



# **Moray Older People's Survey on Food & Related Issues**

**January 2010**



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**Project Manager**  
**Jane Cotton**  
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# Content

<b>Acknowledgements</b> .....	<b>1</b>
<b>Content</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>Setting</b> .....	<b>4</b>
<b>Methodology</b> .....	<b>4</b>
a) The Survey .....	<b>5</b>
b) Secondary Data .....	<b>6</b>
c) Existing Local Service Provision .....	<b>6</b>
<b>Results</b> .....	<b>7</b>
a) The Survey .....	<b>7</b>
Question 1 – Personal Details .....	<b>7</b>
Question 2 – Food Shopping .....	<b>7</b>
Question 3 – Food Preparation .....	<b>9</b>
Question 4/5 – Diet and Nutrition .....	<b>11</b>
<b>b) Secondary Data</b> .....	<b>14</b>
b.i) – Moray Older People’s Strategy .....	<b>14</b>
b.ii) – The Moray Nutrition Joint Health Improvement Plan .....	<b>14</b>
b.iii) – SCIE Dignity in Care, Nutritional Care in Older People .....	<b>15</b>
b.iv) – Recommended Dietary Allowance .....	<b>15</b>
b.v) – Older People Living in the Community – Nutritional Needs, Barriers and Interventions ...	<b>16</b>
b.vi) – ICN Nursing Matters Fact Sheet – Nutrition for Older Adults .....	<b>17</b>
b.vii) – Food Standards Agency .....	<b>18</b>
<b>c) Local Mapping</b> .....	<b>20</b>
c.i) – WRVS Meals on Wheels .....	<b>20</b>
c.ii) – Local Authority Day Centres .....	<b>21</b>
c.iii) – Other Day Centres .....	<b>21</b>
c.iv) – Local Authority Lunch Clubs .....	<b>21</b>
c.v) – Local Authority ‘Moray Assisted Transport’ Scheme (MAT) .....	<b>22</b>
c.vi) – BABS Dial a Bus .....	<b>22</b>
c.vii) – WRVS Assisted Travel .....	<b>23</b>
c.viii) – Befriending Services .....	<b>23</b>
c.ix) – Food Deliveries .....	<b>23</b>
<b>Observations</b> .....	<b>26</b>
<b>Sensitivity Analysis (Gaps and Flaws)</b> .....	<b>28</b>
<b>Appendix A</b> - Weblinks to larger reference documents	
<b>Appendix B</b> - Survey Template	
<b>Appendix C</b> - Community Care Services for Older People (Moray)	
<b>Appendix D</b> - Eligibility for Service (Moray Community Care)	

# Introduction

**Community First (Moray) (CF(M))** is a small charitable company, working to support older, disabled and otherwise vulnerable people in Moray to help them maintain their independence in their own homes. Its key vehicle is The Handyperson Service (Moray), undertaking small DIY jobs around the home and delivered free of charge by a team of volunteers. This service has extremely modest core costs and delivers a high social return on investment, as evidenced by its 2009 SROI report. The organisation also supports its clients by providing them with relevant and interesting information delivered in a range of formats to give accessibility. There is ongoing feedback from clients about both The HPS, their own wider needs and perceived service gaps; this report is part of that process. CF(M) can share this data via its involvement in various Community Planning linked groups e.g. the Financial Inclusion Network and the Voluntary Sector Partnership.

In 2008 CF(M) started to look at other ways they could support their clients and regularise the contact with them. The CF(M) Manager, Jane Cotton, attended the annual Community Food and Health Scotland (CFHS) Conference in Glasgow and was made aware of the Dumfries and Galloway Food Train and in particular their Extra service which has comparisons with The Handyperson Service in Moray. Consequently during 2009 there was discussion involving all three organisations, about the feasibility of introducing a food train type service in Moray linked to the Handyperson Service. Food Train then obtained funding for a development officer with the remit to develop Food Train to other parts of Scotland. CF(M) applied to the **Community Food and Health (Scotland) (CFH(S))** Small Grants Fund for resources to undertake an in depth survey of clients needs related to 'food issues'. After further discussion it was agreed that CFHS would support a piece of survey based research work, which would not only inform CF(M) about the local situation, but could also support any development of Food Train in Moray and act as a research model to be used over the rest of the country. This work was to be undertaken by CF(M) during the fourth quarter of 2009.

**The Food Train** is registered charity based in Dumfries & Galloway, providing food access support, social contact and home support to older people without means or health assessment. Established in 1995 by older people, in response to a community survey which highlighted the difficulties older people faced just getting their weekly grocery shopping, a partnership of volunteers and local shops was developed and Food Train was launched. Service users can self refer or be referred by anyone and the only form to be completed is the shopping list. Customers have their shopping list collected by the volunteers on a nominated day each week, the orders are then made up in store fresh for delivery on another nominated day each week. Customers pay £2 per delivery and £1 per year membership and the service can be used either short or long term, weekly, fortnightly or less as needed.

The Home Support Service is also available to all customers. Volunteers will call once a month and spend some time doing small jobs around the house – the most popular being inside window cleaning and freezer defrosting.

The services operates from area branch offices across Dumfries & Galloway with each area having its own team of volunteers, local shops and delivery vehicle. At present there are 550 service users, 200 volunteers, 15 shop partners and 10 delivery vans spread across 6 area branches in the region providing 16,000 deliveries per year.

Food Train aims to help older people live at home independently for as long as possible through the provision of practical and preventative services.

## Setting

Moray stretches from the Moray Firth central coast at its northern edge to the Cairngorm mountain area in the south covering approximately 860 square miles of predominantly rural landscape.

It has a population of approximately 88,560 (ISD General Practice Populations data) of which 18% of the population (15,940) are over 65 years of age. Projected figures show that by 2031 this could increase to approximately 38.8% of the population.

Most people live in the main towns of Elgin, Lossiemouth, Buckie, Forres and Keith. Other smaller communities are also scattered throughout Moray e.g. Aberlour, Dufftown, Fochabers, Cullen and Tomintoul, in remote and rural locations.

(From Living Longer, Living Better – Moray Older People's Strategy.)

## Methodology

The research consisted of:

- a) Survey interviews undertaken with 100 older people across Moray.
- b) A short review of relevant secondary data.
- c) A mapping exercise of existing local service provision.

## a) The Survey

(See Appendix B - Survey Template)

The survey was developed in collaboration with Sue Rawcliffe (CFH(S)), Michelle McCrindle (Food Train), Gaynor Kingsman (Food Train) and Susan Gregory (CFH(S)) Steering Group. It was framed using SurveyMonkey, to facilitate interrogation and publication by that software.

The questions are in discrete sections. They start with the demographics agreed with CFHS – 4 age groups from age 65years; gender and postcode. The following sections cover the household structure, shopping for food, the food that people prepare/receive and eat and when; plus additional questions related to the main theme.

