SCOTTISH GOVERNMENT MALNUTRITION SUMMIT MAY 2015

SPEAKERS

Michelle McCrindle, Chief Executive of the Food Train, welcomed everyone by stressing that the Scottish Government's decision to organise the summit was recognition of the importance of malnutrition as was the impressive attendance.

Michelle went on to highlight both the scale of the challenge as well as the incredible capacity food has to connect and support within everyone's lives but particularly so in the lives of the more vulnerable.

Maureen Watt MSP, Minister for Public Health then addressed the summit, stressing the individual, societal and NHS costs of malnutrition. The Minister also underlined the importance of working with the undernourished in the community and how important this would to becoming 'a good food nation'.

Kate Hall then gave an overview of the experience of the Malnutrition Task Force in England, launched in 2012. Kate spotlighted the diversity of locations, circumstances and approaches amongst their pilot initiatives around malnutrition and older people. Key to the task force's existence was to generate learning and Kate noted that a report should be available in the autumn from their website. www.malnutritiontaskforce.org.uk

"It has been estimated that three million people are malnourished at any one time in the UK…we must seize this opportunity to demand change"
Michelle McCrindle
Food Train

To become a Good Food Nation we need to change the way people think about food. We need to make it easier for people to make healthier food choices. And we need to ensure that everyone in Scotland has the opportunity, ability and confidence to access a healthy diet for themselves and their family"
Maureen Watt MSP
Minister for Public Health

"we have taken a whole community approach"
Kate Hall
UK Malnutrition Task Fore

The morning workshops looked at the scale and impact of malnutrition in the community from four perspectives; health and social care, food access, children, older people.

WORKSHOP ONE

The importance of food in community health and social care

The group discussed the importance of understanding the prevalence and the need for accurate, relevant data. Questions were raised around where is the prevalence highest, what's the cost to H&SC partnerships, what's the cost benefit of investing in early preventative measures and can new questions be added to existing surveys – e.g. Scottish Health Survey

Some key points were raised around the need for data not taking precedence over the need for action, having confidence in what data exists and the need for accuracy and consistency in capturing data across sectors

There was a discussion on what exists across Scotland's health and social care settings, what could be looked on as leverage, what could be better used and what might strengthened going forward.

Local authority meal provision was viewed as hugely variable, stop/start functioning, easily dispensed with during time of cuts. Whereas in private sector provision there was considered to be greater scrutiny, where profit may be the primary driver

It was noted that Scottish Nutritional Standards in Hospitals were currently under review and also that the role of the Care Inspectorate could potentially be strengthened

People felt that schools and nurseries, museums and art galleries, would normally have the necessary infrastructure e.g. have kitchens and necessary EH certification and that their potential should be maximised. A critical role was also recognised for broader services such a befriending.

"We need to understand what is happening but not let the data overshadow the need for action"

"what could we do better, what could be strengthened"

Key points included the importance of knowing what exists and building onto it, thinking more creatively and building on good practice

Another key point was to share the learning and innovative practice from activity such as National Meals on Wheels week.

The third sector as an equal partner, delivering on the ground services, was seen as essential as was the need to get smart at evidencing the social impact of services

"we've got to build on good practice and think creatively"

"the third sector needs to become an equal partner"

WORKSHOP TWO

Food access in our communities

The workshop contained individuals with a wealth of knowledge and experience from around the country and a number of them recognised most of the challenges as ones which had had been around throughout their working lives. However there was agreement that communities have faced a worrying shift in the nature and scale of the challenges faced and that this was likely to continue for the foreseeable future.

A key issue identified was ensuring policy and planning exploited the understanding already present in the field, with practitioner experience valued alongside research that is relevant, appropriate and timely. Listening to and engaging front line staff, rather than monitoring and evaluation systems that often appeared to be disconnected from strategic decision making, was suggested as an important factor in not only understanding the current nature and scale of food poverty in Scotland but also in the early detection of new barriers and emerging trends.

Fundamentally the workshop saw across the country a long established local response to malnutrition that would continue to require to be supported through support for food co-ops, community cafes, lunch clubs, community gardens and the like. Inclusive initiatives with an eye on fundamental causes and long term solutions.

Alongside this it was recognised that a related challenge existed concerning crisis responses to the increasing demand for emergency food aid, which shows no sign of abating, and has as more to do with hunger (ie no food) as it has with under or poor nutrition.

"Partnership is essential but the rhetoric needs to become reality"

"Communities can't fix this on their own"

"food banks are not helpful but they are essential"

"welfare reform has created a tsunami that is swamping established and effective community activity"

The psychological nature of what is faced by vulnerable individuals, families and communities was frequently referred to. The stigma of asking for a hand-out, th e worry and uncertainty of relying on over stretched budgets and the impact on self-esteem were all contrasted with the confidence-building and isolation-busting of community activity across the country.

