NFWI 2016 Annual Meeting Resolution Shortlist Briefings

Federation representatives have shortlisted eight resolutions for further debate. Members should now undertake further research into these resolutions, using these notes and other resources produced by the NFWI as a starting point. Members need to decide which resolution they would like to go to the Annual Meeting in June, where the most popular resolution/s will be put to a vote of delegates.

At this stage every member has the opportunity to make a selection by individually completing the selection slip which will be included in the November/December edition of WI Life. Selection slips must be returned to federations, and federations will let the NFWI know the results from their federation by 3 February 2016. Federations will communicate with their members the deadline for selection slips to be returned to them. Any selection slips returned directly to the NFWI will not be counted.

The NFWI Public Affairs team will work to produce this briefing in other formats, such as PowerPoint presentations, to help WIs hold debates and to help members educate themselves about each of the proposed resolutions. These notes are also available on the NFWI website, on the Moodle, and by request direct from the NFWI Public Affairs department.

If there are any questions about the shortlist or about the resolutions process itself, please get in touch with NFWI Public Affairs and we'll be happy to help.

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November 2015

2016 Annual Meeting Shortlist

1) Ban the microbead

Beach litter and floating plastic debris is more than just an unsightly problem. Scientific research shows that plastic microbeads, found in cosmetic and personal care products, are polluting the oceans and causing long- term health risks for both aquatic life and people. We call on WI members to take action to reduce use of plastic microbead-containing products in their own homes and communities; to raise awareness of the problems associated with plastic microbeads; and to lobby manufacturers, retailers and see the UK Government following in the steps of the Netherlands and other countries in proposing a ban on the use of these products.

2) British fruit: reviving our heritage

This meeting calls on the WI to spearhead a national campaign that creates a fruit revival in local communities, celebrates our WI roots, promotes health, addresses food security and reduces the carbon footprint.

3) Free sanitary protection for homeless women

We call upon WIs to campaign for homeless shelters to be provided with a funding allowance to enable them to provide sanitary protection (tampons and towels) for homeless women.

4) Prevention of sudden cardiac death in young adults in the UK

Every week in the UK at least 12 apparently fit and healthy young people die suddenly from undetected cardiac abnormalities. The majority of these deaths are preventable. This meeting urges Her Majesty's Government to put in place a national strategy for the prevention of young sudden cardiac death to ensure that all young people between the ages of 14 and 35 have access to heart screening by appropriately qualified professionals to identify any potentially life-threatening conditions.

5) First aid to save lives

The NFWI considers that suffering could be minimised and lives could be saved if more members of the general population were trained in first aid. We propose that HM Government should promote first aid training in schools, colleges, universities and in the workplace. Furthermore, that all WIs should support and encourage first aid training and volunteer first aiders in their communities so that we become a safer and better informed country ready to help save lives.

6) Mind or body – equal funding for care

The National Federation of Women's Institutes calls upon the Government to ensure that the care of people with poor mental health receives funding and respect equal to that provided for people with physical health problems.

7) Avoid food waste, address food poverty

The WI calls on all supermarkets to sign up to a voluntary agreement to avoid food waste, thereby passing surplus food onto charities thus helping to address the issue of increasing food poverty in the UK.

8) Appropriate care in hospitals for people with dementia

We call upon HM Government and the NHS to provide facilities to enable carers to stay with people with Alzheimer's disease and dementia that have been admitted into hospital.

Ban the microbead

Beach litter and floating plastic debris is more than just an unsightly problem. Scientific research shows that plastic microbeads, found in cosmetic and personal care products, are polluting the oceans and causing long term health risks for both aquatic life and people. We call on WI members to take action to reduce use of plastic microbead-containing products in their homes and communities; to raise awareness of the problems associated with plastic microbeads; and to lobby manufacturers, retailers and see the UK government following in the steps of The Netherlands and other countries in proposing a ban on the use of these products.

Proposer's position

The proposer's intention is to highlight the impact of microbeads on marine ecosystems, encourage behaviour change, build consumer pressure on companies to change their practices, and work towards a ban on the use of microbeads in the UK.

Outline of the issue

'Microbeads' are microplastic particles that are found in cosmetic and personal care products.[1] Overwhelmingly, they are made of polyethylene (93%) with the rest made of polypropylene, polyethylene terephthalate, polymethyl methacrylate, polytetrafluoroethylene, and nylon.[2] Natural alternatives to the use of microbeads include oatmeal, sea salt, and ground nutshells. Microbeads measure less than a millimetre wide, which means they cannot be filtered out at water treatment plants and so end up in rivers and oceans. With each use of products such as facial scrubs releasing up to 100,000 microbeads, recent research by the University of Plymouth estimates that up to 80 tonnes of microbeads could end up entering waterways every year from using such products in the UK alone.[3]

Once in the water, the plastic acts like a sponge, soaking up toxins (e.g. pesticides and flame retardants) that have also found their way into the ecosystem, creating a concentrated source of toxic chemicals, which are then eaten by a range of marine organisms (such as commercially important fish and shellfish to baleen whales). Microplastics account for around 10% of all reported ingestion of marine debris, with particular impact on organisms with a range of feeding methods such as filter feeders (mussels and barnacles), deposit feeders (lugworms) and detritivores (sea cucumbers) and zooplankton.[4] Organisms are often confused between microplastics and plankton, especially given the plastic concentration in the water.[5]

Basking sharks have been estimated to consume approximately 13,110 microplastic items per day and Mediterranean fin whales approximately 3,653 items. In the UK, 83% of Norway lobsters (which are often sold as scampi) sampled contained microplastic debris. In the English Channel, 36.5% of sampled fish, including whiting and mackerel, had ingested plastic. In the Mediterranean, plastic ingestion was found in 18.2% of Bluefin tuna and albacore tuna. A range of studies show that adverse effects of microplastic ingestion include decreased feeding, weight loss, decreased energy

[1] These products include: facial and body scrubs, deodorants, shampoos and conditioners, shower gels, lipstick, hair colouring, shaving cream, sunscreen, insect repellent, anti-wrinkle creams, moisturisers, hair spray, facial masks, baby care products, eye shadows and mascara

[2] Napper (2015) http://www.sciencedirect.com/science/article/pii/S0025326X1500449X

[3] EIA 2015 https://eia-international.org/wp-content/uploads/EIA-Lost-at-Sea-FINAL-lr.pdf

[4] Napper 2015 http://www.sciencedirect.com/science/article/pii/S0025326X1500449X

[5] State of Europe's seas, 2015 http://www.eea.europa.eu/publications/state-of-europes-seas

reserves, compromised fitness, hepatic stress, impaired health, and potentially starvation over time.[6]

This has important implications not just for marine ecosystems but also humans. Healthy oceans are essential for thriving marine ecosystems, livelihoods and economies both in the UK and globally. Additionally, there is growing concern that the microbeads and the toxic chemicals they accumulate are making their way up the food chain to people, with the consequences of this build up for human health largely unknown.[7]

Prevention is key. Once in the marine environment particles react with the ecosystem and become embedded in the seabed, shoreline and plant matter – making clean-up operations labour intensive, time-consuming, and costly. UNEP recommends a precautionary approach toward microplastic management, with the eventual phase out and ban of plastics in cosmetics and personal care products.[8] Public pressure campaigns, such as Beat the Microbead and Scrub it Out, have persuaded many companies to commit to phasing out microplastics. Despite these pledges, campaigners are still calling for legislative action to speed up the process, ensure that commitments are maintained, and provide a level playing field for manufacturers.

