



## Putting the ‘Social’ back in Social Care - Food Train’s priorities for a National Care Service

### About Food Train

The Food Train<sup>1</sup> works across Scotland, providing a necessary lifeline and valuable practical support to older people. Food Train was developed by older people for older people. Each week Food Train branches make hundreds of grocery shopping deliveries for older people, “providing vital services [and access to fresh food] for those who are no longer able to manage independently, through age, ill health, frailty or disability. Teams of local volunteers help with household jobs, delivering books from their library service and providing friendly social contact and meals through befriending services,” (Ibid). The Food Train also has National reach through their national neighbourhood meal-sharing service, Meal-Makers<sup>2</sup> and the ‘Eat Well, Age Well’<sup>3</sup> project which works to tackle malnutrition in older people living at home operating throughout Scotland and ‘Food Train Connects’<sup>4</sup>, which was launched in 2020, and provides one to one shopping and phone calls for older adults across Scotland. The Food Train works to proactively assist older people at their time and point of need, helping those wishing to live independently at home, with a particular focus on supporting older people to eat well, age well and live well. Food Train has been in existence since 1995 and through the years has gained valuable expertise on social care, particularly in supporting older people in Scotland. As an organisation Food Train focuses on a preventative approach to public health, showing how food support can positively influence older people lives, with regards malnutrition risk, social isolation risk and also feelings of belonging and self-worth- see Reid et al, 2020<sup>5</sup>.

Food Train welcomes the establishment of a National Care Service (NCS) to transform the way we deliver social care support and to strategically integrate social care with the NHS. We welcome the principals of a human-rights based approach, and a focus on lived experience, focusing on the needs of people in our society is critical to deliver change together. Our own experience in the third sector is focused on working with communities, social support, food access, meal sharing and supporting older people in Scotland to live well at home and therefore we will focus our response on these key issues that we feel are of particular importance to the NCS fulfilling its potential. Ultimately, older people and older

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<sup>1</sup> [Home - The Food Train](#)

<sup>2</sup> [Home - Meal Makers](#)

<sup>3</sup> [Eat Well Age Well](#)

<sup>4</sup> [Home - Food Train Connects](#)

<sup>5</sup> <https://osf.io/preprints/socarxiv/6fwm8/>

#### Eat Well Age Well

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people's needs should be prioritised as part of the NCS and to create a Scotland that supports a positive ageing experience. We welcome Minister Maree Todd's invitation to provide "expert insight into how our National Care Service can best support older people to eat and drink well" and believe this response provides an important outline of key areas of focus for the NCS.

## Current Covid-19 Context and prioritising older people's needs

Covid-19 put social care into the spotlight, rightly recognising the hard work and dedication of social care staff and unpaid carers, as well as the challenges of supporting an increased number of people. Food Train delivers social support and practical help and saw a 70% increase in demand for its grocery delivery service at the height of the pandemic. There has been a sustained increase compared to pre pandemic, (before March 2020) levels, and as echoed in the letter to Health Minister Jeanne Freeman in June 2020 from the UK Malnutrition Awareness and Prevention Network<sup>6</sup> Food Train remain concerned about the prevalence of malnutrition risk factors being exaggerated by the pandemic. Increased number of individuals at risk of malnutrition is likely to have a direct connection to increased pressures on the health and social care system in crisis mode. The covid context must remain part of National Care Service planning and consultation, as outlined by multiple key bodies and academics future pandemics are more of a question of 'when' rather than 'if'<sup>7</sup> and as part of emergency management and preparedness a National Care Service must be built that is prepared for future 'shocks' – that has capacity (knowledge), resource (human and financial) and supporting legislation to respond to unknown challenges, future pandemics (as well as an ageing population<sup>8</sup>) will pose.

