Community Food and Health (Scotland)

Study tour to London
1-3 October 2013

Approaches to improving food access/addressing food poverty with older people
About CFHS

Our over-riding aim is to improve Scotland’s food and health.

We do this by supporting work within low-income communities that improves access to and take-up of a healthy diet. Major obstacles being addressed by community-based initiatives are:

**Availability** - increasing access to fruit and vegetables of an acceptable quality and cost
**Affordability** - tackling not only the cost of shopping but getting to shops
**Skills** - improving confidence and skills in cooking and shopping
**Culture** - overcoming ingrained habits.

We help support low income communities to
- identify barriers to a healthy balanced diet
- develop local responses to addressing them and
- highlight where actions at other levels, or in other sectors, are required.

We value the experience, understanding, skills and knowledge within Scotland’s communities and their unique contribution to developing and delivering policy and practice at all levels.

Background

The study tour took place between 1 and 3 October 2013. The programme was designed and developed by Community Food and Health (Scotland) to look at different approaches to improving food access and addressing food poverty with older people. The programme was advertised via the CFHS website, mailing lists and to statutory and third sector partners, and attracted a good level of interest from both Scotland and further afield.

Ten people took part in a busy two days, which included 10 different visits/meetings across London. There is a full list of participants at the end of the report, together with a copy of the final programme.

This report provides an overview of the tour and the organisations we visited. There is also more detail for anyone who wants to look at a particular initiative.

We collected feedback from participants and their initial ideas for future actions. These were further developed at a follow up meeting held in December and will be taken forward in conjunction with wider stakeholders.
General thoughts

Participants were asked for their initial thoughts after the tour – below is a selection of responses.

‘So many factors influence food access for older people, apart from food being available locally and is affordable. This has been highlighted in the report published (SG, 2009) Food affordability, access and security: implications for Scotland’s food policy (work stream 5) – Section 5.4. Although - I don’t think we really know what the overall nutritional profile and dietary needs of our elderly population is and thus it is hard to say whether or not our current efforts are meeting these, what impact are we having?’

‘The main thought that stayed with me the entire trip was – food is what sustains life, nourishes and connects us, threading its way through every part of daily life for older people, it is the universal vehicle for the health and wellbeing of our older population; so why does it lack such importance or prominence that we now have 90,000 older people malnourished in Scotland?’

‘The size and scale of older people based food poverty, food access and food affordability feels much wider and more disconnected that it does here in Scotland; similarly some of the projects were on a scale much, much greater than we’d ever see in Scotland.’

‘We were seen as the “experts” and much further advanced in terms of solutions to these issues, however that perception is slightly flawed given their lack of understanding of Free Personal and Nursing Care and what that means for the exclusion of food.’

‘There is a wide variety of solutions being used, none completely new but some being applied in a much more innovative or independent way than we might have in some places in Scotland.’

‘I think we have the basis for some really good ideas and practice that can be shared more widely.’

‘I think, as others have already shared, there is a wealth of great projects taking place down in London, but again feel that these could be better linked together and thus more likely to have a positive impact (although Southwark appear to be working more across sectors and agencies). Again some similar projects to work up in Scotland, but it is clear that London as well as having some similar issues also has some quite different issues to Scotland.’

‘So many factors influence food access for older people, apart from food being available locally and is affordable. This has been highlighted in the report published (SG, 2009) Food affordability, access and security: implications for Scotland’s food policy (work stream 5) – Section 5.4. Although - I don’t think we really know what the overall nutritional profile and dietary needs of our elderly population is and thus it is hard to say whether or not our current efforts are meeting these, what impact are we having?’
Overall, everyone valued the opportunity to visit a range of initiatives in London and enjoyed spending time together. Participants came from a range of different backgrounds and the opportunity to learn informally from each other as well as the people we visited was invaluable. By the third morning there was a strong sense developing of what could be taken forward when we got back to Scotland.

