Tackling malnutrition among older people in the community

Discussion paper from the Welsh Consumer Council
About the Welsh Consumer Council

The Welsh Consumer Council (WCC) makes a practical difference to the lives of consumers in Wales, using its insight into consumer needs to advocate change.

Our vision...
A high quality of life for consumers. This means ensuring markets and public services work for consumers. And it means empowering consumers so they feel able to be demanding in their selection and use of goods and services.

Our mission...
To bring about change by championing the consumer interest, especially the interest of those who are disadvantaged. This is encapsulated in our strap line: making all consumers matter.

The WCC assesses the consumer perspective in any situation by analysing the position of consumers against a set of consumer principles. These are:

Access: Can consumers actually get the goods or services they need or want?

Choice: Can consumers affect the way goods and services are provided through their own choice?

Information: Do consumers have the information they need, presented in the way they want, to make informed choices?

Redress: If something goes wrong, can it be put right?

Safety: Are standards as high as they can reasonably be?

Fairness: Are consumers subject to arbitrary discrimination for reasons unconnected with their characteristics as consumers?

Representation: If consumers cannot affect what is provided through their own choices, are there other effective means for their views to be represented?

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Executive Summary

This report provides a summary of the discussions held on **Tuesday 29th January 2008** at the roundtable event organised by the Welsh Consumer Council.

The roundtable follows on from the Council’s report ***‘Food Poverty and Older People’ (August 2006)*** which highlighted a range of factors that can impede on an older person’s ability to access a healthy diet. The consequences of not eating healthily can be serious, particularly as people get older. If the situation goes un-noticed for too long malnutrition may develop. Poor physical access and affordability are just part of the jigsaw. There are many causes of malnutrition - which means that preventing; identifying and tackling it can be complex.

The main aim of this event was to facilitate discussion between informed partners and stakeholders on the practicalities, and possible barriers, of using malnutrition screening tools in community settings (including in the home), and what more should be done to raise public awareness of this important issue.

Low awareness of the problem, a lack of training on the subject among health and social care professionals, difficulties using recommended nutritional screening tools, inconsistent implementation of existing care assessment systems, and diverse local approaches to the promotion of health and well-being in later life, were all issues raised during the discussions that are hindering progression on tackling the problem of malnutrition in the community.

All participants at the roundtable agreed we are starting to see a step change in government policy across the UK in relation to tackling poor nutrition in hospitals and care homes. While this is very welcome to date there has been much less emphasis on work at the community level, particularly here in Wales.

It was agreed that raising awareness of the problem is a key starting point and opportunities should be sought to involve and engage the range of people who are in regular contact with older people, not just health and social care professionals. The majority of care vulnerable older people receive is provided by family, friends and neighbours. It is vital people are fully aware of early signals that someone they care for, or care about, may not be eating properly and could be at risk of becoming malnourished. This includes knowing potential trigger points which may lead to a loss of appetite, such as bereavement, retirement or illness.

Nutritional screening in the community needs to be improved. The Malnutrition Universal Screening Tool (MUST) is one of the few that has been validated for community use. While it has been described as ‘user friendly’, during the discussions it became evident that anecdotal evidence suggests many current users find it difficult to use. To increase the identification of malnutrition in community settings a range of people, both within and outside the health and social care profession (including voluntary agencies and housing scheme managers) will need to be able to undertake nutritional screening therefore simplicity will be key. However it is equally critical that simplification doesn’t weaken the effectiveness of the process.
The need for a multi-agency approach to tackling the problem of malnutrition is clear. Incorporating appropriate training into workforce development programmes for the range of professionals (from the health sector and elsewhere) who come into contact with older people is essential – as is the need to dedicate sufficient resources (including the use of Specialist Dieticians) to support both training programmes and implementation. This is only likely to be achieved with the necessary acknowledgment and investment from senior management.

Increasing awareness and encouraging the wider use of nutritional screening tools are just part of the solution. Of equal importance is the need to identify appropriate pathways of care once a problem has been identified.

The multiple causes of malnutrition among vulnerable older people means that action to tackle the problem needs to be holistic and wide-ranging. While some good work is being done in parts of Wales, ultimately current efforts lack the national strategic focus required and this is something we believe needs to be addressed.

While in many respects malnutrition has moved up the policy agenda it is still early days and much more work needs to be done. Throughout the UK the economic burden of malnutrition on the NHS has been estimated at more than £7 billion a year. With an increasingly ageing population, in addition to the social costs, the financial costs of doing nothing are considerable.