There has been some movement in legislating against microbeads in the US, with California being the most recent state to ban microbeads. The Netherlands has announced its intention to be virtually free of microbeads in cosmetics by the end of 2016, Australian policymakers are calling for a formal ban, and in January of this year Austria, Belgium, Luxembourg, the Netherlands and Sweden issued a joint call to ban the use of microplastics in personal care products, with the aim of protecting marine ecosystems, including seafood, from contamination.[9] In the US, there has been resistance to legal bans from certain brands that argue that micro-size plastic in the water supply can come from other byproducts, such as synthetic fabric. In addition, microbeads can be found in some non-cosmetic products and processes. There have also been some concern around the terminology used in the legislation which campaigners are worried might create potential loop-holes. For instance, some bans have qualifying phrases (e.g. “rinse off personal care products”) which exclude a number of products (e.g. deodorants and cleaners).[10]

Arguments for the resolution

- While microbeads are only one aspect of marine litter, due to their presence and quantity in products and their resistance to degradation, their abundance in the ocean is assumed to be increasing. Additionally, this is a type of marine pollution that is avoidable.
- This resolution encompasses a strong role for consumer action, both by bringing pressure to companies that have yet to make a commitment, as well as showing support for those that have. This consumer action fits the WI ethos of practical action.

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[6] EIA 2015 https://eia-international.org/wp-content/uploads/EIA-Lost-at-Sea-FINAL-lr.pdf
[7] State of Europe’s seas, 2015 http://www.eea.europa.eu/publications/state-of-europes-seas
[8] UNEP (2015) Plastic in cosmetics: are we polluting the environment through our personal care Fact sheet http://unep.org/gpa/documents/publications/PlasticinCosmetics2015Factsheet.pdf
[9] http://nr.iisd.org/news/five-european-countries-urge-banning-microplastics/
[10] Rochman, 2015 http://pubs.acs.org/doi/pdf/10.1021/acs.est.5b03909

- This resolution fits within the WI's longstanding concern for healthy and sustainable marine ecosystems.

Arguments against the resolution

- There are still gaps in research and understanding around the precise impact of microbeads on marine ecosystems.
- This resolution focuses specifically on cosmetic and personal care products, while microbeads can also be found in other products such as paint or sand-blasting.
- While there is a lack of consumer awareness of the problem, campaigns such as Beat the Microbead are growing in success.

Groups to contact for further information

Beat the Microbead (a Plastic Soup Foundation initiative)
Van Hallstraat 52-1, 1051 HH Amsterdam
Tel: +31 (0)85 401 6244 Email: info@plasticsoupfoundation.org
Web: http://www.beatthemicrobead.org/en/ @BeatTheBead

Fauna & Flora International
Jupiter House, 4th Floor, Station Road, Cambridge, CB1 2JD
Tel: 1223 571 000 Email: info@fauna-flora.org
Web: http://www.fauna-flora.org/initiatives/marine-plastic-pollution/ @FaunaFloraInt

Marine Conservation Society
Overross House, Ross Park, Ross-on-Wye, Herefordshire, HR9 7QQ
Tel: 01989 566017 Email via website: https://www.mcsuk.org/contact_mcs/
Web: https://www.mcsuk.org/ @mcsuk

British fruit: reviving our heritage

This meeting calls on the WI to spearhead a national campaign that creates a fruit revival in local communities, celebrates our WI roots, promotes health, addresses food security and reduces the carbon footprint

Proposer's position
The proposer's intention is for the WI to get back in touch with our roots by leading a national campaign to revive the consumption, harvesting, and growing of British fruit. The proposer believes we import too much fruit from abroad while British fruit goes to waste and further, that we lack the skills to grow and preserve our own food meaning that Britons are losing touch with British fruit. This resolution seeks to address those gaps while also promoting food security, healthy eating, responsible environmental stewardship, and community cohesion: core WI values.

Outline of the issue
While the UK currently enjoys a high level of food-security, there are some alarming trends. According to the House of Commons Environment, Food, and Rural Affairs Committee the UK is currently only 68% self-sufficient in foods that can be produced here. This percentage has steadily declined over the last twenty years. [11]

Fruit and vegetables have witnessed the biggest drop in self-sufficiency. For fruit the situation is particularly dire; the UK is only 12% self-sufficient in fruit production. In 2012, the UK imported £8 billion worth of fruit and vegetables and 88% of fresh fruit is imported and that percentage is rising. Most of these imports occur in the out-of-season months (November-June) however for some fruit it remains relatively high even during the height of UK seasonal production.[12]

Fruit production is one key area that experts have identified where the government needs to do more to increase domestic production. However, it is important to note that it would not be in the UK's interest to become fully self-sufficient in indigenous food as our food security depends on diversity of supply for resilience.[13]

As noted by the Environment, Food and Rural Affairs Committee, the UK's food security depends on a vibrant, innovative and professional UK farming sector. A number of surveys highlight the growing skills gap in horticulture. In its 2013 report the Horticulture Matters industry group (formed to tackle the skills shortage) highlighted that 72% of horticultural business surveyed could not fill vacancies, 70% of 18-year-olds thought horticultural careers were only for those who were not academic, and 50% of under-25s saw horticulture as an unskilled career.[14] This is concerning for an industry that is facing an ageing workforce.[15]

In 2012, consumers in the UK wasted 1.1 million tonnes of fruit, making fruit the second largest food category in terms of domestic wastage. Therefore, in addition to not growing our own fruit, we are

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[11] Food Security, 2014 http://www.publications.parliament.uk/pa/cm201415/cmselect/cmenvfru/243/243.pdf
[12] These include apples, peppers, and tomatoes.
[13] Food Security, 2014 http://www.publications.parliament.uk/pa/cm201415/cmselect/cmenvfru/243/243.pdf
[14] Horticulture Matters, 2013 https://www.rhs.org.uk/Education-Learning/PDF/Training/1016-RHS-Hort-Careers-Brochure-V8
[15] Lantra, 2014 http://www.lantra.co.uk/Downloads/Lantra-mini-SSA-17-10-2013-V3-MS_Updated-02-April_FINAL.aspx

wasting the fruit we do have, both of which have a negative effect on economic growth and the environment.

Not only is this bad news for British growers, but it is also bad for the consumer in terms of taste and nutritional value. As fruits can spoil during transportation due to handling, packaging, and overall journey time, some experts claim that the modifications made to fruit to help them survive the journey lower their nutritional value and can alter their taste.

The number one challenge to our food security is the extreme weather events that are caused by climate change. Therefore a solution to secure our food supply is needed that mitigates those risks as well. The global food industry is one of the largest net contributors to green-house gas emissions and a chief contributor to deforestation. Buying locally grown foods can counter those effects.

The UK has the highest level of obesity in Western Europe and one in four British adults is obese. The British public do not eat enough fruit and vegetables, with children eating only one quarter and adults only half the amount of fruit and vegetables recommended. While programmes such as the EatWell Plate and the '5 a day' campaign have achieved results, numerous experts have called for a more ambitious programme to tackle obesity and other public health issues, including promoting fresh fruit and vegetable consumption.[16] This resolution can help halt or reverse that trend and encourage healthier lifestyles overall.

Community led local food enterprises are leading the way where the government has not in seeking sustainable ways to reverse all of these trends, while also fostering a sense of community and teaching new food production skills. For example, the Incredible Edible project, an urban gardening scheme started in 2008 in Todmorden, brings community members together around local food production, teaching new skills, healthy eating, and helping people earn more income from their land or at market. The project has spread nationwide and globally.

