies for Absence

These were received from Douglas Scott, Viv Collie, Fiona Bird, Lorna Aitken, Stan Blackley, Sara Smith, Willie McLeod, David Lonsdale, Dave Simmers, David Whitehead, Chris Peace, Greig Sandilands, Ewan MacDonald-Russell, Moyra Burns, Courtney Peyton and

Annie Wells MSP-CPG Older People, Age and Ageing  
Paul Edie – Care Inspectorate  
Dr Lucy McCracken – British Geriatrics Society  
Alison Clyde – Generations Working Together  
David Ferguson – Royal College of Psychiatrists  
Andrew Fraser – Royal College of Psychiatrists  
Elinor Mckenzie – Scottish Pensioners Forum  
Avril Hepner - Scottish Pensioners Forum  
Sue Northrop -Dementia Friendly East Lothian CIC  
Christine Ryder Outside the Box  
Muriel Mowat – Befriending Networks  
Robert Thomson- - Care & Repair Scotland  
Anna Buchanan - Life Changes Trust  
Diana Findley – Scottish Older Peoples Assembly  
Rohini Sharma Joshi - Trust Housing  
Bill Johnston -Scottish Seniors Alliance

**Mary Lawton CPG Food Secretariat (ML)** said that Christina McKelvie -Minister for Older People and Equalities had been invited but was not able to attend. However she had offered to come to another meeting and had asked civil servants present to feed back to her.

Action: ML/AC

### 2. Minutes of the Last CPG Food Meeting

The minutes of September 19<sup>th</sup> 2018 were proposed by John Scott MSP and agreed.

### 3. Matters Arising

**ML** noted the following;

- The consultation on [Good Food Nation](#) (GFN) proposals for legislation which had been the focus of CPG Food meetings last year was published in December with responses requested by March 29<sup>th</sup>. Members were invited to respond.

Action: ALL

- A letter had been sent from heads of the Scottish food industry urging the rejection of a “No Deal Brexit”.

#### **4. Older People and Food**

**Bill Gray NHS Health Scotland** introduced this topic. He saw his role as facilitator for the meeting, noting the wealth of experience in the room and urged people to look at the literature that various organizations had brought.

He came at the topic from a community development perspective and noted the government policy committing to supporting communities to do things for themselves and to make their voices heard in the planning and delivery of services. This covered issues such as access, choice and control both collectively and individually. A lot of initiatives such as lunch clubs were run by older people, for older people.

Food was an ideal topic to engage with communities and older people were often lifelong learners, keen to learn and teach. He pointed out the excellent REHIS course Eating Well for Older People.

It was important to get evidence and wide ranging views from older people and not just experts. Examples quoted included the Community Food and Health (Scotland) multi-sectoral study tour to London a number of years ago and the recent visit from a Finnish Group comprising of academic, third and private sector participants. Other examples given were Rohini Sharma Joshi, Trust Housing when she was responsible for carrying out focus groups with almost 900 older people from over 30 community groups for a minority ethnic resource and also when the Food Train filled the Mitchell Theatre with older people celebrating their initiative's 20th anniversary.

Ensuring the voices of older people are heard in current strategies and consultations from loneliness and isolation and diet and healthy weight to GFN and the review of public health was seen as essential.

He saw Cross Party Groups as an excellent way of sharing perspectives, ideas and evidence and hopefully joint action.

#### **Open Debate**

**John Scott MSP** said that people now lived longer and were fitter, so 60-70 was not now considered old. **BG** said that rather than think of age it was better to think of abilities. He said that it was important to realise that a fit 80 year old on a Friday could be someone needing the service by Monday.

**Anne Connor, Outside the Box (AC)** said that their work indicated there was a range of issues facing older people. Examples were dementia, where taste and smell change, so different foods are needed, arthritis leading to trouble shopping, older people needing smaller portions with a higher calorific value and help to continue living at home. They had various useful [resources](#). Many of these were under the Food Buddies project which develops peer support for people with dementia and for carers, with a focus on aspects of food and keeping well.

**James Miller SOPA** said that portion sizes for older people were a problem with them often buying more than they needed which led to food waste. **Jimmy Martin**

**North Ayrshire Council (JM)** agreed said there needed to be more foods for one person and asked why the retailers were not at the meeting. **ML** said that they had been invited, were interested, some having initiatives for older people but couldn't make this meeting. It was agreed the Scottish Retail Consortium should be contacted.