As recognised by Maree Todd, Minister for Public Health, Women's Health and Sport at Food Train / Eat Well Age Well's event as part of UK Malnutrition Awareness Week, older people play an important part in Scotland's society. Older people are part of Scotland's success and future, but older people are silent and hidden within the NCS consultation. As recognised by other organisations the engagement process with this consultation has been a challenge for many. We know Covid-19 has exposed and exacerbated existing inequalities and older people have been adversely impacted. Older people are greater users of social

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<sup>6</sup> [MAPN letter.pdf \(eatwellagewell.org.uk\)](#)

<sup>7</sup> [https://read.oecd-ilibrary.org/view/?ref=133\\_133639-s08q2ridhf&title=Building-back-better-A-sustainable-resilient-recovery-after-Covid-19&\\_ga=2.266820298.591849456.1635244157-1313653402.1635](https://read.oecd-ilibrary.org/view/?ref=133_133639-s08q2ridhf&title=Building-back-better-A-sustainable-resilient-recovery-after-Covid-19&_ga=2.266820298.591849456.1635244157-1313653402.1635)

<sup>8</sup> <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2010/11/demographic-change-scotland/documents/0108163-pdf/0108163-pdf/govscot%3Adocument/0108163.pdf>

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care services and as they age, they will live with more complex co-morbidities, frailty, and disabilities so it is imperative older people are taken into consideration as much as any other population group. Now more than ever we need to future proof our social care system to meet the significant societal challenges the next few decades are likely to pose.

## Malnutrition (undernutrition) and non-financial food insecurity amongst older people in Scotland background / context

One of the key issues affecting the health of older people in Scotland is malnutrition in older age. It has been estimated that malnutrition affects over 3 million people in the UK, pre-Covid<sup>9</sup>. Of this group about 1.3 million are over the age of 65, representing one in ten individuals in that social group<sup>10</sup>. The rates of malnutrition for community dwelling older adults are less well known in comparison to reported rates during hospital admissions and within the residential and nursing care sector<sup>11</sup>. There is evidence of relatively high levels of prevalence of malnutrition risk among older people in Scotland.

Malnutrition is costly<sup>12</sup> and has adverse effects on health and wellbeing outcomes including having co-morbidity with risk of falls and hospital admission. There is strong evidence that malnutrition contributes to reduced muscle mass and strength leading to greater risk of falls (ibid). Older adults with reduced muscle mass/strength are three times at greater risk of falls than their healthy counterparts<sup>13</sup>. We also know from research that 50-60% of frail elderly are malnourished compared with just 2% of fit elderly people.<sup>14 15</sup> It is also important to note that malnutrition is common in hip fracture patients affecting up to 63%<sup>16</sup> and we also know that malnutrition is the strongest – more independent risk factor for a 2nd hip fracture<sup>17</sup>

<sup>9</sup> Malnutrition Task force (2021). State of the Nation Report: Older people and malnutrition in the UK today. Online. Available from: <https://www.malnutritiontaskforce.org.uk/sites/default/files/2021-10/State%20of%20the%20Nation%202020%20F%20revise.pdf>  
[http://www.malnutritiontaskforce.org.uk/wp-content/uploads/2017/10/AW-5625-Age-UK-MTF\\_Report.pdf](http://www.malnutritiontaskforce.org.uk/wp-content/uploads/2017/10/AW-5625-Age-UK-MTF_Report.pdf)

<sup>10</sup> BAPEN (2021) <https://www.bapen.org.uk/malnutrition-undernutrition/introduction-to-malnutrition?start=1>

<sup>11</sup> Malnutrition Task force (2021). State of the Nation Report: Older people and malnutrition in the UK today. Online. Available from: <https://www.malnutritiontaskforce.org.uk/sites/default/files/2021-10/State%20of%20the%20Nation%202020%20F%20revise.pdf>

<sup>12</sup> BAPEN (2021) <https://www.bapen.org.uk/malnutrition-undernutrition/introduction-to-malnutrition?start=5>

<sup>13</sup> Landi et al (2012) Sarcopenia as a risk factor for falls in elderly individuals: results from the iSIRENTE study. Clinical Nutrition 2012 ; 31 : 652 – 658 Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/22414775>

<sup>14</sup> Boulos C, et al (2016) Malnutrition and frailty in community dwelling older adults living in a rural setting. Clinical Nutrition. 2016;35(1):138-43. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25649256>