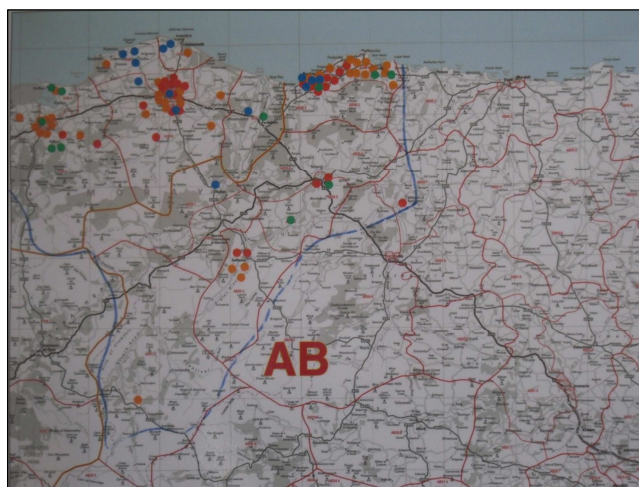
The surveys were not designed as 'quick tick' market research, but as a framework for one to one conversations with the older people. 75% of the surveys were undertaken by three researchers, known to the project manager, all of whom have experience working in the community and with good people skills. The researchers were thoroughly familiarised both with the survey and the overall aims of the work. In addition they were encouraged to add their own observations regarding the interviewees and the conversations they were having. These researchers also submitted a separate list of interviewee names and postcodes. This enables us to identify by name any person whose interview may indicate unfulfilled needs, who we can follow up with advice or information about appropriate services where necessary. The final comments box is there for researchers to elaborate on particular answers and to put their own comments or concerns.

The remaining 25% of surveys were undertaken by WRVS Meals on Wheels volunteers and Older Peoples Day Centres staff, engaging with their own clients. These volunteers and staff were not instructed to add additional comments.

For the purposes of this survey, the term 'Carer' is used to describe anyone other than a family member who takes on a caring role. This can be part of community care support, private paid carers, volunteers from a voluntary support agency or a friend or neighbour.

The surveys were completed by hand and then input into SurveyMonkey by a data-in-putter.

Data was interpreted by the project manager.



## **b) Secondary Data**

The research is supported by both local and national data, referred to in the report text and attached or referenced in Appendices.

## **c) Existing Local Service Provision**

It is important for future planning, in particular for any local development of the Food Train, that the picture of existing local support services is clear. This information was drawn together from a variety of sources, using face to face meetings and telephone enquiries.



# Results

## a) The Survey

Interviews were undertaken with 100 older people across Moray.

Geographically the interviews reflect the population concentrations across this rural county with the exception of an area around Craigellachie and Aberlour.

### Question 1 – Personal Details

Gender demographics resulted in a 72% female, 28% male split. Although there is no base figure for female/male over age 65 in Moray, it is likely that the survey is female weighted. Over all the population in Moray national statistics projections suggest that there should be slightly more females than males and average life expectancy gives 5 years more for females than males.

An initial instruction to researchers to make sure that the 75+ age groups were adequately covered appears to have resulted in an uneven weighting towards that group of potentially more frail people. However the overall results should indicate a future projection for the 'younger' older group.

66% of interviewees are homeowners, with 22% residing in Council property and the remainder in other rented accommodation. A greater percentage of men (70%) are homeowners. Those in Council or RSL properties, particularly the 3% in sheltered accommodation, have some level of support from housing officers and so an easier route of referral to Community Care services.

73% of interviewees live alone, 20% with their spouse and 6% with other family members. A greater percentage of women (79%) live alone.

Only 9% of interviewees indicated that they were not socially involved with any formal group or organisation which could give support or give early identification of need, (which could result in referral to Community Care Services.) Slightly higher percentages (11%) of men are uninvolved.

### Question 2 – Food Shopping

76% of interviewees identified problems with shopping for food and 10% did not do shopping at all, (8 women and 1 man). In order of importance, (most important first) the problems were: heaviness of the shopping, distance to the shops, difficulty finding small portions of food to buy, and good food being too expensive. Also identified were eyesight problems.

Miss P - *'Since she has sight problems (lady is almost blind now), it would be impossible for her to shop alone.'*

*'I watch what I buy so it is not too large or heavy.'*

52% of these (40% of all interviewees) said that the problems did affect the sort of food they bought.

*'If I need it I've got to get it. I have to pay what is asked then cut back on something so it is budgeted.'*



Mr S - *'Makes use of local "Babs" bus to get to supermarket in Elgin. Also uses local small supermarket but goes at end of day to look for bargains e.g. gets a loaf for 6p, family pie for 8p.'*

51% of interviewees said they needed help with their shopping. Of these 69% said they can always get help, 27% said they can sometimes get help, and 4% said they could not get help (and had to manage.)

33% of interviewees identified their help to be coming from spouse, other family members and carers either doing all the shopping or supporting the shopping with transport. 26% said that they relied on other people taking them shopping. In particular 12% identified carers as their main support and the comments show that these people are sometimes paid, sometimes giving extra (voluntary) help.

*'I have to wait for a lift if want to do a big shop. I don't like to ask for help.'*

Mrs T - *'Not fit at present to go to Asda. No-one now to take her. Writes note for carer. Pays carer privately to shop. Would prefer to go to Asda and choose own shopping. If she requires anything on days that carer is not there she is stuck. Assumes carer looks for bargains.'*

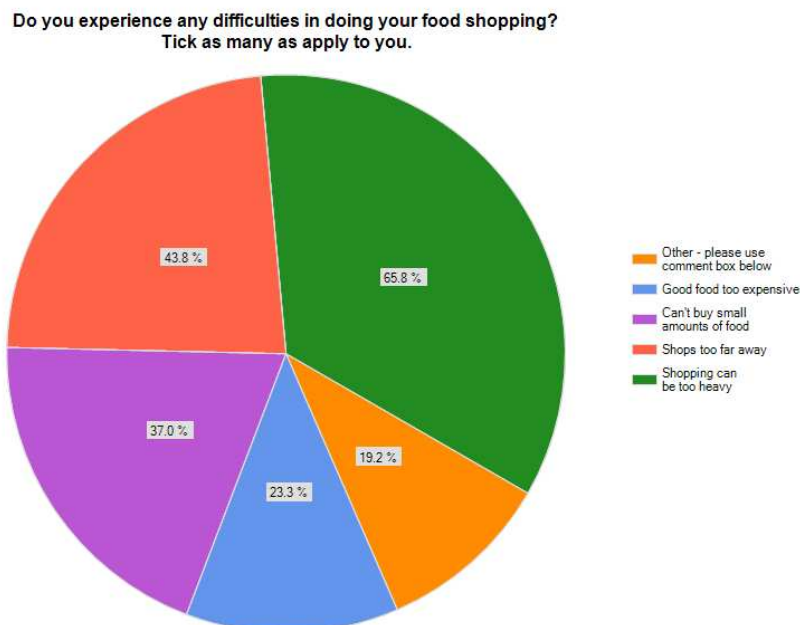
99% of interviewees shopped once a week or more with 14% using mostly local shops and 27% walking to the shops as the main way of getting there. Comments from researchers indicated that many of the older people walked to the shops several times a week to get small amounts of food. This also provides exercise and encourages positive relationships with local shopkeepers who are part of their social network.

Mrs G – *'Shopping would be cheaper if she had access to larger supermarket. Walks to local shop but only buys what she is fit to carry.'*

Only 6% (7 people) ever used shopping delivery services, with only 1 regular user. Comments confirm that this is because it is an internet service only. Just one person had a phone arrangement with a local shop.

*'I would like to (use this service) but have no access to a computer. Used Wiltshire Farm Foods briefly.'*

2 other people commented that they used Wiltshire Farm Foods.



### Question 3 – Food Preparation

91% of those living on their own are doing their own cooking. The remaining 9% are supported by carers. 2 men living with their spouses are doing the household cooking.

73% of interviewees claim they have no difficulty with food preparation with the remainder highlighting sight difficulties and arthritic conditions. Outwith those problems, are the commonly stated ones of packaging being difficult to open, including ring pull cans and vacuum sealed food.

