Nutrition in Older people
Programme Update and
Toolkit

Kathy Wallis, Senior Programme Manager
Contents:
1. Why reducing undernutrition is important
2. Our projects
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4. Sources of information
How big a problem is undernutrition in the UK?

Surveys indicate
– Up to 10% of people registered with GP surgeries
– 46% of patients admitted to hospital from a nursing home
– 41% of patients admitted to hospital from a residential home
Eastleigh OPEN Project

- 375 older people screened at least once
- 61 people screened more than once, of which 51% (n=31) had improved nutritional status reflected by decreased ‘MUST’ score and/or increased weight

<table>
<thead>
<tr>
<th>Team</th>
<th>No. people screened at least once</th>
<th>No. and percentage at risk of malnutrition at initial screening (% at medium and high risk)</th>
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<tbody>
<tr>
<td>Community nursing</td>
<td>270</td>
<td>48 (17.6%: 6.6% medium risk; 17% high risk)</td>
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<tr>
<td>Care home</td>
<td>71</td>
<td>23 (32%: 15% medium risk; 17% high risk)</td>
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<tr>
<td>Social care</td>
<td>29</td>
<td>2 (8.3%: all high risk)</td>
</tr>
<tr>
<td>GPs / Practice nurses</td>
<td>5</td>
<td>2 (40%: 20% medium risk; 20% high risk)</td>
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Impact of Malnutrition - both a cause and consequence of ill health

• Poorer clinical outcomes
  – Impaired immune system
  – Delayed wound healing
  – Reduced muscle strength/falls risk
  – Increased healthcare use
    – more GP visits (68.8% vs 59.3% with low risk malnutrition)
    – Increased admission and readmission rate
    – Longer hospital stay
• Costly to health economy
• More dependent / reduced interest in life
Malnutrition Risk

Physical assessment
- BMI / MUST score
- Underlying disease
- Dental check
- Swallow
- Vision assessment
- Drug interactions/side effects

Psychological risks
- Alcohol intake
- Mental state examination
- Bereavement
- Presence of multi-morbidity

Social factors
- Poverty
- Functional ability
- Isolation
- Family support
‘Healthy eating’ means different things to different people

• The healthy eating ‘low-fat’ agenda risks unintended consequences including malnourished patients inappropriately choosing or being given low fat, low calorie foods by carers
• Traffic light food labelling discourages high fat/high calorie foods but does not indicate who this information is targeted at
• Over-emphasis on lowering cholesterol in elderly people may be contributing to malnutrition
• Reduced dairy intake risks reducing protein and fat soluble vitamin intake
Food First

- **Increasing energy density**: increase nutritional content of meals without a significant increase in food volume, to accommodate poor appetite.
- **Texture modification**: softer choices, fork mashable, thick puree
- **Ensuring adequate protein and micronutrient intake**, without over-reliance on low-nutrient sugary foods such as cakes and confectionery.
- **Address potentially conflicting health messages** (such as the common health message to eat low fat) do not apply to patients who are malnourished.
- Advise about alternative options such as **over-the-counter nutritional supplements**
- **Review progress to** detect whether prescribed oral nutritional supplements (ONS) are becoming appropriate
To think about

- ‘MUST’ is more than a tick box requirement
- If at risk of being undernourished = care plan (and reviewed) = what the older person actually eats and drinks
- Communication..... Carers / catering / older person / family
- Activities: make meal times interactive and occasions
Nutrition in Older People Programme: projects 2014-16

- South Wiltshire ‘Food is a MUST’ initiative with 4 Care Homes Being spread to 3 new care homes
- Dorset Nutritional Care Strategy for Adults: Purbeck Community Pilot Rollout to Christchurch
- Wessex Wide:
  - Outcome Measurement Group
  - Awareness and Training Group
  - Community of Practice Development
- Wessex AHSN led good nutritional care in the elderly: cross setting quality improvement initiative in Eastleigh Plan to spread across Hampshire
- NE Hampshire and Fareham: Hydrate in Care Homes Plan for wider spread / Hydration Toolkit
- Community Pharmacy Undernutrition awareness raising: pilot in 4 Portsmouth pharmacies
Objectives for 2014-16

1. Development of a capability toolkit that can be adopted by local Wessex (and wider) initiatives to improve nutritional care
2. Develop and evidence an approach for reducing malnutrition in the elderly – to assist local geographies meet the national requirements for malnutrition
3. Implementation of good nutritional care quality improvement and workforce based initiatives, with a plan to spread across Wessex
4. Development and application of an evaluation framework, to support the evaluation of nutritional initiatives, and their spread
5. Develop and co-ordination of communication channels to facilitate the sharing of good nutritional care approaches and experiences
Community undernutrition screening and care projects

Agreement for involvement
Agree local care pathway and processes
Training
Screening, care plans, and review
Integration and referral process
Outcomes and evaluation

What?

