



# Reducing malnutrition and dehydration in older people in Greater Manchester

A Salford Story

March 2021

- Greater Manchester
- Nutrition & Hydration
- Hydration

# Introduction

Good nutrition and hydration are important to enable older people to live healthy, happy lives in their own homes. If not prioritised, a person's health, dignity and quality of life can be compromised.

However, malnutrition is common in the older population who live in the community, but often unrecognised. Over one million older people in the UK are malnourished.

The good news is that malnutrition and dehydration are entirely avoidable in many cases.

Through partnership working and greater awareness in Salford we have made very good progress to reduce preventable malnutrition and dehydration.

This booklet shares the journey achieved from participating in a national Malnutrition Task Force pilot in 2014 through to being the lead delivery partner for the Greater Manchester Nutrition and Hydration programme in 2018.

The Greater Manchester Nutrition and Hydration programme was commissioned as part of the Age Well Strategy in the GM Health and Social Care Partnership's Population Health Plan 2017-2021.

The pilot programme originating in Salford was expanded and funded by the Greater Manchester Health and Social Care Partnership to be delivered in 5 other areas of Greater Manchester: Bolton, Bury, Oldham, Rochdale and Stockport and has since then been shared in all parts of Greater Manchester. The Greater Manchester Project reached 40,000 older adults in 2 years, and throughout the journey of change Salford has followed the five principles set by the Malnutrition Task Force.



- ▶ **47,977** people have been reached via awareness raising activity
- ▶ **2,118** front line staff and volunteers participated in training – supporting **88,350** older adults each year
- ▶ **39,505** older people received conversations about nutrition and hydration
- ▶ **3,623 (9%)** needed advice, **1,963** were concerned about a friend or family member = prevalence 14%
- ▶ Independent evaluation: **80.6%** of those at risk of malnutrition have had a positive outcome from the programme, compared to an initial CBA assumption of 30%
- ▶ The CBA refresh shows a **2.27** financial return on investment for this project over five years, with payback in two years

In 2019 the partnership work in Salford was further developed, with two Programme Managers employed to build on the work already completed. Operating alongside the Salford Age Friendly Partnership and Salford Malnutrition Task Force they worked with 48 teams and agencies, reaching over 5,000 older people in the first 6 months.

With the coming of the Covid-19 pandemic the team adapted its ways of working to complement the work of agencies supporting older people, producing new information materials, joining efforts to ensure access to food and shopping and supporting older people through welfare calls and advice on staying well-nourished and hydrated.

# Five Principles

# Identifying Malnutrition

The GM Nutrition and Hydration Programme and Salford Malnutrition Task Force Project use the five principles of best practice in supporting good nutrition and hydration care as defined by the National Malnutrition Task Force. Visit their website for more information: [www.malnutritiontaskforce.org.uk](http://www.malnutritiontaskforce.org.uk)

## The five principles are:

- ▶ Identifying malnutrition
- ▶ Raising Awareness
- ▶ Personalising Care and Support
- ▶ Working together
- ▶ Monitoring and Evaluation

Through work with the voluntary sector in Salford, it became clear that the changes older people needed to make to prevent malnutrition were surprisingly simple, but they often didn't know they were at risk of malnutrition.

The team worked together to design the PaperWeight Armband®, a simple, non-intrusive signposting tool that shows in an instant if someone is likely to have a low Body Mass Index. It gave staff from the voluntary sector an easy way of opening the conversation and a brief intervention to signpost who may need to improve their appetite and increase their nutritional intake.

The PaperWeight Armband® is now in regular use across Salford and the rest of Greater Manchester.

## Case study



"I have always been 8 stone 2, I was aware that I had lost a bit of weight but just put this down to being older. After they tried the PaperWeight Armband® I weighed myself and found out I was now 7.5 stone. After looking through the booklet, I have made some changes.

I have been able to put on almost half a stone and I have gained more energy, which is helping me to keep up my active lifestyle."

**Susan (the name has been changed)**



"People seem really interested in the PaperWeight Armband®. It is so simple and innovative and when it

is loose it can be helpful evidence to encourage them to look at their diet. We now include this as part of our initial assessment to help plan support."

**Hazel Howarth, Home from Hospital Coordinator, Age UK Bolton**



# Raising Awareness

The philosophy of the Programme is based on an understanding that small changes can have a significant impact and simple conversations can start to bring about these changes.

