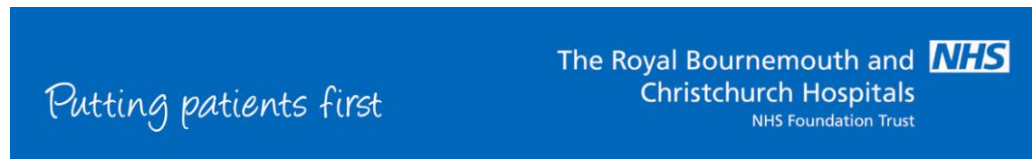
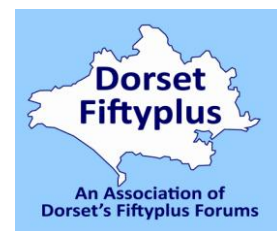


Nutritional Care Strategy for Adults

January 2013
Review Date January 2018



Your voice on local health and social care



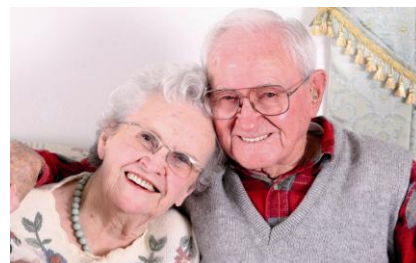
Christchurch and East Dorset Councils
delivering services together



1. Introduction

1.1 It is generally understood and accepted that maintaining a good balanced diet which includes fluids as well as food will assist in keeping us healthy. Sustaining a good balanced diet can be difficult and particularly so if you have a disability or have increasing frailty which affects your ability to gain access to a healthy diet.

1.2 There is very clear evidence that if you receive health or care services in settings such as hospitals or care homes you will face a greater risk of being malnourished. One of the ways to overcome being malnourished including being dehydrated is to have a good knowledge of a healthy lifestyle early on in life. In addition, it is very important to make sure that anybody who has health or social care needs receives the best services including proper attention to nutritional care.



1.3 Dorset has created a partnership which aims to provide the highest levels of good practice in nutritional care. The result is the production of a Nutritional Care Strategy for Adults. It is for adults of all ages because the dietary requirements for children are different from adults and there could be confusion by combining the two. The partnership brings together a wide range of community and professional representatives who, want to make a difference and put Dorset at the forefront of this very important public health matter.



1.4 This strategy aims to keep actions as simple and as straightforward as possible and to be inclusive of all adults. It does not deal with more specialist issues concerning eating disorders but does include people who may have mental health problems such as dementia.

1.5 The strategy takes account of:

- Dignity, respect and personal choice
- Population and demographic make-up of Dorset
- Evidenced based best practice relating to nutritional care and hydration
- Care Quality Commission requirements within regulated services.
- NHS and Social Care Outcome Frameworks
- Contract compliance and monitoring arrangements
- Safeguarding adults
- Carers and service user views
- Enablement
- People taking responsibility for themselves
- Dorset NHS Food and Nutrition Strategy
- Other related local strategies

2. Background

⁽¹⁾ Malnutrition Facts – who suffers – in general

- 23% of people under 65
- 32% of people over 65
- 50% more likely to be malnourished if admitted to hospital over 80 than those over 50
- More likely to effect older women than older men

2.1 ⁽²⁾ Malnutrition effects 3 million people living in the community, and a third of whom receive care or health services. It is generally thought that people will get thinner and frailer as they become older. Everyone knows a story of someone who lost a lot of weight or who became painfully thin and just thought it was part of the ageing process. Adults may even celebrate when they lose weight when they hadn't planned to and are unaware as to how quickly they may become at risk of malnutrition.