Health care
Social Care
Voluntary sector

Who?
Highlights for 2015/16

• 900 older people in the community setting screened by health and social care team
• 24% at risk of malnutrition
• Using national health-economic research, potential cost avoidance of £288k
• 254 professionals trained plus awareness sessions for volunteers and general public
• Malnutrition toolkit developed and published on Wessex AHSN website
in South Wiltshire Care Homes

- 5 Care homes delivering the FOOD is a MUST programme, supported by FiaM Dietitians.
- 240 individual residents subject to monthly screening using the FiaM pathway.
- 11 training sessions delivered by FiaM dietitians this year.
- 96 care home staff members trained in FiaM screening and care planning.
- 33.3% of residents at risk of malnutrition in latest audit.
- Reduction in number of individuals at risk of malnutrition observed.

**Joint working to improve uptake of FOOD is a MUST**

- FOOD is a MUST is now recommended by Adult Care Commissioners in the revised service specification for Wiltshire Care Homes.
- Identifying opportunities for Quality Assurance Team to highlight and signpost care homes to FiaM team.
- Invited to speak at Wiltshire Care Partnership Forum for Care Home managers in February 2017.
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<tr>
<th><strong>Principles for the Nutrition in Older People Programme 2016 - 18</strong></th>
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<tr>
<td><strong>Proof of concept and evidence</strong></td>
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<td>Roll out across Dorset</td>
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<tr>
<td>Data collection and evidence re outcomes</td>
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<tr>
<td>Publish Eastleigh OPEN work</td>
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| **Spread of good nutritional care**                           |
| Events with commissioners / providers                         |
| Support of organisations to implement and embed               |
| Spread of toolkit materials                                   |

| **Overcoming barriers for implementation**                     |
| Review and evaluation of approaches to increasing identification of those at risk (e.g. armbands, use of volunteers, self-screening tool) |

| **Exploiting Wessex expertise**                                |
| Working with national groups (e.g. Malnutrition Taskforce; Age UK; Apetito) |
| Other AHSNs                                                     |
Growth of the Older People Programme 2016 - 18

April 2014 - March 2016

Dorset Malnutrition Programme pilots

- Dorset-wide rollout
- Dorset POPP events

Eastleigh OPEN Project

Implementation of Hampshire wide projects

Use and evaluation of Paperweight armband

New approaches for identifying risk

Toolkit Development
South Wiltshire Care Homes
Community Pharmacy project

Links with Malnutrition Taskforce / Age UK Commissioner Workshops
Domiciliary care approach

Increased awareness
Increased identification of those at risk
Improved health and wellbeing
Cost Avoidance
The OPEN Toolkit

- **Awareness Leaflet and Posters** for use with carers and public
- **Training packages** for health, social care and voluntary sectors. Consists of session plans, presentations, trainer information, trainee resources and activities, knowledge and session evaluations and follow up resources.
- **Generic Nutritional Care Pathways**: based on pathways used for the Purbeck and Eastleigh projects, these pathways can be adapted for any locality.
- **Evaluation Framework**: to help teams consider how to do a robust evaluation of an intervention, and signposts to useful sources of help.
- **Hydration Toolkit**: designed for staff in care homes and carers in the community. Provides a practical guide to help assist older people to achieve optimum hydration.

All items of the toolkit have been endorsed by the British Dietetic Association.
The OPEN Toolkit

Posters & leaflets can be downloaded as PDFs from: http://wessexahsn.org.uk/projects/106/older-people-s-essential-nutrition-open-resources
Hydrate in Care Homes

http://www.kssahsn.net/what-we-do/living-well-for-longer/Hydrate/Pages/default.aspx
Nourish Resource Pack for Care Homes

- **Malnourishment Monday**: Preventing malnutrition
- **Toothy Tuesday**: Promoting good oral health
- **Winning Wednesday**: Involving patients in meal-planning
- **Thirsty Thursday**: Maintaining hydration
- **Fibre Friday**: Improving digestion
- **Savoury Saturday**: Alternative meal and snack ideas
- **Sunny Sunday**: Stresses the importance of Vitamin D

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