It is hoped by raising awareness and stimulating debate on this issue we will eventually see the cultural change that is needed if the problem of poor nutrition amongst some of the most vulnerable people in our communities is going to be overcome.

A number of policy recommendations have been put forward at the end of this report.
Introduction

Malnutrition\(^1\) is still something that the majority of people associate with the developing world where unfortunately food and water shortages are all too common. The thought that some of the most vulnerable people in our ‘richer’, modern society are suffering from malnutrition remains something of a ‘taboo’ subject. However the fact is that malnutrition is a significant problem across the UK. Older people are particularly vulnerable to malnutrition - it is estimated that more than 10% of people aged over 65 are malnourished\(^2\) - however other vulnerable groups can also be affected including those with chronic disease, people who are living in poverty or are socially isolated and those who’ve recently been discharged from hospital.

In recent years the public health agenda has focussed resources on tackling the obesity crisis with much less attention being paid to the other end of the scale - even though the economic burden of malnutrition in the UK is thought to be around £7.3 billion a year - equivalent to obesity. Over half of these costs are being expended on people over the age of 65\(^3\).

The older people and nutrition agendas in Wales talk about the need to promote health and well being in old age and stress the importance of maintaining independence in later life, however few national/local strategies and frameworks specifically mention the problem of malnutrition and detailed actions planned to tackle it. An overview of the current policy framework in Wales in relation to this issue can be found in Appendix 1 of this report.

A whole range of factors, whether in combination or alone, can prevent some older people from being able to access a healthy diet. Living on a low income, a lack of local shops selling healthy food, a lack of local transport, and difficulties carrying heavy shopping home are all common barriers. Our report ‘Food Poverty and Older People’ (August 2006) identified a number of potential solutions to some of these issues, including improving both the provision of door-to-door shopping services and assisted shopping schemes, however for some bringing food into the home is only part of the solution.

Our research found some of the most frequently mentioned problems experienced by older people included physical problems that prevented, or made it extremely difficult, for them to prepare, cook and sometimes eat meals. Physical difficulties were not the only problem. A lack of motivation to cook is also a common issue particularly amongst those who are living alone. Depression and general forgetfulness, or other problems linked with the onset of dementia, have also been cited as reasons why some older people are not eating healthily.

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\(^1\) Malnutrition can result from a lack of food or a lack of the right types of food needed for good health.

\(^2\) ‘Malnutrition costs the UK more than £7.3 billion of actual expenditure each year’, BAPEN - British Association of Parenteral & Enteral Nutrition, December 2005

\(^3\) ‘Nutrition, malnutrition & elderly people’, Associate Parliamentary Food & Health Forum, 20th March 2007
Becoming under or malnourished can be a consequence of not eating healthily, however other things can also induce weight loss or affect appetite including chronic disease, multiple medication and alcohol problems. The complexity of the issue and the many factors that can contribute to someone becoming vulnerable to malnutrition means that preventing, identifying and treating it can be very difficult. It is estimated that currently 70% of malnutrition in the UK goes unrecognised.\footnote{Undernutrition in the UK, British Nutrition Foundation, www.nutrition.org.uk}

With an increasingly ageing population it is widely acknowledged by the Welsh Assembly Government and others that there needs to be a ‘fundamental shift towards [care] services which promote people’s health, well being and independence and address their health and social care needs within the community wherever possible’\footnote{National Service Framework for Older People in Wales, Welsh Assembly Government, March 2006}. This in turn will lead to greater emphasis on prevention and bring significant challenges to those working in both primary care and within community services.

While some progress is now being made in screening for malnutrition in hospital and care homes, to date there has been less focus on community settings – the starting point for most people before they are admitted to other forms of care. Training community care staff and home carers to recognise the signs of malnutrition among vulnerable older people is one of the key recommendations in our Food Poverty and Older People report.

The purpose of the roundtable event was to facilitate discussion between informed partners and stakeholders\footnote{See Appendix 2 for a list of organisations represented at the roundtable} on the practicalities, and possible barriers, of using malnutrition screening tools in community settings (including in the home), and what more should be done to raise public awareness of this important issue. The outcome of these discussions is summarised below.
Main Issues

**Awareness of malnutrition amongst health & social care professionals**

The older we get the more likely we are to need the services of health and social care professionals. For most people this will probably be their GP, practice nurse, community-based nurses, or community pharmacist, however others with more ongoing needs may also receive the services of district nurses, physiotherapists or health visitors, to name a few.

