

AGE WATCH ANNUAL REVIEW 2015/2016

1. Our Aim

We aim to help people understand how to slow the process of ageing – so they can enjoy more years of good health.

2. Why this matters

‘Preventative illnesses are overwhelming the NHS; illnesses caused by obesity, smoking, alcohol and lack of exercise.’

ALL PARTY PARLIAMENTARY GROUP ON PRIMARY CARE AND PUBLIC HEALTH 2013

‘The future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.’

NHS FIVE YEAR FORWARD VIEW OCTOBER 2014

‘At the moment our healthcare system cares for people when they become ill, but it doesn’t do enough to prevent people from becoming ill.’

DR PETER CARTER, CHIEF EXECUTIVE,
ROYAL COLLEGE OF NURSING 2015

3. What we do to promote health

- Provide evidence-based health information
- Undertake health related research
- Work in partnership with other organisations committed to improving health and well being

4. Who we are

A public health charity, launched in 2011.

Our core belief is that prevention is better than cure.

5. Health Behaviour Change

Knowing what is good for our health isn’t enough. We need to act on what we know.

That’s why we are researching

- What health changes people make

- Why they make these changes
- What helps them sustain the changes

Researchers from Kingston University are helping us with this research, including helping analyse the findings.

Here is a selection of comments from people who took part in the research, explaining what helped them keep up their healthy behaviour after making a positive change.

Seeing results. Maybe no one else notices but I do.

A life threatening illness. It was a wake-up call.

Social. All my friends do it.

I felt the benefits – my skin and energy levels.

People used to comment when I was fat.

To prevent illness, rather than trying to cure it afterwards.

I want to be here as long as possible with my children.

If you keep it up for 6 weeks it becomes a habit.

A sense of achievement – I’ve lost 3 stones.

Will power.

The fitness classes are fun and enjoyable.

I want to live to a ripe old age and I don’t want to be dependent.

My taste buds have changed. I can do without fizzy drinks.

I don’t like being around smokers any more.

Here are some of the initial findings from interviews with over a thousand people:

- a. Most people know what healthy behaviour is. Lack of information isn’t the problem. The challenge is how to encourage people to act on what they already know.

We know this because 98% of those interviewed interpreted

'healthy behaviour' in ways for which there is published evidence of health benefit - like stopping smoking, drinking less alcohol, doing more exercise, achieving a healthier weight and eating/drinking more healthily.

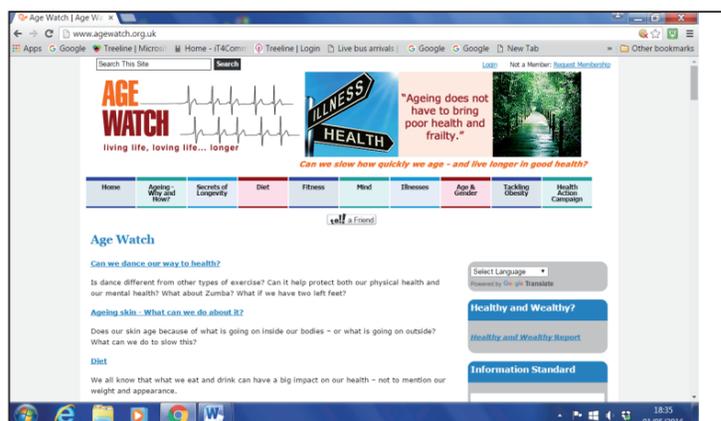
b. Exercise was the single most common healthy behaviour choice, followed by changes to diet.

c. Gender sometimes seems to influence the choices people make and their motivation. For example:

- Men were more likely than women to have given up smoking or reduced their alcohol intake. Women were more likely than men to have made diet related changes.
- Men were more likely to be motivated by the cost of smoking or the idea of getting older - whereas losing weight and having children were more frequently mentioned by women.

6. Health Information provided

To help people make healthy choices in their lives we provide evidence based health information on our website www.agewatch.org.uk



This includes around a hundred articles on:

Ageing; Age & Gender related health; Diet & Nutrition; Exercise & Fitness; Illnesses; Mind-Body connections and Secrets of Longevity.

These helped www.agewatch.org.uk achieve 354,027 hits from April 2015 to March 2016. That's an 8% increase on the previous twelve months.

7. Getting things right

We have Information Standard accreditation. This is a quality mark commissioned by NHS England. It is awarded to organisations whose health information is clear, accurate, balanced, evidence based and up to date.



