

Preventing Malnutrition in the Community

The Eat Well Project



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The Eat Well pilot project began in March 2013, with the aim to train volunteers to help the over 65s remain independent in the community. This project was funded by several organisations – including, the Health & Social Care volunteering fund, the Department of Health – and was managed by Age UK South Staffordshire. With the support of a registered dietitian, alongside the volunteers, the ultimate objective was to establish a support programme to reduce the risks of malnutrition in this vulnerable population group.

The rationale for the development and implementation of the project focuses on how malnutrition can be both cause and consequence of disease, leading to poor health and clinical outcomes in both social and care settings.¹ However, malnutrition is often unrecognised and left untreated. The result is that individuals go to their GPs more often, increased hospital admissions, longer stays in hospital and poor immunity to infections.² A report published by the British Association for Parenteral and Enteral Nutrition (BAPEN) and the National Institute for Health Research Southampton Biomedical Research Centre (NIHR Southampton BRC), in 2015, estimated that the cost of malnutrition in England, during

2011-12, was £19.6 billion.³ They state that these costs will continue to rise with an ageing population and the rising cost of health and social care.³ NICE have identified that better nutritional care has the potential to make significant NHS cost-savings and improve performance.⁴

Early identification of malnourished individuals, or those at risk of developing malnutrition and dehydration, is paramount for quick effective, cost-efficient treatment.⁵

The Eat Well project

A monitoring programme, based on the BAPEN 'Malnutrition Universal Screening Tool' ('MUST'), was adopted with advice and preventative work, based on the 'food first' approach.⁶

The Eat Well Team monitored and collated the data, supported by the University of Chester. Outcomes were collated and monitored by the Eat Well Team. Eat Well had established a viable referral pathway for health professionals to use with confidence and this had been combined into an integral part of the *Staffordshire Make Every Mouthful Care Pathway*,⁷ developed and introduced by the Stoke on Trent and Staffordshire Partnership Trust (SSOTP). The Eat Well project became the standard approach within South Staffordshire for people concerned with the health status of patients or clients. However, it wasn't just health professionals that could refer in to Eat Well, anyone could make a referral – see **Figure 1**.

The service provided a vital contribution to keep people independent in their own homes and has proven to have a positive impact on mental and physical wellbeing. This was achieved with the support of 63 trained volunteers and 265 registered service users. One-hundred and seventy-eight service users were regularly monitored. Eighty-seven service users were discharged from the service due to various reasons. The majority of clients who registered with the service were over **80 years old (59%)**, which included **13% over the age of 90**. **Thirty-two per cent were between 65 and 80 years old**, the remainder were either below 65 years or the information on age was withheld.

The intervention showed a **44% reduction** in client 'MUST' scores from the start of the project (April 2015). See **Figure 2** for outcomes and results.

The preventive effect of reducing malnutrition in the community was difficult to quantify in the primary stages. To develop data collection, the team used a psychometric multidimensional tool, titled the 'Older People's Quality of Life' (OPQOL) questionnaire. The full OPQOL questionnaire was originally developed from the perspectives of older people, assessed theoretically, and validated with a population sample using gold-standard psychometric assessment.⁸

The service users were asked to complete the questionnaire at six monthly intervals. This OPQOL questionnaire enabled the team to identify that the project was able to reduce isolation and loneliness, alongside increasing peoples' uptake of nutritious food and when required offer an alternative for healthier foods. The information gathered resulted in training and supporting volunteers of all ages and backgrounds with a range of life skills to carry out an effective risk reduction. Service users gained improvements in health during the continual programme for undernourished people.

The feedback collected showed:

- Potentially reduced the number of visits to GPs and hospital admissions
- Decrease in critical malnourished status
- Reduced 'MUST' score
- Reduced social isolation
- Increased volunteer interaction
- Identified existing services that can be accessed via signposting to AHP and others
- The model used proved that volunteers are able to effectively monitor client's health and weight

- Highlighted causes for concern so that support could be offered to the client either via the volunteer, volunteer co-ordinator or dietitian within a weeks notice
- Provided a befriending service which benefitted both client and volunteer.