Being at the forefront of primary care, General Practitioners (GPs) appear to play a critical role in the process of both identifying people vulnerable to malnutrition and ensuring they receive treatment. Weighing patients used to be part of the Over 75’s Health Assessment undertaken by GPs however these regular health checks no longer form part of the new GMS contract and the standard appointment process only gives GPs limited time with each patient.

There was general agreement at the roundtable that current awareness of malnutrition amongst GPs is very poor. As dieticians and other specialists are often not involved in the process until appropriate referrals from GPs this is an issue of particular concern. Recent research also found very few GPs are aware of the availability of screening tools. In spite of the fact that malnourished people are estimated to have a 6% higher GP consultation rate than those who are well nourished. They also have a 26% higher hospital admission rate7.

> “Occasionally the GP highlights nutrition as an issue .. sometimes they seem to manage to miss the fact that’s one of the major reasons why a person’s not managing in their own home because they’re so malnourished”

Many preventative measures and treatments for certain conditions such as heart disease and high blood pressure involve following specific diets, however it was felt by being so target focussed many GPs may not realise the long-term effects being on a low-fat diet can have for certain individuals. There is evidence to suggest that misinterpreting messages around healthy eating can sometimes lead to such severe weight loss it becomes unhealthy.

> “They’ve [GPs] been given training in discrete areas to meet certain targets .. unfortunately that focuses the work within the practice towards things like blood pressure management .. the training then exists around healthy eating but healthy eating is a broader subject than a low fat diet”

> “People are taking one message and living with it for ten years .. there’s not co-ordination between GP practices and nutrition and dietetic services .. GPs are not trained in nutrition in the same way”

7 Op cit 5
The lack of specialist dieticians working in the community was highlighted although to some extent others disagreed. It was recognised that there is currently an unmet need in terms of providing such services within the community but identifying that unmet need and doing something about it was extremely difficult. Unless it was a priority within the Local Health Board it was difficult for the problem to be addressed. While there may have been a growth in the number of dieticians being trained, many of those who are newly qualified remain unemployed as they don’t have the right experience for specific posts.

“Nothing happens unless someone somewhere is giving that initial push to get something done. Who’s responsibility is it? How do they work out what ought to happen?”

“It’s about the timescales of the workforce planning .. although we’ve got too many dieticians we haven’t got enough experienced dieticians”

One of the key recommendations of the nutrition strategy for Wales8 is to ‘provide information and training to key players, including .. health professionals and other professionals, to tackle poor nutrition in Wales’. The Welsh Assembly Government (WAG) and Food Standard Agency Wales (FSAW) have since been working with universities across Wales to develop nutrition modules for training primary care practitioners. However they experienced considerable difficulties moving the work forward beyond the pilot stage.

“We couldn’t even get past the pilot stage due to the lack of willingness for people to allow their staff to attend those courses .. we’re aware of the gap in terms of professional training on this agenda”

“These professions don’t really have a wider regard for some of these issues”

It was widely acknowledged that there are a range of professionals, both within the health and social care sector and elsewhere, who potentially have regular contact with vulnerable older people and are therefore ideally placed to act as ‘problem identifiers’. It was suggested that understanding nutrition should be embedded within training programmes beyond health to the wider public sector.

“Local authorities and other agencies locally have loads and loads of people actually going into people’s homes .. so there’s bags of opportunities to get these messages through”

“Everybody who’s in contact with older people should have a basic knowledge of things to do with nutrition”

During the discussions the housing sector, particularly those working in sheltered or social housing, was identified as a specific example, along with the meals on wheels service and local community projects. It was noted that often malnutrition is only picked up when someone is seriously ill and/or on admission to hospital.

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8 ‘Food and Well Being: reducing inequalities through a nutrition strategy for Wales’, Welsh Assembly Government/Food Standards Agency Wales (February 2003)
"Having someone locally who can observe, who can notice and see things cos malnutrition is not always a physically evident thing"

In terms of training other health professionals, the depth to which such training should go was an issue of some debate. It was generally agreed that having a broad knowledge of nutrition and its importance for good health was crucial for anyone working in this sector however it was also critical not to overload the curriculum when there are already specialists trained in this area. The concept of having a common core curriculum across different sectors was raised and it was noted that the Welsh Assembly Government are currently working with the Sector Skills Council with regards to workforce development in Wales to identify a common framework across the professions, not just health.