<sup>15</sup> Bollwein J et al. Nutritional status according to the mini nutritional assessment (MNA<sup>®</sup>) and frailty in community dwelling older persons: a close relationship. Journal of Nutrition, health and ageing. 2013;17 (4) 351 – 356. <https://www.ncbi.nlm.nih.gov/pubmed/23538658>

<sup>16</sup> Murphy, MC et al (2000) The use of the Mini-Nutritional Assessment (MNA) tool in elderly orthopaedic patients. Eur J Clin Nutr;54:556-562. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/10918465>

<sup>17</sup> Harvey et al (2018) ANZ journal Surgery: 88 (6) 577 – 581. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/29740928>

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The social risk factors that contribute to malnutrition such as access to food, interest in food, social eating as well as bereavement, social isolation and loneliness have been exacerbated by Covid-19. Food Train's recently completed commissioned research with the University of Glasgow,<sup>18</sup> has begun to evidence the links between physical health and social factors such as isolation, feelings of control and social connectedness. Findings from this research with 169 older-age adults found that Food Train is supporting very vulnerable older age adults at home, and what little control food-insecure older adults have is attributed to accessing the regular and reliable volunteer-led food delivery service. The physical need for food must be paired in the context of meaningful social interactions in order to reduce the risk of isolation and loneliness which create a vicious cycle of under-eating, poor self-care and low mood.

“Our national infrastructure supporting older people and food is inadequate. The years of austerity has seen the slow erosion of well-funded, secure community-based support for older people. Funding for lunch clubs, shopping support and cooked meal delivery such as Meals on Wheels services have dwindled across Scotland and have negatively impacted on older people, increasing inequality for Scotland's ageing population.”<sup>19</sup>

## Key Messages

- **The National Care Service must recognise the importance of food to wellbeing, recovery, avoidable malnutrition, falls, frailty and avoidable hospital admissions, supporting people to live independently in their own home**

In Scotland there is limited practical and legislative recognition of the importance of food to wellbeing as part of social-care support. The food system does not exist in silo and limited food support, as part of social-care, exacerbates the challenges outlined - where services exist they are overstretched and under-resourced! This must be consistent across the country, tackle inequality and not be a postcode lottery – where the third sector are able to support some areas and not others due to funding requirements.

The updated State of the Nation report<sup>20</sup> from the Malnutrition Task Force highlights how nutrition should be incorporated into all care pathways forming an integral part of care for

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<sup>18</sup><https://www.gla.ac.uk/schools/education/research/currentresearchprojects/assessingolderadultsnutritionalandwellbeingoutcomesassociatedwithageinginplacewithsupportedfoodaccessibility/>

<sup>19</sup> [COVID-19 and Food Train – more food security, kindness and dedication to vulnerable older people at home - Policy Scotland \(gla.ac.uk\)](#)

<sup>20</sup> <https://www.malnutritiontaskforce.org.uk/sites/default/files/2021-10/State%20of%20the%20Nation%202020%20F%20revise.pdf>

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all people. There are multiple ways food should intersect and be recognised as part of a National Care Service. This should include:

- 1) Enshrining a Right To Food into Scot's Law would ensure all people have legal protection. For more detail see Food Train's consultation response to the Private Member's Bill on Right To Food (Scotland<sup>21</sup>). The UK Malnutrition Awareness and Prevention network (of which Food Train is a member) also called to "urgently introduce a legally enshrined "Right To Food," as laid out within the International Covenant on Economic, Social and Cultural Rights in the UK to ensure that governments at both a national and local level take appropriate action"<sup>22</sup>. As called for by the Health and Social Care Alliance there must be a rights-based approach to the National Care Service – this includes Right to Food and practical realisation of this human right.
  