Action: ML

**ML** quoted the recent University Of Hertfordshire work [Improving Food Shopping for Older People](#) and the key recommendations there including ideas such as relaxed shopping lanes, more seating, products near front of stores, shopping buddies and accumulative discount schemes.

**Andrew Senew Home Instead Edinburgh (AS)** said that isolation was a problem. Home Instead Senior Care had commissioned independent research with YouGov, which looked at the eating habits of older generations in Britain. It worryingly found that more than half of over 75s (56%) only eat with someone else once a week or less often. Nearly one in five (19%) go three months or longer without eating a meal with someone else.

**Adam Stachura Age Scotland** noted that the state pension in the UK was the lowest in Europe. In particular he had concerns about military veterans who had no experience in providing food for themselves and also experienced loneliness.

**ML** said that the CPG on Health and Inequalities was meeting on 31 January and discussing loneliness and social isolation so minutes of this meeting could be sent to them.

Action: ML

**Michelle Carruthers Food Train (MC)** outlined the work of the [Food Train](#) which was set up by older people for older people 23 years ago. She reported the following:

- 24% decrease in meals on wheels/community meals provision in 4 years from 2014 (UK)
- 45,000 falls in over 65's requiring an ambulance (Scottish Ambulance Service 2017)
- 26% more over 75yrs age people in 10 years 2016 to 2026
- 1 in 10 older people malnourished or at risk of (UK research)
- 1 in 10 older people often or always lonely (UK research)
- 90,000 people with dementia (Alzheimer Scotland figures)

In monetary terms **MC** pointed out that a malnourished patient costs £7408 pa. on average compared with £2155 for a non-malnourished patient pa. on average (BAPEN)

Recent study in 5 hospitals founds elderly patients with hip fracture survey given one extra accompanied hot meal per day were 5 days less in hospital, mortality decreased from 11 to 5.5% and hospitals saved on average £1437 per patient.

Unfortunately, free Personal and Nursing Care at Home (2002) legislation does not cover food access, nor does it specify meal provision, which means there is no

statutory duty on Health & Social Care Partnerships to provide hot meals or shopping via care packages. This contributes directly to increasing inequality for older people. The Scottish Government has positive policies to improve health and wellbeing, to decrease falls, to improve lives of people with dementia and decrease loneliness, yet all these things are impacted by nutritional wellbeing.

**MC** gave an example of a couple in their 80's, he has dementia, severe stroke and incontinent, she has severe rheumatoid arthritis very limiting to her abilities, they have 4 x 20 minute visits per day. If the lady cannot prepare food items ready for the carer then the carer has not the time to make a meal. This means a snack only is given. The lady has lost 3.5 stone, although she see her GP for wound care regularly no-one has picked up on her weight loss and she is now malnourished.

The situation for many older people was preventable and needed addressing.

**Jackie McCabe REHIS** said that the course they had developed [Eating Well for Older People](#) was available at centres throughout Scotland. It is a certificated, non-examined course that aims to provide participants with the knowledge and appreciation of the importance of good nutrition for older people and how to support them to eat well. The course is non-clinical and suitable for older people, carers or anyone working with older people including those with dementia.**MC** thought this would be a useful resource for paid carers.

**Liz Baikie NHS Lothian** said that depression could affect appetite with taste and smell going so it was important to think of texture and colour of foods. The smell of food stimulates appetite so a quick blast in the microwave was not ideal. **Athina Tziboula-Clarke Abertay Uni (AT)** said there was work ongoing to counterbalance this such as reformulating foods with more flavour enhancers and producing fortified foods. There were also biochemical changes in the body which meant a loss of muscle mass. **Suzanne Zaremba QMU/Scottish Government (SZ)** noted there was muscle loss from the 40s and 50s and that physical activity also played a part. **AT** agreed it was a factor but thought food composition had a big impact with evidence showing that whey protein had an effect. **LS** said there was a guideline on protein for older people to address skeletal muscle loss (sarcopenia). It was important to note you could be obese and malnourished. **SZ** wondered if the energy dense protein should be delivered at an evening meal so processed by the body overnight.

**Cat Hay Food and Drink Federation Scotland** said that as manufacturers they supplied the retailers and work was ongoing for older people, it was a growth area. There had been a reformulation summit with Interface looking at the 7 stages of appetite. This work took time. **Rachel Mirfattahi Interface** said she was working with a local manufacturer [Parsley Box](#) who could home deliver ambient ready meals and was happy to talk to individual members about this.