Arguments for the resolution

- There is a growing skills shortage in the agriculture and horticulture industry which will have a growing impact on the UK's food security. The NFWI is best placed to promote a revival of education and engagement in the sector.
- One of the principal outcomes from the WI's Great Food Debates was that people in the UK have lost their connection to food – how it is grown/produced, how it fits within a healthy diet, and what makes a sustainable environment.
- This resolution is a return to the WI's roots, and has the potential for WIs across the country to mobilise their extensive local networks to bring community members together to teach new skills in food production and harvesting, learn about healthy eating and environmental stewardship, and contribute to the nation's domestic food supply.

Arguments against the resolution

- This resolution encompasses a number of issues (food production, food security, healthy eating) that the WI is already working on or has recently worked on. Is this resolution redundant?
- This resolution merges a number of complex issues, which may confuse members and stakeholders.

[16] Food security: demand, consumption and waste. EFRA committee 2015
http://www.publications.parliament.uk/pa/cm201415/cmselect/cmenvfru/703/703.pdf

Existing and related campaigns

Incredible Edible Network
Unit 9, The Town Hall, St George's Street, Hebden Bridge, HX7 7BY
Tel: 0781 8570177 Email via website: http://incredibleediblenetwork.org.uk/contact-us
Web: http://incredibleediblenetwork.org.uk/ @incredibledible

Groups to contact for further information

British Growers Association
BGA House, Nottingham Road, Louth, Lincolnshire, LN11 0WB
Tel: 01507 602427 Email via website: http://www.britishgrowers.org/contact/
Web: http://www.britishgrowers.org/ @BritishGrowers

Free sanitary protection for homeless women

We call upon WIs to campaign for homeless shelters to be provided with a funding allowance to enable them to provide sanitary protection (tampons and towels) for homeless women.

Proposer's position
The proposer's intention is to ensure that homeless shelters adequately provide for the needs of homeless women with respect to menstruation in the same way they do for other items deemed essential and in doing so address a great inequity in how the needs of homeless women are currently assessed. While items such as condoms and razors are routinely provided to homeless shelters, sanitary ware is not consistently offered, meaning that women in shelters are often forced to choose between spending their limited income on food or sanitary towels. This resolution seeks to mobilise WI members to campaign for national and local authorities to make provisions within their commissioning arrangements to provide free sanitary protection for women accessing homeless shelters.

Outline of the issue
Homelessness is on the rise in the UK. Government statistics show that between 2011 and 2012 alone the number of people categorised as homeless grew by ten per cent and more troubling, the number of the people recorded as sleeping rough has risen by thirty-seven per cent over the last five years. At the same time as homelessness is rising, funding for support for the homeless is being cut at both local and national levels.

The homeless advocacy group and charity St.Mungo's Broadway highlights that most services for the homeless are catered towards men, who comprise the majority of those homeless or sleeping rough.[17] However, in 2013 women comprised slightly more than one-quarter (26%) of the homeless population, a significant percentage.[18] Experts also believe that many more women are what they term 'hidden homeless', never encountering formalised support services. Yet, despite their high numbers, the funding for services targeted at women is woefully inadequate, disproportionate, and heading in the wrong direction. For example, the funding for support services for women actually fell from 12% of the total budget in 2011 to only 8% in 2013.

Why are women homeless?

Research from St. Mungo's has concluded that 'women who are homeless have a number of severe, interrelated and exceptionally complex problems which contribute to their homelessness and make recovery challenging.' Their research into the life experiences of their homeless women clients has demonstrated that:

- 44% were the victims of domestic abuse (with 32% saying that their abuse contributed to their homelessness)
- 19% experienced abuse as children
- 70% had mental health problems (often stemming from their experiences of abuse)
- 48% had a substance abuse problem
- Over 33% had experience of prostitution

[17] http://rebuildingshatteredlives.org/wp-content/uploads/2014/03/Rebuilding-Shattered-Lives_Final-Report.pdf
[18] http://www.crisis.org.uk/pages/homeless-diff-groups.html

- 49% are mothers (79% of whom have had their children taken into care or adopted)
- 42% have an offending history
- 6% were pregnant [19]

It is clear from the above figures that homeless women are a particularly vulnerable group of women, characterised by experiences of domestic or childhood abuse and poor mental health.

One Size Does Not Fit All

Women have unique needs as women that homelessness services are systematically and consistently failing to address. Homelessness services are often configured around the male service user, which helps explain why condoms and razors are often provided to homeless shelters free of charge for male use, but sanitary ware for female use is not. 'Kits' for the homeless that are donated often also include items for dental care and shaving, but not for when women have their periods. If shelters do provide sanitary ware, many women report feeling too embarrassed to ask for it. At the moment shelters can request condoms free of charge from the NHS, but sanitary ware is not considered to have medical utility so it is not freely provided by the NHS.

This is a part of the larger classification of menstrual care products as 'luxury' or 'non-essential.' Despite the fact that women spend on average 3,000 days of their lives menstruating, all sanitary ware in the UK is classed as 'luxury, non-essential' items, and are taxed at a rate of 5%. The reduced 5% rate was only achieved in 2001, when it was lowered from the normal VAT rate of 17.5% after a concerted campaign to lower the rate to zero.[20] The 5% rate is the lowest rate currently allowed under EU law. However, campaigners to reduce the tax argue that it's unfair that products such as Jaffa cakes and bingo equipment are exempt from VAT, while sanitary ware is not. Recently (26 October 2015), politicians voted 305 to 287 against removing the 'tampon tax.'

Why Does This Matter?

As a consequence of this policy oversight and the culture of stigma and shame which still wrongly surrounds menstruation, homeless women in the UK are either suffering the indignity of going without sanitary care products or are resorting to the use of unhygienic items such as newspapers. This not only perpetuates homeless women's already high levels of poor mental health and feelings of inadequacy and shame, but it is also hugely detrimental to their health. Poor menstrual hygiene practices are linked to a host of reproductive health problems such as reproductive tract infections, urinary tract infections, bacterial vaginosis, and dysmenorrhea (extremely painful periods) and is also linked to anaemia and infertility.[21] Therefore, this is as much a public health issue as it is an issue of gender equality and homelessness.

Homeless women have already experienced disproportionately high levels of trauma and abuse. They are already suffering from high levels of poor physical and mental health. Campaigners argue

[19] http://rebuildingshatteredlives.org/wp-content/uploads/2014/03/Rebuilding-Shattered-Lives_Final-Report.pdf
[20] http://www.telegraph.co.uk/women/womens-life/11465037/Period-Tampon-Tax-George-Osborne-stop-taxing-our-bloody-periods.html
[21] http://www.wssinfo.org/fileadmin/user_upload/resources/MENSTRUAL-HYGIENE-MANAGEMENT-Paper-for-END-group-1.pdf

that if homeless men are able to have ready access to razors so they can shave, homeless women should have ready access to tampons and towels.

Arguments for the resolution

- If WI members don't speak up for vulnerable women, no one will. Members have shown through past campaigning for women's refuges that the WI can make a tangible difference in the lives of women displaced from their homes due to violence and abuse.
- The reality of menstruation for homeless women is often demeaning because their needs are not fully taken into account. This resolution seeks to rebalance the services shelters provide to better reflect the needs of women, while also educating members of the public that sanitary ware items should be donated to shelters along with other needed items.
- In addition to national campaigning, with the WI's network of groups across England, Wales, and the Islands members could raise awareness and support efforts to ensure that local shelters have access to these products.

