

# A snapshot of how NHS teams supported community food work during the pandemic

## Background

Many Community Food Initiatives work closely with local NHS dietitians or nutritionists. The [Scottish Public Health Nutrition Group](#) (SPHNG) brings these NHS public health nutrition representatives together and has produced a short snapshot of how they worked with communities during the lock-down and how they put their own activities (such as community cooking) online. The snapshot also considers the challenges ahead.

### About the Scottish Public Health Nutrition Group

The SPHNG aims to improve the nutritional well-being of the Scottish population and reduce inequalities in nutrition related health by advancing and transforming public health nutrition policy and practice. The SPHNG has a representative 'Public Health Nutrition' lead person from each NHS Board, [Public Health Scotland](#) (formerly NHS Health Scotland) and [Food Standards Scotland](#). The group is accountable to the Scottish Directors of Public Health Group.

SPHNG members have been a key part of the national efforts responding to the Covid-19 pandemic. The support offered by the profession during this time demonstrates the incredible flexibility of the workforce and it highlights the rapid change that is possible when priorities align.

The good practice and challenges encountered by SPHNG members and colleagues since lockdown until end of June 2020 have been collated and summarised below.

## Re-orienting Health Services: Supporting Covid-19 via Redeployment



Some of the profession were redeployed to focus on clinical support in acute and community settings, or they were diverted to outreach work and Covid-19 response teams. This brought wider, practical public health knowledge and transferable project management skills into new settings.

Redeployment temporarily reduced teams' capacity to progress work on upstream approaches that address the 'root causes' of food issues. For example, there was a pause on practical support for good nutrition in the early years, advocating for

sustainable policies that change the food supply to increase access to nutritious foods and partnership work to maximise household income to enable the purchase of healthier food items e.g. through Best Start Foods. Despite the reduction in capacity to progress these agendas fully, the experiences during the pandemic led to the development of a range of new and updated personal skills and new partnerships that provide a catalyst for the development of future public health nutrition work.

## **Strengthening Community Action for Health**

Whilst usual partnership work was either suspended or reduced, new dynamic partnerships were created which have strengthened networks and multi-organisation working. Covid-19 co-ordination groups, often including Third Sector Interfaces and NHS staff, were set up to support the coordination of the local authorities single point of contact for referral to support with shopping, food insecurity and help for those self-isolating or shielding.

Community led approaches were at the forefront of the emergency response, with a plethora of community groups mobilising quickly. Established food networks and new food networks flourished with new organisations setting up and others adapting their operations. For example, several local football clubs began to offer shopping support and school lunch delivery, and community cafes, food banks and supper clubs moved to delivery models and 'meals on wheels style' provision for those vulnerable, shielding and self isolating. In Dundee for example, a fortnightly supper club for vulnerable older adults was adapted to become a weekly meal delivery service which was extended temporarily across Dundee. This involved working with private sector business to provide three meals per person per week, supported by funding from the Scottish Government and from volunteers.

Covid-19 coordination partnerships utilised these food networks to understand the real time food and wellbeing issues affecting communities during the crisis. Nutritionists and dietitians across Scotland supported the partnership to co-ordinate and simplify the vast quantity of information available from different sources, obtain a clear understanding of the current food provision and identify gaps in provision and support. The co-ordination groups provided a fantastic lever for joint needs assessment and swift planning to solve immediate issues.

Some examples of the support provided by Public Health Nutritionists and Dietitians across the country during the pandemic:

- Sourcing of PPE and hand sanitiser for community organisations
- A link to other key NHS partners e.g. public health, pharmacy
- Supporting safe set up of food distribution hubs (following best practice guidance)
- Supporting the set up of shopping or food aid services in areas where there were gaps.
- Supporting tests of change to increase uptake of free school lunches
- Advisory support to Third Sector groups on food safety and hygiene