"By the very nature of specialisms you’ve got to be careful not to impeach on each others areas because there’s too much information"

"I’m very interested in a common curriculum across all human services not just health and social care"

The pressures on the current social and community care systems were acknowledged. Rising demand and limited resources has meant care packages are being focussed at the acute end of care, on those with more intensive care needs, often at the expense of more preventative approaches.

"[In the UK] we’ve tried so hard to save money that we’ve actually ended up with a service based system not a client based system and that’s ended up missing the people who need help"

"We spend all the money at the acute end and it’s how to get the transfer of resources back"

The National Service Framework (NSF) for Older People in Wales states the ‘pressing need to redress the imbalance’.

The issue of corporate social responsibility was also raised. Several participants felt the food retail industry, particularly the major supermarkets, could do more to make their retail offer and services more appropriate to the needs of older people. This was also an issue identified in our Food Poverty and Older People report.

**Awareness of malnutrition amongst the general public**

At some point in our old age most of us will need help from others to do the everyday tasks we previously took for granted, such as preparing meals, getting dressed, bathing and general help around the house. Only a relatively small proportion of the overall population are in receipt of formal social care services, for many it is family, friends or neighbours who provide this support.

Research shows that generally care-giving is associated with disadvantage, as well as age. The proportion of people providing informal, unpaid care tends to be higher in deprived areas and areas with higher levels of poor health. It’s therefore not surprising to learn that Wales has a high proportion of informal carers.9

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9 ‘Characteristics of care providers & care receivers over time’, Joseph Rowntree Foundation (October 2006)
Around 6% of the population in Wales are estimated to be providing some form of ‘informal’ care to older people and many of these people are likely to be old themselves\(^{10}\). It was noted during the discussions that the proportion of vulnerable older people who are found to be malnourished on admission to hospital indicates that many carers aren’t aware of the problem. It’s therefore vital that those providing such care are informed of the first signs that an older relative, friend or neighbour may not be eating properly. This is particularly important after life changing events, such as a bereavement or retirement, which may lead to a loss of appetite.

Having low energy, feeling the cold, being prone to falls, loose fitting clothes or jewellery, recurring infections, difficulties recovering from illness, and depression can all be a sign of malnutrition.

“They could be part of a hidden group [if not in receipt of care] .. or the people who are caring for them are obviously not sufficiently aware that this [malnutrition] could be really contributing .. it might be what sent them to hospital in the first place”

“The reality is most people getting into a bad state with nutrition .. it’s only discovered as a by-product of them being seriously ill or incapacitated and then it becomes known”

In January 2007, as part of their Hungry to be heard campaign, Age Concern England published a short leaflet, ‘Is an older person you care about malnourished?’, with the aim of raising awareness of the issue amongst older people themselves, as well as family and friends who care for them. The leaflet covers all settings - in the home; hospitals and care homes – and lists things people should look out for if they are worried about a relative or friend, including signs of weight/diet changes, physical problems and signs around their home such as a lack of food in cupboards/fridges or rotting/expired foods. It also dispels the common ‘myth’ that it’s natural for people to lose weight as they get older - an issue that was also highlighted during our discussions.

“We need to combat the belief that getting thinner is just something that happens as you get older”

A copy of the Age Concern leaflet was given to all participants at the roundtable – for many it was the first time they had seen the leaflet.

A couple of participants highlighted the importance of involving older people themselves in any awareness raising campaigns and decisions relating to their care.

“Can I make a plea .. for all developments that older people themselves, who aren’t stupid, should actually be involved because the services are for them..”

\(^{10}\) Op cit 5
Existing systems/current work being done to tackle the problem

The majority of nutritional screening that is currently undertaken across the UK takes place in hospital and care settings. A number of standards/guidelines have been developed that aim to ensure nutritional screening is a key element of patient care:-

- the Nutrition & Catering Framework for the NHS (2002) requires that all NHS Trusts in Wales conduct nutritional screening on patients admitted to hospital in order to identify their dietary needs;

- testing for malnutrition has been mandatory in Scotland since 2003 under the NHS Quality Improvement Scotland (QIS) Standards in Food, Fluid and Nutritional Care for hospitals;

- in Feb 2006 the National Institute for Health and Clinical Excellence (NICE) launched a specific guideline to help the NHS identify patients who are malnourished or at risk of malnutrition, Clinical Guidance (32) Nutrition Support in Adults.

