



Improving nutritional care of older people

This briefing provides an analysis of an important new document; *'Improving nutritional care; A joint Action Plan from the Department of Health and Nutrition Summit Stakeholders'*. This briefing is issued to local authority catering providers and to social care adult services contacts. However it will be of particular interest to those elected members with responsibility for older people's services and community health issues, and to those councils working on health improvement strategies with LSPs and health bodies.

▪ **Key issues**

- Malnutrition in older people in the UK and is estimated to cost the UK economy over £7.3 billion per annum.
- Malnourished patients stay in hospital for longer and are three times more likely to develop complications following surgery
- Patients over the age of 80 who are admitted to hospital have five times a higher prevalence of malnutrition than those under the age of 50.
- Up to 14% of adults aged over 65 in the UK are malnourished.
- The Department of Health and other organisations and agencies have come together to produce a joint action plan to help to deal with the problems on malnutrition in the older population.

Introduction to 'Improving Nutritional Care'

'Improving Nutritional Care' is a joint action plan issued by the Department of Health (DH) following a partnership working arrangement with Age Concern, the National Association of Care Caterers (NACC) and the Social Care Institute for Excellence (SCIE) and a number of other organisations.

The DH has led on the 'Dignity in Care' campaign. One of the key aspects of the campaign has been the need to ensure older vulnerable people have enough to eat and drink as a basic human need. However research has consistently found that the very people, who are most in need of support at meal times, are not getting either the right nutrients or assistance with eating and drinking.

The findings of the partnership has led to the development of a joint action plan so that all stakeholders, involved in the care of older people, are able to work towards five key priorities. It is also anticipated that this will lead to a strengthening of the regulation and inspection, of those responsible for the care of older people in health and social care settings, to ensure that those who fail to provide appropriate standards of care and assistance in eating and drinking are held to account.

However the DH action plan focuses very much on those older people admitted to hospital under NHS care. APSE is firmly of the view that preventative measures on malnutrition need to be addressed at a community level, for example when assessing patients for home care or hospital discharge care packages. Moreover the ability of council run 'meals on wheels' services to assist in the prevention and indeed treatment of malnourishment should not be underestimated.

The five key priorities for action

Five key priorities for action have been identified by the partners to 'Improving nutritional care' which are as follows:-

(1) To raise awareness of the link between nutrition and good health and that malnutrition can be prevented.

The joint action plan suggests adoption of the ten key characteristics to good nutritional care in hospitals, developed by the Council of Europe Alliance, including that patients are screened upon admission to hospital and that care plans include how nutritional needs are to be met. Staff should have access to appropriate and on-going training and that hospitals introduce 'protected mealtimes' for example to avoid the situation where non-emergency or routine medical examinations interrupt meal times.

It is anticipated that the Council of Europe Alliance will develop similar standards for use in a social care setting.

A number of recent campaigns have supported this approach including the Age Concern '*Hungry to be heard*' campaign and the Royal College of Nursing '*Nutrition Now*' campaign.

The British Association for Parenteral and Enteral Nutrition (BAPEN) have also produced research which established the link between poor nutrition and ill health. As a result BAPEN produced 'MUST' which is an online support tool for nutritional assessment. 'MUST' supports those responsible for the feeding, including specialist feeding, in hospital care and community settings. The BAPEN 'MUST' tool for screening is available to download from their website at www.bapen.org.uk

(2) To ensure that accessible guidance is available across all sectors and that the most relevant guidance is appropriate and user friendly

Whilst there is a wealth of guidance documents produced over a number of years on the nutritional needs of older people often such guidance has been under-utilised by those who provide care to older people. For local authorities, providing 'meals on wheels' services or assessing needs of those in receipt of home care / personal care packages, the most useful guidance would appear to be that produced by the National Association

of Care Catering (NACC). This includes guidance on menu planning and special diets in care homes, the national minimum care standards for care catering (Care Homes for Older People 2005) and a recommended standard for community meals (2005). NACC can be contacted via their website at <http://www.thenacc.co.uk/>

In addition help with eating and drinking can be of vital importance particularly when caring in the community for older people with complex or multiple needs. The Age Concern 'Hungry to be Heard' campaign and the RCN have developed a resource pack which can be downloaded <http://www.ageconcern.org.uk/AgeConcern/hungry2bheard.asp> and this includes tips and help on encouraging an older person to eat well. Whilst the toolkit is designed for a hospital setting many of the ideas could readily be adopted for a home care or residential care setting, such as a quick snapshot of an older person's usual diet, appetite and food preferences, being produced to assist in planning care.

Poor hydration can be responsible for increased falls, hyperthermia and a range of other avoidable ill health issues. Water UK is a primary source of guidance to encourage better awareness of the impact of poor hydration. The '*Hydration best practice toolkit for care homes*' is available free of charge as an online resource at: <http://www.water.org.uk/home/water-for-health/older-people>

Hydration needs are also a key issue that could be addressed through local authority 'meals on wheels' services. Meals on wheels services could help support the principles of working on mixed provision of 'meals on wheels' ensuring adequate hydration to respond effectively to the changing needs of older people over time.

(3) To encourage nutritional screening for all people using health and social care services paying particular attention to those groups that are known to be vulnerable.