## Simple Conversations

<b>Raising the issue</b>	<ul style="list-style-type: none"> <li>▶ What's on the menu tonight?</li> <li>▶ Are you eating and drinking well?</li> <li>▶ What kind of things do you like to cook?</li> </ul>
<b>Asking key questions</b>	<ul style="list-style-type: none"> <li>▶ Have you lost weight without meaning to?</li> <li>▶ Have you had a poor appetite, low energy or low mood?</li> <li>▶ Do your clothes, shoes, jewellery or dentures look or feel loose?</li> <li>▶ Does the PaperWeight Armband® fit together and slide easily up and down?</li> </ul> <p>A screening tool, such as the Malnutrition Universal Screening Tool could be used in this step if weight and height can be measured accurately.</p>
<b>Simple advice and signposting where concerns were raised</b>	<ul style="list-style-type: none"> <li>▶ Review tips from the 'Eat, Drink, Live Well' booklet – simple ways to boost your appetite or fortify food</li> <li>▶ Consider social, physical or financial support needs – signpost or refer to local community support</li> <li>▶ Engage support network – family, friends or carers engaged to support the person to make changes to their diet and lifestyle</li> <li>▶ Encourage to visit the Dentist</li> <li>▶ Consider health needs – ask red flag questions and signpost to GP as required</li> </ul>
<b>Follow up where possible</b>	<ul style="list-style-type: none"> <li>▶ How's your appetite now?</li> <li>▶ Have you tried any tips from the booklet?</li> <li>▶ Have you noticed any change in your weight or energy levels?</li> </ul>

## Red flag questions

**? Have you noticed sudden weight loss? (10% of your body weight in 3 months)**

**? Do you have difficulties swallowing food or drinks?**

**? Do you have a sore mouth?**

**? Do you get pain in your tummy when you eat?**

**? Has there been a recent persistent change in moving your bowels to loose stools and/or increased frequency?**

# Personalising Care and Support

## Tailored approaches for certain groups

Resources and approaches have been developed to target and support specific groups and communities;

### Nutrition and dementia in Stockport

- ▶ Work with Dementia Champions in the Borough to raise awareness and promote the approach in services for people living with dementia.
- ▶ *Eating and Drinking Well with Dementia: A Guide for Family Carers and Friends* developed by local Nutritionist Gill Hooper with the University of Bournemouth.

### South Asian communities in Oldham

- ▶ Focussed work with members of the South Asian community to understand gaps in current approach and resources and needs of members of the community.
- ▶ *Meal and snack ideas from a range of cultures* resource developed to complement the *Eat, Drink, Live Well* booklet with recipes contributed by members of the community.

### Food access in Bolton

- ▶ Work with specific groups to understand barriers to food access.
- ▶ *Eating Well Affordably* resource developed with recipes and tips contributed by members of the community and local signposting.

## Hospital discharge in Bury

- ▶ Local dietitians identified a gap in provision for people at medium risk of malnutrition on discharge from hospital.
- ▶ Pathways implemented to intervene at this stage using self-care approaches and signposting to community support.
- ▶ Delivery of a *Lunch and Learn* programme in sheltered housing settings, resources and recipe cards designed for delivery of this.