Arguments against the resolution

- A nationwide campaign was already launched earlier this year by three advertising agency interns who, shocked after reading an article about the humiliation and suffering if women on the streets, decided to take action. Their website- The Homeless Period- has secured over 100,000 signatures for their petition for free sanitary products.
- In the current fiscal climate, with cuts to shelters across the board, is now an appropriate time to call for this?
- Homeless women face a multitude of interrelated problems- should awareness and support be directed at those issues, such as poor mental health or sexual abuse, instead?

Existing and related campaigns

The Homeless Period
Email: us@thehomelessperiod.com
Web: http://thehomelessperiod.com/ @HomelessPeriod

Groups to contact for further information

St Mungo's Broadway
Griffin House, 161 Hammersmith Road, London W6 8BS
Tel: 020 8762 5500 Email: info@mungosbroadway.org.uk
Web: http://www.mungosbroadway.org.uk/ @MungosBroadway

Prevention of sudden cardiac death in young adults in the UK

Every week in the UK at least 12 apparently fit and healthy young people die suddenly from undetected cardiac abnormalities. The majority of these deaths are preventable. This meeting urges Her Majesty's Government to put in place a national strategy for the prevention of young sudden cardiac death to ensure that all young people between the ages of 14 and 35 have access to heart screening by appropriately qualified professionals to identify any potentially life-threatening conditions.

Proposer's position
The proposer's intention is to prevent sudden cardiac death in young people through the implementation of a national prevention, treatment, and research strategy. This includes providing access to heart screening technologies.

Outline of the issue
Young sudden cardiac death (YSCD) is usually defined as 'death occurring within one hour of the onset of symptoms in a young person without a previously recognised cardiovascular abnormality.'[22] In various forms it is also known as Sudden Arrhythmic Death Syndrome (SADS), Sudden Cardiac Arrest (SCA), Sudden Infant Death (SID), or Sudden Unexplained Death (SUD). For the purposes of this briefing the condition will be referred to as YSCD.

YSCD is one of the biggest killers of young people in the UK; 12 British people between the ages of 14 and 35 die every week from these 'hidden' heart complications, often demonstrating no symptoms prior to their death. Indeed a leading cardiologist in Australia explained that in half of the cases of YSCD the 'first sign of something wrong is when they die.'[23]

The underlying causes of YSCD are fundamentally different than those of sudden cardiac arrest in older adults, which is one of the biggest causes of fatalities worldwide and is responsible for approximately 100,000 deaths in the UK each year. Myocardial infarction, also known as a heart attack, and coronary artery disease are two of the principle underlying causes of sudden cardiac death in adults over 35. For both of these many underlying causes are preventable and linked to lifestyle, rather than genetic predisposition or inherited characteristics. Many cases of heart attacks do not lead to sudden cardiac arrest.

This is markedly different from the underlying causes of YSCD, which are overwhelmingly genetic and do invariably lead to sudden cardiac arrest and then death. Unlike in cases of cardiac arrest solely, the heart does not fail due to a lack of blood supply. Rather, many cases of YSCD result from an inherited predisposition for muscular heart disease or disease of the electrical circuits of the heart, such as an arrhythmia.

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[22] M Montagnana, G Lippi, M Franchini, G Banfi, GC Guido. "Sudden Cardiac Death in Young Athletes." *Internal Medicine* 47, no. 15 (2008): 1373-1378.
[23] "Sudden Cardiac Arrest: Up to Five Australians under 35 die each week" http://www.theguardian.com/world/2014/aug/12/sudden-cardiac-arrest-up-to-five-australians-under-35-die-each-week

It is estimated that in the UK there are over 200,000 young people living with these heart abnormalities, usually unaware and asymptomatic. YSCD is usually precipitated by intense physical activity, although it can strike those who are sedentary. YSCD has been sensationalised in the media because of its rarity and the fact that it strikes famous athletes at the prime of their life while they are playing sport. An example of this is the 2012 case of Fabrice Muamba who nearly died on the football pitch in front of a global audience.

National Prevention and Treatment Strategy

There is currently no national strategy in place for diagnosing, treating, or researching YSCD, which means that those who thankfully survive an attack or those diagnosed with a heart problem often face confusing or contradictory advice on how they should get treatment and the families of those that have died from YSCD are often left with no answers or bereavement support. The campaigning group Cardiac Risk in the Young (CRY) is calling for a national strategy to be implemented to combat YSCD and synchronise government policy on the disease, a four pronged strategy consisting of screening, support, awareness, and research.[24]

The utility of a national screening programme or one directed solely at athletes to detect those with heart abnormalities remains the subject of much debate.[25] Campaigners argue that a large proportion of these deaths can be prevented as these heart abnormalities can be detected by an electrocardiogram (ECG), a non-intrusive test that evaluates the electrical and muscular functions of the heart. Screening young and ostensibly healthy people will pick up minor abnormalities in around 1% of the population and serious, potentially life-threatening abnormalities in .3% (almost one in three hundred) of the population. CRY recommends that screening be made available to every fourteen year old and they cite the national Italian screening programme (in place since 1971) which has reduced the rate of YSCD by 89% among those involved in competitive sport as proof that screening works.

However, detractors argue that both the efficacy and feasibility of a screening programme to detect YSCD remains in doubt and, therefore, should not be implemented. They further allege that the Italian case is predicated on faulty data.[26] Instead, many argue that screening not only does not detect all heart abnormalities, but actually has a twenty per cent false positive rate.[27] Further, they argue that screening is extremely cost-inefficient. For example, the American College of Cardiology concluded that conducting electrocardiographic screening of all young competitive athletes in the US could cost up to $69 billion over a twenty-year period and save 4,813 lives, making the cost per life

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[24] Their national strategy objectives were outlined in their 2015 election manifesto: http://www.c-r-y.org.uk/wp-content/uploads/2015/04/Manifesto.pdf

[25] More a comprehensive overview of some of the recent evidence and literature pertaining to screening for SCD see: Mark S. Link and N.A. Mark Estes III, "Sudden Cardiac Death in the Athlete: Bridging the Gap Between Evidence, Policy, and Practice," *Circulation* 125 (2012): 2511-2516 http://circ.ahajournals.org/content/125/20/2511.full.pdf+html

[26] Critics argue that the Italian study does not definitively prove that sustained use of ECG screening is effective. Principally, they argue that the methodology of the study is flawed because it was not a controlled comparison of screened versus unscreened populations, but was a population based observational study and also did not compare ECG screening to non-ECG screening methods, such as physicals.

[27] British Heart Foundation, "Policy Statement: Cardiac Screening for Professional Athletes": https://www.bhf.org.uk/~/media/files/publications/policy-documents/policy_statement_screening_of_athletes_external_sep2013.pdf

saved between ten and fourteen million dollars.[28] Further studies in the United States have concluded that there is no direct evidence that an ECG or any other cardiovascular screening programme will reduce the incidence of YSCD in any of the 'at risk' populations.

This position is supported by the National Screening Committee with their July 2015 recommendation that a universal screening programme for the young not be implemented because:

- 'There are a number of uncertainties over the test, the conditions that cause SCD, and the overall benefit of identifying those at risk when weighed against the potential harms.
- There is very little research into the reliability of the tests for identifying those at risk of SCD
- There is no agreed treatment or care pathway for supporting those who have been identified at risk of SCD.'[29]

The National Screening Committee will review this decision in 2018/2019. This decision has been met with dismay by campaigners, advocates of screening, and some paediatric cardiologists who argue that doing nothing is not an option. Advocates for screening also argue that the NSC recommendation is fundamentally at odds with notable bodies, such as the European Society of Cardiology, which recommends mandatory screening for athletes. Following the tragic July 2015 death of footballer Junior Dian from YSCD, sports minister Tracey Couch stated in Parliament that she would be examining a prevention strategy that included screening.