⁽¹⁾ Malnutrition Facts – who suffers – in the community

- 93% of people suffering with malnutrition live at home

2.2 ⁽³⁾ The following factors have been identified as increasing the risks of developing malnutrition:

- Affordability of food
- Difficulty reaching shops
- Dependency
- Lack of cooking skills
- Apathy
- Depression
- Ill health

Malnutrition Facts – who suffers – in hospitals

- ⁽¹⁾ 1 in 3 people admitted to hospitals suffer from acute malnourishment
- ⁽⁴⁾ Every ten minutes someone dies with malnourishment in hospital nationally.

2.3 If Malnutrition is undetected and untreated it may cause ⁽⁵⁾:

- Impaired immune responses
- Reduced muscle strength and fatigue
- Reduced respiratory muscle function, increasing the risk of chest infections
- Impaired thermoregulation – resulting in predisposition to hyperthermia
- Impaired wound healing, delayed recovery from illness
- Apathy, depression and self neglect
- Increased risk of hospital admission and increased length of stay.

⁽¹⁾ Malnutrition Facts – who suffers – in care homes

- 37% of those admitted to care homes suffer from malnutrition
- 45% of those admitted to nursing homes suffer from malnutrition

- 2.4 For Malnutrition to be treated it needs to be detected. Detection is achieved through nutritional screening. The Malnutrition Universal Screening Tool (MUST) is the only validated tool that can detect the risk of malnutrition. Nutritional screening is a Care Quality Commission (CQC) requirement for residential care and hospitals.

Malnutrition Facts – The Financial Costs

- ⁽¹⁾ £13 billion per annum
- ⁽⁵⁾ NICE (2010) fourth largest potential source of cost saving
- ⁽⁶⁾ 2.1 more visits to your GP
- ⁽⁶⁾ 3 times more hospital admissions
- ^(7,8) Inappropriate prescribing

3. Dorset – Where are we now?

Good Practice

Safe and Independent Living (SAIL) – multi agency referral joining people to services

Dorset POPP – supporting people to remain in their own homes

Dementia Unit Avon View - Staff eating with residents in a family way

Hungry to be Heard
Age UK's campaign to end malnutrition in hospitals

Stay Healthy Just Add Water
Dorset's hydration campaign

3.1 Dorset County Council covers a population of 404,789. Of these, 25.6% (103,625) are over the age of 65 compared to a national average of 16.6%.

3.2 Dorset County Hospital Dietetic Department have estimated⁽⁹⁾ that in Dorset, people over 65 have the following prevalence of malnutrition:-

- General population - 14%
- Sheltered Housing- 12 %
- Receiving Care at home - 25%
- Care Home residents - 32% to 42% of residents on arrival

3.3 A study⁽¹⁰⁾ of admissions into Dorset's care homes was undertaken in 2010 which identified a 40% prevalence of malnutrition and that it increases with age. Below 80 years the prevalence was 33% compared to 42% prevalence for the over 80's. Though their analysis only included 23 care homes within Dorset, less than 6%, their research does support the national research on admission. So it can be assumed that an average prevalence of malnutrition of 40% can reasonably be expected within care and nursing homes.

- 3.4 There are approximately 170 care and nursing homes and 70 Domiciliary care providers, that Dorset County Council and NHS Dorset contracts and monitors in and around Dorset. There are 6 acute hospitals and 15 community hospitals. These regulated services are monitored by the Care Quality Commission (CQC) and must meet their requirements. Within the community Dorset has 60 GP surgeries, 126 meal and luncheon club providers, over 50 Carer Support Group agencies and 13 Older People Forums.

4. Where we want to be

Joint working	4.1 Dorset wishes to be at the forefront of excellent nutritional care. We wish to develop proactive, preventative services that will reduce the levels of malnutrition.
New care home contracts incorporate best practice	4.2 Dorset wishes to raise awareness of malnutrition and dehydration and support Dorset residents to take responsibility for their nutritional health and to assist as and when appropriate.
Improved health and wellbeing	4.3 Dorset will work in partnership across Health, Care and Third Sector organisations to ensure consistent messages and actions about nutrition.
The community educated and encouraged to take action and reduce the risks of malnutrition	
Health and care settings undertake nutritional screening	
All visiting health and care professionals undertake nutritional screening	

5. Aims

- 5.1 To increase the public's awareness of the value to their health and well being of good nutrition.
- 5.2 To alert people to the dangers of malnutrition and dehydration and highlight the tell-tale signs.