"with emergency food aid you are often responding to no nourishment rather than under nourishment"

WORKSHP THREE

Understanding child hunger

The workshop began by agreeing the need to be clear when describing 'hunger' (chronic, acute, insecure).

The group also adopted a definition of 'child' that covered children and young people up to 18.

The group felt it important that we shouldn't assume that children who are obese or overweight are not undernourished and that the quality of nutrition is also important.

When it came to scale and impact the challenge for those struggling over the summer holidays (ie no free school meals) was raised. It was noted that in East Ayrshire summer holiday programmes are run, providing activities, where there is a school meal included. This also raised the notion that there could be a seasonal factor within some aspects of child hunger.

Free school meals data was recognised as a bad proxy but still potentially the best measure we have available at the moment.

When looking at impact, use of food banks is similarly an available indicator but one that could be greatly improved upon.

The range of circumstances children find themselves within was also recognised. It was acknowledged that many family settings present additional challenge, for example situations where family members or children were disabled were one identified example. There was discussion around the impacts and scale of child hunger for those living in varied settings where families attempted to keep up appearances and avoid the stigma associated with child hunger.

The workshop agreed that we don't need evidence to keep doing good work but we should be integrating questions/indicators into current data collection practices to ensure we have sufficient evidence to understand the scale and impact of child hunger. Schools were recognised as a good starting point for data collection processes.

"There are issues around quality and quantity as well as around chronic and acute hunger"

"Poverty is complex, feeding children isn't"
"having a baseline would be unique to Scotland"

"short term hunger can increase likelihood of Obesity"

"it's in the community that you have the potential to make a difference"

It was recognised that we can build a profile on what effect hunger has on individuals but at population level identifying impact is difficult, particularly given the limited data measures we currently have available.

It was agreed that child hunger seems to strike a chord but within that we have stigma driving people to not admit hunger. Attitudinal issues around the role of parents (to feed their children) were considered key.

"We need data on who, when and how often. We don't understand the shape and nature of the problem"

"it's about children going to bed hungry"

WORKSHOP FOUR

Preventing malnutrition in community living older people

Everyone agreed that there are lots of services to access but that the challenge was how do we link better and have a more collaborative approach. Leaving hospital was recognised as a key moment where stronger partnerships are required from community groups, hospitals patients and nursing/medical staff.

Getting to the socially isolated was raised and how best to increase awareness and take-up of what is available. It was noted that people often view social work differently from primary care and associated the former with accepting their inability to cope.

Hand over/discharge plans in hospital settings were discussed and it was agreed that it would be advantageous if the voluntary sector were involved in hospital discharge planning.

It was also agreed that there was a gap in primary care with malnutrition and that hopefully the health and social care integration would go some way to helping this.

There were discussions on the challenges of linking with GPs. Examples were raised of voluntary services being told that they couldn't leave information about services at the doctor's surgery and identifying older people who need care but facing referral problems.

It was agreed that professionals needed to encourage people to ask for help.

Various positive and less positive examples of practice were discussed. It was noted that in Stranraer the Food Train[1] visits wards to make older people aware of the service whilst elsewhere an acute hospital felt that all volunteers could do was to change beds and chat.

"Getting to the socially isolated is key but not easy"

"older people need to feel it is ok to ask for help"

"why shouldn't the voluntary sector be involved in hospital discharge planning"

[1] http://www.thefoodtrain.co.uk/news-events/dumfries-galloway

It was agreed that there needs to be pressure from Joint Boards and Government on Primary Care to be more involved in the malnutrition agenda. It was noted that the Food Fluid and Nutrition Standards were revised in 2014, including the community setting, however it was felt that voluntary sector involvement in developing the standards would be beneficial.

It was discussed whether the MUST[2] screening tool could have QOF (Quality and Outcomes Framework) points – however it was agreed that this must be meaningful and achievable.

Development of a Malnutrition Care Pathway for Primary Care was discussed, engaging with GP's to implement nutritional screening and associated actions supported with a QOF Target.

The importance of training and awareness raising for GP's, other professionals and beyond, including family members, was raised. The armband check mentioned by Kate Hall in her presentation was seen as useful and BAPEN's[3] self-screening online toolkit due out in June was also seen as potentially helpful.

Many factors were touched on from social isolation to the effectiveness of websites and the role of comfort food.

Finally, the workshop explored the different opportunities sectors had to influence everyone from individuals to government. Influencing Joint Boards through the Older People Outcomes Framework was raised as was the need to get malnutrition higher up the list of board priorities. A key element of this was recognised as ensuring that the voluntary sector was seen as an equal and valued partner.

"You can't send people home from hospital without drugs so why send them home without suitable food"

[2] http://www.bapen.org.uk/screening-for-malnutrition/must/introducing-must
Further to the summit, SG has advised with regards to the use of MUST, and nutritional assessment and screening in the community, the revised HIS Food, Fluid and Nutritional Care standards that were published late 2014 include the screening and assessment of all patients on a community caseload. Whilst this will not capture all people it covers quite a significant cohort.