The NSF for Older People set a target that by April 2007 all NHS Trusts in Wales should be screening all hospital inpatients for under-nutrition on admission using a simple screening tool, such as the Malnutrition Universal Screening Tool (MUST). A recent Office of the Chief Nursing Officer (OCNO) audit showed that 78% of Trusts (i.e. 11/14) were expected to meet the target by the required date\(^\text{11}\).

To date there has been much less focus on nutritional screening at the community level. The NICE guideline is the only one to include community settings within its scope. It identifies opportunities for screening including on registration at GP surgeries, and other occasions such as health checks and flu injections.

The Cardiff and Vale NHS Trust has recently commissioned Cardiff University to undertake a systematic review of existing evidence on the effectiveness of using nutritional screening tools in the community\(^\text{12}\) - the study has identified a total of 15 tools that can be used in such circumstances. The final report from this review is due shortly.

The MUST, developed by the Malnutrition Advisory Group of the British Association for Parenteral and Enteral Nutrition (BAPEN), is probably one of the most well-known tools. It has been described as ‘valid & reliable in a variety of clinical settings’\(^\text{13}\) and is also one of the few to be validated for use in community settings.

During the discussions (and ahead of the roundtable) we heard of several examples where work on malnutrition is being taken forward at a local level.

“Some of the [older people strategy] co-ordinators have been looking at malnutrition”

“Each LHB area will address different areas of nutrition and priority areas but they’ll all have an interest in malnutrition because it’s a primary care issue”

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\(^\text{11}\) Welsh Health Circular, 11th Sept 2006

\(^\text{12}\) ‘The Effectiveness, Appropriateness and Feasibility of Nutritional Screening Tools in Identifying Adults at Risk of Malnutrition in the Community: a Comprehensive Systematic Review’, SOMNS Cardiff University (unpublished)

\(^\text{13}\) www.bapen.org.uk
One example of how MUST is being used at the community level can be found in Caerphilly. Local pharmacists and dieticians have been working together to develop guidelines for the screening and treatment of malnutrition in the community (based on the NICE Guideline (32)) – these have since been adopted by Caerphilly Local Health Board. Training was also provided for GPs and care home staff (unfortunately there was little interest amongst practice nurses) on both the guidelines and using the MUST.

**Practicalities & potential barriers to using screening tools in community settings**

There are a number of issues that need to be addressed if nutritional screening tools are to be more widely used in community settings. These include:

- who should be responsible for doing the testing; does it have to be a qualified health professional?;

- resource implications (both in terms of time and costs);

- the need for adequate training;

- the effectiveness of tools in identifying the problem;

- ensuring appropriate pathways of care following detection.

The report due from Cardiff University will hopefully help to collate evidence on the effectiveness and appropriateness of nutritional screening in community settings.

As already mentioned, the MUST is one of the most commonly prescribed tools for use in the community and the one identified in the NSF for Older People in Wales. It has been described as ‘user friendly’ however several roundtable participants felt many users had found the opposite to be true.

"[MUST] is being used effectively in other areas but the District Nursing staff who tend to use it find it quite cumbersome and there are quite large training issues as well"

"MUST frightens everybody!"

It was noted during the discussions that the complexities of the culture that exists within the health sector has a real impact on the extent screening tools are currently used. The idea that there should be a universally agreed screening tool was dismissed by a number of participants. If other validated tools work then changing the process to a ‘standardised’ format would only act as a disincentive for staff to undertake screening.

The issue of identifying appropriate pathways of care was also discussed. In 2002, the Welsh Assembly Government issued guidance to health and social care bodies, most commonly referred to as Unified Assessment (UA), to act as a standardised framework
for care assessment to help identify health and social care needs at an early stage to prevent people from losing their independence. UA is cited in the NSF for Wales as being a critical component in the promotion of health and well being in older age. The framework is divided into 12 assessment domains, a number of which relate to eating/drinking and nutrition.

As part of the written correspondence received prior to the roundtable we heard that in North East Wales work is currently underway to establish how the UA process can be used to help nurses and Social Workers working in the community to understand the key principles of good nutrition and identify people who may be at risk of malnutrition.

The UA process appears to be an established mechanism that can be used to incorporate nutritional screening into assessments of care needs in the community. While this may prove successful in some local authority areas, evidence suggests that generally implementation of UA systems still varies across Wales – in spite of the fact that systems should have been in place for all adult groups by 2006.