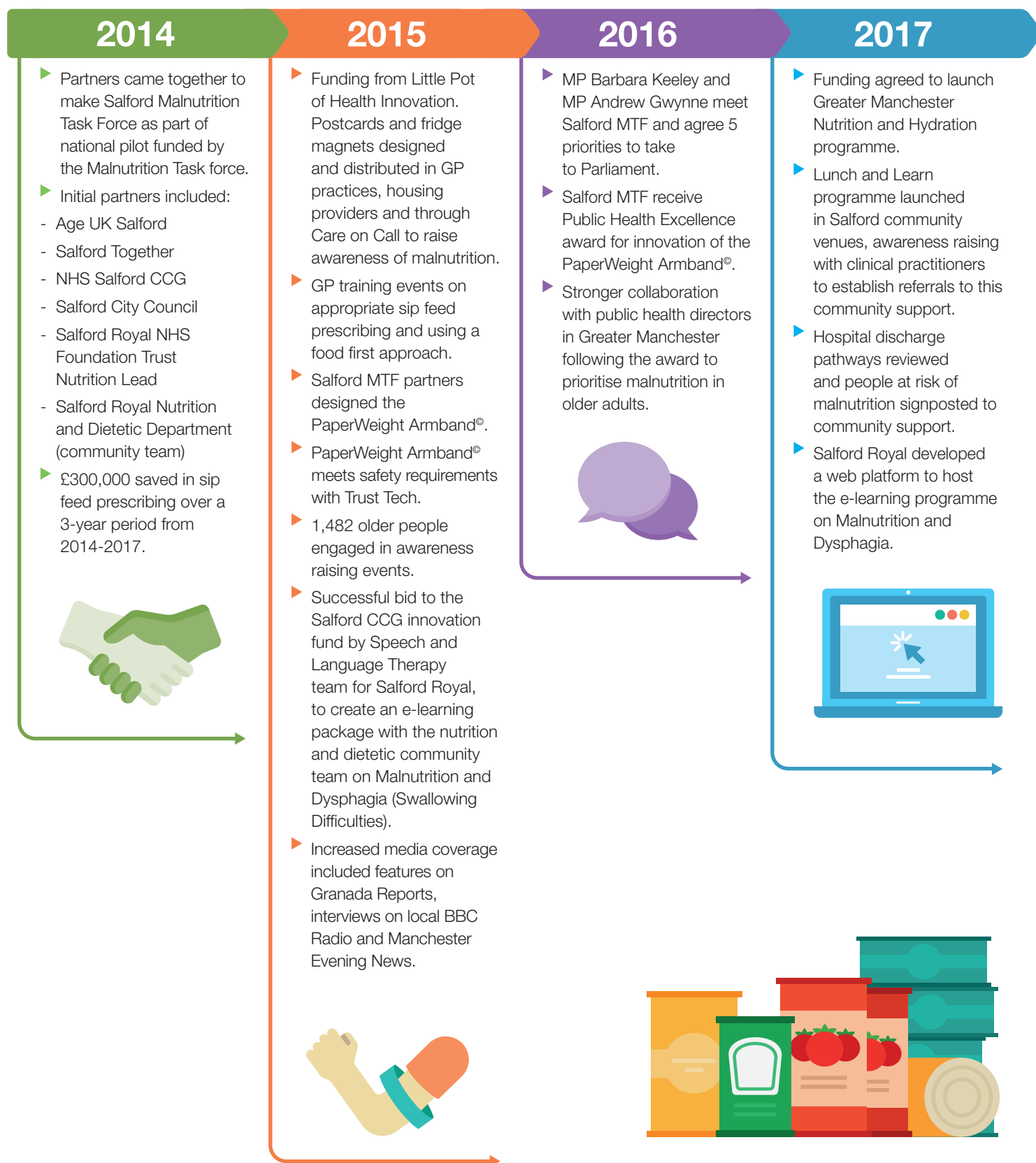
## Activating community support in Rochdale

- ▶ Focussed work with community groups and community leaders to promote good nutrition and hydration.
- ▶ Awareness raising at lunch clubs and other community settings.
- ▶ Local media coverage to raise awareness, including in the Rochdale Observer and Crescent Radio.
- ▶ Focussed work with Rochdale Boroughwide Housing.
- ▶ Information stalls in the main shopping centre and central library.



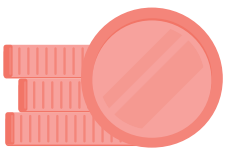
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# Salford Malnutrition Task Force Project Time Line



## 2018

- ▶ Launch of GM Nutrition and Hydration programme.
- ▶ Secured funding from Salford CCG Innovation Fund for 2 dietitians and an assistant to work in the Emergency Admissions Unit to screen and treat patients at risk of malnutrition from admission whilst working collaboratively with Salford Age UK hospital aftercare team.
- ▶ PaperWeight Armband® featured in GM Frailty Strategy.
- ▶ Secured funding from Salford CCG Innovation Fund for a dietitian to test a digital programme for chefs in care homes to analyse and plan menus for residents to prevent malnutrition and dysphagia.
- ▶ Funding agreed with Salford Royal for a senior specialist dietitian in Older Adults.
- ▶ Funding secured from Salford CCG Innovation Fund for a one-year pilot of developing care home dysphagia champions.