Participants highlighted the many similarities between the issues being addressed in London and those faced in Scotland – but were very aware of the difference in scale and the different political contexts organisations in London are working in. There was surprise that in some places we were seen to be the experts and that there was a real appetite to learn from what we were doing in Scotland. From a short visit it is difficult to draw firm conclusions, but there was a sense of less joining up of priorities and initiatives with some seeming to directly conflict with each other. There also seemed to be less of a sense of the shared ambitions and shared outcomes expressed in Scotland in the national outcomes.
Next steps

Study tour participants met in December, two months after the tour, to reflect further on what they had seen and to agree their ideas for suggested follow up. By this point some ideas were already being taken forward by group members.

Participants want to continue to meet as a group to focus on the issues addressed by the study tour and follow through on the suggested actions. As a Scottish Older People’s Food Task Force the group could share membership with the Older People’s Development Group and build links to the Malnutrition Task Force and other relevant bodies in England. There may be a need to expand membership to ensure maximum effectiveness. They agreed to meet again in February 2014 to review progress.

Research/evidence

There appears to be a gap in relation to information on the extent of food poverty among older people in the community in Scotland and their food access needs. There is a concern that our current national surveillance studies (NDNS and SHS) – do not allow us to really identify the size or degree of nutritional risk that likely exists in our older community based population - and as such we may not be meeting real needs.

There is a need to develop and conduct research to develop evidence in relation to these issues. Study tour participants are willing to be involved in this alongside older people and other relevant partners.

Policy

The issues of food poverty and food access present real potential to join the policy objectives of Recipe for Success our National Food and Drink Policy with the principles underpinning the Reshaping Care Programme and the integration of health and social care agenda.

A contribution towards many of the outcomes in RCOP in relation to reducing isolation and improving wellbeing can be addressed through food initiatives and better coordination of services and partnership working.

Work is already underway on building an illustrative results chain in relation to food as part of the overall outcomes framework for older people being developed by NHS Health Scotland. Study tour participants are involved in this and agree that this will be important in providing a framework for future work.

Food is also an important theme for preventative services, reablement services and care at home services but is not fully recognised and work is needed to raise the profile.

The scale and range of community food provision across the country could usefully be reviewed with a view to highlighting best practice and establishing a baseline for future provision and used to identify indicators of success. This can build on the study carried out by Consumer Focus and CFHS in 2010 into food services for older people in the community published as Meals and Messages.
Practice Development
Participants support exploring the potential for roll out of some of the initiatives we saw. The first of these, looking at the potential for a ‘Casserole Club’/neighbourhood cooking type initiative in Scotland is currently being looked at by Food Train with support from the Scottish Government, CFHS and independent funders.

Other ideas such as the potential for social supermarkets as a response to food poverty and a range of responses to the issue of emergency food aid are also being explored by study tour participants.

While it can be useful to look for initiatives that can be rolled out at scale, there is recognition that many initiatives are successful because they are local and develop in response to the issues in particular communities. It will be important to continue to encourage and support the development of community based as well as national initiatives to address this agenda.

Several of the initiatives visited had been developed with a strong input from product/service designers. It will be interesting to look at the potential for working with designers in Scotland to coproduce some new models for supporting older people to eat well.

It will be important that an appropriate evaluation framework and key indicators of success which tie in with the outcomes framework for older people is incorporated at the planning stages of any new initiatives.

Sharing Good Practice
There is a range of good practice already taking place in Scotland and this was of interest to the groups visited in London. It will be vital to share information between members of the group and their wider network as the agenda develops. Evaluation material from local projects should also be shared.

Study tour participants are already sharing information about the tour and the issues raised via their own networks. A final report for circulation among wider stakeholders will be an important step in sharing what has been learned and building the case for future work in this area.
Casserole Club

Who we met
Matt Skinner, Design and Change Lead, FutureGov

What we learned
Casserole is a very simple idea. Casserole is a project that connects people who like to cook and are happy to share an extra portion of a delicious home cooked meal, with older neighbours living close by who could really benefit from a hot cooked meal.

The meal is a gift and provided free to the diner. Cooks undergo a basic safeguarding procedure and have to complete an online food hygiene certificate as part of their sign up. This has been designed in conjunction with environmental health staff. Diners are asked for their food preferences so that appropriate matches can be made.