**Brenda Black Glasgow Community Food Network** referred to physical activity and the successful Walking Football programmes which are active and social. Edinburgh Community Food sells fruit and vegetables and has a delivery system. They are flexible with portion sizes and different amounts can be bought. It was important to talk to your customers about their needs. **Craig McCormack Greencity**

mentioned the culture shift to waste free. They sold loose goods that could be bought in small amounts and also delivered to food co-ops.

**Lynne Stevenson Nutricia/BDA (LS)** said that the 2014 Food and Fluid guidelines stated that a nutritional care assessment including accurate screening for the risk of malnutrition using a validated tool, such as the Malnutrition Universal Screening Tool (MUST) should be carried out. This could lead to a care package of extra snacks or fortified food. There was good practice out in the community but she questioned how older people got onto this system and how they were tracked. **Rose Jackson Scottish Pensioners Forum** asked how you reached people to tell them about lunch clubs and suggested information could be left at Doctors surgeries. **MC** thought it important to go wherever older people are and to try every platform. **Sandra White MSP (SW)** referred to GP Deep End work in 100 general practices serving the most socio-economically deprived populations in Scotland and thought this could be used. There also needed to be a culture change and more working together.

**LS** said there was a malnutrition map in England to identify areas of concern but none for Scotland. She also noted that frailty could now be categorized and thus targeted.

**Ray Lorimer Kafoodle (RL)** said it was important that GPs had information about food and nutrition and noted the website on [culinary medicine](#).

**JM** agreed with all being said but wondered how to translate that to action. Funding was an issue, for example the funding for the Food Train in Ayrshire had stopped and the service was no longer available. **SW** saw it as “bottom up” issue and agreed that all elected members including Councils had a role. She thought there should be lists available of all community group initiatives. **MC** shared JM’s frustrations and could see there were competing priorities. However there were increasing numbers of older people needing help. Early screening was needed and money for help in the community. At the Scottish Government Malnutrition Summit in May 2015 there had been 13 recommendations and nothing had happened.

**JM** said another issue was representation. There a problem getting “younger” older people involved and this had led to the folding of one organization.

He did welcome intergenerational activities between the young and old and thought there should not be barriers. **Sue Whittle CIWF** suggested that schools could be used as an existing infrastructure to bring old and young together. There could be cooking lessons (maybe from the elderly) and they could all eat together.

**Stuart Forbes Scottish Food Coalition** said he ran lunch clubs and was in talks about having a club with children and the elderly and a befriending service. However the funding ran out. He felt the problem was the short term span of funding meaning decisions couldn’t be made going forward. He had also had success with a community garden. Most of the volunteers were 70-80 and were teaching others.

**AS** pointed out that some lunch clubs were not as good as others and there should be self-directed support. Older people should have the money to fund the service they needed.

**Laura Cairns Eatwell/Age Well/Food Train (LC)** said [Eat Well Age Well](#) was a national project tackling malnutrition in older people living at home in Scotland. They gave funds ranging from £50 to £5000 to test ideas which will prevent, detect and/or treat malnutrition, many of which went to lunch clubs. They were looking at a second round of funding for other projects including research, training volunteers and raising awareness. Their project was for 3 years but they wanted evidence to aid change beyond that.

**LC** said Scotland does not gather or publish data on number of people malnourished on admission to hospital so there is no picture of malnutrition in Scotland other than extrapolating UK data. They had asked if Scottish Health Survey questions could be extended to gather some data but currently this has not happened.

**Fran Throw Food Train** said the important issue was older people's access to food. Lack of this for various issues including mobility led to emotional problems. Free personal care in Scotland does not cover food and there a cost if it was written into the care package.

**BG** then summed up that there was a need to look at prevention of issues around food for older people and responses that are appropriate effective and sustainable. It was obvious from the meeting that there were a lot of well-informed experts as well as older people willing to contribute their experience and both should work together. Most people will have personal experience, if not themselves but with family and friends.

### Next Steps

As well as actions noted in the minutes it was agreed that a joint letter from the Conveners of both CPGs should be sent to the Ministers for Older People and Equalities and for Health and Sport picking up on points raised at the meeting.

Action: ML/AC/RG/SW

### **5. AOB**

There was no AOB.

### **6. Date of next meetings**

The next meeting of Food CPG will be 3 April at 6pm in Committee Room 4 and has the working title on "Towards a healthy sustainable, humane food and farming system".

Other dates are;

- 5 June
- 18 September (AGM)

Both of these will be also be at 6pm in Committee Room 4.

The date of next meeting of Older People and Ageing CPG is 13 March 2019.