- Guidance to organisations providing food aid to help ensure that nutritionally adequate food choices were procured through the Scottish Government's food fund
- Guidance to community organisations providing food aid to help ensure that food parcels being distributed to vulnerable groups could contain a range of food items
- Guidance to NHS community rehabilitation teams providing hospital discharge packs to help ensure that food parcels being provided were appropriate
- Inclusion of Healthy Start vitamins in food parcels, for pregnant, postnatal mothers and children 0-3 years
- Sharing of Public Health Nutrition advice on vitamin D supplementation for the general population on community groups' social media pages and Covid Response Networks
- Distribution of vitamin D advice, recipes and other health information (for example on mental wellbeing, keeping active and support for stopping smoking) by community food initiatives via food parcels for those most vulnerable groups
- Relevant health information sent to those shielding
- Strategic approach to data collection and evaluation support e.g. simple forms/ spreadsheets that food aid providers could easily use to capture figures and anecdotes
- Training, provision of grants and practical nutrition, physical activity and wellbeing resources
- Development and co-ordination of local digital bulletins promoting clear and consistent information on access to welfare support, food incl. free school meals, medicines
- Support for volunteers

## **Some practical examples of the Public Health Nutrition Response**

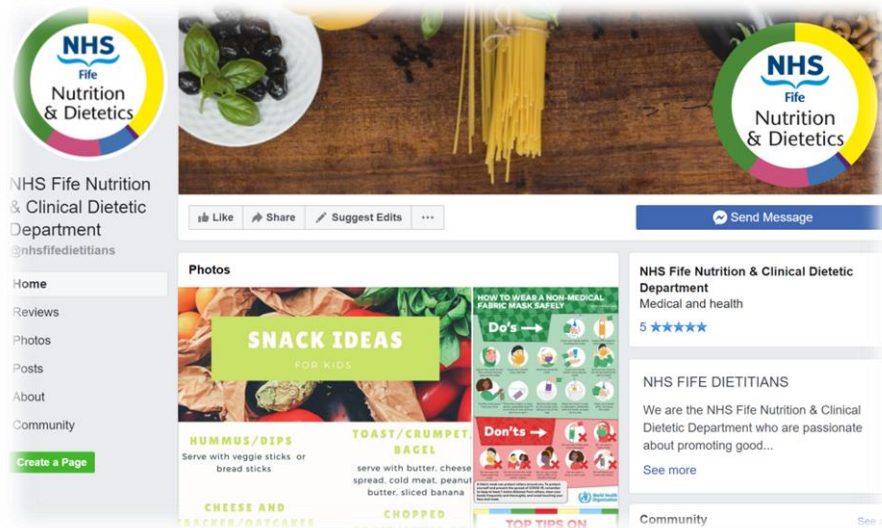
### **Embracing Social Media**

Despite the many challenges of having no specific nutrition and dietetic social media platforms, the profession were swift in their efforts to reach communities with key health and wellbeing information by utilising community groups and local authority social media pages. For example, Facebook and Twitter posts on suggestions for eating well and keeping active and advice of vitamin D supplementation and Facebook live sessions.

A new social media initiative "Feeding Fifers" was set up cross Fife Council Locality Facebook pages. This included recipes, cooking demonstrations and top tips. To help facilitate participation, the team ensured that all ingredients used were readily available in local shops.



Redeployment has developed greater relationships with NHS communications teams, resulting in NHS Fife Nutrition and Dietetic Department now having their own active Facebook stream.



## Using a Range of Communication Tools

Services across the NHS began to use technology in a range of ways for consultation and sharing information. Staff at NHS Tayside developed the 'Get Nourished' undernutrition advice line, providing first line advice aimed at older adults at risk of becoming undernourished, with a direct referral to dietetics also being available from this service. NHS Lothian have been using the Florence system to

communicate with patients via easy to read text messages. The messages signpost patients to websites providing consistent information on healthy diets and physical activity. Anecdotally, this has helped staff reach some of the most vulnerable populations in the community. Watch this space for their future research with specific staff and patient group which will assess the effectiveness of the programme.



## Cooking up New Skills

Nutrition and Dietetic teams have risen to the challenge of creating inspirational and professional content, whilst having limitations on the technology that can be utilised due to Covid-19 restrictions being in place. Staff have been filming cooking and growing content on mobile phones and iPads in their own homes, with some staff taking this to the next level by editing content.