It is about ‘rethinking meals on wheels’. It is not a replacement for meals on wheels but is a way of supplementing what mainstream services can offer. It works with social networking and is described as micro volunteering – enabling people’s volunteering to fit around what they already do. There is a strong focus on the plate of food fostering relationships and building social capital.

To date 4000 cooks have signed up including some in Scotland and Casserole has delivered 400 matches. The longest standing pairing is 18 months.

Casserole was originally developed by FutureGov in conjunction with Surrey Country Council in Reigate and Banstead. Casserole is now moving into Tower Hamlets and Barnet.

Casserole has been through several iterations in line with FutureGov’s approach, which involves five key stages:

- Discover
- Design
- Develop
- Deliver
- Iterate

Key areas of learning to date have been around the importance of the matchmaking/customer service team that engage with both cooks and diners, and the need to remove barriers to sign up for diners.

Start-up costs for Casserole are in the region of £50,000 which covers the IT platform, initial development and start up and the services of the customer service team, tracking and public liability. On-going annual maintenance costs are around £20,000. Costs depend on the level of support required and there is the possibility of smaller scale pilot work.

Our thoughts
Everyone loved the simplicity of the idea and could see how it would be attractive to both cooks and diners. There was discussion about potential pilots and roll out in Scotland.

There were queries about how the model might work in low-income communities where people may want to cook, but may not have the resources to produce an extra plate of food. It may be possible to work with local retailers to address this.

This could be a great add on to existing initiatives. Food Train volunteers constantly report that they would love to be able to provide older people with a hot home cooked meal.

We wondered about how this might work with minority ethnic communities who may not live near each other or in the same area. There may be the potential to do something that would build links between older BME people and white communities who may be interested to try different foods and vice versa.

This is something that could be built into existing befriending of healthy eating initiatives where befrienders take and share a meal with another or at least make and deliver a meal. Perhaps also community cafés could produce the meals which others take to recipients.

www.wearefuturegov.com/case-study/casserole/
London Borough of Newham

Who we met
Lisa Taylor, Commissioning Officer, Micro-enterprise
Rose Nalmo, Entrepreneur

What we learned
London Borough of Newham is working with Community Catalysts to develop its micro enterprise project – supporting local people to provide local support. They are 18 months into a two year initiative that has two aims:

- to support the development and growth of health and social care in Newham providing an alternative to more traditional services and giving local people more choices in the support they receive; and
- to support older and disabled people to establish their own micro enterprises.

Micro-enterprises are defined as having five or less paid staff/volunteers and are independent of other organisations. The programme is about developing services that are local, flexible and more responsive and fit in with the idea of Think Local: Act Personal.

Lisa provides support from initial idea through start up and business development. Being based in local authority commissioning, she is also able to provide information on needs in a particular area and also make links for enterprises to local service commissioners. Small start-up grants of between £500 and £2000 are also available.

Rose is currently supported by the programme and her mission is to share her love of food and skills in food preparation. She is developing a lunch club in her local area which currently meets once a week. Members pay to come along (this can be funded from personalised budgets) and take part in a cookery demonstration that ends with everyone sharing a meal. The club is open access and includes a number of older people, including older men.

Our thoughts
Rose was an inspiration - her determination to follow her dream and make a contribution to her local community.

Interesting work in terms of reach and being able to work with people who often face barriers in accessing traditional business support.

Based on the number of older BME people who have been involved in the local grocery trade and catering business who are now retired, they may be keen to both share their knowledge and get involved in developing small scale enterprises. There is limited knowledge across communities of self-directed support.

www.communitycatalysts.co.uk
What we learned

The London Borough of Greenwich has stark health inequalities – there can be 10 years difference in terms of life expectancy form one side a street in Greenwich to another. GCDA was set up in 1982 to create and support sustainable communities in Greenwich, with the capacity to meet their health needs, plan their economic development and achieve their educational and training aspirations. It is active in supporting the development of social enterprise, community hubs, skills development and training, healthy lifestyles and physical and social environments.