- 2) People are currently given short care visits, as little as 15 minutes. This fails to meet their needs and is not a human response in 21<sup>st</sup> century Scotland.  
*For instance, "A lady member becomes distressed if the supermarket do not have in stock the ready meals that she likes, which take 5 minutes, because the carers do not have enough time in their visit to incorporate microwaving a meal that takes longer and she has on occasion been left without anything to eat. Members worrying about carers not having enough time to help with meals, snacks and drinks is common."*  
*Food Train Staff*  
If the NCS is founded on principals of fairness, dignity, respect and human rights short visits should be eradicated. Individuals should have choice when they choose to eat a meal and not be forced to fit within a system, the system should exist to support them and not restrict and alter their eating habits and what they can eat in a specific time frame. *"They [carers] used to have two hours to each client, if you get one you don't know, they're in an' out like a yo-yo"* (Food Train Customer)
  
- 3) As recognised by Reid et al 2020 (Ibid) support around food should not be restricted to one thing. Covid shone a light on the challenges of physical food access for many older people. *My fridge was always empty because I can't carry bags of groceries anymore. Nowadays thanks to the volunteers my fridge is always full".* (Food Train Customer) Reid et al (2020) have demonstrated services like Food Train are vital in

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<sup>21</sup> [Food Train Proposed Right to Food Bill Consultation response.pdf \(eatwellagewell.org.uk\)](#)

<sup>22</sup> [MAPN letter.pdf \(eatwellagewell.org.uk\)](#)

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supporting people to not only have access to food but wider social and wellbeing values. *“I look forward to the laughter, it lifts my spirits, I can get very down hearted”.* (Food Train Customer)

As Food Train’s manifesto recognised a Scottish funded national shopping service to support older people, which actively promotes dignity, choice and rights, would ensure all adults have support in physically accessing food, rather than the current postcode lottery that does exist. Choice is also important in ensuring Scottish Government recognise the protected characteristics and cultural dimensions of food – for instance dietary requirements such as halal or kosher or personal preferences. This also supports the need for a National Care Service to recognise the social importance of food across the NCS.

We therefore support calls from The Health and Social Care Alliance and Scottish Food Coalition to ensure self-directed support calculations include meal preparation time and support with eating, if appropriate and desired by people.

- **The National Care Service should prioritise prevention and wellbeing.**

Social care needs to be truly prevention orientated. There is a strong evidence base for prevention, including prevention being central to the Christie Commission recommendations. This evidence recognises greater investment in preventative spend and preventative services such as reablement, training of staff and early intervention approaches will help people stay healthier for longer.

Malnutrition is a serious public health issue for older people which has profound impacts on their health and wellbeing and costs the NHS and social care billions of pounds. If we eliminate malnutrition this will have a significant impact on social care services.

There is clear evidence<sup>23</sup> we can prevent malnutrition through early identification and screening, particularly in community settings, where statutory health organisations are already screening older people for a range of other risk factors such as diabetes and oral health.

**Incorporating mandatory screening for malnutrition for all organisations supporting older people as part of a National Care Service**, would provide a true picture of the reality of the problem and enable more efficient planning and targeting of resourcing. As well as ensuring early intervention, as far as possible. It would be straightforward to incorporate simple

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<sup>23</sup> 1 NICE (2012) Quality Standard for Nutrition Support in Adults, NICE Quality Standard 24 Retrieved from <https://www.nice.org.uk/guidance/qs24>

malnutrition screening tools into existing health and other needs assessments. The Malnutrition Universal Screening Tool (MUST) is a validated tool and Food Train recommend the wider use of community-based tools such as the Patients Association Nutrition Checklist<sup>24</sup> and the PaperWeight Armband<sup>25</sup>. These are well evidenced<sup>26,27</sup>, and can be used by non-clinical staff, carers and volunteers to identify risk earlier. Incorporation of this as part of a National Care Service is an important step in the delivery of the commitment by Scottish Government to, *“work with health and social care partnerships and other stakeholders on practical actions to ensure malnutrition is identified and managed quickly and effectively, learning from experience in Scotland and further afield”*.<sup>28</sup>

**The National Care Service must prioritise capacity building of the workforce and prioritise greater training opportunities for the workforce. This is vital in ensuring the NCS focuses on prevention.** Staff working in social care are on the frontline and have been at the forefront of efforts during the pandemic, but too often the structures and practices in which they work has frustrated these efforts. Most social care professionals will interact with older people more than any other group and they have vital contact which presents opportunities to support health & wellbeing. Having trained, knowledgeable, skilled and motivated staff is key to providing quality person-centred care and support. We must prioritise the training of staff and in particular issues affecting older people such as malnutrition.