The National Institute for Clinical Excellence (NICE) has issued guidance on nutritional support for adults and recommends that "**All hospital inpatients on admission and all outpatients at their first clinic appointments should be screened**" and that "**People in care homes should be screened on admission and where there is clinical concern**".

NICE also state that "**Nutritional support should be considered in people at risk of malnutrition who, as defined by any of the following:**

- **Have eaten little or nothing for more than five days and / or are likely to eat little or nothing for the next five days or longer**
- **Have a poor absorptive capacity, and / or have increased nutritional needs from causes such as catabolism** (which can be triggered by fever and illness)

BAPEN research has also established that malnutrition starts out in the community – rather than within the hospital or care home setting. APSE believes that the findings of the BAPEN research make the issue of older people's malnourishment an area of high priority for local authority services to address. Effective local screening schemes for malnutrition could assist in reducing the incidences of malnutrition discovered upon admission to hospital, (which currently sit at 40% of all hospital admissions for older people) and provide the means to develop preventative measures within a community setting.

(4) To encourage provision and access to relevant training for front-line staff and managers on the importance of nutrition for good health and nutritional care

'Skills for Care' has produced a '*knowledge set for nutrition and well being*' The key learning outcome is to provide minimum standardised outcomes that employers can use, either to produce their own in-house learning or learning packages or as a benchmark when buying in learning packages.

An inter-agency round table group co-chaired by NACC and the Royal Institute of Public Health has already met to raise issues around training and inform the Department of Health about its suggestions.

APSE's own performance networks service has collated data on the training of school meals staff in health and nutrition. The local authorities involved have demonstrated a capacity for rapid improvement and intervention on the numbers of staff trained in the areas of health and nutrition showing at the start of data collection over 32% of staff had received this training. Now in the second year of collecting this data, responding authorities have reported that the average of all staff trained across all authorities has increased to 42% in 2007. These figures would suggest that there is capacity within local authority catering units to train and respond to better nutritional needs of older people through a staff training and development programme. Working within social care and catering on a partnership basis could assist in developing a holistic approach to supporting the nutritional needs of older people in the community.

(5) To clarify standards and strengthen inspection and regulation

The health and social care regulators, the Healthcare Commission and CSCI have signaled their commitment to clarifying standards and strengthening inspection, giving priority in inspection processes to issues around dignity and assistance with eating in their inspections. NHS trusts will not be regarded as having met core standards if there is poor quality nutritional care.

CSCI has also produced guidance for social care inspectors '*Clinical Triggers: The management of nutritional care for older people in care homes*' published in June 2006

APSE comment and analysis

APSE welcomes the recognition of the need for better nutritional care of older people. Government has demanded of local authorities that they take a central role in the promotion of health and well being within the community. This is reflected in the Local Government White Paper, published in October 2006, and more recently in the new Local Government and Public Involvement in Health Act 2007.

The cost of poor nutritional care is not only reflected in the health of the individual but in economic terms. It has a negative impact on the economy due to tying up NHS resources in longer stays in hospital, and for local authorities potentially increases the resources needed to deal with the impact of poor nutrition and hydration, for example in additional care packages to those suffering from falls, injuries or poorer health as a result of malnourishment and or dehydration.

The position is likely to get much worse if preventative action on poor nutrition and hydration is not taken. Accordingly to research by Age Concern 60% of people aged 65-74 years and 64% of people aged 75 and over reported longstanding illness. The UK population figures based on ONS data at August 2007, show that those aged 65 and over now account for 16% of the population. Despite recent slight increases in birth rates the overall trend in recent years has been a decrease in birth rates leading to a much smaller proportion of population of working age supporting a growing older population, including the oldest of the old, at age 85 and over where increased needs, for complex support packages, will put further pressure on public services.

It has been recognised that 'meals on wheels' or 'welfare catering' provision in local authorities alongside luncheon club settings have been in rapid decline. This in part appears to be due to attempts to better target social care and catering resources. Service rationing has always been evident in these areas, however, with an ageing population more targeted use of resources and restrictions on costs has led to overall numbers in receipt of 'meals on wheels' services being in decline.

That is why it is important for local authorities to consider the changing needs of older people, on an ongoing basis with regard to nutritional requirements, rather than plan services on a 'snap shot' of needs, as part of the service review and planning processes. Whilst it is recognised that older people may have access to other sources of nutritious food these sources are more likely to decrease if mobility and / or access to transport become more difficult during the ageing process. Moreover access to nutritious food will not of itself address the better health outcomes associated with healthy eating. Evidence suggests that it is the presentation of food, eating in a social context and assistance with eating that will have the most beneficial health outcomes.

APSE's performance networks data collection, on welfare catering, has shown that many authorities have moved to delivery of frozen meals rather than delivery of a hot cooked meal. The percentage of bought in frozen/chilled meals (as opposed to prime cooked) being used in this service continues to rise from around 15% in 1999/2000, by at least 8% a year to now sit at 57% of all meals served in 2006/07. Whilst for some relatively able older citizens a frozen meals service may be adequate, it is good practice to consider whether this meets the nutritional and social needs, of meals on wheels recipients, as overall care needs change over time. Indeed APSE has urged member authorities to consider a mixed service provision of both frozen and hot delivered meals and snacks to ensure the service is able to respond to the changing needs of the older citizen.

APSE's social care advisory group and catering advisory group will provide further consideration of these issues in order to assist member authorities develop appropriate responses.

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