Miss M – *‘Unsteady on feet - dizziness. Can only make a sandwich now. Eats prepared meals from butchers. Is considering using Wiltshire meals.’*

Mr K – *‘Visual problems. Wife did cooking and he is struggling. He didn't help with cooking and since wife's death he feels he has difficulties.’*

77% of interviewees have a hot meal every day and 20% nearly every day. Of some concern are the 3 people (2 females, 1 male) who only have a hot meal once or a couple of times a week. Extrapolation could indicate that over 450 older people in Moray are only having a hot meal a couple of times a week.

46% of interviewees are regularly provided with a hot meal. 70% of these receive Meals on Wheels, however this figure is slightly skewed as 10% of the surveys were undertaken by WRVS with their service users.

Mrs S – *‘Neighbour sometimes cooks food and brings it in to eat together.’*

Mr B – *‘Daughter brings soup sometimes.’*

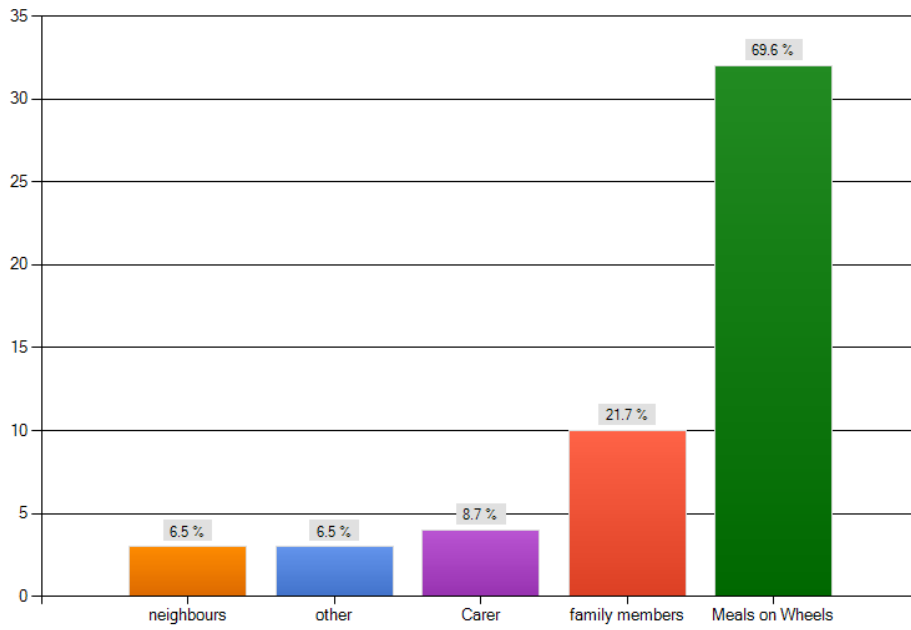
46% of interviewees never have takeaway meals, 28% never eat out and 33% said that other people never come and eat at their house.

Interviewees use a range of cooking appliances with 80% of them using a microwave.

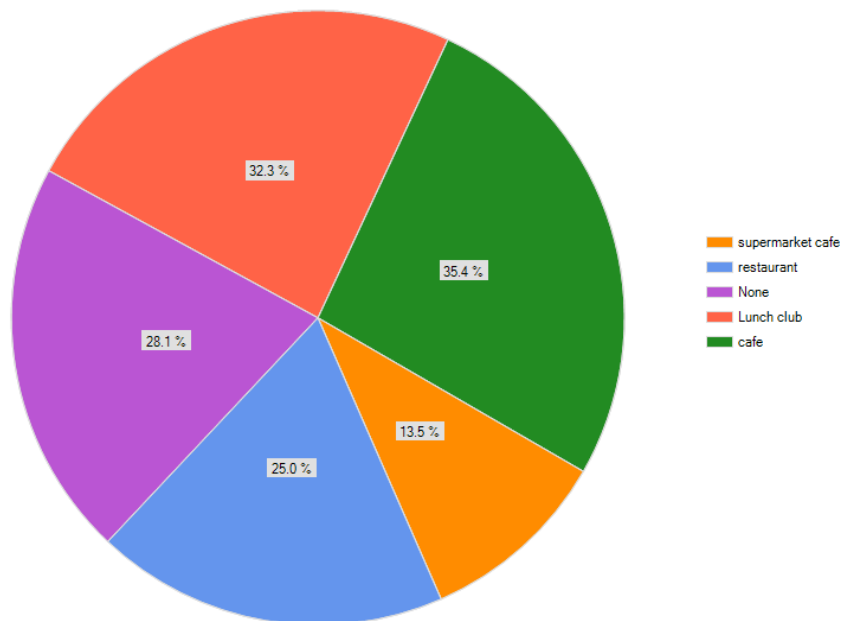
96% of interviewees have a freezer.

82% check use by dates and throw things out and 78% sometimes or often re-heat or re-use leftovers.

Do you receive any hot pre-prepared meals to eat at home from the following - please tick all that apply.



Do you ever eat out at any of the following? - please tick all that apply



## Question 4/5 - Diet and Nutrition

The first three sections were about meals and overall indicated that a majority of the interviewees are having both breakfast and one main meal a day, with often a third meal or a snack. The responses and comments show a good range of food types with traditional cereal/porridge, soup and a roll, mince and potatoes etc. being staples.

Miss L (lunch) – *‘Meals on Wheels delivered 3 times a week.’*

Mrs K (lunch) – *‘Soup & sweet are plenty as I get full up.’*

Mr D (lunch) – *‘Main meal if at Lunch Club.’*

Mrs Y (eve) – *‘Might have a cooked meal if slow cooker on.’*

Mr T (eve) – *‘Does not like meals that can be put in microwave as you do not know if reached right temperature.’*

Miss P – *‘Not a big eater.’*

28% of interviewees do not have a hot drink before going to bed. Comments indicated that some people did not want to be getting up to go to the toilet in the middle of the night.

Consumption of fruit was quite high, with everyone taking some, and 59% eating fruit at least once a day, but with 16% eating fruit once a week or less.

The picture was similar for vegetables, with 59% eating vegetables at least once a day, although 10% ate them only once a week or less.

Salad stuff, on the other hand, was far less popular, with 48% of interviewees eating it rarely or never.

There seems to be little gender difference with these eating habits.

Interviewees are drinking a wide range of beverages, with predictably, tea and coffee having the highest preference. With 42% also drinking still water and 30% drinking diluting juice the levels of hydration in the diet would seem to be quite good.

The sections relating to favourite food and treats were designed to see if peoples’ preferences and choices within the group appeared limited in any way and also to see if people enjoyed talking about food.