Mainstreaming the issue of malnutrition into standard basic training for health and social care professionals will enable significant increases in prevention, detection, and intervention.<sup>29</sup> Capacity building of the workforce should be a priority of a National Care Service. There is existing accredited training provided by REHIS and Eat Well Age Well’s Raising the Issue of Malnutrition Training.<sup>30</sup> Incorporation of this as part of a National Care Service is an important step in the delivery of the commitment by Scottish Government to, *“work with health and social care partnerships and other stakeholders on practical actions to ensure malnutrition is identified and managed quickly and effectively, learning from experience in Scotland and further afield”*.<sup>31</sup> In addition, it is important those working in social care have clear opportunities for career progression and development, this is

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<sup>24</sup> [Patients Association Nutrition Checklist | The Patients Association \(patients-association.org.uk\)](https://patients-association.org.uk)

<sup>25</sup> [Paperweight Armband Tool - Eat Well Age Well](#)

<sup>26</sup> [nutrition-and-hydration-programme-final-report-4th-june-2020.pdf \(ageuk.org.uk\)](#)

<sup>27</sup> Murphy et al (2019) Identifying Older People at risk of malnutrition and treatment in the community: prevalence and concurrent validation with the Patient Association Nutrition Checklist with ‘MUST’. Retrieved from <https://onlinelibrary.wiley.com/doi/full/10.1111/jhn.12710>

<sup>28</sup> [A Fairer Scotland for Older People: framework for action - gov.scot \(www.gov.scot\)](https://www.gov.scot)

<sup>29</sup> <https://eatwellagewell.org.uk/callstoaction>

<sup>30</sup> <https://eatwellagewell.org.uk/raising-the-issue>

<sup>31</sup> [A Fairer Scotland for Older People: framework for action - gov.scot \(www.gov.scot\)](https://www.gov.scot)



important for self-worth and retention of workforce, as recognised by Scottish Care, this challenge has been exacerbated in recent months.

- **Community Investment – More and better investment should be made in community initiatives that address social isolation by providing befriending and opportunities for people to eat, shop or cook with others**

As outline by Carruthers et al (2020)<sup>32</sup> Scotland has seen a decline in national infrastructure supporting older people, for instance food support services like lunch clubs. This occurred prior to but has been exacerbated by the Covid-19 pandemic. There has been an ongoing disinvestment in community services - for instance the abolishment of the Meals on Wheels service in Scotland in 2018.<sup>33</sup> Reid et al 2020 and the Eat Well Age Well Project have found that there is a correlation between social isolation and malnutrition risk.<sup>34</sup> But that food support services break the negative cycle of food insecurity and malnutrition risk through empowerment and greater sense of control. Therefore, there is clear evidence older people must have opportunities to eat shop and cook with others. A recognition of this through financial and human resource as part of a National Care Service is vital. As well as a strategic approach to community food initiatives that recognises the importance of local and the multiple opportunities and levels people may choose to engage in social care. This should be accompanied by a cultural change recognising the importance in preventative spend not crisis and sticking plaster 'solutions'. The UK Malnutrition Awareness and Prevention Network also recognise the need for long term planning, "funding to establish long-term sustainable solutions to malnutrition amongst over 65s, including meals on wheels services<sup>35</sup>". A successful National Care Service should be proactive and prioritise up-stream thinking, "help individuals at risk and an upstream, prevention-based approach to prevent people becoming food insecure in the first place. (Ibid).

The Third sector should be recognised as an equal partner as part of this (discussed in more detail in the next section). Reid et al (2020) recognise the vital work third sector organisations do to protect the most vulnerable and support them to flourish and live independently at home.