We are assessed annually to ensure we continue to meet the Information Standard Principles. These include:

- A defined and documented process for producing high quality information.
- Current, relevant, balanced and trustworthy evidence sources.
- Understanding our users and user-testing our information.
- Double checking the information we provide.

As part of the process our User Group Advisory Panel reviews each article ahead of publication. This helps ensure the information we provide is understandable and covers points people are likely to be interested in.

8. Research Council Project

Can art help people with dementia? That's what the Dementia and Imagination Research Council project is seeking to find out.

We are a partner in the project, where we are leading on Knowledge Transfer.

The project explores the potential of art – through interventions with people living with dementia:

- In the community in North Wales
- In NHS assessment units in Derbyshire
- In care homes in the North East

There is currently no cure for dementia, so initiatives to maintain quality of life are particularly important.

This research project aims to go further than previous studies – by using robust methodology, to consider the outcomes for communities as well as individuals, and demonstrate the wider economic and social value of art interventions.

You can find out more about the project at the project website dementiaandimagination.org.uk – which we commissioned, developed and manage for the project, as part of our contribution to Dementia and Imagination.



9. Dementia Action Alliance

As a national member of the Dementia Action Alliance we continue to:

- Signpost our web users to a range of services to support aspects of daily living for people with dementia and their carers – through the Elder Care section on www.agewatch.org.uk.
- Provide information on developments in dementia research – including the evidence that physical and mental activity can delay the onset of symptoms.
- Help break down negative stereotypes – by developing an online gallery of art work by people with dementia on dementiaandimagination.org.uk

10 Launch of Health Action Campaign

The NHS is a vital resource if we fall ill. But who is working to stop people falling ill in the first place?

That's why we've set up Health Action Campaign.

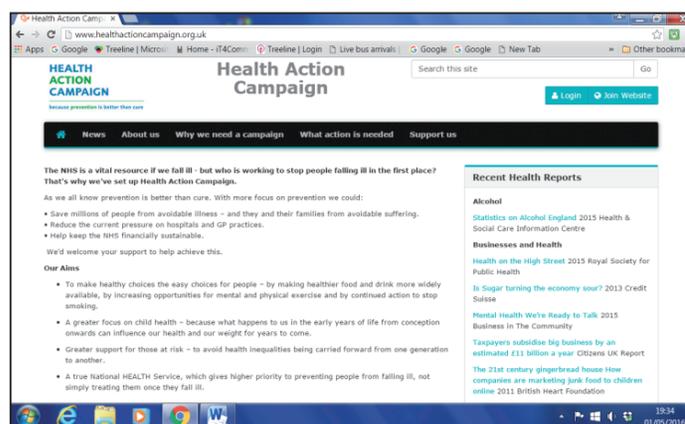
We all know prevention is better than cure. With more focus on prevention we could:

- Save millions of people from avoidable illness – and they and their families from avoidable suffering.
- Reduce the current pressure on hospitals and GP practices.
- Help keep the NHS financially sustainable.

However, to achieve this we need:

- A recognition that we need to give health a higher priority
- Action to achieve this
- Campaigning if needed, to secure the necessary changes

Hence our Health Action Campaign.



11. Healthy and Wealthy?

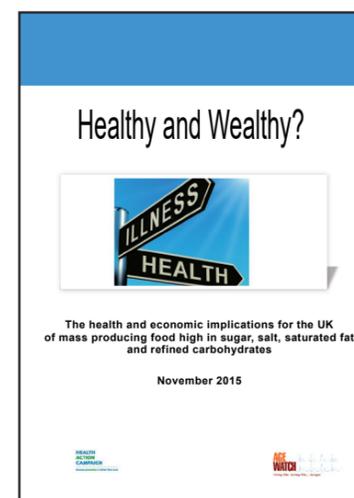
An important first step in our Health Action Campaign was the publication of our report *Healthy and Wealthy?* in November 2015.

This included the health and economic implications for the UK of mass producing food high in sugar, salt, saturated fat and refined carbohydrates.

Healthy and Wealthy? received coverage in the food trade press.

This included:

- The cover story in December's *Cost Sector Catering*, with four pages of coverage, including an interview with our Director.



Healthy and Wealthy? also led to:

Invitations to attend meetings of several health related All Party Parliamentary Groups - and an invitation for our Director to join the Advisory Board of SugarWise, a new certification scheme for products and menu items low in free sugars.