Pre-recorded cookery and food growing demonstrations, as well as real time cookery, have enabled communities to continue to engage in practical activity. One example of this is NHS Lanarkshire's simple pre-recorded 'weaning' videos that have been shared with parents and carers to helping to fill the gap of the pause on community 'weaning' cookery groups.



Although, on one hand, digital inclusion has been identified as a significant challenge, digital options have equally highlighted a new means of reaching other individuals who may not normally travel to take part in a community group, enabling

their participation. This new work provides a suite of options to suit communities, even once face to face groups are possible.

## Recipes and Food Packs

Tried and tested recipes were shared via food aid providers and social media platforms, with staff linking with groups supplying shielding boxes, food parcels, and hot meals with simple recipes and advice on special dietary requirements. In Tayside, for example, a partnership project created 'Eat Well Age Well' Boost boxes which provided 14 snacks per week for maximum 3 weeks, to encourage those with a poor appetite to eat snacks.

New recipes were developed using the ingredients that were being supplied to vulnerable groups and these have been used in digital cookery sessions. For example, NHS Ayrshire and Arran collated tried and tested simple meal idea recipes which were made these available online. NHS Forth Valley developed six step pictorial 'shielding box' and food parcel recipes to ensure that those with poorer literacy could more easily follow each step.

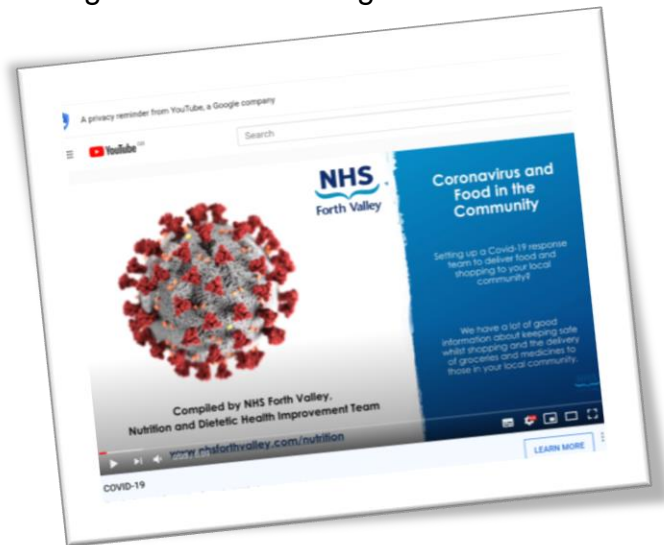


These recipes have been included in food parcels, and in many areas 'food parcel and growing challenges' have been co-ordinated to involve communities in growing food and creating healthy and tasty meals.

## Food Safety and Hygiene

In addition to the increased provision of food aid, part of the community response included a surge in meal preparation and shopping services. It became apparent via partnership meetings that many community organisations desperately required food hygiene knowledge and skills, as well as training on the additional measures necessary to reduce the risk of transmission of Covid-19. This resulted offers from

the profession and environmental health partners to set up training to support community groups who were providing the direct community response. These were delivered across online platforms to community leaders, and were made available online to download along with quizzes and poster resources covering the key messages from the training.



**Food Safety Training Modules**


- Module 1 - An Introduction to these Food Safety Modules
- Module 2 - Effective Handwashing and Personal Hygiene
- Module 3 - Storing and delivering food safely to the community
- Module 4 - The 4 C's of Food Safety
- Module 5 - Allergen Awareness
- Module 6 - COVID - 19 Specific Advice – Physical (Social) Distancing / Personal Protective Equipment - PPE
- Module 7 - Shopping for groceries and medicine during COVID -19

**Free Food Safety Resources**  
Posters and leaflets, online training, quizzes and useful websites.



## Prison Support

Resource packs for prisoners with a nutrition and mental wellbeing theme were developed in Forth Valley, including vitamin D advice and a resource on vitamin D supplementation for prisoners has been produced by NHS Ayrshire and Arran.

**ADVICE** 

### Vitamin D Supplementation

Being indoors for long periods makes it harder for our bodies to make vitamin D.