In 1999 GCDA worked for a year using a participatory appraisal approach to look at food access. This resulted in Greenwich Community Food Initiative - a partnership between GCDA and NHS Greenwich that identified the need to improve access to affordable fruit and vegetables to support healthier lifestyles. Between 2002 and 2007 it received funding as a Healthy Living Centre. Since 2007 GCDA has expanded its work in food, training and enterprise. For the first time this year GCDA is no longer reliant on grant funding.

Claire described a raft of current food work that includes:

- Greenwich Community Food Co-op working on a box scheme and food access. Targets high income areas with higher prices to subsidise schemes in low income areas.
- Greenwich Community Cookery Clubs ‘A Taste of Health’ offered across the borough with 200 tutors trained to deliver sessions.
- Growing Greenwich - developing community growing spaces that operates over 120 sites including sheltered housing complexes.
- Good Food Training for London for catering staff aimed at embedding health and sustainability into public sector catering. Greenwich Kitchen FEAST (Food Excellence and Skills Training) centre – a state of the art training kitchen owned by GCDA. This has been a recent major investment.
- Community Café support and development.
- Greenwich Healthy Families Pilot – looking at the overall environment and how this can work to tackle childhood obesity in conjunction with public health.
- Feel Good Greenwich – whole population approach to mental wellbeing.
- Take Away Toolkit and Healthy Catering Commitments (pilot in Greenwich linked to the work of the London Food Board).
- High Street and market regeneration and street trader training programmes, including support to local food fairs.

Claire also covered ideas under development, including the potential use of public sector food procurement contracts to source high quality food to sell in social supermarkets.

The visit to the Age UK centre in Eltham provided an example of the redevelopment of a day centre with food at its core. The centre includes spaces for growing, a kitchen for cooking classes, a community café and a busy ‘men in sheds’ project.
The scale and range of activities that GDCA is involved in is way beyond anything being done by one organisation in Scotland.

The demographics of Greenwich (and maybe other parts of London) mean that funds can be raised in higher income areas to fund work in less affluent areas.

Claire described the challenges of moving on from reliance on grants and the difficulties organisations have in making this transition to generating all of their income.

The Age UK centre was buzzing although still in development. The ‘men in sheds’ initiative was clearly successful at bringing together a large number of older men to engage in shared activities (building planters, carrying out renovations in the local park, making things for family and friends) which also includes a lunch. One participant suggested that he limited the days he came along to allow space for others to join in.

There would be real interest in this project among BME older people many of whom grow their own vegetables and are good at DIY projects. The Men in Sheds project could also be a good way of making links across communities to share skills and food and bring older people from BME communities into the mainstream.

The passion and extensive work going on in the organisation. For us, not only the work with older people, but other work they do especially the social enterprise, not reliant on grant funding.

www.greenwich-cda.org.uk
The London Food Board works across all 33 London Boroughs, with a focus on healthy and sustainable food for London. It is an advisory group of food experts and organisations that oversee the implementation of the Mayor’s Food Strategy - Healthy and Sustainable Food for London.

Successes to date include:
Capital growth which aimed to create 2,012 new food growing spaces in London by 2012. Good Food on the Public Plate delivered by Sustain which aims to improve public sector procurement and make it more sustainable. Good Food Training for London - developed to impact on the delivery of healthy school food and which broadened to other public sector settings.

The board is aware that food poverty and hunger are rising rapidly in the city as highlighted in the Health and Environment Committee’s report A Zero Hunger City (March 2013) and the recent Greater London Authority report on Child Hunger in London (August 2013).

Current priorities in relation to food poverty and hunger are:
- continued expansion of Capital Growth improving access to vegetable gardens;
- pilot activity with London Boroughs on ways to improve access and affordability of fresh healthy produce and introduction of bounty bonds based on wholesomewave (www.wholesomewave.org) model;
- looking at ways of massively increasing school meal uptake in London; and
- the development of five social supermarkets across greater London.

As Chair of the Board, Rosie is also aware that not enough is being done in relation to older people. As of 31 December 2012, nine London boroughs have no meals-on-wheels service or lunch clubs and Rosie is aware of the statistics in terms of malnutrition. The Board is launching an initiative on Meals on Wheels in the autumn and looking at how waste food might be used to stimulate provision.