Arguments for the resolution

- Many of the barriers that the National Screening Committee have identified can be overcome; now is the time to act before the 2018/2019 review of screening policies to build the robust evidence base and treatment and care pathway that the Committee identifies as necessary.
- These tragic deaths are preventable; is doing nothing really an option?
- Other nations like Italy and Israel have instituted screening programmes. Even though the United States does not have mandatory screening, it does have a system in place for detecting at risk individuals involved in athletics. The UK must explore options along these lines to prevent the needless deaths of young people.

Arguments against the resolution

- The National Screening Committee has just recommended against a national screening programme to detect SCD in July 2015. This resolution directly contravenes current government policy that will not change until the 2018/2019 review.
- Although these deaths are tragic and senseless, they are miniscule in comparison to those who perish from other heart diseases. Might the WI have a greater impact campaigning on wider heart health issues?

Existing and related campaigns

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[28] A Halkin, A. Steilvil, R. Rosso, A. Adler, U Rozovski, S. Viskin, "Preventing sudden deaths of athletes with electrocardiographic screening: what is the absolute benefit and how much will it cost?," *Journal of the American College of Cardiology* 60, no. 22 (Dec. 2012): 2271-6.

[29] National Screening Committee Recommendation on Screening: http://legacy.screening.nhs.uk/suddencardiacdeath

Cardiac Risk in the Young- the leading charity working to reduce the frequency of young sudden cardiac death.
Unit 1140B The Axis Centre, Cleeve Road, Leatherhead, KT22 7RD
Tel: 01737 363222 Email: cry@c-r-y.org.uk
Web: http://www.c-r-y.org.uk/ @ CRY_UK

Groups to contact for further information

British Heart Foundation
Lyndon Place, 2096 Coventry Road, Sheldon, Birmingham, B26 3YU
Tel: 020 7554 0000 Email via website: https://www.bhf.org.uk/about-us/contact-us
Web: https://www.bhf.org.uk/ @TheBHF

UK National Screening Committee Secretariat
Floor 2, Zone B, Skipton House, 80 London Road, London, SE1 6LH
Tel: 020 3682 0890 Email via website: http://legacy.screening.nhs.uk/email_us_form.php
Web: https://www.gov.uk/government/groups/uk-national-screening-committee-uk-nsc

First aid to save lives

The NFWI considers that suffering could be minimised and lives could be saved if more members of the general population were trained in first aid. We propose that HM government should promote first aid training in schools, colleges, universities and in the workplace. Furthermore, that all WIs should support and encourage first aid training and volunteer first aiders in their communities so that we become a safer and better informed country ready to help save lives.

Proposer's position
The proposer's intention is to increase the number of people with emergency life support skills, and to increase the number of people with the confidence to use those skills to respond to an emergency situation. Acknowledging that a number of national organisations offer training and support in first aid, the proposer would like to see the promotion of first aid training and time allocated for it within schools, colleges, universities and workplaces. The aim would be to minimise the ill effects of a sudden illness and save lives.

Outline of the issue
There are tens of thousands of medical emergencies every year in the UK, resulting in deaths, injuries and disabilities. According to the British Heart Foundation (BHF) approximately 30,000 people each year in the UK have an out of hospital cardiac arrest in which the emergency services attempt resuscitation. Of this number, only 1 in 10 people recover to leave hospital. This survival rate lags considerably behind other developed countries such as Norway, with a survival rate of 25%. Evidence shows that in some cases CPR can double the chances of survival and that if an emergency ambulance is called and immediate bystander CPR is applied, followed by early defibrillation and effective post-resuscitation care, survival rates following cardiac arrest can exceed 50%. Whilst cardiac arrest is not the only emergency that can be tackled by first aid training, these statistics show that, even in this one area, emergency first aid can have a great effect.

Several surveys in the UK have shown that around three quarters of people do not know how to perform CPR.[30] Whilst 47% of people say that they have received formal training, only 29% report that they are confident at performing it on close family members and only 22% are confident to perform it on a total stranger.[31] Several European countries teach CPR in their schools, such as Denmark and Norway. In countries that do teach CPR in schools, the rate of survival for out of hospital cardiac arrest is almost double that of the UK.[32] Looking at first aid more widely, the British Red Cross found only 7% of people felt confident that they could carry out emergency first aid. This figure is 80% in Germany and Scandinavian countries where Emergency Life Skills are taught in schools.[33]

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[30] BHF research in 2006 found that nearly three quarters of people were not trained in CPR (CPR training research, British Heart Foundation, Ed Coms, 2006.) A survey undertaken in 2010 by St John Ambulance, St Andrew Ambulance and the British Red Cross found that 77% of people either did not know how to perform CPR, or were unsure – see: http://www.sja.org.uk/sja/about-us/latest-news/news-archive/news-stories-from-2009/february/national-first-aid-awareness.aspx
[31] https://www.bhf.org.uk/~/media/files/publications/policy-documents/final_nation_of_lifesavers_policy_statement_14102014.pdf
[32] *Ibid.*
[33] http://www.redcross.org.uk/About-us/Media-centre/Press-releases/2009/February/No-first-aid-teaching-in-1-in-4-schools-despite-backing-from-teachers

At present, there is no requirement for schools in England to train children in ELS, or basic first aid. However, the BHF estimates that around one in seven children in secondary school in England do receive ELS training. First aid training, which covers many of the parts of ELS, has been included at some English secondary schools as part of Personal, Social, Health and Economic Education (PSHE). PSHE does not have any statutory basis and is not part of the National Curriculum – schools have therefore not been required to teach it. In Wales, ELS is part of a framework within Personal and Social Education (PSE). PSE forms part of the basic curriculum which must by law be taught alongside the national curriculum for all registered pupils aged 5 to 16 at maintained schools, however the framework that includes ELS is not statutory.[34] During the latest curriculum review (which was implemented in 2014), the Education Secretary did not accept calls from expert groups for ELS to become a mandatory part of secondary education.

On 16 September 2015, Teresa Pearce MP, along with St John Ambulance, the BHF and the British Red Cross, launched the Every Child a Life Saver campaign.[35] This campaign calls on the Government to make first aid training compulsory in all state-funded secondary schools. Alongside this campaign Pearce tabled the Emergency First Aid Education Bill in Parliament, which would require secondary schools to give young people the skills and confidence to deal with a range of medical emergencies including cardiac arrests, heart attacks, choking, bleeding, asthma attacks, and seizures.[36]

This bill is due to receive its second reading on 20 November 2015[37], where it will need the support of 100 MPs to force a vote, and then a majority of MPs in the house in order to take it to committee stage. As this is a private members bill, as opposed to a government bill, it is possible that it will not be scheduled enough time in Parliament for it to be passed into law and will need the government to allocate it time for debate. The Every Child a Life Saver campaign is raising awareness of this bill and encouraging people to take action and show MPs that this bill has widespread support.

Across the UK, the government have encouraged the development of Community First Responder (CFR) schemes. CFRs are volunteers who can respond to emergency calls within their local community, which is helpful in areas where the emergency services can't get to the emergency in the target time. In April 2007 the Healthcare Commission in England found that there were 10,158 CFRs in England, however, these volunteers responded to just 1.8% of all emergency calls.[38]

Arguments for the resolution

- Increasing the first aid skills of the population can double cardiac arrest survival rates and help save many lives.
- The campaign to get first aid skills taught in schools is backed by the Red Cross, the British Heart Foundation and St John Ambulance. These organisations would be excellent for partnerships.
- Members can get involved on a very local level through training to be a community first responder and promoting first aid training to local schools and workplaces.