## 2019

- ▶ Funding from Salford Age Friendly Programme secured to work on workforce development, improvement of clinical pathways and community initiatives within Age Friendly Salford.
- ▶ Audits from older people in Salford inform suitability of social eating venues in Swinton as part of Ageing in Place programme.
- ▶ Evaluation from University of Manchester finds 81% positive outcomes for people at risk of malnutrition following brief intervention with the PaperWeight Armband®.
- ▶ Participated in Salford CCG Safer Salford Care Home Programme. This resulted in the Safer Salford programme identifying nutrition and hydration in Care Home Improvement Plan.



## 2020

- ▶ Funding from Salford Age Friendly Programme leads to
  - Engagement with 48 agencies and teams, providing training to 30 of these
  - 473 frontline workers and volunteers, who collectively work with around 8975 older people each year received training on good nutrition and hydration for older people
  - 3,210 people have been reached through awareness raising activity
  - 2,219 older people in Salford benefited from nutrition and hydration conversations. 785 (35%) of these people were identified as being at risk of malnutrition and received a brief intervention to enable them to gain weight.
- ▶ Nutrition and hydration identified as key priorities in Salford Locality Plan.
- ▶ Following the outbreak of Covid-19, partners in Salford looked at how to adapt the local approach to make sure older people had the right information about eating and drinking well in later life and were supported and encouraged to do this. It is believed that over 5,500 older people in Salford have benefited from this campaign through activities, conversations and information distributed by
  - ForHousing
  - Age UK Salford
  - Inspiring Communities Together
  - Salford CVS
  - Ready to Go – Planning for Winter booklets
  - Salford Emergency COVID hub
  - Community Dietetics Service waiting list
  - Hospital discharge pathways
  - District Nurse
- ▶ Major Nutrition and Hydration Webinar in July attracts 150 participants. Speakers were drawn from Salford and other GM authorities.
- ▶ Publication of Toolkit from GM Nutrition and Hydration programme.
- ▶ Co-Authors of the James Lind Alliance for Priority setting for adult malnutrition and nutritional screening in healthcare.
- ▶ Publication in the British Journal of Community Nursing on the Evolution of the Greater Manchester nutrition and hydration programme.

## 2021

- ▶ The funding from the Greater Manchester Health and Social Care Partnership came to an end in March 2021.
- ▶ Three local authorities, including Salford, decide to commission the continuation of the Programme from their own resources. Others are developing their own plans to maintain the momentum created.

# Working together in Salford

## Salford 2020-21

The Programme in Salford has been able to increase access to knowledge and advice on maintaining a healthy diet and staying hydrated. Staff have been trained, resources made available and the Programme Managers have been available to speak to groups of older people and individuals, providing information, advice and resources.

There has been a focus on a multi-agency approach to developing support and resources, breaking down barriers between the voluntary sector, social care, clinical services, sheltered housing and care homes. The aim has been to ensure that all services have the right knowledge and information when they need it.

### Salford, Dietetics



“ Following our participation in the Malnutrition Task Force national pilot I prioritised developing partnerships between dietetics and the voluntary sector in Salford. We have built mutual respect, trust and a shared understanding of malnutrition and dehydration. This holistic approach has shifted the ethos in the clinical team to engage in our public health programme in Salford, whilst continuing to build partnerships with primary care and our care homes. We have witnessed their growth in confidence to tackle the issue of preventable malnutrition across the voluntary sector. This has allowed our partners to have meaningful conversations to promote good nutrition and hydration, whilst having the confidence that dietetic colleagues will accept referrals when needed. Overall, it has allowed us to jointly champion these issues and take a preventative approach. The partnership working has required commitment, hard work and leadership, but the difference it has made is tangible across the sector.

**Kirstine Farrer,**  
Consultant Dietitian, SRFT

## Community

The integration into the Age Friendly Salford and Ageing in Place Programme has enabled nutrition and hydration to become embedded into all activities and communications. The campaign is strongly supported by Inspiring Communities Together and Age UK Salford:

- ▶ Carrying out social eating audits of commercial premises in Swinton.
- ▶ Contributing to booklets and other written information and, during times of Covid-19 restrictions leading sessions on healthy eating, weight maintenance and hydration in regular Zoom gatherings.
- ▶ All Age UK Salford Services routinely monitor older peoples' nutrition and hydration. During the Covid-19 lockdown all customers of the shopping service received nutrition and hydration information and key questions asked when orders were placed. Those considered to be at risk received regular welfare calls.
- ▶ ForHousing added questions about nutrition and hydration into their regular welfare checks for 675 sheltered housing tenants, other smaller housing providers engaged with the Programme.
- ▶ Six Swinton pharmacists received training on the use of the PaperWeight Armband® and giving of information. They have displayed information and made leaflets available.