Here are some of the conclusions from our report:

- What happens to us in childhood, including what we eat and drink, can influence our health and our weight for years to come.
- Each of us must accept some responsibility for our personal health – as must the food and beverage industry and the government.
- The food industry has achieved a reduction in salt levels. However, there now need to be agreed targets for sugar reduction, as well as independent assessment and verification arrangements.
- Government has a responsibility too – especially to ensure the protection of those who can't protect themselves, in particular children.
- Tackling obesity and preventable illness through healthier food is a global business opportunity.
- The food industry has expertise in reformulation, new food technologies available and access to corporation tax relief for R&D. The building blocks are in place for a successful transition to healthier mass produced food.

That's why we called on government, the food industry and other key stakeholders to take action to improve the quality of mass produced food – to help tackle obesity, reduce the risk of preventable illness at each key stage in life and reduce pressure on the NHS.

Key points from the Health Action Campaign Report

- The UK food and drinks industry claims £1 billion a year in corporation tax relief for research and development. What could be achieved if this was used to develop healthier food?
- New processes and ingredients (salt microspheres, fat micro-aeration and flavour delivery particles) can cut levels of salt, fat and sugar, yet keep the tastes consumers like – a potential win-win for industry and public health.
- Consumer research says people are more health conscious and better informed. Nielsen reports, for example, that more Europeans now aim to eat less sugar than try to eat less fat.

Extracts from coverage of our report in the December 2015 edition of *Cost Sector Catering*

“Poor Diet costs the NHS £6 billion a year, yet food and drink companies could easily cut sugar, salt and fat without affecting taste, according to the Health Action Campaign, which has just published a report asking why progress on this issue is slow. David Foad reports.”

Q&A with Michael Baber, director of Health Action Campaign



David Foad: Who should be on the multipartner task force you recommend and how would you see it working?

Michael Baber: Whoever is best placed to help reduce pre-school obesity from across the public, private and voluntary sectors. I'd suggest the task force identifies

which children are most at risk, which interventions have been shown to work, how these can be applied in a joined-up way and how this can be made a priority. If more resources are needed to achieve this, then a cost-benefit analysis would be useful to present to government.

What's your response to the idea that the better path is to educate people to make their own lifestyle choices?

That was the initial approach with smoking. We've known for 60 years that tobacco is a health risk, but ten million people in the UK still smoke. And what about our children? Are we going to expect them to make their own mature lifestyle choices aged two, five or seven? And what about parents who put their children's health at risk through lifestyle choices? Is that acceptable?

Of the four food groups we need to target in our diets, is there one that is more important?

I'd suggest two: less sugar and more dietary fibre. They complement each other by helping people feel fuller longer. With regard to the other groups, there has already been progress on reducing salt and saturated fat. The focus on less sugar and more dietary fibre also matches the government's Scientific Advisory Committee on Nutrition's recommendations earlier this year.

What should the foodservice industry do to further the report's recommendations?

Progress on reducing salt in food was achieved by a wide range of companies agreeing to move forward together, making incremental changes. That way, business risk was minimised. This sounds like an approach that might work for foodservice too – when it comes to reducing sugar levels, for example.

How will you get food and drink suppliers working with and not against you?

We felt it was important to look at this from their perspective too, as food and drink suppliers are an important part of the UK economy. For example, what are the challenges in reformulating food, and what are the likely business implications of producing healthier food and drink?

Our assessment is that there are some genuine challenges but also emerging means to help reduce sugar, saturated fat and salt in food. For example, DouxMatok has developed flavour-delivery particles and Tate & Lyle has developed SODA-LO. And some changes aren't rocket science. Do

yogurts really need so much sugar in them and couldn't baby foods contain some bitter tastes rather than being uniformly sweet? So we'd suggest that some changes are doable and in the industry's long-term business interests. Being seen as part of the solution rather than part of the problem is likely to be better for a company's reputation and market share.

Are you optimistic about the chances of tackling obesity successfully?

I'm cautiously optimistic. *The Times* has come out in favour of a sugar tax. The Conservative MP chairing the House of Commons Health Committee has taken Health Minister Jeremy Hunt to task for the alleged holding back of an inconvenient report on sugar, with the *Telegraph* making the story front-page news. This suggests that opinion, even among the government's natural supporters, is moving in favour of doing something more substantial to tackle obesity, particularly among children. I get a sense that we're now reaching a tipping point.