Study tour participants shared information about their work in relation to this agenda. And we ran out of time to cover the full range of work that different tour members are involved in.

Who we met
Rosie Boycott, Chair, London Food Board
Mark Ainsley, Senior Policy Officer, the GLA Food Team

Our thoughts
A lot of interest in our work in Scotland and a sense that we are perhaps further ahead in relation to work with older people. Rosie in particular was interested in Food Train.

There was some discomfort around the idea of using ‘grey’ food in meals on wheels.
Who we met
Fiona Twycross, London Assembly Member
Simon Shaw, Assistant Scrutiny Manager

What we learned
Fiona gave the background to ‘A Zero Hunger City’, the report on tackling food poverty in London. She described the challenge of gathering evidence in relation to older people and also the fact that there are currently few solutions being offered to older people.

Fiona also described the challenge of trying to influence change working across the 32 boroughs all of which have differing needs, different politics and priorities. She was keen to hear about what we thought worked in Scotland and what if anything could be translated to their context.

Study tour participants shared information about our different areas of work. Fiona was interested in the role that CFHS plays in sharing good practice, providing developmental support and opportunities for networking for community food initiatives - a role the team has played since 1996. This may be something that may be useful in London. Discussion also about the fact that it is easier to network in a small country, but that London has perhaps more possibilities in terms of scale.

There was also discussion about the fact that the report had not looked at food delivery services and there was a lot of interest in the Food Train as a model for addressing this.

Our thoughts
There is a contradiction between the reports outlining the increase and extent of food poverty in London and the fact that some London Boroughs are reducing basic food services for older people.

This highlights the challenges of influencing practice across different areas. This experience is mirrored in Scotland in terms of Scottish Government policy and its translation at a local level.

Interesting to hear from those tackling food poverty at a strategic level and very interesting that so many people believe that in Scotland we are ahead in our thinking and practice and that they wanted to learn from us.

We could have continued this conversation for longer but time was against us.

www.london.gov.uk/assembly
**What we learned**

Southwark is a densely populated inner London borough with a population of 300,000. It is a highly mobile population which changes by 25% every year and the general population is becoming younger. This has major implications for social connections as well as recruitment and retention of staff.

There are pockets of ‘big affluence’ alongside areas of high deprivation. Unlike the national trend – the older population in Southwark is declining – there are currently 23,000 older people in the borough but there is an increase in the numbers aged 85+. There is a sense that many of the older people who remain in the borough have in some way been ‘left behind’ and economic inequalities for the older population are increasing. 62% of older people live in social rented housing. 43% of older people live alone compared to 34% nationally and the prevalence of long-term conditions is higher than national averages.

The ‘Future Vision for Social Care’ agreed in April 2012 committed the council to support the borough’s most frail and vulnerable residents. The manifesto commitment to reduce the price of home delivered meals by 50% from 2010 (currently £1.71 per meal) and a contractual requirement for staff to be paid the London Living wage are part of this. Partnership and an emphasis of prevention are key to achieving this.

- The council has recently awarded a new three year contract for meals services in partnership with two neighbouring boroughs, which provides economies of scale.
- An emphasis on reablement and more appropriate early stage signposting is leading to a reduction in the overall number of meals required.
- A local three borough Malnutrition Task Force is making the case for investment to reduce preventable malnutrition and dehydration in older people and the consequent costs.
- Recent consultation amongst older people and their carers on the future model for day care put provision of good food at the top priority alongside integration of services working together. The council will work with third sector partners and social enterprises to look at how to achieve this.
- Nutrition is a distinct work stream for Southwark and Lambeth Integrated Care.
- How to support residents in extra care services to achieve their nutritional requirements and the socially inclusive aspects of communal eating is on the agenda for the current review of extra care services.

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**Who we met**

Andy Loxton, Lead Commissioning Manager for Older People
Tamsin Fulton, Head of nutrition stream two borough integrated care programme
Jacky Burke White, CEO, Age UK Lewisham and Southwark
Tim Watkins, Apetito

(We were also taken through a PowerPoint presentation from Dr Rick Wilson, Head of Nutrition Kings College Hospital, and Chair of Local Three Boroughs Malnutrition Task Force, who was unable to join us).
Our thoughts

The particular challenges faced by Southwark appear to be very different to those in Scotland – but maybe reflected in parts of Glasgow?