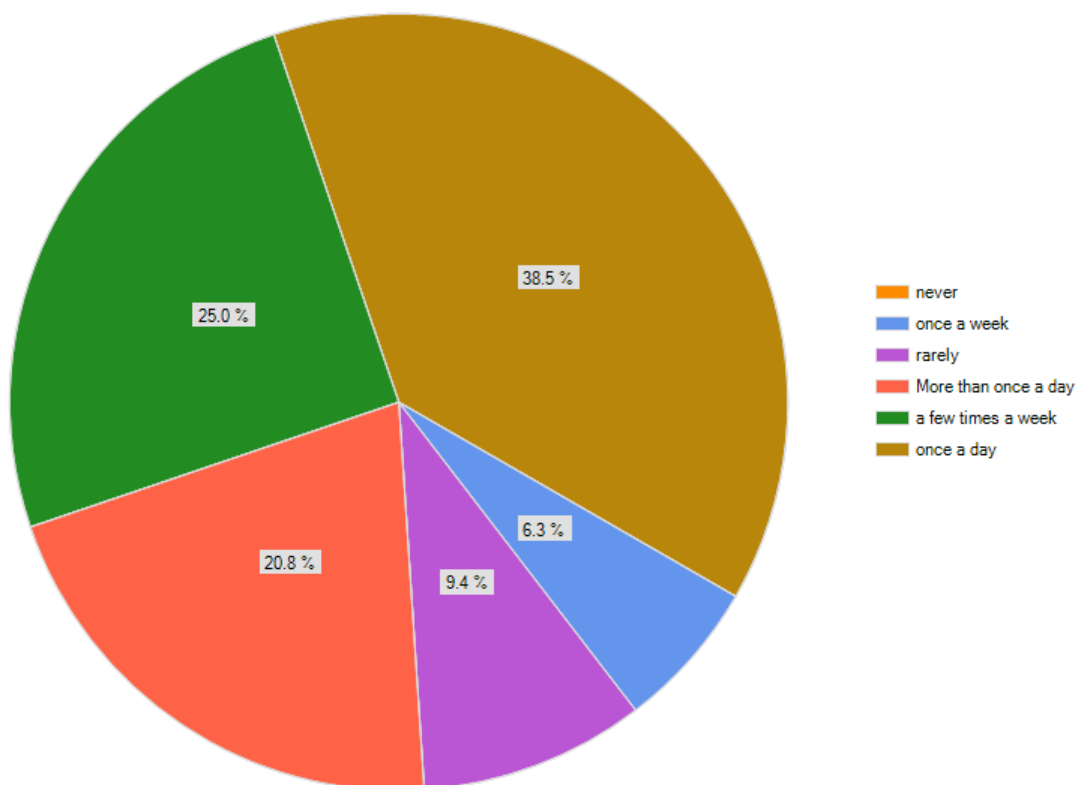
In the favourite food section, 13% of the interviewees were fairly non-committal, mentioning 'plain food', 'whatever there is', 'lunch', 'soup' etc. For the rest there was a wide range of foods talked about, some in detail, which is a good indication of healthy appetite. Again, there was an emphasis on traditional, savoury foods – choices backed up by secondary data, which recognises a reduction of taste and smell acuity and also the need for 'secure' and recognisable food.

In the treats section there is a little more mention of fancy confectionary, and the savouries have been elevated to Sunday roasts, steaks, scampi etc. It is made clear that these are treats rather than favourites because they are either expensive or have to be cooked in larger quantities to get the quality that is wanted. For example, a good piece of roast beef is quite large and expensive but is not replaceable as a treat by thin slices of cold beef heated up. Mention was also made of it being a treat if someone else does the cooking.

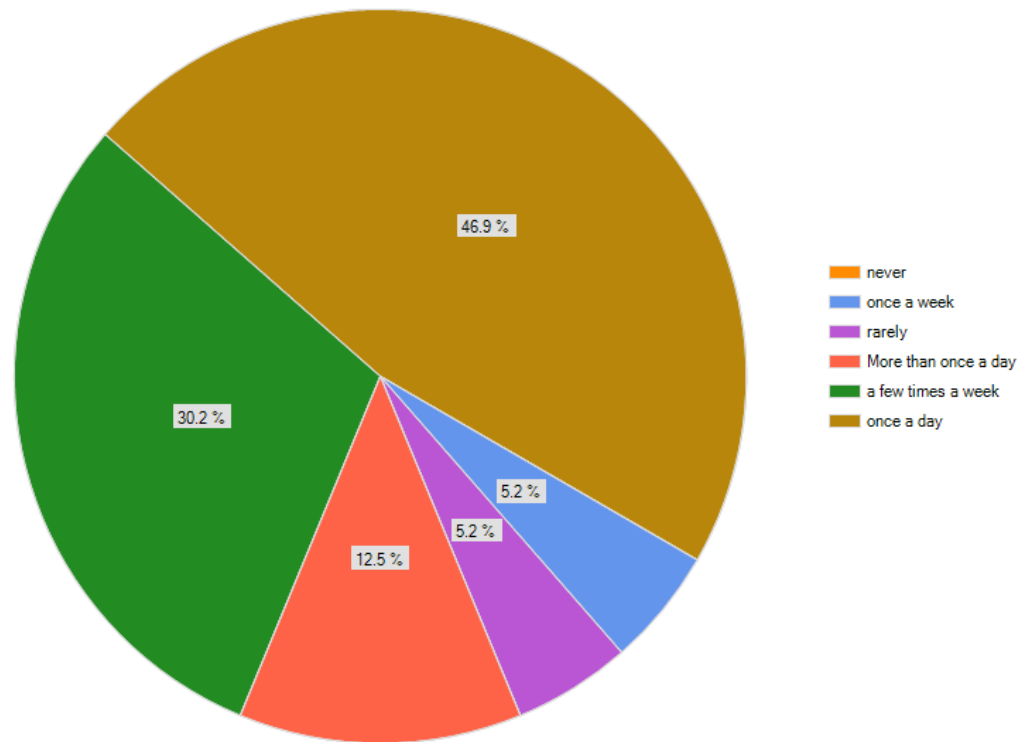
In line with national statistics, and indeed exceeding them, 92% of the interviewees never smoke. 30% never drink, with only 12% drinking regularly and the comments indicate this drinking to be limited to e.g. one glass of whisky in the evening, a glass of wine with meal. Several comments showed that people had been regular drinkers but are now on medication which precludes this.

71% of interviewees never take any dietary supplements. Of the remainder, comments show cod liver oil, particularly in the winter, is still very popular. One person was recommended to take supplements by their doctor due to having a diet low in fruit and vegetables.

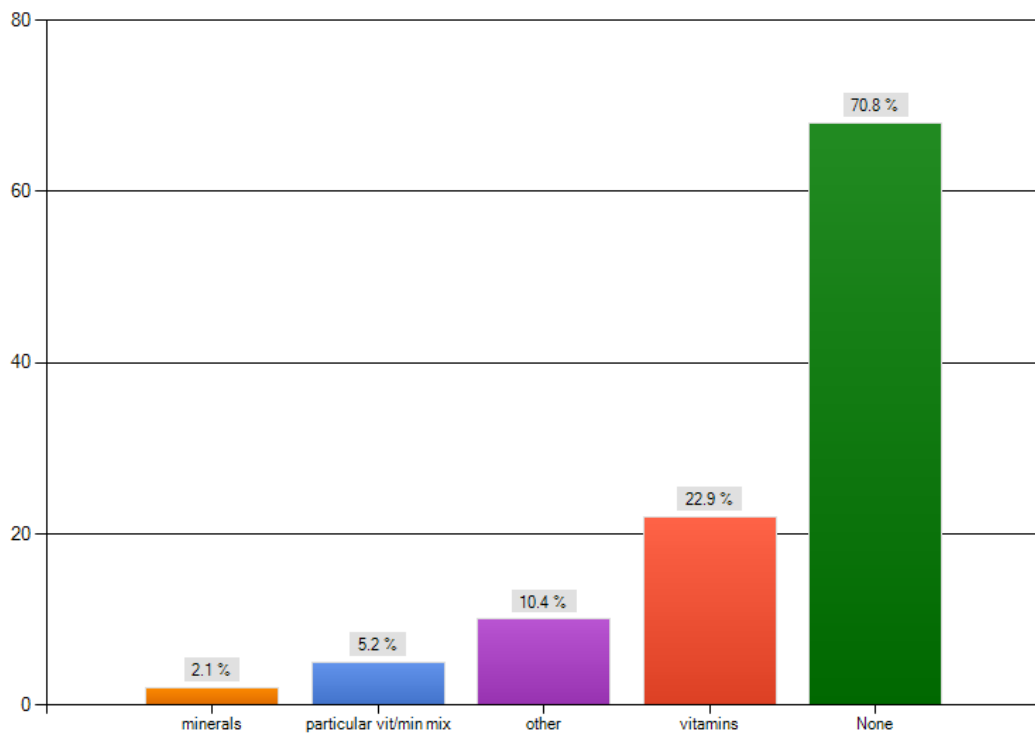
**How often do you eat fruit (fresh or tinned or dried)?**



How often do you eat vegetables (not potatoes)?



