Greater Manchester Nutrition and Hydration programme

Preventing avoidable harm
Maintaining independence
Improving health and quality of life

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Greater Manchester Nutrition and Hydration Programme

Programme for 2 years from April 2018

Working in:
Bolton, Bury, Oldham, Rochdale and Stockport
(Salford from September 2019)

Funded by Greater Manchester Health and Social Care Partnership
Overview – why focus on malnutrition?

• **It’s a hidden problem** – 1 million people (1 in 10) over the age of 65 are at risk of malnutrition and 93% of these are living at home.

• **It’s all around us** – A third of recent arrivals to hospitals and care homes are already malnourished (or at risk).

• **The consequences** – For every 10 days a person over the age of 80 is in hospital they lose 10% of muscle mass.

• **It is preventable** – Losing weight is not a natural part of growing old.

• **It’s expensive** – Malnutrition costs the health and social care system around £20bn per year.

• **It affects vulnerable people most** – The older you are, the more likely you will be at risk.

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*1 in 10 older people* are suffering from or are at risk of malnutrition.

*1 in 3 people aged 65+ are at risk of malnutrition on admission to hospital.

*93% of malnourished older people* are in the community.
To reduce preventable malnutrition and dehydration in older people

Aim:

- Raising awareness
- Working together
- Identifying malnutrition
- Personalising care and support
- Monitoring and evaluating

Principle:

- ... to prevent and treat malnutrition and dehydration
- With older people and their families and carers
- Staff education

At the front line: teams and people
- Organisational structures that facilitate working together across Health and Social Care

Assessing and signposting individuals
- Identifying cause
- Screening local populations

24-hour access to food and drink of choice
- The right advice, support and treatment early
- The right support when transferred between settings

Monitor individual outcomes
- Monitor processes
Community-based conversations

We are working with front-line workers and volunteers from a wide range of organisations to empower them to have simple conversations to spot if a person is eating and drinking enough and to provide simple advice for people to increase their food and drink intake.

**KEY QUESTIONS**

- Has the person lost weight without meaning to, had a poor appetite, low energy or low mood?
- Do his/her clothes, shoes, jewellery or dentures look or feel loose?
- Does the paperweight armband fit together and slide easily up and down?

**Red flag questions**

1 hour training available
University of Manchester Programme Evaluation

Programme Highlights:

- Recruited 83 participants, 75% of these are women and 30% are aged 85 or over – eldest is 99
- The median weight was 48.3kg (range from 31.8kg-72kg)
- 48 recruits have been followed up for 12-week review of these 85% (n41) have had a positive outcome (either weight gain or no weight loss at 12 weeks)
- So far 34 have gained weight at 12 weeks and the mean weight gain is 1.8kg
University of Manchester Programme Evaluation

- Frailty scores range from 1 to 8; 34 had a frailty rating of 6 or above
- Those with frailty levels of 5 or below were more likely to have a positive response to the intervention
- Cost Benefit Analysis for the programme used an assumption that 30% of people engaged would have a positive outcome. This will need to be revised to 85% based on the evaluation’s findings
University of Manchester evaluation of our programme has provided deeper insight into some key barriers to staying well nourished in older age:

- **Conflicting dietary advice** - heart or cardiovascular conditions lead to people being told to reduce fats and sugars, even when their weight had fallen below healthy levels.

- **Frailty** - the more frail a person is, the more likely they are to benefit from support, but the less likely this support is to be successful.

- **Access to services** - being well connected to council, NHS or third sector support is a key factor in overcoming barriers.

- **Oral health and eating difficulties** - Around 1 in 4 people supported had problems swallowing, chewing or digesting food.

- **Social isolation** - attending activities such as lunch clubs or having a good network of friends and family can have significant impact on overcoming barriers to good nutrition.

- **Living conditions** - people living independently are generally better able to overcome potential barriers to good nutrition.

- **Trauma** - weight loss is often associated with events such as hospitalisation following a fall or accident, bereavement or changes to the home.

- **Lifestyle** - smoking can be a key factor in poor appetite; physical activity can provide a motivation for action.

- **Dementia** - people living with dementia are likely to need additional support from family and carers to make changes to their diet.

Read the interim report from University of Manchester at www.ageuksalford.org.uk
E-learning tool for Malnutrition and Swallowing Difficulties – www.paperweightarmband.org.uk