

Making a difference in healthcare: community food provision during the COVID-19 pandemic

Dear Editors,

As a group following the impact COVID-19 has and will have on food security, we are writing in response to the 'Global Food Security editorial'.¹ The NNEdPro Global Centre² works across the breadth of nutrition, with global food security at the heart of our work. Here we share a conversation exploring this topic in the UK with Lee Shephard (LS), Director of Corporate Affairs and Policy at *apetito* and Wiltshire Farm Foods (WFF),³ which provide food provision for healthcare inpatient services and community food delivery to patients through social care, respectively.

In 2018–2019, NHS hospitals reported spending around £633.8million per year on inpatient hospital food, providing 140.9million main meals at an average spend of £4.50 per main meal per day.⁴ Of these inpatient meals provided, the campaign for better hospital food stated that 17% of hospitals provided ready plated food and only 30% of hospitals prepared food on-site.⁵ In community health and social care, a range of companies already provide ready-prepared meals, delivered to people's homes, through independent and partially funded direct delivery or meals on wheels services. During the pandemic, a new cohort of people now required food deliveries, including those recently discharged from hospital, or those asked to stay at home and self-isolate for 12 weeks due to being over 75 years of age or having predisposing comorbidities. Further to this, recent media attention has focused on the concerning levels of food insecurity in children across England, particularly with the emphasis to provide free school meals during the school holidays.⁶

During the early stages of the COVID-19 pandemic, the media reported food shortages,⁷ at a time when there were large-scale changes to the NHS, including redirecting resources,

repurposing facilities, redeploying staff, expanding community hospitals and opening field hospitals nationally. Also, guidance to the NHS at that time was that unless required to be in hospital patients should be discharged.⁸ These changes to service provision in hospitals and the subsequently increased number of people discharged, at a time of reported food shortages, raised concerns that individuals, patients and staff may have less access to nutritious food. Raising the likelihood that vulnerable groups would be at an increased risk of malnutrition.

To understand the impact of COVID-19 on the ready-prepared meal services, we spoke with LS, Director of 'apetito' and 'WFF', to see how they had adapted to these changes. It is important to recognise this conversation took place in early April 2020 (the first wave of COVID-19), and so the statements that follow are based on the advice and situation at that point of time some of which has changed, particularly around personal protective equipment (PPE).

"We entered this pandemic off the back of Brexit contingency planning, so we were prepared in terms of processes to build and hold additional finished goods and raw materials, including identifying high risk materials."

Hospitals are generally full to capacity in normal times, so we have not seen particular spikes in volume."

The early pandemic raised concerns about staff safety, and LS shared that they had to be clear with their internal communications, given the perceived uncertainty of whether staff were considered key workers or whether they had the right PPE.

"Regular communication with staff proved critical, providing appropriate levels of reassurance coupled with communicating key messages around safe working helped maintain staffing levels."

As with other groups they had difficulties in obtaining PPE/hand sanitiser.

"A significant problem. Simply insufficient product available. Our drivers in WFF and Meals on Wheels go

directly into the homes of the elderly and vulnerable."

Previously in line with concerns about 'food miles', both 'apetito' and 'WFF' had been using local suppliers, many of whom were now forced to shut due to COVID-19. As a result, they had to find suitable alternatives at short notice.

"Where suppliers customer base has been decimated (supply to foodservice/hospitality etc) or where their sickness levels have grown too great, we are starting to see closures and restrictions on supply."

The uncertainty of COVID-19 and the need to be responsive in an ever-changing context were important, and LS shared how an organisational culture helped both management and staff respond positively to this challenge.

"The importance of values, ethics and sustainability will be even more important for all businesses in the future."

It is clear that the most vulnerable in the society are at greater risk of malnourishment during the pandemic, alongside a new population with increased risk due to societal changes through work or enforced isolation.⁹ Furthermore, dwindling access to quality and varied produce, or long-term changes in food supply due to COVID-19, is a concern for suppliers.

The lack of clear early recognition of the food provision industry as 'Key Workers' is concerning. Furthermore, later in the pandemic it was clarified that PPE was not required for meals on wheels and home delivery, it can be debated that the interactions between people entering homes to deliver food is not different from care staff and required PPE. This would protect the vulnerable but also allow companies such as those mentioned above to continue providing their much-needed services.

Following this interaction with LS it is clear that a robust food supply chain during times of uncertainty is important, and given the ongoing nature of COVID-19 and the impact of 'Brexit' the government must future plan for these eventualities by:

- ▶ Ensuring a robust, flexible and sustainable food supply chain.
- ▶ Maintaining clear communication with food provision companies to ensure that the companies themselves are able to support their workforce and maintain their service.
- ▶ Supporting the continued provision of ‘meals on wheels’ for those most at risk in the society.

In addition, health and social care providers must continue advocating for the nutritional needs of vulnerable and marginalised populations. Advocacy for the importance of good nutritional support has been highlighted by COVID-19 and is vital for vulnerable populations, to support recovery and rehabilitation as well as childhood growth and development. It is also essential for the staff and companies in the food provision sector to continue making a real difference, in line with the changing needs of the population they serve.

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