## Hospital

The programme has been able to increase access to knowledge and advice for staff working on the hospital wards, ensuring that all patients leaving hospital who would not automatically be referred to hospital or community dietetic services, receive nutrition and hydration advice to maintain and build up nutrition status post discharge. A successful quality improvement project has been delivered on #butfirstadrink to promote good hydration on the older adult wards. Malnutrition Awareness Week pop up events helped deliver training and updates for ward staff, specifically district nursing teams.





## Covid-19 Response

The Covid-19 pandemic required the programme to adapt quickly to the new circumstances. Face to face training and awareness raising was no longer possible.

- New written information and booklets on eating well during the pandemic were produced and circulated. Two packs were available, one for all older people, one targeted at those assessed as at risk of malnutrition. These were available for older people on discharge from hospital, as well as those living in the community.
- Sessions on healthy eating took place regularly as part of the Age Friendly Salford programme of on line get-togethers with older people.
- Programme staff participated in the Age UK Shopping Service, as well as taking on coordinating roles staff provided advice and information to other staff and maintained telephone contact with older people at risk of under nourishment.
- On line training and webinars were delivered to maintain the raising of knowledge and awareness of staff and volunteers.

### Social care

The programme has been able to increase access to knowledge and advice for all social care teams working within Salford to spot the signs of potential malnutrition and dehydration risk in patients the service sees. If risk is identified information booklet and simple first line advice is provided to the patient.

### Clinical services

A pathway was developed with SRFT Dietetic Leads to ensure all those patients who are being discharged with low or a stable risk of malnutrition receive the programme booklets. The booklet helps to build up and maintain nutritional status post discharge.

The programme has also engaged and provided training sessions to all social work teams across Salford. Questions about appetite and drinking are featured in assessment forms used by the social workers.

Clinical teams have been trained on the use of the PaperWeight Armband® and key nutrition questions to enable them to assess malnutrition risk. The teams that received training and are engaged with the programme include: Adult Social Care, Community Neurorehabilitation, Tissue Viability, District Nursing, Dietetics, rapid response and home care agencies.

All teams have incorporated nutrition and hydration questions into their existing practices and pathways where appropriate. They all receive materials on a regular basis to help them support the people they look after.

### Care homes

In 2019, Salford CCG applied a CQUIN (Commissioning for Quality and Innovation) objective for nursing homes which required homes to ensure staff had completed the e-learning tool for Malnutrition and Swallowing Difficulties and were implementing the learning in their practice.



“Everyone enjoys talking about food. The brew and chat session gave me useful information and the chance to share our favourite food and recipes.”

**Salford Brew and Chat**  
online participant



# Evaluation

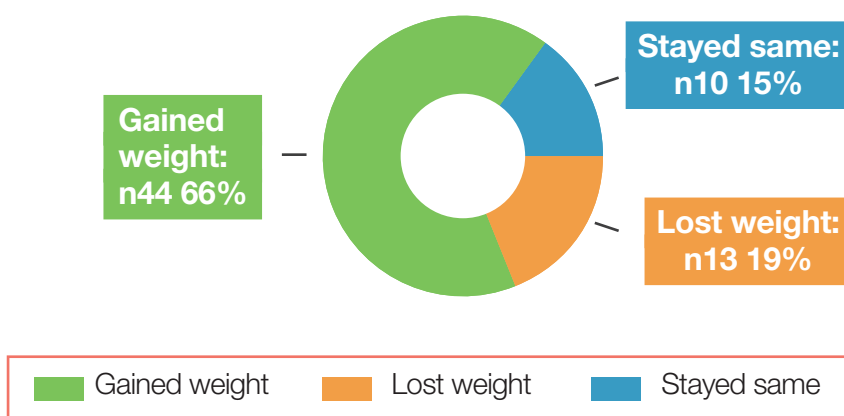
## Manchester University was commissioned to carry out an evaluation of the GM Nutrition and Hydration Programme

1. To understand whether the programme could be replicated and delivered at scale in other areas of Greater Manchester
2. To understand the impact of the brief interventions on individuals at risk of malnutrition

### Weight change of participants

The research tested the impact of brief interventions. Older people who had been identified as underweight using the PaperWeight Armband® were given advice using the *Eat, Drink, Live Well* booklet, then weighed by the Researcher.