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[34] https://www.bhf.org.uk/~/media/files/publications/policy-documents/final_nation_of_lifesavers_policy_statement_14102014.pdf
[35] http://www.everychildalifesaver.org/
[36] http://www.sja.org.uk/sja/what-we-do/latest-news/every-child-a-lifesaver.aspx
[37] http://services.parliament.uk/bills/2015-16/compulsoryemergencyfirstaideducationstatefundedsecondaryschools.html
[38] The role and management of community first responders. Findings from a national survey of NHS ambulance services in England, Healthcare Commission, December 2007. Available at: https://www.bristol.gov.uk/committee/2008/wa/wa048/0418_7.pdf

Arguments against the resolution

- The government currently encourages schools to teach PSHE and first aid, but it is not mandatory. This resolution doesn't call for a mandatory approach, so can the government do any more?
- Schools, colleges, Universities and workplaces are all under pressure. Would it be feasible to ask them to add first aid training to their programmes?
- Three other large charities currently offer first aid training and encourage people to take it up. Can the WI give them enough extra reach to make a difference?

Existing and related campaigns

Every Child a Lifesaver – St John Ambulance, the British Heart Foundation, and the British Red Cross have joined forces to launch Every Child a Lifesaver, a campaign to make first aid compulsory in all state-funded secondary schools.
http://www.everychildalifesaver.org/
info@everychildalifesaver.org

Groups to contact for further information

British Red Cross
British Red Cross, UK Office, 44 Moorfields, London, EC2Y 9AL
Tel: 0344 871 11 11 Email: information@redcross.org.uk
Web: http://www.redcross.org.uk/ @BritishRedCross

St John Ambulance
St John's Gate, Clerkenwell, London EC1M 4DA
Tel: 08700 104950 Email via website: http://www.sja.org.uk/sja/contact-us.aspx
Web: http://www.sja.org.uk/sja/default.aspx @stjohnambulance

British Heart Foundation
Greater London House, 180 Hampstead Road, London NW1 7AW
Tel: 0300 330 3322 Email: https://www.bhf.org.uk/about-us/contact-us
Web: https://www.bhf.org.uk/ @TheBHF

Teresa Pearce MP – Introduced the Emergency First Aid Education Bill and launched the Every Child a Lifesaver campaign
House of Commons, London, SW1A 0AA
Tel: Westminster Office - 0207 219 6936
Web: http://www.teresapearce.org.uk/2015/09/teresa-launches-campaign-for-emergency-first-aid-education-in-schools/ @tpearce003

Mind or body – equal funding for care

The National Federation of Women's Institutes calls upon the government to ensure that the care of people with poor mental health receives funding and respect equal to that provided for people with physical health problems.

Proposer's position
The proposer is concerned about under-funding for mental health services, citing news reports of mental health budget cuts, long delays for patients seeking treatment, and paucity of resources and research. If the resolution is successful the proposer would like to see the WI campaign for shorter waiting times, more research into mental illness and its treatment, and more financial support for patients and families.

Outline of the issue
The Mental Health Policy Group – made up of the UK's leading mental health NGOs – stated in its pre-Election manifesto that: 'funding for mental health services has been cut in real terms for three years in a row. Mental health problems account for 23% of the total burden of disease. Yet despite the existence of cost-effective treatments they receive only 13% of NHS expenditure.'[39]

Demand for mental health services is on the increase, the Policy Group estimates two million more UK adults will have mental health problems by 2030. Significant numbers of the UK population have mental health problems that are never treated; suicide remains the leading cause of death for UK men under fifty, self-harm rates are amongst the highest in Europe, and more than one in ten women experience mental health problems during and after pregnancy.

Those with mental health problems often find them compounded with serious physical health challenges. Labelled one of the starkest health inequalities in our society, people with serious mental illness are at risk of dying, on average, 20 years prematurely. One in three of the 100,000 'avoidable deaths' every year happen to people with mental health problems. Compared with the general population, people with serious mental illness experience: twice the risk of diabetes, three times the risk of dying from coronary heart disease, and over four times the overall risk of dying prematurely (aged under 50).

In 2011, the Government set out a strategy to improve mental health and wellbeing, 'No Health Without Mental Health.'[40] This strategy was enshrined into law with the 2012 Health and Social Care Act[41] which introduced an explicit recognition of the Secretary of State for Health's duty towards both physical and mental health. This Act placed a legislative requirement on the health service to address the disparity between mental and physical health through a concept known as parity of esteem.[42] Parity of esteem recognises that mental health impacts on physical health, and vice versa, and therefore they should both be treated together and equally. A key aspect of implementing this parity is an equal distribution of resources, as well as equal consideration given both aspects of health when commissioning services.

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[39] http://www.mind.org.uk/media/1113989/a-manifesto-for-better-mental-health.pdf
[40] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf
[41] http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
[42] http://www.rcpsych.ac.uk/policyandparliamentary/whatsnew/parityofesteem.aspx

Mental health services were given a boost in the 2015 coalition government budget when the then Deputy Prime Minister, Nick Clegg, announced he had secured £1.25bn to enable the NHS to treat more than 100,000 young people suffering mental illness by 2020. The announcement built on Clegg's 2014 announcement of the first waiting-time standards for mental health treatment and £120m funding for service improvements designed to put a stop to 'discrimination against mental health.'

Given demand on services and reduced budgets, services are inevitably patchy. Intervention is often at crisis point, waiting times can be lengthy, and the majority of mental health treatments, such as non-consultant led talking therapies, are excluded from the NICE recommended treatments that the NHS Constitution gives people the right to access.

Arguments for the resolution

- Poor mental health is a big, and growing, problem in the UK. It can lead to a range of physical health problems and increases the risk of dying. Achieving funding equal to that spent on physical health will help treat many people, save many lives, and increase efficiency in the long-term.
- Many mental health problems are hidden, especially that suffered by new mothers in the postnatal period. A WI campaign can extend the reach of mental health awareness, help improve attitudes toward mental health and encourage people to seek help.
- This resolution fits nicely with the NFWI's previous resolution on Care not Custody, calling for liaison and diversion services for people in the criminal justice system with mental health problems.

Arguments against the resolution

- Parity of esteem requires the health service to deliver joined up care, tackling both mental and physical health together in a holistic approach. Is separating mental health helpful towards this? Is it even possible to effectively separate the treatments and funding streams for physical and mental health?
- Whilst this is a worthwhile resolution that all members can take action on, it may not be a campaign that allows for hands on involvement in local WIs and local communities. It is not obvious how WIs can get involved and therefore might fail to engage our core audience: WI members.

Groups to contact for further information

Centre for Mental Health
Maya House, 134-138 Borough High Street, London, SE1 1LB
Tel: 020 7827 8300 Email: contact@centreformentalhealth.org.uk
Web: www.centreformentalhealth.org.uk @CentreforMH

Mind
15-19 Broadway, Stratford, London E15 4BQ
Tel: 020 8519 2122 Email: contact@mind.org.uk
Web: www.mind.org.uk @MindCharity

Rethink
89 Albert Embankment, London, SE1 7TP
Tel: 0300 5000 927 Email: http://www.rethink.org/about-us/our-mental-health-advice
Web: www.rethink.org @Rethink_

Mental health network, NHS Confederation
NHS Confederation, Floor 4, 50 Broadway, London, SW1H 0DB
Tel: 0207 799 6666 Email: Mentalhealthnetwork@nhsconfed.org
Web: www.nhsconfed.org/mhn @NHSConfed_MHN

Avoid food waste, address food poverty

The WI calls on all supermarkets to sign up to a voluntary agreement to avoid food waste, thereby passing surplus food onto charities thus helping to address the issue of increasing food poverty in the UK

Proposer's position
The proposer is concerned by the amount of edible food that is thrown away by supermarkets annually, especially in light of the growing numbers of people struggling to afford food, as well as the environmental consequences of food waste. The proposer's intention is reduce food waste by supermarkets by encouraging them to redistribute surplus, usable food to charities and food banks. This would have the twin benefits of alleviating the growing problem of food poverty in the UK, as well as reducing the environmental footprint of wasted food production.