A secondary aim of the Eat Well project was to support local communities with education and prevention. Events were designed around the need to develop community-based programmes and reduce the risk of the over 65 age group becoming malnourished in the first place. To achieve this Eat Well Staffordshire involved local communities. For example, attending public and networking engagements where Eat Well were able to discuss the support on offer and how to refer clients into the project. Numerous talks and food demonstrations

were hosted to community groups to promote the project and educate the public on maintaining a healthy diet and the risks of undernutrition in older people.

The work undertaken by the Eat Well Staffordshire dietitian, alongside the Eat Well team and volunteer mentors who have successfully completed their training, resulted in a number of interventions according to the level of need. All interventions are subject to client permission and are available via a home visit, or in a community setting, and consist of the following:

Dietetic assessment – the objective is to identify 'at risk' clients and implement appropriate interventions focusing on a food first approach. Specific and achievable goals are devised with the client's participation, resulting in an aim and nutritional care plan.

Figure 1: Anyone Can Refer into the Eat Well Project



Figure 2: Outcomes and Results up to October 2015

- 580 client assessments were completed from April to October 2015
- 215 positive outcomes achieved according to their 'care plan' (e.g. weight gain, weight maintenance and weight loss, or optimising nutritional status)
- 'MUST' was carried out:
 - 199 times by independent volunteers
 - 59 times by the dietitian accompanied by the volunteer
 - 198 times for the dietitian alone
- 124 befriending appointments – volunteers continued to screen for malnutrition whilst visiting
- 230 events carried out, with over 4,000 people attending, in the community since the project began in 2013
- 96 one-to-one cookery sessions were carried out for clients
 - 37 of these by independent volunteers up to October 2015.

Mentoring and befriending – the service aims to establish the tools and mechanisms volunteers can use to implement changes that positively impact on key factors influencing community malnutrition.

Reduction of social isolation – the aim is to match volunteers with clients who have similar interests and both volunteer and client to benefit from the visit or phone call in terms of wellbeing and feeling less socially isolated. The Eat Well project was awarded the Monitoring and Befriending Approved Standard in December 2015.

Increased volunteer interaction – volunteers are trained to weigh clients, act as befrienders, carry out one to one cookery sessions once equipped with the relevant training, and promote the project talking about the risks of malnutrition and help at food demos and stalls in the community as set out below. The level of volunteer retention resulted in accreditation from the National Council of Voluntary Organisation August 2015.

Eat Well befrienders visit clients in their own homes who are housebound, isolated or lonely in their own homes, to share interests, chat or, depending on mobility, go for walks or attend social events. They are matched carefully and linked with a client in a locality which is convenient for the volunteer.

Telephone befrienders call clients who are housebound, isolated or lonely usually at the same time each week to have a chat and share interests.

'One to One' cook & eat sessions were also offered to clients who either required help to improve their cooking skills or new

ideas for recipes to improve their eating habits; this service was also delivered through the help of trained volunteers.

The University of Chester have regularly contributed to the evaluation process by arranging several focus group discussions for volunteers, clients and staff. One of which identified that volunteering for the project had resulted in an improvement in volunteer's wellbeing and skill set via an increased confidence as a result of the team support and effective training programme.

The result was a successfully delivered community-based preventative programme which ran alongside a preventative approach for individuals. **Figure 2** shows who made up the Eat Well Team.

What was learnt as the project progressed?

- The use of a registered dietitian whose qualifications, ability and commitment to the project are recognised by health professionals increased the number of referrals
- The back up support provided by the SSOTP to the dietitian and the success of the patient referral process
- Presenting a variety of roles that the volunteer can choose from: Eat Well mentor, befriender, one to one cookery volunteer, and the Eat Well ambassador who promotes the project and helps at events
- The importance of set procedures and offering high quality training for volunteers
- The importance of choosing volunteers who are well suited to their clients.

The British Dietetics Association (BDA) presented Laura Cherry, Registered Dietitian for Eat Well the Dame Barbara Clayton Award for Innovation and Excellence in Dietetic Practice, which showcased the work of the Eat Well team. Laura was invited to receive the award at the BDA Annual Association Awards and 80th Anniversary at the QEII Centre, Westminster on 16th March 2016 for recognition of this achievement.

Figure 2: The Eat Well Team



Eat Well client Vera MacDonald and presenting at the Burton on Trent Directors of Nursing Conference March 2015.



Volunteer Valerie Attenbury, with Vera Macdonalds (standing) and Dorothy Rhymes (sitting), Eat Well clients.

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