- **The Third Sector must be recognised as an equal partner as other delivery organisations as part of a National Care Service**

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<sup>32</sup> <https://policyscotland.gla.ac.uk/covid-19-and-food-train-more-food-security-kindness-and-dedication-to-vulnerable-older-people-at-home/>

<sup>33</sup> [Meals on Wheels withdraws from Scotland - TFN](#)

<sup>34</sup> <https://eatwellagewell.org.uk/gustudy>

<sup>35</sup> [MAPN letter.pdf \(eatwellagewell.org.uk\)](#)

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The third sector has a crucial role to play in the delivery of the NCS, its specialist expertise, co-production, engagement and understanding of the needs of vulnerable communities and its flexibility and innovation. As outlined by SCVO (as well as multiple other organisations, including the Health and Social Care Alliance), the National Care Service must include the fair work principles. Third sector providers of social care are not seen as an equal partner in this work if these principles are not addressed, particularly in relation to fair pay and the proliferation of short-term contracts, creating challenging environments to provide sustainable and safe delivery of social care for both staff and those being cared for that allows staff to plan for the future not spend their time completing more funding applications. Food Train also echo SCVO's calls to involve the Third Sector in conversations about the future of social care procurement, particularly for organisations like Food Train who are commissioned to provide social care services. The third sector should be considered an equal partner from the outset of a National Care Service, this includes in governance structures and future planning and not be considered an afterthought.

The Independent Social Renewal Advisory board recommendations specifically recognise in relation to food, the important work of the third sector. This is especially important in relation to ensuring individuals access cultural appropriate food – which the board recognise was not the case during the pandemic response. This is vital in ensuring Scottish Government do not discriminate against the 9 protected characteristics, outlined in the Equality Act 2010<sup>36</sup>. In relation to older people specifically recognising support services “doesn't necessarily need to be delivered by the local authorities and defined by geographical boundaries, but could make use of public kitchens, community organisations and existing routes to people's homes like the postal service”<sup>37</sup>. The Board's report recognises the hard work of the third sector in this area of work, particularly in the past 18 months. The Board Calls for “exploring the concept of a National Care Service...This should be inclusive of third sector providers, free from profit-driven targets and free at the point of access, wherever you are and whatever your social care need”.

Additionally, where appropriate data sharing should not be restricted to health and social care staff working directly for Community Health and Social Care Boards or local authorities. Food Train support the Health and Social Care Alliance's Call to ensure that Third Sector organisations providing services to support people should have access to data where appropriate. For instance, services like Food Train, in supporting food access.

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<sup>36</sup> [Protected characteristics | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://www.equalityhumanrights.com/en/protected-characteristics)

<sup>37</sup> [If not now, when? - Social Renewal Advisory Board report: January 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2021/01/13/20210113_SRB_Report_January_2021.pdf)

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## The National Care Service's link to other policies and Scottish Government commitments

As outlined in this response the National Care Service must clearly intersect and connect to other policies. In doing so recognising the importance of preventative spend and need to recognise a shift in thinking to a social model of health, not taking a crisis response, but using the National Care Service to prevent, supporting people to have ownership and happy and healthy lives, with dignity and choice at the heart.

Scottish Government have made existing commitments to prioritising food and older people's health and wellbeing. The asks outlined above are integral to a National Care Service, if it is to support older people (but also all people who engage in social care) to have "happy, healthy and secure"<sup>38</sup> lives and deliver on existing commitments, outlined below.

This includes:

- A Fairer Scotland for Older People: A Framework for Action ([www.gov.scot](http://www.gov.scot)) commits to *"we will work with health and social care partnerships and other stakeholders on practical actions to ensure malnutrition is identified and managed quickly and effectively, learning from experience in Scotland and further afield"* (Ibid). As previously recognised
- The Scottish Government National Performance Framework<sup>39</sup> recognises the importance of a whole system approach to health and wellbeing and its connection to food. This links to the United Nations Sustainable Development Goals- particularly Goal 2- zero hunger, Goal 3 Good Health and Wellbeing and Goal 11 Sustainable Cities and communities<sup>40</sup> Delivery of a whole-system approach to health and wellbeing, therefore must recognise food (and its wider connections) as part of a National Care Service.
- Good Food Nation Bill – "where people from all walks of life take pride and pleasure from the food they produce, buy cook and eat each day"<sup>41</sup> As outlined earlier in this consultation response, this is not currently possible for some people, time pressures from care visits, mobility challenges and many other factors affect an individuals' ability to experience this. Therefore, if Scottish Government are to deliver a Good Food Nation, food must be central to a National Care Service & prioritise all the asks outlined above.
- Public Health Priority 6 "A Scotland where we eat well, have a healthy weight and are physically active" "A significant amount of work is under way to address these