Do you regularly take any dietary supplements? Please tick all that apply.



## b) Secondary Data

### b.i) Moray Older People's Strategy, entitled 'Living Longer, Living Better' - Autumn 2009 (Appendix A)

The Living Longer, Living Better Vision Statement says that Moray intends, “To advance a strategic partnership approach that promotes the quality of life of older people and their engagement in the Community. Continuing to shift the balance of care from Acute to Community based care, ensuring that Health and Social Care Services are organised around and responsive to their needs by the provision of high quality services and support, which enable older people to live as independently as possible in a suitable and safe environment with choice and control over their future needs.”

The strategic aims of the document can be summarised in three key areas:

- Promoting a healthy and active older age.
- Improving community based services.
- Improving Nursing, Residential and Hospital care.

With particular relevance to this report, the strategy has, as a priority, the improvement of the nutritional status of *dependent* older people and to ensure the healthy older population has appropriate access to nutritional guidance and advice.

The Strategy recognises that, 'For older people living independently, meeting their nutritional needs can be without problem. However, poor nutrition can also be a significant problem for older people, impairing their health and reducing their chances of recovering after illness or surgery. It is also well evidenced, however, that older people in hospital facilities, living in care homes or with home care support can be at increased risk of malnutrition. People requiring assistance with feeding, or on therapeutic or altered consistency diets may be at particular risk of complicating illness, delaying recovery and prolonging hospital stay. Malnutrition is also implicated in higher rates of mortality.'

### b.ii) The Moray Nutrition Joint Health Improvement Plan (Food in Focus) 2007-2010 (Appendix A)

This document has informed service delivery from 2007. Many of the action points have derived from the results of hospital screening of malnutrition and obesity (started in 2004) and also from a mapping exercise which highlighted the need for the following:

- Nutrition training for care home staff, home care providers, unpaid carers as an ongoing requirement.
- Nutrition screening tool and practical nutritional and food guidance pack guide for home carers.
- Training sessions in nutrition for older people for staff in sheltered/very sheltered housing.

- Liaise with food providers e.g. Meals on Wheels Service, Lunch Clubs to optimise nutrition within meals.
- Training with various food providers to encourage standardisation of recipes and nutrition within meals and further develop nutritional standards throughout Moray
- Simple and practical food preparation sessions for bereaved older people or those living alone at risk of malnutrition.
- Investigation into requirement for generic supplements including vitamin D & folate for care home residents.
- Continued Liaison with staff from Primary Care and Health Promotion regarding nutritional advice for the general healthy older population.

**b.iii) SCIE Dignity in Care, Nutritional Care in Older People – At a Glance – March 2009 (Appendix A)**

As part of its Nutrition Action Plan, the UK Department of Health asked the Social Care Institute of Excellence to provide guidance on nutrition for the social care sector. The following key messages were indicated:

Food and mealtimes are a high priority for older people and affect their quality of life.

- Malnutrition affects over 10 per cent of older people. (British Association for Parenteral and Enteral Nutrition, 2006).
- Malnutrition is estimated to cost the UK over £7.3 billion a year. (BBC, 2006).
- It is estimated that up to 90,000 people who receive home care services could be at risk of malnutrition. (Grove. K. (2008), Sutton: UK Home Care Association).
- When malnourished older people are admitted to hospital they stay in for much longer, are three times as likely to develop complications during surgery, and have a higher mortality rate. (Age Concern, 2006, BBC, 2006).
- Routine screening for risk of malnutrition across Health and Social Services is a key part of good nutritional care.
- Giving older people the time, help and encouragement they need to eat can help tackle malnutrition.
- Older people's preferences and their dietary and cultural requirements need to be taken into account when planning mealtimes.

There is an increasing amount of secondary data related to nutritional requirements in older people – most of which is in agreement.

**b.iv) Recommended Dietary Allowance**

According to the Recommended Dietary Allowance (RDA's), elderly people have the same nutrient requirements as their younger counterparts, yet most need fewer calories. Vitamins D and B6 and Calcium are exceptions and are needed in greater amounts for those 51 years old and older. Therefore, a nutrient-dense diet, with fewer calorie-laden foods, becomes more crucial at older ages of the life cycle. In general, women have nutrient requirements similar to men, though they require fewer calories. Therefore, elderly women must be especially careful to select nutrient-dense foods.



**b.v) The Scottish Government publication 'Older People Living in the Community – Nutritional Needs, Barriers and Interventions: a Literature Review - Dec 2009 (Appendix A)**

This publication has the aims of:

- Identifying the nutritional needs of older people living in the community and barriers to them meeting their nutritional requirements.
- Identifying effective dietary and other interventions, including interventions to improve food access for older people (including cooking clubs, delivered meals/food etc) and use of supplements (of which vitamin D may be one), to improve health outcomes (including nutritional status) of this population group.

The summary of Chapter 3 which focuses on nutritional needs of older people states that:

Like the rest of the adult UK population older people should:

- Eat less saturated fat and salt.
- Eat more fibre.
- Have a minimum of 6-8 glasses of fluid each day.

In addition older people should:

- Take a vitamin D supplement.

This very detailed report also includes the characteristics of food poverty, estimated to be suffered by 16% of the Scottish population over the age of 65. Food poverty is defined as being the inability to obtain healthy affordable food.

The three main characteristics of food poverty as defined by the Welsh Consumer Council (WCC) in 2006 are:

**Affordability:** Low/limited incomes may restrict ability to afford healthy food.

**Accessibility:** Proximity and ease of travelling to supermarkets.  
Smaller retailers offer a limited range of healthy foods.  
Poor and high cost of transport.  
Lack of home delivery services.

**Education/cooking skills:**

Particularly older men, may lack the skills and/or equipment to prepare healthy meals.

The WCC also identified potential solutions including assisted shopping schemes and door-to-door shopping services.

**b.vi) ICN (International Council of Nurses) Nursing Matters Fact Sheet – Nutrition for Older Adults – 2008 (Appendix A)**

A useful and succinct guide for international nursing professionals, which recommends using the Tufts University Food Guide Pyramid for Older Adults (page 19). This again highlights the high risk of Vitamin D deficiency along with B12 and Calcium. It is recommended that supplements be used.

Of particular interest to our own report is the section regarding future directions for health care professionals, quoted here in full:

“The benefits of good nutrition are ageless. Maintaining the desire to eat, enjoying food and making mealtime a social event are just as important as ensuring a balanced and nutritious diet. No doubt, health care professionals need to be given the means to assess, monitor and treat malnutrition among older adults. However, quality nutrition is fundamental to quality of life. Keeping this in mind, more liberalised nutrition interventions may be warranted.

To encourage older people to maintain healthy eating habits, education and social interaction programmes are essential. Combined diet and exercise programmes can promote social contacts and improve body and mind. Low impact exercises, aqua gym, Yoga, T'ai Chi and fitness classes for chronic conditions can optimize independence and reduce disability.

Recognising failure to thrive is a key point in nutrition care among the elderly. However, lifestyle and social change issues are equally important. Caregiver burnout, housing conditions and hygiene, availability of free or low cost meal services, designated meal centres, delivered meals for people who are housebound and a variety of networks that help with food shopping and meal preparations are all part of nutrition care.

Nutrition services should be well coordinated across acute, home, community and long-term care sites. Older adults should be included in the planning, implementation and evaluation of new policies and programmes to ensure their needs are met.”