It is hard to get enough vitamin D from what we eat.

We need vitamin D for good health and to support our immune system, heart, lungs and bones.

This is why it is important to take a 10 microgram (ug) vitamin D supplement every day.

**This is very important for those who may be at high risk of vitamin D deficiency including people in prisons**

You can purchase Vitamin D whilst in custody via Bag and Tag in your canteen order

Produced by Public Health Department NHS Ayrshire & Arran 10/05/20

This is an important community to reach with this messaging because Vitamin D deficiency is more prevalent in those who have limited sun exposure.

## Key Challenges: Inequalities and Digital Inclusion

The variation in families' ability to access affordable and nutritious food <sup>1</sup> and the increased risk of negative health consequences as a result of lockdown are concerning. When comparing April 2020 with April 2019, there was an 89% increase in food parcels distributed by Trussell Trust food banks, and a 175% increase at the Independent Food Aid Network<sup>2</sup>. For families who cannot access the appropriate support, there is a risk that nutrition-related inequalities including childhood obesity and nutrient deficiencies could worsen as a result of the pandemic. Both established and new partnerships and community connections will be key to mitigating these expected impacts.

There is variable quality/ availability of rural digital connectivity, not limited to but particularly in the highlands and Islands of Scotland<sup>3</sup>. At present, digital inclusion funds<sup>4</sup> are being maximised across Scotland where possible and this is an area of partnership working to embrace for the long term. Due to the nature of some of the face to face delivery normally offered by the profession e.g. those including physical activity, some courses have been more challenging to adapt to an online offering. Training, workshops and events being cancelled reduces access and ability to deliver sessions, particularly those who are digitally excluded and there has been a lack of suitable digital/video clips that promote health messages. Teams are swiftly developing content to mitigate these impacts and screening process are being adapted, taking into account an individual's health and social circumstances, and their ability to engage with a digital platform.

## Moving Forward

Public Health Nutritionists and dietitians have raised concerns about the level of distribution of 'free' food, the reliance this may be creating and potential longer term impact when this stops. It is also acknowledged that whilst efforts are being made to maintain awareness of the number and type of organisations providing free food, the full scope of this may not be captured, bringing potential challenges in mitigating the impact of this when it ceases.

Nevertheless, many of these community resilience and food groups wish to continue in some capacity so it is anticipated that it would be a phased withdrawal of support. Discussions are now moving to utilising existing partnership to build more sustainable food systems that reduce dependency on food aid through a range of models, for example [Sustainable Food Places](#).

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<sup>1</sup> <https://foodfoundation.org.uk/vulnerable-groups/>

<sup>2</sup> <https://www.bmj.com/content/370/bmj.m3193>

<sup>3</sup> <https://www.ofcom.org.uk/research-and-data/multi-sector-research/infrastructure-research/connected-nations-2019/interactive-report>

<sup>4</sup> <https://www.gov.scot/news/getting-people-online/>





A sustainable food system encompasses a range of issues that address the root causes of food issues in a dignified way through strong cross sector collaboration. For example, a partnership may take action on the security of the supply of food, health, safety, affordability, quality, and strong food industry in terms of jobs and growth and, at the same time, environmental sustainability.

## **Conclusions**

The journey is a reminder of lessons learned from the Scottish Government Community Food Summit last year<sup>5</sup> which emphasised the crucial need for co-ordination, partnerships and networks. The pandemic has further exposed issues surrounding digital inclusion. New partnerships have worked rapidly to provide services to communities. The learning from this and their ability to work to promote community nutrition should be embraced and continued post lockdown. Taking a joined up holistic approach to food and cross sector food partnerships have never been more needed. Despite the challenges surrounding the pandemic, Covid-19 has created a unique opportunity to strengthen and grow this work.

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**With contributions from members of the Scottish Public Health Nutrition Group**

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<sup>5</sup> The Public Health Scotland Community Development Team/ Community Food and Health (Scotland) programme collaborated with the Scottish Government to hold a summit in September 2019. The summit focused on how to enhance the work of the community food sector. It concluded that more joined up working, more partnerships and stronger networks were needed.