“UA is a perfect vehicle for identifying risk of malnutrition in the community”

“One of the problems with Unified Assessment is it’s not the same document across Wales .. how it’s being used varies hugely .. it’s very, very difficult and far from being efficient at the moment”

Each Local Health Board also has a local Health, Social Care and Well-being Strategy (2005-2008) in place. The strategies are currently being reviewed ahead of the next phase for 2008-2011. On inspecting a sample of these strategies, while reference is frequently made to food/nutrition/healthy eating we found no specific reference to the problem of malnutrition among vulnerable older people or the need for nutritional screening.

“If you look at the needs assessments that were undertaken in relation to the Health, Social Care and Well-being Strategies .. you won’t find anything around malnutrition and older people”

**Potential solutions & examples of good practice**

There was overall agreement amongst roundtable participants that encouraging debate about the issue of malnutrition was critical to create the cultural change needed if tackling it was going to be given the equivalent priority to tackling obesity. It was felt the fact we are now seeing more attention being paid to malnutrition in hospitals was a positive sign.
“To see change it takes a long time .. I worked in malnutrition in hospitals 10 years ago .. it’s starting to make a difference you just have to keep hammering at it no matter how long it takes”

Using existing networks and contacts, such as the Strategy for Older People Co-ordinators and older people’s forums throughout Wales, was considered to be a good way of raising awareness of the issue both amongst older people themselves and the wider public.

One of the key themes that emerged from the discussions in relation to widening the use of nutritional screening in community settings was the need for simplicity. Even with support and training participants felt that people will be put off using tools that they find complicated or difficult to use.

“I think because of the diversity of people in the community having to actually use a screening tool means that simplicity as well as accurate results has to be the key”

BAPEN, the organisation behind the development of the MUST, has also recognised that if more people are to be involved in screening, especially those working outside the health profession, there is a need to simplify the assessment process, without losing the effectiveness of the approach. In England they are currently working with the Essential Role of Sheltered Housing (EroSH) to establish a simpler method of screening for malnutrition whereby Scheme Managers are using a combination of a simple questionnaire and visual observations to assess risk, without frightening or being too intrusive to the client/resident. The outcome of the pilot project is due shortly.

“[the project] is looking at how Scheme Managers can be used and trained up on using the screening tools and how sheltered housing can be used as a resource for local training on nutrition in the community”

The importance of collecting evidence, evaluating outcomes, learning lessons from what works well, and continually improving was highlighted as an essential requirement for changing attitudes and behaviours in this area.

“Whether it’s the MUST validated tool or whether it’s another simplified validated tool so we have consistency, so we can compare .. we need to be collecting that evidence”

It was also felt lessons could be learnt from work that’s been undertaken in schools across Wales in terms of activity and interest across sectors. The ‘Ottawa Charter for Health Promotion’ was suggested as a suitable framework for action as it promotes a holistic approach across sectoral boundaries.

“[the Ottawa Charter] It’s about looking at the policies required, it’s about empowering the individual .. we can’t be working on one area in isolation”

“It’s not just one message .. it’s actually got to be tackled at a number of different points which will all come into play .. it’s about trying to get that joined up thinking .. the more players involved in how we join it up the better the chances are..”
Several participants also felt ensuring people are properly nourished should be a key element of the ‘Dignity in Care’ agenda.

“Good eating and an adequate diet are part of one’s human dignity .. it’s about how do we change that perception in the wider community”

The Welsh Assembly Government’s Quality of Food Action Plan, currently being developed, could also provide an opportunity to take things forward in this area.

In England, action on this agenda is progressing with the production of a Nutrition Action Plan, published by the Department of Health in October 2007 (‘Improving Nutritional Care: a joint Action Plan from the Department of Health and Nutrition Summit stakeholders’).

The Plan particularly focuses on improving the nutritional care of vulnerable people within hospitals, care homes and the community. It outlines 5 key priorities for action based on raising awareness; accessible guidance; nutritional screening; training; inspection and regulation.

The issue is also been raised across Europe. A group of stakeholders from across the health arena have formed the European Nutrition for Health Alliance (ENHA) in a united effort to raise awareness of the ‘importance and the urgency’ of the issue of malnutrition and to build an agenda for action at the European level. They are currently lobbying to get malnutrition included in a European White Paper on Nutrition.
Conclusion & Policy Recommendations

The multiple causes of malnutrition among vulnerable older people means that action to tackle the problem needs to be holistic and wide-ranging. While some good work is being done in parts of Wales the roundtable discussions confirmed that currently awareness of the problem and action to tackle malnutrition is inconsistent and patchy.

