

## Local Health and Wellbeing Boards addressing malnutrition

Malnutrition is a major cause and consequence of poor health and older people are particularly vulnerable. It is estimated that in the UK around one million people over 65 years old are malnourished or at risk, of which, 93% are living in the community.<sup>1</sup> Evidence shows patients are being admitted to hospital already malnourished or at risk.

The costs of malnutrition run into billions of pounds<sup>1</sup> in spite of proven interventions and the human cost is high.

There has never been a more urgent need to act. Despite this, very few joint strategic needs assessments mention malnutrition or prioritise it. Local Health and Wellbeing Boards are perfectly placed to help combat malnutrition.

### Malnourished people typically have:

- Increased ill health, more hospital admissions and re-admissions<sup>3</sup>
- Longer stays in hospitals<sup>4</sup>
- Greater healthcare needs (more GP visits, care at home and greater use of antibiotics)<sup>5</sup>
- Increased risk of mortality<sup>6</sup>

### Clinical consequences of malnutrition include:

- Impaired immune response, reduced muscle strength, impaired wound healing, impaired psycho-social function and impaired recovery from illness which can result in poor clinical outcomes

### Best practice principles

Addressing malnutrition revolves around five principles which incorporate NICE's Quality Standard (QS24)<sup>7</sup> and Clinical Guidance (CG32).<sup>8</sup>

- **Raising awareness** among older people, their carers and front line staff to support prevention and early treatment of malnutrition
- **Working together** within teams and across communities
- **Identifying malnutrition** prevalence in local communities
- **Delivering personalised care, support and treatment** for every individual and implementing NICE's Quality Standard (QS24), Clinical Guidance (GC32) and the 'Managing Adult Malnutrition in the Community' pathway<sup>9</sup>
- **Monitoring and evaluating** the outcome for older people and the processes in place to address malnutrition within the community

### The benefits

- Fully implementing NICE guidance will result in better nourished older people, fewer hospital admissions, reduced length of stay for admitted patients and reduced demand for GPs
- The overall resource impact of increased screening, early intervention and appropriate treatment could lead to a saving of £71,800 per 100,000 people for the average community<sup>10</sup>
- NICE identified malnutrition as one of the largest sources for NHS savings<sup>11</sup>

<sup>1</sup> M. Elia, R. M. Smith, *Improving Nutritional Care and Treatment: Perspectives and Recommendations from Population Groups, Patients and Carers*, BAPEN, 2009.

<sup>2</sup> Available at: <http://www.cqc.org.uk/public/reportssurveysandreviews/themed-inspections/dignityandnutritionolderpeople>

<sup>3</sup> R. J. Stratton et al, 'Malnutrition in hospital outpatients and inpatients: prevalence, concurrent validity and ease of use of the 'malnutrition universal screening tool' (MUST) for adults', *British Journal of Nutrition*, 2004, 92.

<sup>4</sup> J. F. Guest et al, 'Health economic impact of managing patients following a community-based diagnosis of malnutrition in the UK', *Clinical Nutrition*, 2011, 30, 4.

<sup>5</sup> M. Elia et al, *The cost of disease related malnutrition in the in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults*, BAPEN, 2005.

<sup>6</sup> M. Heismayr et al, 'Decreased food intake is a risk factor for mortality in hospitalised patients: The NutritionDay survey 2006', *Clinical Nutrition*, 2009, 28.



## Making the changes: Quick wins

- Bring the relevant stakeholders and organisations together to focus on malnutrition
- Raise awareness among older people, carers and front line staff. Aim to answer the following questions:
  - Why is nutrition important?
  - What should I look out for?
  - What can I do about it?
  - Where can I get help?
- Train key front line staff to identify malnutrition (using MUST<sup>12</sup>)
- Keep the older person and their carer at the heart of local decisions on how to manage malnutrition in the community
- Identify the touch points where you can signpost people to the right support

## Making the changes: Longer term plan

Sustain the changes made by monitoring some of the following:

- Number and % of older people screened and monitored monthly
- Number and % of staff trained
- Number of complaints and incidents related to poor nutritional care
- Set up screening weeks to identify prevalence of malnutrition using BAPEN's Toolkit for Clinical Commissioning Groups and Providers<sup>13</sup>
- Incorporate malnutrition in the local joint strategic needs assessments
- Develop a local nutrition strategy inclusive of older people and carers

<sup>7</sup> Nutrition Support in Adults (QS24), NICE, 2012.

<sup>8</sup> Nutrition Support in Adults (CG32), NICE, 2006.

<sup>9</sup> Available at: [www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk)

<sup>10</sup> NICE support for commissioners and others using the quality standard on nutrition support in adults, NICE, 2012.

<sup>11</sup> Benefits of Implementation: Cost saving guidance, NICE, (updated) 2013.

## About the Malnutrition Task Force

The Malnutrition Task Force is an independent group of experts across health, social care and local government united to address the problem of preventable malnutrition and dehydration in older people.

## Our vision

Prevention and treatment of malnutrition and dehydration should be at the heart of everything we do to ensure older people can live more independent, fulfilling lives.

## Our mission

To ensure the prevention and treatment of malnutrition and dehydration is embedded in all care and community support services and that awareness is raised among older people and their families.

## Key statistics

- Around 1 in 10 older people are malnourished or at risk of malnutrition. This equates to around 1 million older people in the UK<sup>1</sup>
- The vast majority of these (93%) live in the community, with a further 5% in care homes and 2% in hospitals<sup>1</sup>
- The number of people aged 65 and over is projected to rise by nearly 50% in the next 20 years to over 16 million<sup>14</sup>

<sup>12</sup> Available at: <http://www.bapen.org.uk/screeningformalnutrition/must/musttoolkit/themustitself>

<sup>13</sup> Available at: [http://www.bapen.org.uk/pdfs/bapen\\_pubs/bapen-toolkit-for-commissioners-and-providers.pdf](http://www.bapen.org.uk/pdfs/bapen_pubs/bapen-toolkit-for-commissioners-and-providers.pdf)

<sup>14</sup> National Population Projections, 2010-Based Projections, Office for National Statistics, 2011.