Outline of the issue
It is estimated that around 200,000 tonnes of edible surplus food is thrown away by supermarkets annually. Only two per cent of this is being collected and redistributed (with the remaining 98% turned into compost or energy, or disposed of in a landfill) – an amount that the House of Commons Environment Food and Rural Affairs Committee classed as "pitifully small" in its 2015 report.[43] It is currently cheaper for retailers to dispose of food by anaerobic digestion or animal food as opposed to redistribution of food surpluses to charity, leading to a distortion in the waste management hierarchy.[44]

In its *Feeding Britain* report, the All Party Parliamentary Group on Hunger and Food Poverty found that doubling this redistribution (which would still be only 4% of usable food) would save the voluntary sector £160 million over the course of this Parliament.[45] Most of the food that is currently distributed by the Trussell Trust has been donated by consumers – largely through collections at schools, churches and supermarkets-not supermarkets.[46]

The Department of Health defines food poverty as "the inability to afford, or to have access to, food to make up a healthy diet."[47] The Trussell Trust estimates that from 2012-2013 they fed almost 350,000 people through their food banks (a significant increase from 128,000 of the previous 12 months).[48] Research by the Trussell Trust, FareShare and Tesco found that: 18% of people in the UK have suffered from some form of food poverty (including skipping meals, parents going without food to feed their children or relying on family or friends to provide food), and this rises to 21% for households with children; more than 80% of parents in food poverty worry that they will struggle to

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[43] Food security DEFRA committee 2015
http://www.publications.parliament.uk/pa/cm201415/cmselect/cmenvfru/703/703.pdf
[44] Feeding Britain, 2014 https://foodpovertyinquiry.files.wordpress.com/2014/12/food-poverty-feeding-britain-final.pdf
[45] Feeding Britain, 2014 https://foodpovertyinquiry.files.wordpress.com/2014/12/food-poverty-feeding-britain-final.pdf
[46] Food banks and food poverty, 2014.
http://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN06657#fullreport
[47] DH Choosing a better diet: a food and health action plan, 2005 – quoted in *Ibid.*
[48] Food banks and food poverty, 2014.
http://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN06657#fullreport

provide nutritious food for their children in the near future; and only a third of people currently suffering from food poverty expected their situation to improve in the coming year.[49]

From 2012-2013 WRAP examined the role that surplus food redistribution by supermarkets could have in the overall food waste reduction strategy, and in particular looked at possible barriers and potential solutions to food redistribution. The research found that while the tonnages of surplus food available in a store are small compared to whole supply chain, these volumes are still significant enough to have a measurable benefit to those in need. Additionally, it found significant barriers to delivering redistribution on a nationwide scale due to capacity and resource limitations within both charities and retailers.[50]

In the UK, there have been a number of voluntary initiatives between supermarkets and organisations to cut down on food waste by retailers. For instance, Tesco has recently introduced a new app for store managers to alert local charities to surplus food available for collection at the end of the day which it is piloting in 10 stores.[51] Tesco is also the only supermarket to publish its own independently assessed food waste data. Its most recent data (2014-2015) showed that while it had reduced the amount of food that it had thrown away (to 1%), it still had some way to go on food redistribution as 30,000 tonnes of that 55,400 tonnes was food that could otherwise have been eaten.[52] [53]

WRAP, in consultation with the retail industry amongst others, is currently developing the fourth Courtauld Commitment: Courtauld 2025 – a resource efficiency and waste reduction initiative. Most of these initiatives however look at system-wide food waste reduction, with businesses sharing efficiency savings along supply chains, wasting less, and getting more value from unavoidable waste. Courtauld 2025 focuses on four themes: changing what we supply, changing how we supply, changing how we consume, and changing what we do with the waste and by-products throughout the life-cycle.[54] Food waste has not only an economic cost, but also an environmental one. This is through the energy and resources used to produce the food, as well as the carbon emissions from transportation and methane emissions from landfill.

Arguments for the resolution

- While food has been a longstanding concern for the WI, the NFWI has no mandate to address food poverty. This resolution would empower the NFWI nationally and WI members locally to lead on reducing food poverty.
- In this current economic climate, we cannot afford to continue such wasteful practices where good food is wasted, families go hungry, and the environment suffers. Now may be the time for the WI to add its voice to those calling for innovation in not only how we eat food, but how we dispose of our food.
- This resolution harkens back to the WI's historic roots in food production and feeding the nation – it would be a fitting resolution to carry us into our second century.

Arguments against the resolution

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[49] http://www.trusselltrust.org/resources/documents/Press/1-in-5-parents-struggling-to-feed-children.pdf
[50] http://www.wrap.org.uk/sites/files/wrap/Food%20Connection%20Programme%20Final%20Published%20Report.pdf
[51] http://www.theguardian.com/business/2015/jun/04/tesco-fareshare-charity-reduce-food-waste
[52] 'Food Waste' www.parliament.uk/**briefing**-**papers**/sn07045.pdf
[53] http://www.tescoplc.com/index.asp?pageid=17&newsid=1173
[54] http://www.wrap.org.uk/content/courtauld-2025

- The WI has already done significant work on food waste. Additionally, while national work on food poverty has not been possible due to a lack of mandate, a number of WIs have been working locally to support food banks. Is a national mandate necessary?
- Is the voluntary approach that this resolution calls for the best approach? Consumers, advocates, and charities have already tried to voluntarily persuade supermarkets to address food waste, thus far with limited success. Should the WI call for legislative or mandatory action on this issue instead?

Groups to contact for further information

WRAP
Second Floor, Blenheim Court, 19 George Street, Banbury OX16 5BH
Email via contact form on website: http://www.wrap.org.uk/help/contact
Web: http://www.wrap.org.uk/ @WRAP_UK

FareShare
Unit 7 Deptford Trading Estate, Blackhorse Road, London SE8 5HY
Tel : 020 7394 2468 Email : enquiries@fareshare.org.uk
Web: http://www.fareshare.org.uk/ @FareShareUK

The Trussell Trust
Unit 9 Ashfield Trading Estate, Ashfield Rd, Salisbury, SP2 7HL
Tel: 01722 580 180 Email: enquiries@trusselltrust.org
Web: http://www.trusselltrust.org/ @TrussellTrust

Appropriate care in hospitals for people with dementia

We call upon HM government and the NHS to provide facilities to enable carers to stay with people with Alzheimer's disease and dementia that have been admitted into hospital.

Proposer's position
The proposer's intention is to improve the hospital care of those suffering from Alzheimer's disease or other forms of dementia (but who may have been admitted to hospital for an unrelated condition) by calling for hospitals to provide facilities to enable their carer to stay with them for the duration of their hospitalisation. This, the proposer argues, will improve the health and wellbeing of patients both with and without dementia, reduce long-term financial burdens on the NHS, and ensure that institutional dementia care is person-centred.