Local action on nutrition/healthy eating is largely driven by local Health, Social Care and Well being Strategies however the diversity of approaches being adopted by Local Health Boards and Local Authorities across Wales has led to different priorities being taken forward and ultimately current efforts lack the national strategic focus required.

**Recommendation 1:**
The problem of malnutrition among vulnerable older people in Wales needs to be more widely recognised and a co-ordinated national strategy for tackling the issue needs to be developed and incorporated into the next phase of local Health, Social Care and Well Being Strategies for 2008-2011.

The Welsh Assembly Government and the Food Standards Agency Wales should ensure adequate resources are dedicated to this issue and that this forms part of the development of the Quality of Food Action Plan, as well as on-going implementation programmes for the National Service Framework for Older People in Wales and Food and Well Being: the nutrition strategy for Wales.

Raising awareness of the possible risk of malnutrition among vulnerable older people in Wales, both with the public and professionals alike, will be a key starting point. A whole range of people and organisations come into regular contact with older people who remain living in their own home - primary care health and social care professionals; people running community groups/lunch clubs or delivering meals on wheels; community pharmacists; housing managers; and of course family, friends and neighbours – all have a potential role in helping to identify the early signs that someone they care for, or care about, is poorly nourished. It is vital that people are better informed of the issue and are aware of potential trigger points to help prevent the situation developing in the first place or enable the person concerned to receive an appropriate course of care and treatment.
Recommendation 2:
Awareness raising programmes need to be correctly targeted in order that they can be most effective.

The Welsh Assembly Government should join forces with organisations representing older people in Wales, such as Age Concern Cymru, Help the Aged, and other members of the voluntary sector working with older people in the community, to raise awareness of the problem of malnutrition and alert people to the early signs that someone they look after or care about may be poorly nourished.

All Strategy for Older People Co-ordinators across Wales should be fully engaged in the issue of tackling malnutrition in the community as they are ideally placed to help raise awareness of the issue amongst older people themselves and the wider public.

The need for a multi-agency approach is clear. A critical element of awareness raising will be to incorporate appropriate training into workforce development programmes for the range of professionals (from the health sector and elsewhere) who come into contact with older people. This should include the role nutrition plays in maintaining good health, awareness of appropriate nutritional screening tools, how to undertake screening, and identifying appropriate pathways of care to improve nutritional status and address any further underlying problems.

Recommendation 3:
The Welsh Assembly Government should work with organisations responsible for workforce development in the health and social care sector, particularly those working in primary care and community services, to ensure the links between nutrition and good health are embedded into current training programmes.

Other organisations in regular contact with vulnerable older people, such as sheltered housing and social housing providers, should also incorporate nutrition into their staff development schemes.

Sufficient resources (including the use of Specialist Dieticians) need to be dedicated to this area to support both training programmes and implementation. This is only likely to be achieved with the necessary acknowledgment and investment from senior management.

We have heard there are currently a whole range of nutritional screening tools available, some of which can be used within community settings although only a few have been validated for community use (eg. MUST). If the problem of identifying those at risk of malnutrition is to be overcome, a range of people will need to be able to undertake nutritional screening. There is unlikely to be a ‘one tool fits all’ scenario. The need for simplicity was highlighted during our discussions, however it is equally critical that simplification doesn’t weaken the effectiveness of the process.
Recommendation 4:

The possibility of more simplified nutritional screening methods for use by a broad range of professionals, including those outside the health sector, should be explored. However it is essential that the quality of the approach isn’t compromised.

Lessons should be learnt from on-going research and evaluation into alternative mechanisms/tools, especially those that can more easily be used in community settings. For example the questionnaire-style format being developed and piloted by BAPEN/ERoSH.

Increasing awareness and encouraging the wider use of nutritional screening tools are just part of the solution to tackling the problem of malnutrition among vulnerable older people. Of equal importance is the need to identify appropriate pathways of care once a problem has been identified.

The Unified Assessment (UA) process has been highlighted as an existing framework for assessing health and social care needs that could have the potential to help tackle the problem however implementation of UA systems varies across Wales.

Recommendation 5:

Local Authorities have a statutory responsibility for the planning, assessment, commissioning and delivery of social services across Wales.

The Welsh Assembly Government should improve guidance on how the Unified Assessment process could be more effectively used to both identify individuals at risk of malnutrition (through screening) and to ensure on-going care needs are addressed to alleviate the problem and prevent a recurrence.