## **b.vii) Food Standards Agency**

The Food Standards Agency (FSA) has provided professionals with the 'Eatwell Plate' (reverse cover) which is now the most commonly used 'visual aid' to demonstrate a balanced diet. However, it is a general standard across all demographics and is not age specific like the previously mentioned Food Guide Pyramid.

The FSA undertakes regular research surveys which includes one on, Public Attitudes to Food Issues – Jan 2009 (Appendix A), with a supplementary mini-report related to the over 65 age group. In June 2009 the latest of these were published and our own survey included a question on food sell-by dates in the light of the following result:

“Eating food beyond its 'use by' date increases the risk of food poisoning from Listeria. A recent sharp rise in the number of people taken ill with Listeria has seen more older people affected by what can be a deadly food bug. The number of cases of Listeria food poisoning rose by 20% in 2007 and has doubled since 2000. This increase has occurred predominantly among people over 60.”

The research findings include the following:

- Less than half (42%) of older people questioned in the survey correctly identified the 'use by' date as an important indicator of whether a food is safe – much lower than people in younger age groups.
- Of particular concern was that older respondents were more likely to eat food past its 'use by' date. For example, 40% would eat dairy products up to three days past their 'use by' date – Listeria has been reported from dairy products as well as from a wide range of other chilled ready-to-eat foods.
- Less than half (39%) of people aged over 65 checked their fridge temperature at least every six months – setting the right fridge temperature (between 0°C and 5°C) is important for controlling Listeria growth in food.

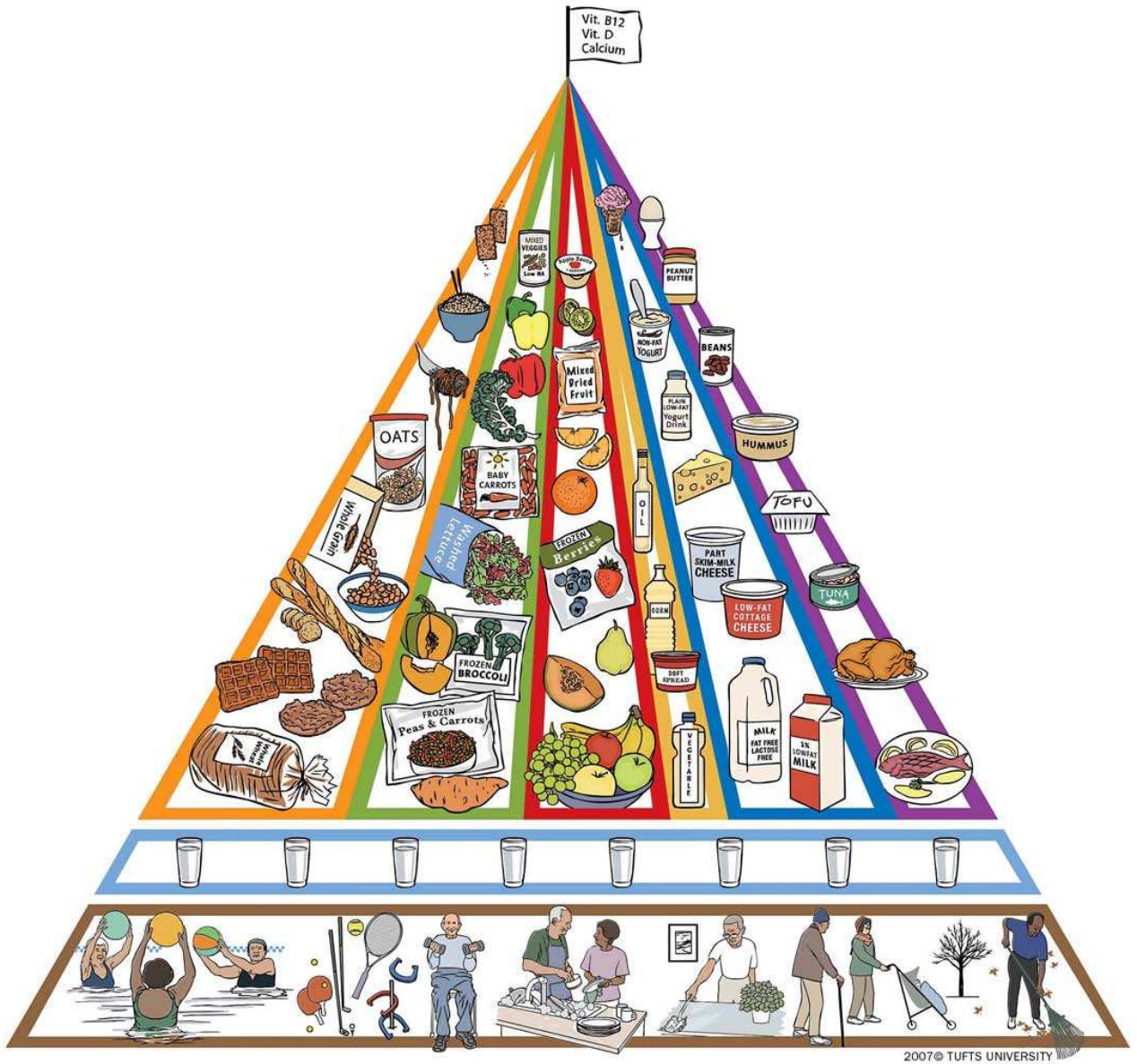
The research intimated that difficulties with shopping could have some impact in that older people may be less in control of how much (per weight) and how often they can buy food. Buying in a range of chilled ready-to-eat-foods may be seen as a practical choice.

The FSA also commissioned a report, Older People and Food, A Synthesis of Evidence – 2009 (Appendix A) of its work with older people, from the Social Research Council.

The summary revealed:

- Key food issues as they relate to older people include malnutrition arising from inadequate food intake; the practice of unsafe food hygiene behaviors; constraints on the capacity to purchase, prepare and consume foods; having to rely on others for adequate and safe food intake; and a tendency to underestimate food concerns.
- A number of policy issues are raised by the literature including the role of meals-on-wheels providers, availability of devices to aid food preparation, clarity of food labels, knowledge of fridge temperatures and fridge storage, availability of fridge thermometers and design and delivery of consumer engagement activities.

# Modified MyPyramid for Older Adults



## c) **Local Mapping**

In line with Central Government Guidelines, the Moray Community Health and Social Care Partnership has been undertaking a re-organisation of its service delivery. There are now Community Care teams centered at Dr Grays Hospital - Elgin, The Glassgreen Centre – Elgin, Keith Resource Centre (covering Keith and Speyside), Buckie Access Point (covering Buckie and Fochabers) and Leancoil Hospital (covering Forres and Lossiemouth).

In June 2009 the service document, 'Community Care Services for Older People' was published (Appendix C). All potential clients of the services must receive an eligibility assessment. The Community Care Assessment is a process where The Moray Council, with the involvement of the individual and where appropriate, in consultation with family members, carers or an advocate, will gather sufficient information to work out what the individual's needs are. Eligibility for service, (Appendix D) is based on the Single Shared Assessment process focusing on individual needs and seriousness of risk to their independence if their needs are not met.

Community Care Packages can include a shopping service for those who are unable to do shopping themselves, either on a temporary or permanent basis, and have no family, neighbours or friends who can undertake this task for them. This need is considered a high priority. Community Care Services commission support services either from the Council or from the private sector. Shopping comes under the general heading of Domiciliary/Domestic Care and as such is a means tested service (as opposed to Personal Care services which in Scotland are free). Whereas the Community Care Team assess for need, the Council Financial Services Department undertake the financial assessments once need has been established. For those who are not deemed to be financially disadvantaged, the charge for all domestic care services is £10.50 per hour. No separate statistics are kept for the different elements of domestic care so we do not know how many people have shopping services.

