

Greater Manchester Nutrition and Hydration programme

Preventing avoidable harm
Maintaining independence
Improving health and quality of life

Martin Hazlehurst
Programme Manager, Age UK Salford



@GMNandH



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?

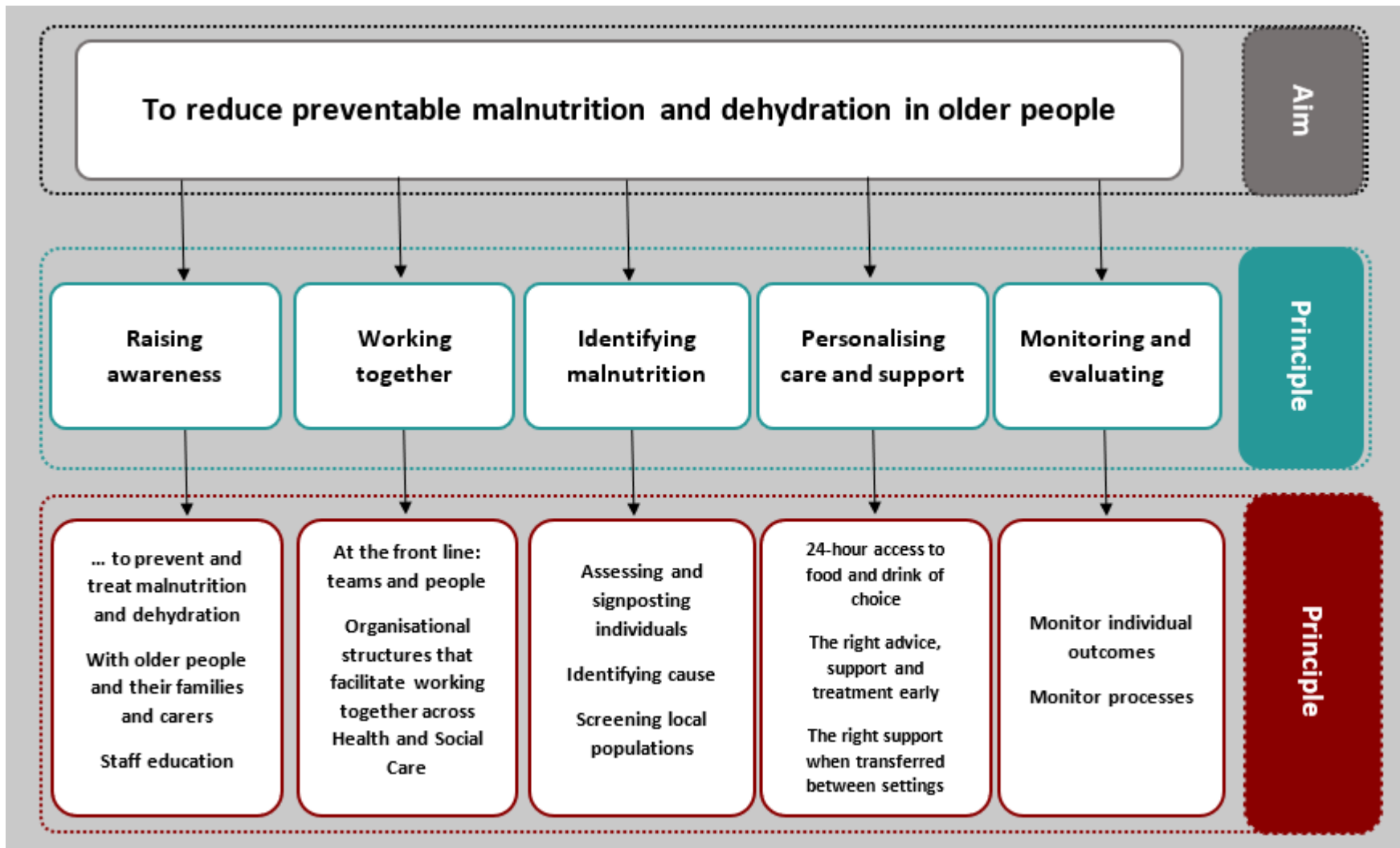
- It's a **hidden problem** – *1 million people (1 in 10) over the age of 65 are at risk of malnutrition and 93% of these are living at home*
- It's **all around us** - *A third of recent arrivals to hospitals and care homes are already malnourished (or at risk)*
- The **consequences** - *For every 10 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*

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



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.

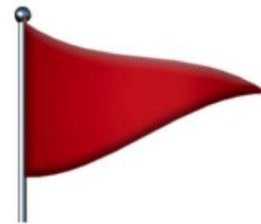
KEY QUESTIONS

- ★ 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?

Greater Manchester
Nutrition & Hydration
GMNH



Red flag questions



1 hour training available

Eat, Drink, Live Well



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.

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.

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.

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

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

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