<sup>38</sup> [A Fairer Scotland for Older People: framework for action - gov.scot \(www.gov.scot\)](http://www.gov.scot)

<sup>39</sup> <https://nationalperformance.gov.scot/>

<sup>40</sup> <https://sdgs.un.org/goals>

<sup>41</sup> [Good Food Nation Bill Introduced - gov.scot \(www.gov.scot\)](http://www.gov.scot)

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challenges, but building on this through partnership working across all sectors will be central to success in meeting this priority<sup>42</sup>- this must include as part of the National Care Service. Unless food is recognised from the outset it will be impossible to achieve the Public Health priorities. A public health emergency, a pandemic has put public health in the spotlight, coupled with the launch of a new public health bill shows Scottish Government's commitment to prioritising public health this must also be demonstrated in the National Care Service.

- The Christie Commission report “on the future delivery of public services<sup>43</sup>” was published on the 29<sup>th</sup> June 2011. In the same year *Reshaping Care for Older People 2011-2021*<sup>44</sup> was also published. Despite recommendations for a focus on prevention, the extent of change is limited. The public sector failed in its ambitions to transfer funds to prevention and much support for older people that was funded through this programme was lost when the Integrated Joint Boards (IJBs) were formed. The IJBs focused on health and crisis and community and prevention were left behind, despite the Christie Commission clearly outlining prevention (and the need for early intervention) as one of its 4 pillars. The recommendations from the Christie Commission and *Reshaping Care for Older People 2011-2021* should be recognised and delivered as part of a NCS, particularly recognising the important need for preventative spend and to a social model of health, which is vital for early intervention and holistically supporting an individual.
- The Independently produced Social Renewal Advisory Board's report *If not now, then when?* explicitly recognises the non-financial barriers to accessing food as an older person, calling Scottish Government “to ensure everyone has access to nutritious, culturally appropriate and affordable food”<sup>45</sup> To achieve this food cannot be ignored as part of a National Care Service
- Food Train welcome Scottish Government's statement of intent on Health and social care for older people<sup>46</sup>- recognising the importance of prevention, person centred care, dignity and being home-first (as well as many other key areas). We also welcome Scottish Government's direct engagement with older people about this area of work, but urge Scottish Government to ensure the conversations and work happening with the NCS are strongly interconnected to this framework from the

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<sup>42</sup> <https://www.gov.scot/publications/scotlands-public-health-priorities/>

<sup>43</sup> <https://www.gov.scot/publications/commission-future-delivery-public-services/>

<sup>44</sup> <https://www.gov.scot/publications/reshaping-care-older-people-2011-2021/>

<sup>45</sup> [if not now, when? - Social Renewal Advisory Board report: January 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/if-not-now-when-social-renewal-advisory-board-report-january-2021-gov.scot)

<sup>46</sup> <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2021/03/health-social-care-older-people-statement-intent/documents/health-social-care-older-people-statement-intent/health-social-care-older-people-statement-intent/govscot%3Adocument/health-social-care-older-people-statement-intent.pdf>

#### Eat Well Age Well

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outset- this is vital in “ensur[ing] we make Scotland the best place in the world to grow old [Ibid]”

## Concluding remarks

This consultation response has outlined Food Train’s key priorities for a National Care Service. The launch of a National Care Service should be accompanied by a clear vision, that ultimately ‘puts the social back in social care’ recognising people and human to human relationships and ultimately that social care is about prevention. An NCS must be asset based, recognising 1 size does not fit all structure. (Though national consistency and standards are vital to ensure equality of service across all parts of Scotland) and that food and community investment at a range of scales is vital.

We also recognise and support other organisations in acknowledging the inaccessibility of a 130-page consultation, excluding, and making it difficult to hear the voices of those who should be central to this discussion. We believe a more meaningful consultation with user groups with lived experience is necessary to continue this engagement about the future of an NCS. A National Care service should empower the individual, prioritising choice, autonomy and dignity, that should have been clear from the outset and a key element of this consultation process.

Tilly Robinson-Miles

Impact and Policy Officer

November 2021

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