[3] http://www.bapen.org.uk/

The afternoon workshops involved the same groups looking at what we can do to prevent malnutrition and why we aren't. The task was to look at working on a practical plan and to come up with three key actions.

WORKSHOP ONE

The importance of food in community health and social care

The discussion touched on a range of areas from short-termism and red tape to shared indicators and pop-up lunch clubs.

The following four actions were identified as key.

1. Health and Social Care Boards should have a duty to address malnutrition in **partnership** with the Third Sector.

2. Every assessed adult over 65years should have the **right** to one affordable, prepared, hot meal per day.

3. Health and Social Care Boards/partnerships must utilise and **mobilise** key stakeholders and existing infrastructures to address local need.

4. Promote and support **intergenerational practice** and activity on addressing malnutrition.

"There's a lot of good Intergenerational work going on across Scotland and elsewhere…we should be learning from this"

"Schools, hospitals, museums, community halls – all have what's needed to operate a lunch club. These must be better used"

WORKSHOP TWO

Food access in our communities

Mirroring much of the morning's discussion the group came up with three areas that they felt action was required within.

1. Develop an **understanding** of the nature of the problem and forecast future trends and challenges in a manner which values front-line experience alongside appropriate and timely research.

2. Ensure the **scale, expectations, investment in and sustainability** of community initiatives are related to an informed understanding of the current challenges and have the flexibility and capacity to respond to future challenges, particularly around continued reform of the welfare system.

3. Ensure that the **impact and influence** of food access interventions is both valued and vigorously pursued on both a **physical** (eg fruit & veg consumption) and **psychological** (eg isolation, self-esteem) level.

"Less pilots and more programmes please"

"food should be recognised as a catalyst"

"gender and rurality influences delivery, uptake and impact"

"food banks should be a trigger for wider action not a solution"

WORKSHP THREE
Understanding child hunger

The afternoon discussion initially centred around evidence, the need to pull information together and convert data, including schools data, into action.

Continued support for the voluntary sector was also discussed and the need to build on current achievements in work with children whilst recognising the importance of the public sector, national government endorsement and the potential of greater private sector engagement. A rights approach learning from Girfec[4] was also suggested.

The three actions identified were the following:

1. Government to adopt **a rights based approach** to food and in doing so have a national framework that identifies outcomes that everyone has a clear vision of and can work towards.

2. Strategy level **evidence and data** that helps us interpret the scale of the problem and identify which communities/individuals are at risk. Baseline data is needed now to ensure we understand the extent to which children in Scotland are experiencing child hunger and to enable any actions to be appropriately targeted and "hit the ground running". We need a coherent approach to data collection across children's services and an ability to link and share that data in a way that will enable best use of resources.

3. A **community driven** and flexible approach. Each local level should have a 'food ambassador' who coordinates this work and evidence and data collection at foundation and strategy level. Funding for evaluation and knowledge sharing has to be ring fenced and also ambassadors trained alongside support to deliver actions.

"There are lots of pockets of information but no way to draw it together"

"How do we channel data?"

[4] www.gov.scot/Topics/People/Young-People/gettingitright/background

WORKSHOP FOUR

Preventing malnutrition in community living older people

Following a discussion that built on many of the points raised in the morning workshop the group identified the following three actions.

1. A **primary care pathway** that gets GPs to take notice of malnutrition by making screening and a pathway a QOF (quality and outcomes framework) target. A pathway that would be similar to GIRFEC but instead **GIRFE Older Adult** with integrated services.

2. An **awareness raising campaign** which highlights the profile of older people and puts them at the forefront of what we do. This would also include a measure through the **Scottish Health Survey** and would include **standards** that would apply to community settings as well as acute and primary care.

3. A **Malnutrition / Food Ambassador** in each community who would support signposting, evaluation and evidence collection.

"There is potential for partnership working with industry"

Plenary and summing up

Michelle summed up the day's discussions by highlighting how the summit's attendance showed just how much was already going on at different levels and that the speeches and workshops had reinforced this as well as raising how much still needed to be done.

Michelle posed the question of whether the establishment of a Malnutrition Task Force in Scotland would help deliver the actions identified as well as improve existing policy and practice. Despite, or possibly because of, the existing busy policy and organisational landscape, there was broad agreement on the need to explore how best to drive change, oversee progress and ensure a joined up approach to

There was enthusiasm amongst attendees to do something about malnutrition. The summit was seen as a good first step and there was a desire to take it forward and capitalise on the skills, experience and passion of those in attendance, whether through a Scottish Malnutrition Task Force or by other means.

A more joined up approach to both policy and practice was raised by others in the plenary. An understanding of the evolving policy and organisational landscape (strategies, commissions, route maps, conversations, et al) was recognised as a crucial first step, but this had to happen alongside ensuring they are joined-up, listening and delivering.

"Going forward we have to prioritise integration and collaboration and avoid disconnect at all costs"

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