Soil Association Scotland is Scotland’s leading charity working to support healthy, humane and sustainable food, farming and land use.

The most relevant programme of our work to this consultation, Food for Life Better Care, is funded by the Big Lottery and aims to harness the power of food to improve the health and wellbeing of older people. Through this we are helping to demonstrate the potential for good food to be a good investment for the UK’s challenged health and care system – shifting the balance from acute treatment to preventative care.

Our Views on the Draft Budget for the Health and Sport Committee in 2018-19

1. Do you consider that the Scottish Government’s health and sport budget for 2017-18 reflects its stated priorities (as set out in the National Performance Framework, the LDP standards and the National health and wellbeing outcomes)? If not, how could the budget be adjusted to better reflect priorities?

We support the committee’s prioritisation of prevention. We have seen first-hand, through our work in this sector, that preventative measures - interventions that avoid or delay ill health – benefit peoples’ health and wellbeing. Earlier intervention is of course best, but even at a late stage, such as when someone becomes a care home resident, they can stay healthier and live a more fulfilling life by taking part in activities such as food growing and eating good food in a dignified setting. This in turn reduces the burden on acute services through hospital admission and re-admission. In communities, older people can enjoy a better quality of life by being involved in food growing, eating together and cooking good food. However, these activities become harder over time and may require support.

Such preventative measures can only be put in place when there is adequate resource to do so. Our concern, which has previously been highlighted by other organisations in this sector, is that the current allocation of budgets does not allow for sufficient resource to be diverted towards preventative and community based measures because of the continuing budgetary pressures within acute services.

We have witnessed a great deal of enthusiasm and support across the services we are working with including among HSCP teams and third sector organisations which of course have a vital role to play. We are confident that growing, cooking and eating good food is becoming more widely recognised as a means to support health and wellbeing.

We want older people to have better access to nutritious food, therapeutic food activities and shared mealtimes across care homes, community care services and hospitals because we believe this will make them less susceptible to malnutrition and
loneliness and they will enjoy enhanced health and wellbeing which in turn will provide savings to those delivering the vital services older people depend on.

However, without an initial and substantial investment to provide these at the outset, we are concerned that HSCPs will be unable to shift the balance of care in the timeframe expected, or at all.

2. For the health and sport budget for 2018-19 where do you suggest any additional resources could be most effectively deployed and where could any further savings be found? What evidence supports your views?

Good food is vital for everyone but it has a particularly powerful impact on vulnerable older people whose health and wellbeing is fundamentally linked to nutrition and hydration. But it is not just about eating good food. A number of food-related activities can support health and wellbeing through improved mobility and socialisation. Food growing in particular has been shown to have a clear link to improved physical and mental health and wellbeing. Food is also an excellent way of bringing young and old people together, with significant benefits from related intergenerational activities.

Additional resources could be employed to support many more preventative measures at scale, such as:

1. Providing more community food growing along with better support to help older people access such spaces – bringing about a therapeutic benefit.
2. Nutritional screening for older people receiving home care services.
3. Cooking skills training for home care workers and care home cooks.
4. Food shopping support for nutritionally vulnerable older people.
5. Nutritional support at the point of hospital discharge.
6. Volunteer support services to help identify, train and co-ordinate volunteers in food growing, cooking or at mealtimes.
7. Supporting care homes and schools to become more connected, particularly around food.
8. Ensuring food is prioritised across HSCP strategic plans as well as within health boards where catering is still too often seen as an auxiliary service rather than a core element of healthcare.

3. Is sufficient information available to support scrutiny of the Scottish Government’s health and sport budget? If not, what additional information would help support budget scrutiny?

We do not have a strong view on this.

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3. [http://eprints.lse.ac.uk/61016/1/_lse_ac_uk_storage_LIBRARY_Secondary_libfile_shared_repository_Content_Park,%20A_Intergenerational%20activities_Park_Intergenerational%20activities%202015.pdf](http://eprints.lse.ac.uk/61016/1/_lse_ac_uk_storage_LIBRARY_Secondary_libfile_shared_repository_Content_Park,%20A_Intergenerational%20activities_Park_Intergenerational%20activities%202015.pdf)
4. **What impact has the integration of health and social care budgets had on ensuring resources are directed at achieving the Scottish Government’s desired outcomes?**

In the areas we are working the move towards integration does appear to be driving real change in service delivery which has the potential to benefit local communities by adapting to local needs. However, there can be no doubt that budgets have not yet begun to shift adequately towards either prevention or community based care and that budgetary pressures are leaving many older people without the support they need to eat well, either because they cannot shop for the food they need, because they can no longer cook for themselves or because they can’t eat with other people. We feel this needs to be tackled at a national level because the HSCPs are not necessarily able to resolve this themselves.