Of particular relevance to this report are assessments for WRVS Meals on Wheels service and for Day Centres.

### **c.i) WRVS Meals on Wheels**

WRVS has a contract with the Moray Council to deliver this service to older, disabled or disadvantaged people across Moray. Referrals come via the Community Care Service and a single shared assessment will have been completed and signed off by a senior manager.

The meals are prepared in several school kitchens and delivered by WRVS volunteer drivers.

Meals on Wheels currently have about 350 service users receiving approx 1,000 meals per week between them. Each client can have up to 3 meals per week at a cost of £2.90 per meal. Volunteer drivers do not handle money transactions.

During the current contract the service has seen a reduction in referrals and an emphasis being placed on frail elderly people, often over the age of 75.

### **c.ii) Local Authority Day Centres**

Day Centres were historically based in Council run Older People's homes. When this service was privatised over 5 years ago, four Council run Day Centres were set up. These are in Tomintoul, Dufftown, Rothes and Buckie (all in the east and south of the county and, apart from Buckie, all small rural settlements). These Centres support 60 service users who can visit the centres each weekday if they so choose, though the average is 3 days. People often self-refer to the Centres but have to undergo the Single Shared Assessment procedure. Likewise, other caring services can recommend referral. The Centres could take more service users however, they are considered a low priority when it comes to the referral and assessment procedure and there are human resource implications for the Community Care Teams which dictate prioritisation of workload. The Centres provide a range of activities and events, tea/coffee and a piece, and also a hot cooked meal at the subsidised rate. Staff also provide a shopping service regularly to take service users to bigger supermarkets. This is particularly important for the rural towns as their local shops tend to be more expensive and limited in offer.

The Council run Moray Resource Centre offers a Day/Outreach facility to those over the age of 16 who have a physical or sensory disability. Within this centre there is the Platelayers Cafe which offers hot and cold drinks, snacks and home-baking and also provides space for basic catering training. In addition, the MRC is a registered Disabled Living Centre and provides information and advice on services and equipment relating to disability, including support with domestic tasks such as cooking.

### **c.iii) Other Day Centres**

In addition to the Council Day Centres, some of the 14 private care homes for the elderly also run daytime activities which provide a snack or a meal. Often these are not just for the residents but for day service users as well. Chandlers Rise, Cameron Court, Hanover, Linn Court and Castlehill Sheltered Housing complexes also have day centre facilities and/or luncheon clubs.

### **c.iv) Local Authority Lunch Clubs**

This service is currently undergoing a major review. It is one of the areas highlighted in the recent draft budget consultations, as being an area where cut-backs may happen, in that it is proposed that full charge be made for meals. It has been outlined that savings of £61K (over 4 years) can be cut from the Older Peoples Services budget in this way. Decisions will be taken on this by the end of February 2010.

There is no booking system for meals and they are not formal 'membership' clubs. The service is non-assessed and heavily subsidised. Catering is provided by the school meals service. Currently the charge is £2.60 and this could increase to between £4.50 and £10 per meal depending on the lunch club.

There are two larger lunch clubs in Elgin and Forres which are open for 3 days a week (Monday, Wednesday and Friday) and attract an average of 50 people per time. It is known that a few people attend from outwith the Moray area.

Hopeman, Cullen, Aberlour and Speyside, and Lossiemouth also have lunch clubs, as does Knockando, but this has very small numbers and uses the local Primary School. Fochabers has a club run by the WRVS.

Tomintoul has a lunch club which has recently become self-governing. It is based in a local hotel and is held 2 days per week.

The Lossiemouth club drives members to the Community Centre and also takes them to their local Scottish Co-op supermarket for their shopping.



#### **c.v) Local Authority 'Moray Assisted Transport' Scheme (MAT)**

All older people in Moray can take advantage of free travel on buses and reduced travel charges on the trains which run between Aberdeen and Inverness.

In addition, the local authority runs MAT, which provides subsidised taxi transport to those living in Moray who are unable to access public transport due to a disability and have no reasonable access to private transport. Anyone receiving Disability Living Allowance (Higher Mobility Component), or who is registered blind or who is receiving the War Pension Mobility Supplement, is eligible for this service.

The Scheme offers those eligible 8 single fare vouchers per month, which entitles them to 50% off the price of a taxi up to the value of £5. You can be accompanied by one carer at no extra cost.

Taxi fares in Moray are relatively expensive compared to the rest of Scotland, however it would be reasonable to assume that this service would enable people to have one return journey per week to the supermarket and do a 'big shop' at a much reduced travel cost for a door to door service. As many of the big supermarkets also have cafes, providing fairly basic food but at a low cost, it is likely that this service could also support older people to eat out once a week.

There are currently 288 service users for this scheme, right across all age brackets.

Although MAT was not specifically mentioned in the draft budget consultations, there is obviously concern amongst staff that it is a financially vulnerable service.

#### **c.vi) BABS Dial a Bus**

Babs Dial a Bus is a Community Care project of the Focus Foundation, a Christian ministry and was started in 2000.

The Buckie based service links users along a 20 mile rural stretch of coast in north east Scotland, enabling anyone who might otherwise be housebound to enjoy shopping and social trips thus improving quality of life. Trained drivers and passenger assistants collect passengers from their own homes and take them back again.

The service is available to anyone eligible for a Concessionary Travel permit and who find accessing public transport difficult. Membership is free. A majority of service users are older people.

Destinations on the regular timetable include Asda and Tesco in Elgin as well as the town centre. Drivers and travel assistants carry shopping to the service users homes.

#### **c.vii) WRVS Assisted Travel**

WRVS also have a scheme whereby those with poor access to transport can request a car and driver, which could be used to go and do a large shop where necessary.

#### **c.viii) Befriending Services**

The British Red Cross, Grampian Society for the Blind and Crossroads Carers Support all run types of Befriending Services. The volunteers on these projects are all able to take people shopping/go shopping with them if required.



#### **c.ix) Food Deliveries**

Two supermarket chains do home deliveries in Moray, these are Tesco and Asda.

**Tesco** currently has three stores in Moray, at Elgin, Forres and Keith, with a fourth planned in Buckie. All ordering must be done online. There is no minimum amount or value of order required. There is a range of delivery charges from a maximum of £5.50 for Saturday delivery to £3.50 for a Tuesday. Delivery is usually within 24hrs and a customer can pick their own delivery time within a 2hr time slot. The very helpful operator on the helpline informed us that they are aware of and encourage 'organisations' to do ordering for customers who are not IT literate.

**Asda** has one store in Moray, in Elgin. All ordering must be done online. A minimum order of £25 is required. There is a range of delivery charges from £5.50 to £3.50. However with an Asda credit card all orders over £99 are free, and often there are one off promotions which give free delivery. Ordering can be done up to 3 weeks in advance, next day delivery available for orders put in before 5pm on the following day and a customer can pick their own delivery time within a 2hr time slot. There is a good accessible help facts page on their website.

Other supermarket chains in Moray are:

#### **Lidl**

Based in Elgin and Buckie. No home delivery and no immediate plans to have such. Discount store with skeleton staff to keep costs low. However, staff will always help older people with their shopping as long as they are not preoccupied on tills.



**Aldi**

One in Elgin. No home delivery. Can build up an online shopping list and print it out – staff can help with collection when you get to store but again this is a discount store with skeleton staff.

**Somerfield/Co-operative**

From March 2009 Somerfield Supermarkets became part of the Co-operative Group. There are approximately 20 stores in the county. A few offer a home delivery service, however, not in this area.