Thanks to some fairly high profile campaigns and publicity all participants at the roundtable agreed we are starting to see a step change in government policy across the UK in relation to tackling poor nutrition in hospitals and care homes. To date there has been much less emphasis on work at the community level, particularly here in Wales, and this is something we believe needs to be addressed.

While in many respects malnutrition has moved up the policy agenda it is still early days and much more work needs to be done. Throughout the UK the economic burden of malnutrition on the NHS has been estimated at more than £7 billion a year. With an increasingly ageing population, in addition to the social costs, the financial costs of doing nothing are considerable.

It is hoped by raising awareness and stimulating debate on this issue we will eventually see the cultural change that is needed if the problem of poor nutrition amongst some of the most vulnerable people in our communities is going to be overcome.
## Appendix 1 - Policy Framework in Wales

<table>
<thead>
<tr>
<th>Strategy/Framework</th>
<th>Reference:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy for Older People (2003)</td>
<td>The overarching strategy for services and issues affecting older people in Wales. Promoting and improving the health and well-being of older people and supporting them to live as independently as possible are two of the key strategic aims.</td>
</tr>
<tr>
<td>Strategy for Older People in Wales 2008-2013: Living Longer, Living Better (March 2008)</td>
<td>The Food in Hospital Task &amp; Finish Group recommended that work in hospitals, to improve nutrition and food quality, must be supported by improving the quality of food served in community settings (nursing homes; meals on wheels). Phase two of the Strategy for Older People notes that further action to address malnutrition in the community is also needed as it frequently goes unrecognised.</td>
</tr>
<tr>
<td>NSF for Older People (March 2006)</td>
<td>The NSF for Older People recognises that older people are particularly vulnerable to malnutrition. It is stated that the screening of older people’s nutritional status in primary care would help to identify those at risk of malnutrition, and that the use of a validated nutritional status screening tool (eg. MUST) would be ‘advantageous’, however current efforts to screen for and tackle the problem are concentrated on hospital and care homes settings.</td>
</tr>
<tr>
<td>Description</td>
<td>Details</td>
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<tr>
<td>Healthy Ageing Action Plan for Wales (October 2005)</td>
<td>The Plan includes a section on healthy eating which identifies potential barriers to nutrition in older age. It also acknowledges that poor nutritional status can add time and financial costs to illness or operation recovery among older people. However, the specific actions are vague and fail to identify the need to screen for and treat malnutrition.</td>
</tr>
<tr>
<td>Food and Well Being: reducing inequalities through a nutrition strategy for Wales (February 2003)</td>
<td>The strategy identifies the need to tackle food poverty and improve both physical and economic access to healthy food. The vulnerable elderly have been highlighted as a priority group, however, while some commendable work has been done at the local community level, the strategic focus over the last few years has been on children and young people.</td>
</tr>
<tr>
<td>Quality of Food Action Plan (2008 – in development)</td>
<td>The draft Quality of Food Strategy, issued for consultation towards the end of 2007, identified health and accessibility/affordability as two of the seven priority issues for action.</td>
</tr>
<tr>
<td>Community Services Framework (April 2007)</td>
<td>This framework recognises the increasing role community services are to play in care provision and the need to strengthen services to keep people healthy and help them live independently in their own homes. The emphasis is on the need ‘to prevent problems arising and escalating through appropriate early intervention’.</td>
</tr>
<tr>
<td>Local Community Strategies and Health, Social Care &amp; Well Being Strategies.</td>
<td>These local strategies should reflect the main themes of the Strategy for Older People to promote and maintain the health and well-being of older people in their area.</td>
</tr>
</tbody>
</table>
Appendix 2 – List of Attendees

The following organisations were represented at the roundtable event.

Age Concern Cardiff & the Vale
Age Concern Cymru
British Dietetic Association
Care Council for Wales
Food Standards Agency Wales
Help the Aged Cymru
National Public Health Service Wales
Sustain (Food Access Network)
United Welsh Housing Association/Essential Role of Sheltered Housing
Vale of Glamorgan Community Health Council
Welsh Assembly Government (Health Improvement Division)
Welsh Consumer Council
Welsh Food Alliance
Welsh Local Government Association

In addition, written correspondence was received from the following organisations as they were unable to attend on the day:-

Royal Pharmaceutical Society of Great Britain
North East Wales NHS Trust Unified Assessment Team