The commitment to a home meals delivery service, when other London boroughs are abandoning this, is interesting especially combined with the commitment to increase affordability – poverty is an issue for many older people in the borough.

The range of initiatives the council is engaged in, in relation to food access and tackling malnutrition, demonstrates a commitment at a local authority level to addressing the issue not seen elsewhere.

There is an effort to map out the diversity of the population and develop ideas of ways to reach them – reaching people where they are.
Participle/London Circle

Who we met
Cath Dillon, Enterprise Manager

What we learned
Participle is a social enterprise based in London that works throughout the UK which describes what it does as
‘We design, develop and take to scale innovative solutions to the most pressing social challenges of our time. Our objective is to transform the way public services are designed and delivered.’

Unlike traditional services that start from what people cannot do, Participle would see its work as starting from what people can do and building on individual and community capabilities.

The approach is detailed in its Beveridge 4.0 approach, the key principles of which are:
- moving from a system focused on needs to one more concerned with capabilities;
- moving from services targeted to ones that are open to all;
- moving away from a financially focused system to one focused on resources;
- avoiding centralised institutions in favour of more effective distributed networks; and
- relaxing the absolute focus on the individual including more of a focus on social networks;

Circle is one of four key programmes of work which address different challenges. It is designed to address the challenge of how we can flourish in older age. Circle was developed from work with 250 older people and carers in Southwark who when asked what they wanted to flourish said they were looking to

Stay sorted
Be socially connected
Live life with a purpose.

Participle trialled and tested a new service – Circle - designed to harness the skills and resources of older people, which has been through its start-up phase, and is now moving to scale across the UK. There are currently 5000 members across the UK with 2000 in London.

Circle is a universal service for over 50’s which provides members with access to neighbourhood helpers who can help with practical things, a freephone number to make contact and a newsletter that outlines the current programme of activities. Some activities are free, while there is a charge for others and Circle, wherever possible, negotiates discounted rates. Activities are themed around social, learning and health and wellbeing and are developed in response to what members are looking for. More recently Circle has introduced holidays in response to demand from members. They have also learned not to make any assumptions about what people might want to spend their money on – a recent visit to a smoothie bar in Kensington and Chelsea attracted members from all over London.

Food features in many of the activities: parts of on-going social events – coffee catch ups, Christmas party, outings for afternoon tea. There are also opportunities for cooking and eating together sometimes in community venues and sometimes in people’s homes.

Our thoughts
The circle model was really interesting and made me challenge my own assumptions about what older people want to do with their time and money.

I liked the bespoke approach at Participle and the circle project.

Cath spoke of working on innovation and start up as opposed to pilots. Liked the idea of a ‘lean start up’ approach which allows for rapid learning and iteration. We can learn a lot from colleagues involved in design and service design here.
Malnutrition Task Force

Who we met
Margit Physant, Project Manager Age UK

What we learned
The task force is an independent group of experts across health, social care and local government working on the problem of preventable malnutrition and dehydration in older people. It is chaired by Dianne Jeffrey, the chair of Age UK. The task force has completed its first years’ work and is working on its priorities for the future. It has recently produced ‘A review and summary of the impact of malnutrition in older people and the reported costs and benefits of interventions’. (2013). Malnutrition Task Force and International Longevity Centre UK

The task force has produced a guide to addressing malnutrition that involves five best practice principles:

- Raising awareness among older people, their careers and front line staff to support prevention and early treatment of malnutrition
- Working together within teams and across communities
- Identifying malnutrition prevalence in local communities
- Delivering personalised care, support and treatment
- Monitoring and evaluating the outcome for older people and the processes in place to address malnutrition in the community.

It has also addressed the question of ‘what does good look like’ and produced a series of case studies and good practice guides.

Future plans include exploring the possibility of paying for an additional question in the English Health survey to ascertain the prevalence of malnutrition in the community. The task force is also working to include screening for malnutrition into patient safety outcomes and the QOF for primary care. It also anticipates its work influencing the forthcoming work on food in hospitals in England.