Outline of the issue
Dementia is a syndrome that can be caused by variety of progressive mental disorders. This syndrome can impair cognitive processes such as memory, spatial orientation, and language skills, compromise someone's ability to perform every day activities, and alter their behaviour and mood. Alzheimer's disease is the most common type of dementia, but is by no means the only one and symptoms of dementia are varied, complex, and sometimes difficult to diagnose. There are 850,000 people in the UK living with dementia and that number is expected to rise to over a million in just five years.[55]

Dementia is a local, national, and global health crisis, affecting more people than cancer, heart disease, or stroke. It is the leading cause of death among women and one in three people who die after the age of 65 have it.[56] In the UK twenty-one million people have a close friend or relative who has the syndrome and 550,000 people in the UK care for someone with it. Women are two and a half times more likely than men to become carers for someone with dementia.[57] Globally there is a new case of dementia every four seconds and by 2020 there will be seventy million people worldwide living with the condition.

Dementia costs in the UK total £19 billion per annum and, according to the King's Fund, total dementia spending will reach £35 billion by 2026.[58] Its emotional and intangible cost to carers and loved ones is immeasurably devastating. It is not an overstatement to say that dementia is the health crisis of our time.

Dementia Care in Hospitals

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[55] Living and Dying with Dementia in Wales: https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/february-2015/living-and-dying-with-dementia-in-wales.pdf
[56] Prime Minister's Challenge on Dementia 2020: https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020/prime-ministers-challenge-on-dementia-2020
[57] Alzheimer's Research UK: http://www.alzheimersresearchuk.org/about-dementia/facts-stats/10-things-you-need-to-know-about-the-impact-of-dementia/
[58] The King's Fund: http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_summary/future-trends-overview.pdf

The pervasive and widespread reach of dementia means that dementia care will invariably be impacted by the wider health policy context and vice versa. Due to the National Dementia Vision for Wales (2011)[59], the National Dementia Strategy (2009)[60], the Prime Minister's Dementia Challenge (2012)[61], and the Prime Minister's Challenge on Dementia 2020 (2015)[62] there is a greater awareness amongst health professionals, carers, and the wider public about the needs of people with dementia and an explicit recognition that dementia care must be a health and social care priority. Significant progress has been made over the past five years: fifty-nine per cent of dementia sufferers now receive a diagnosis and appropriate post-diagnosis support, over 500,000 care and hospital workers have received Tier 1 dementia training, and £50 million has been invested in dementia friendly environments in hospitals and care homes.

However, despite this investment and stated commitment to dementia friendly hospitals, hospital care for people with dementia remains a key area of concern, whether these patients are admitted because of their dementia or for another, ostensibly unrelated condition (although often those other conditions are germane to the dementia). Seventy-two per cent of people living with dementia also suffer from other conditions or disabilities, which means they are routinely admitted to general hospital wards in high numbers. Today over one-quarter of all hospital beds in the UK are occupied by a patient who has dementia.

The evidence base concerning the detrimental effects of a hospital stay for people with dementia is stark and concerning:

- One third of people with dementia who are admitted to hospital for an unrelated condition never return to their own homes
- Forty-seven per cent of people with dementia who go into hospital are physically less well when they leave than when they went in and fifty-four per cent are less well mentally[63]
- People admitted to hospital for dementia stay in hospital longer, face the possibility of readmission more frequently, and are more likely to die in hospital than patients without dementia[64]
- Fifty-four per cent of carers report that a stay in hospital has made the symptoms of dementia worse, resulting in the dementia sufferer becoming more confused and less independent

The evidence proves that a hospital stay for someone with dementia can often be catastrophic, despite the cure or resolution of their acute condition that prompted admission in the first place. Since dementia sufferers are often admitted for an acute physical condition such as pneumonia or a fractured bone, dementia patients can typically be found in general medical and surgical wards where their carer is often not able to stay with them outside of traditional visiting hours. Since

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[59] National Dementia Vision for Wales: http://gov.wales/docs/dhss/publications/110302dementiaen.pdf
[60] National Dementia Strategy: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf
[61] Prime Minister's Dementia Challenge 2012: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215101/dh_133176.pdf
[62] Prime Minister's Challenge on Dementia 2020: https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020/prime-ministers-challenge-on-dementia-2020#fnref:20
[63] Alzheimer's Society, 'Counting the Cost': https://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=787
[64] Prime Minister's Challenge on Dementia 2020: https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020/prime-ministers-challenge-on-dementia-2020#fnref:20

people with dementia can be distressed by being in unfamiliar surroundings, a stay in a busy, noisy, and confusing hospital ward without their carer present can be deeply unsettling for them and further cause their mental state to deteriorate. The patient loses the ability to have much-needed social interaction and family members often feel helpless because they are prevented from providing care for their loved ones. To compound this, nurses and doctors may be unaware that the patient even has dementia, so the patient's additional dementia related needs are neglected.

Involving a family member or other trusted carer from admission into hospital until discharge has been proven to ensure a better quality of care and leads to improved outcomes for the patient. Yet, currently there is no obligation for hospitals to ensure that their patients with dementia have access to their carer whenever they need them. Carers are typically treated like visitors, constrained to normal visiting hours only. It remains up to each individual hospital to set their visiting hours policy.

The campaigning group *John's Campaign* was launched last year by campaigner Nicci Gerrard after her father's hospital experience completely accelerated his dementia. Even though the nurses and doctors provided excellent care for his acute condition, Nicci believes that the lack of care continuity and the inability of John's caring family members to stay with him during his hospitalisation had a detrimental impact on his overall health. The campaign is calling for families and carers of people with dementia to have the same rights as parents of sick children, and be allowed to remain with their loved one in hospital for as long as they deem necessary. The campaign is calling for this to be a right, not a duty. Since the launch of the campaign, the Care and Support Minister wrote to the Chief Executives of all trusts asking them to allow carers to stay on the ward like parents and over one hundred hospitals and wards have publicly committed to making changes in order to allow carers to stay with their dementia patients. However, it still remains up to the individual hospital to decide its own policy to create a dementia friendly hospital.

Arguments for the resolution

- It is clear from the evidence that not all hospitals have taken steps to be dementia friendly and vulnerable patients with dementia are suffering as a consequence. Now may be the time for the WI to urge more action to achieve the important goals set out in the Prime Minister's Dementia Challenge to create dementia friendly spaces.
- As this campaign does not call for a national right, but rather for facilities to enable carers to stay with patients, there is scope not only for the NFWI to lobby on the issue nationally, but for individual WIs to work with their local wards up and down the country to help hospitals voluntarily achieve the aims of the resolution. This approach can foster innovation in how hospitals create dementia friendly wards.
- Just as the WI led the campaign for parents to be able to stay with their sick children in hospital with a 1950 resolution on that topic, the WI can again take the lead on transforming hospital care practices for the better.

Arguments against the resolution

- *John's Campaign* is already the established voice on this issue and due to this campaign hospitals are starting to adapt their practices for carers of people with dementia; is there really more for the WI to add?
- Hospitals face a very challenging care climate at the moment, with the financial environment forcing hospitals to make difficult efficiencies. This resolution may be an unreasonable and unfeasible 'ask' at this time.
- An unintended consequence of this resolution is that hospitals displace the burden of adequately caring for their dementia patients onto family members and carers. Not everyone

has a carer, but every dementia patient deserves to be treated in a dementia friendly environment. Might this resolution lead to inequities in care further down the line?

Existing and related campaigns

John's Campaign- for the right to stay with people with dementia in hospital
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Groups to contact for further information

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