**Farmfoods**

One in Elgin. No home delivery. Discount frozen food specialists (originated in Aberdeen), skeleton staff.

**Costcutter**

Several stores around the county. No formal home delivery services, however there is evidence that some store staff will do informal deliveries to customers in the neighbourhood. Costcutter outlets are grocery-led neighbourhood stores with a competitive pricing policy.

In addition to the above there are still some milkmen delivering in Moray – mostly in the towns, and they often deliver potatoes and other dairy goods. There are a couple of fresh fish delivery vans who service the rural areas, usually on the coastal fringes.

**Wiltshire Farm Foods** are the primary source of whole meal deliveries in Moray. Understandably they did not want to share their precise sales figures with us, however they gave us a broad idea.

They deliver to at least 100 customers a week in Moray. But as these meals are frozen, they often bulk deliver up to 3 weeks worth at one go so the actual number of customers will be considerably higher.

Wiltshire Farm Food meals and desserts start at £2.15. They offer diabetic and vegetarian options. There is a very wide choice.

The estimated cost of 7 days worth of main course and pudding is £30 with free delivery service. This comes to less than £4.50 for a full meal.



### **New Initiatives – Forres**

Forres has recently registered as a Transition Town and has several projects which could impact positively on the nutritional health of the population, including the older people in the area.

Transition Town Forres (TTF) owns and runs a large community garden in the town which has just completed its first season. The garden premises include a large hardstanding where a farmers market has been running every month. Stalls at this market will include those selling local produce from the garden and elsewhere.

There is also building space, part of which is used for educational and training purposes. A planned educational element is to be delivered by a professional nutritionist who is a volunteer, and will look at food from the seed to the plate, in an entertaining and practical way.

A local caterer, whose cafe serves organic wholefoods, is considering diversifying into providing similar quality frozen meals.

Another local woman has been funded to investigate the possibility of collecting shopping for less able people, using a bicycle delivery service.

## Observations

- 1) Almost three quarters of those taking the survey identified problems with shopping for food. Half of them said they needed help with their shopping, for a variety of reasons. Half of these felt that, at the moment, they are able to access the help they need. However, it was identified that only a small change in circumstance, with any of the interviewees (eg spouses health failing, family members moving, sudden inability to drive) could change that picture to one of need and poverty of choice.

Potentially, given the population figures in Moray, approximately 12,000 older people over the age of 65 could be having problems with food shopping, with approximately 6,000 needing some help and approximately 3,000 not being able to securely access this help. The anticipated increase in the ageing population will probably see a doubling of these figures by 2030. There is no current indication of an increase in the level of government investment to support this demographic and it would be prudent therefore to assume that the voluntary sector will be playing an increasing role in providing support to older people.

In this context a Food Train project would be a valued and viable service in Moray.

- 2) Although the main supermarkets have grocery delivery services they are not being used directly by the older people in our survey (apart from 1 person). This appears to be entirely because it is an online booking service and people do not use the internet. The service may be being used by friends, family and carers on behalf of older people.

There may be opportunities here for support organisations to help older people do at least some of their shopping online.

- 3) The survey results highlighted that there is the possibility that over 450 older people are having a hot meal no more than twice a week. There were also several comments within the survey about the importance of luncheon clubs, both as a way of getting a hot meal cooked for you, but as importantly to socialise. This is supported by the secondary data.

The Moray Council is currently reviewing their Luncheon Club service. The primary and secondary data in this report could help to facilitate the development of an accessible and supportive service.

- 4) It is noted that there is significant importance in the social networks which people build up based around their shopping and eating needs. The services providing support in this area, e.g. WRVS, Luncheon Clubs, Befrienders and Food Train all have volunteers who often are or have the potential to be an important element of these networks. In addition they can provide silent monitoring of clients' wider needs which can be fed into the mainstream care services.
- 5) Nutritional guidelines are advising that Vitamin D, Vitamin B6 and Calcium are lacking in the diets of older people. The recommendation is that these be taken as supplements. Our survey shows that few people are taking dietary supplements. This is perhaps an area where increased knowledge on this subject, within the client base may be beneficial.
- 6) Comments within the survey, from interviewees and researchers, show that many people are not accessing services and information which could assist them to retain healthy independence. This confirms previous research and customer feedback to CF(M) which has led us to start the development of a dedicated Information Service, which will be in collaboration with other voluntary sector service providers to support the same client base.

## Sensitivity Analysis (Gaps and Flaws)

- There were no questions asked on vegetarianism. Wiltshire Foods does provide vegetarian options.
- Demographics – There was no coverage of the Craigellachie, Aberlour or Marypark area.
- Q2/11&12 – Lack of logical progression. Question framing should only have allowed those answering 'Yes' to part 11 to go on to part 12. Researchers should have been better briefed. Assumptions have had to be made; 47 people answering No on part 11, but only 40 non responses to part 12; therefore assume 7 answered 'Yes' to part 12 and figures adjusted accordingly.
- The question of checking the temperature level on fridges was not asked, which would have been relevant to the Food Standards Agency report.
- When asking about what people ate for breakfast, it was assumed that porridge would be included in the 'cereal' category. However, this was not the case and it appeared in the comments with regard to the 'other' category.

# Appendix A

## Weblinks to larger reference documents:

[www.moray.gov.uk/downloads/file60988.pdf](http://www.moray.gov.uk/downloads/file60988.pdf)

Living Longer, Living Better – the Moray Older People's Strategy (Moray Community Health and Social Care Partnership); 2009 – 2014

[www.yourmoray.org.uk/DocumentLibrary/ThemeDocs/MorayNutritionJointHealthImprovementPlan.pdf](http://www.yourmoray.org.uk/DocumentLibrary/ThemeDocs/MorayNutritionJointHealthImprovementPlan.pdf)

Moray Nutrition Joint Health Improvement Plan. (Food in Focus), 2007-2010

[www.scie.org.uk/publications/ataglance/ataglance03.pdf](http://www.scie.org.uk/publications/ataglance/ataglance03.pdf)

SCIE Dignity in Care, Nutritional Care in Older People – At a Glance – March 2009

[www.scotland.gov.uk/Resource/Doc/294929/0091270.pdf](http://www.scotland.gov.uk/Resource/Doc/294929/0091270.pdf)

Older People Living in the Community - Nutritional Needs, Barriers and Interventions: a Literature Review, Dec 2009

[www.icn.ch/matters\\_nutrition\\_olderpeople\\_print.htm](http://www.icn.ch/matters_nutrition_olderpeople_print.htm)

ICN (International Council of Nurses) Nursing Matters Fact Sheet – Nutrition for Older Adults 2008

[www.food.gov.uk/multimedia/pdfs/publicattitudestofood.pdf](http://www.food.gov.uk/multimedia/pdfs/publicattitudestofood.pdf)

Food Standards Agency (Scotland) Public Attitudes to Food Issues; Jan 2009

[www.food.gov.uk/multimedia/pdfs/pafiover65.pdf](http://www.food.gov.uk/multimedia/pdfs/pafiover65.pdf)

Additional section to PAF report above, specifically looking at the 65+ age range.

[www.food.gov.uk/multimedia/pdfs/synthesisofevidence.pdf](http://www.food.gov.uk/multimedia/pdfs/synthesisofevidence.pdf)

The Food Standards Agency research report – Older People and Food, a Synthesis of Evidence (2009)

## Of further interest, although not specifically referred to in this report, might be:

[www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_079932.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_079932.pdf)

The UK Dept of Health, Oct 2007 publication – Improving Nutritional Care – the strategy document currently being implemented.