The largest area that needs to be tackled is people at home in the community and Age UK may carry out some work on this in the future.

Some useful resources
The University of Utrecht has developed a model for screening days for older people across all settings including community settings.

AgeUK have produced two publications – one on malnutrition in later life which looks at the role of community based initiatives and the other on shopping services.¹

The Dairy Council has produced some useful resources aimed at the general public as part of its ‘Bring it back’ campaign.²

1. Preventing malnutrition in later life – the role of community food projects. Age Concern, Help the Aged (2009)
http://www.milk.co.uk/consumers/publications/default.aspx
Our thoughts

This visit generated the most discussion about how to take things forward in Scotland. We need to think about prevention in the community before people present in hospital malnourished.

A first step in this is to identify who is at risk and do we also need a question in the Scottish Health survey to assess prevalence of malnutrition.

Some good information received with links to the Dairy Council with some simple ideas of how to approach and work with older people who are either in food poverty or with issues of malnutrition and dehydration. I believe this is an area that needs to be focussed on more and again in Bellshill we have begun to discuss how we might tackle this locally.

It also highlighted the importance of adequate hydration.

The use of ‘Bring Back’ cards gives a clear and simple message. I will definitely use this idea in our work with older BME people coffee meetings. I will try to tailor it to the need of the BME older people using learning from a case study on reminiscence food work.

www.malnutritiontaskforce.org.uk
New Horizons

Who we met
Roshan Raghavan-Day, Manager
Mel Lewis, New Horizon Café Manager
Lily Ostasiewicz, Deputy Centre Manager
Eleanor Greenshields, Trustee
Helen Leech, Chair, Open Age

What we learned
New Horizons is a lively multi-activity centre for the over 50s run by a consortium of Open Age (lead partner), Age UK Kensington and Chelsea and the Guinness Trust. The centre opened in 2007, has over 1000 members and an impressive array of more than 80 regular weekly activities at the centre as well as across nearby venues in the community. These range from drama, art, belly dancing to language classes, English literature, complimentary therapies and beauty therapies.

The centre is funded as a three way partnership between the Royal Borough of Kensington and Chelsea, NHS Kensington and Chelsea and Open Age. The centre operates with a staff of four, supported by a team of 75 volunteers the equivalent of 185 hours per week and dedicated and talented tutors. The organisation is member led and activities are decided in bi monthly user forum discussions between trustees, volunteers and members. The emphasis is on doing with, having fun and members being welcomed and valued.

Open Age is a local organisation that has been working for 20 years pioneering an active life for people over 50. It provides over 130 activities each week from 38 different venues across Westminster, Kensington and Chelsea. It provides a ‘link up’ service to provide support to people who may find it difficult to leave the house, ‘Time for me’ providing fun and supportive activities for carers, facilitated phone groups for people who cannot leave the house as well as employability support to the over 50s.

There is a café at the hub of the building which is a social enterprise run by the Camden Society. The emphasis is on high quality, fresh, affordable home cooked meals and fair-traded and locally sourced produce is used wherever possible. The café runs as a training kitchen for individuals with a learning disability providing a hot meal five days a week together with teas, coffees, snacks and afternoon tea. Some members also buy food to take away.

There are also ‘cook and taste’ sessions as part of the programme and Chelsea Community Market sells fresh fruit and vegetables in the foyer every Wednesday. Food is also integral to the many social events and occasions celebrated in the centre.

Recent evaluation found that 74-77% felt the sessions they attended had improved their health and wellbeing or increased their energy and confidence and 83% of members said that they had made new friends, which had improved their social lives and helped them become more motivated.
Our thoughts

The centre was buzzing and the range of activities was truly impressive. How many centres aimed at older people have classes in Shakespeare, conversational French alongside ‘steady and stable’ falls prevention, aerobics and iPad for beginners on a Wednesday morning?

New Horizon’s project and the Hub – is fantastic and looks to provide a fantastic service for its users – I wonder if it reaches the most vulnerable in the area?