They were weighed again after 12 weeks. The results exceeded expectations.



### Evaluation findings:

The impact of the programme has been greater than expected, the level of undetected risk of malnutrition among people already connected with services was significantly higher than originally anticipated.

#### Key findings 1

Identifying malnutrition and providing nutritional advice and signposting, helps prevent malnutrition in older adults.



#### Key findings 3

Social connectivity is a key factor in overcoming frailty and preventing malnutrition in older adults.



#### Key findings 2

Clinical frailty has emerged as a significant factor in malnutrition among older adults and is itself a barrier to nutrition and hydration.



#### Key findings 4

Living conditions in terms of the type of housing an older adult is living in, has a significant impact on their health and nutrition. In the study, **100%** of the participants in extra care schemes and **92%** of people in sheltered accommodation had **positive outcomes**.



### Quotes from the Evaluation

“I enjoy food more when I eat with company.”

“I do more snacking. I tell myself “you got to do it.”

“Quite a few people said you are looking well.”

“I think speaking with you now has been interesting because I am aware that I have not focussed on food as a pleasurable thing. I have focussed on it as a need to get this done every week and I have just done it. And that’s not fair. It should be a pleasurable thing.”



# Cost Benefit Analysis

A cost benefit analysis has shown a return on investment of 1:2.27.

## Investment

Investment is needed to pay for resources, local events and employ a local Programme Manager, who will engage the public and wider workforce to raise awareness and deliver brief interventions to reduce preventable malnutrition and dehydration.

### Benefits demonstrated from the 6-month pilot in Salford

- ▶ 2,219 conversations reported.
- ▶ 785 (35%) of those were found to be at risk of malnutrition.

Applying the findings from the University of Manchester evaluation:

- ▶ 636 Salford residents would have reduced risk of malnutrition.

National data about the cost of malnutrition:

- ▶ The health and social care costs are estimated to be 3 x greater for a patient who is malnourished or at risk of malnutrition (£7408) than a non-malnourished patient (£2155)<sup>1</sup>, with 70% of these costs in healthcare and 30% in social care.

- ▶ Annually 4.8% of over-65s will fall and call an ambulance<sup>2</sup>.
- ▶ 5.4% of over-65s will attend A&E with a fall-related injury<sup>3</sup>.
- ▶ 47% of all people who fall are malnourished<sup>4</sup>. People at risk of malnutrition have 0.31 additional outpatient appointments and 4 more GP appointments per patient per year.

The numbers from the pilot suggest that proactively addressing/preventing malnutrition at a community level, could lead to:

- ▶ A reduction in demand on the health and social care system equating to a value of around £6.6m over 12 months.
- ▶ A reduction of 394 outpatient appointments and 5,086 GP appointments per year, costing around £51,250 and £157,690 respectively.

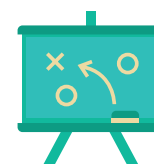
## E-learning on malnutrition and swallowing difficulties

An interactive e-learning tool has been developed by speech and language therapists and dietitians at Salford Royal following a successful innovation bid which was funded by NHS Salford CCG. This has raised awareness of malnutrition and swallowing difficulties. It is accessible to anyone, with the main target audience being carers in residential settings. It could also be promoted as an additional resource to raise awareness for people in the community who are using the simple conversations and PaperWeight Armbands<sup>®</sup>. This can be accessed for free at [www.paperweightarmband.org.uk](http://www.paperweightarmband.org.uk)



## Training materials

All the training materials developed by the Programme are now available for anyone to use on the Age UK Salford website.



<sup>1</sup> BAPEN, The cost of malnutrition in England and potential cost savings from nutritional interventions, 2015

<sup>2</sup> Falls and fractures: effective interventions in health and social care, DH, 2009, p.6

<sup>3</sup> Incidence and costs of unintentional falls in older people in the United Kingdom, Scuffham et al, 2003

<sup>4</sup> Malnutrition increases the risk of falls amongst older people, Alliance to Advance Patient Nutrition, 2013

## How to get in touch

**Web:** [ageuk.org.uk/salford](http://ageuk.org.uk/salford)

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Salford City Council