- 5.3 To make the public aware of the services available to help them.
- 5.4 To improve the nutritional care and health and wellbeing of adults within Dorset.
- 5.5 To reduce the related costs of malnutrition through preventative measures.
- 5.6 To produce, implement and maintain a joint action plan, specific to Dorset based on the seven recommendations for change set out by the⁽¹¹⁾ European Nutrition for Health Alliance (2006) and the BAPEN ten recommendations⁽¹²⁾ based on the NICE Nutrition Supports in Adults Guidance and Best Practice.

6. How will we get there?

- 6.1 The strategy will be implemented through the associated action plan. All partners were involved in the development of the action plan and will be essential to its implementation. The action plan reflects four main aims: -
 - To define pathways of care to raise awareness, identify, prevent as appropriate, and treat malnutrition and dehydration in all care, health and community settings.
 - To agree a training policy, consistent training materials and presentations to enable the implementation of the agreed care pathways and to educate individuals and carers how to recognise and reduce the risks of malnutrition and dehydration.
 - To ensure the Nutritional Care Strategy for Adults is linked and incorporated into the Public Health, NHS, DCC and Third Sector agendas.
 - To produce and implement a communications strategy to raise awareness of the issues concerning malnutrition and dehydration within Dorset's adults enabling people to take on more responsibility for their own nutritional care by providing information, signposting and support as appropriate.
- 6.2 The first two aims will run consecutively whilst the second two will run concurrently.
- 6.3 The partners will set up specific work streams for each aim.
- 6.4 Information provided by The Medical Research Council and NNedpro and evidence produced by The Malnutrition Task Force and The Hydration Forum will be used to inform and direct the work streams as appropriate.

7. What the Strategy and Action plan will not do!

- 7.1 The strategy will not dictate to people the actions they must take. It will encourage choice and enable rather than dictate.

- 7.2 It will not always evaluate every single action to ensure that it has reduced malnutrition; the assumption is that it will have contributed. Evaluations where they take place will be specific, measurable, achievable, relevant and timely.

8. Strategy Review

- 8.1 The strategy is a long term strategy and will be refreshed in January 2016.
- 8.2 Consideration to be given to an annual progress report being presented to the Health and Well - Being Board.
- 8.3 The accompany action plan will be reviewed annually by the strategy partners

Glossary:

Care Quality Commission (CQC): Responsible for the regulation and monitoring of all hospitals, care homes and care services and ensuring they meet government standards.

Nutritional Screening: A quick and simple procedure used by nursing, medical or health and social care staff to detect those at risk of malnutrition.

Malnutrition Universal Screening Tool: (MUST) A validated five step system that can be used to nutritionally screen and give guidance on actions to take/ recommend.

Web links:

Hungry to be Heard - <http://www.ageuk.org.uk/Documents/en-GB/ID9489%20HTBH%20Report%2028ppA4.pdf?dtrk=true>

No One should go Hungry - <http://www.thenacc.co.uk/news/Campaign>

Care Quality Commission - <http://www.cqc.org.uk/>

Dorset POPP - <http://www.dorsetforyou.com/popp>

Dorset Eating Opportunities - <http://www.dorsetforyou.com/eatingopportunities>

SAIL - <http://news.dorsetforyou.com/2012/02/sailing-throughout-dorset/>

Catering Services - <http://www.dorsetforyou.com/cateringservices>

Malnutrition Task Force - <http://www.malnutritiontaskforce.org.uk>

Medical Research Council - <http://www.mrc.ac.uk/index.htm>

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