Clearly the centre benefits from its location in Kensington and Chelsea but Open Age’s ambition for older people is a lesson for other places.

‘However where I was perhaps a little ‘envious’ was the access they had to ‘skilled people’ and links to various theatres and groups, again due to their locality. Accessing support from Covent Garden certainly has a nicer ring to it than Motherwell Civic Theatre!!’

Every class in society have a need for and right to service and social connectedness. The centre was a place that people from different ethnic background can meet, a space to thrive, learn from each other and share their skills. A lesson for us all.

www.new-horizons-chelsea.org.uk
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Participant List
CFHS Study Tour 1-3 October 2013

Elaine Bannerman
Dr Elaine Bannerman is Senior Lecturer in Nutrition and Dietetics in the School of Health Sciences at Queen Margaret University in Edinburgh. Elaine has a longstanding research interest in the nutritional status of older people in a range of care settings and the community.

Neeru Bhatnagar
Neeru Bhatnagar is Older People Services Co-ordinator with the Equal Opportunities Programme at Trust/Hanover (Scotland) Bield Housing Associations. The programme, which is funded by the National Lottery, works closely with older people, their families and community groups throughout Scotland to help them to learn about and access a range of vital benefits and services to which they are entitled. Neeru was a member of the advisory group for the research study into food services for older people in the community in Scotland.

Lisa Cohen
Lisa Cohen is a Public Health Advisor within the Evaluation team in NHS Health Scotland. NHS Health Scotland is Scotland’s national agency for reducing health inequalities and improving health. Lisa is currently working on a strategic model for older people in relation to the Scottish Government’s National Outcomes.

Florence Dioka
Florence Dioka is a Development Manager for Central and West Integration Network based in the Garnethill area of Glasgow. Integration networks of local organisations, volunteers and services have been established across the city to plan and provide services for people seeking refuge and asylum. Florence is involved in the delivery of a Staywell programme across three day centres in Glasgow that work with the Indian, Pakistani, and Chinese communities. The programme has a focus on healthy eating.

Fraser Dryburgh
Fraser Dryburgh works in the Food, Drink & Rural Communities Division in the Directorate for Agriculture & Rural Communities of the Scottish Government. This division has responsibility for Recipe for Success: Scotland’s National Food and Drink Policy which includes a commitment to “support vulnerable groups, including those living in rural areas and the elderly living in the community, by evaluating the evidence and potential actions around access to affordable, healthy food”.

Irene Gibson
Irene Gibson is Operations Manager for Orbiston Neighbourhood Centre, a long-standing community organisation working in the Orbiston and Bellshill areas of North Lanarkshire. The organisation provides a day service for older people and has a café and food store on site. Food is central to all the activities and the organisation has received micro funding from CFHS for different initiatives, including cooking with older men, and developing food activities with residents of a local sheltered housing complex. Orbiston Neighbourhood Centre is now the lead third sector organisation in the Bellshill locality for the Reshaping Care for Older People agenda.

Richard Lyall
Richard Lyall is Team Leader in the Reshaping Care for Older People team in the Scottish Government. Reshaping Care for Older People is a 10 year strategy to achieve the vision that older people “are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting.” There is a focus on prevention and empowering individuals, organisation and communities to respond to the changing needs of older people.
**Michelle McCrindle**
Michelle McCrindle is Chief Executive of Food Train, which aims to help older people to live independently at home for as long as they are able to through the provision of grocery shopping deliveries, household support and befriending. Originally developed by older people in Dumfries to support their peers in 1995, Food Train is now being rolled out across Scotland. Michelle is a member of the CFHS Steering Group, was a member of the advisory group for the food services research and is a strong advocate for the need to address food access and food poverty with older people in Scotland.

**Alice Baird**
Alice is the Information Officer with Community Food and Health (Scotland). Alice was involved in the planning and development of the tour and was the official photographer and reporter during the tour.

**Sue Rawcliffe**
Sue Rawcliffe is one of five National Development Officers employed by CFHS. Sue has the remit within the team for inclusion and a focus on developing community based food work with older people is an important aspect of her work. Sue designed and developed the study tour.