



# A local approach to promoting good nutrition and hydration in later life

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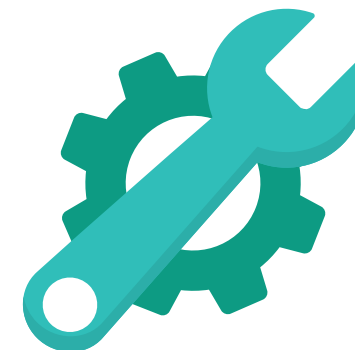
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# How to use this toolkit



The toolkit summarises the learning from the Greater Manchester Nutrition and Hydration (GMNH) pilot programme, which operated in 6 localities between 2018 and 2021. It provides a step-by-step methodology, with ideas and resources to support implementation.

 It gives practical advice and captures good practice based on real-world insight and experience, that will enable colleagues working across Greater Manchester to begin, or continue to develop, their local approach to preventing malnutrition and dehydration in the older adult population.



## The toolkit can be used to:

- ▶ develop a local approach using the tried and tested methods and ideas developed through the Greater Manchester pilot
- ▶ facilitate discussions in localities to determine how to continue, adapt or improve the local approach, including:

Setting priorities for the work going forward

Deciding on the partnerships that need to be in place

Deciding on governance and reporting

Agreeing delivery plans for future work

- ▶ enable localities to re-visit the work at a future date if a pause is required

## Who is it for?



This toolkit is aimed at strategic partners at a local borough level, to enable the development of a partnership approach to reducing preventable malnutrition and dehydration among older adults.

Partners typically include:

- ▶ Local third sector leaders
- ▶ Head of Community Dietetics
- ▶ Director of Adult Social Care
- ▶ Strategic Age Well Lead
- ▶ Strategic Healthy Weight Lead
- ▶ Heads of health and social care commissioning
- ▶ Managers responsible for community therapy services, including Dietetics, memory clinics, COPD teams
- ▶ Quality Assurance Leads e.g. for home care
- ▶ Primary Care



## Adapting through Covid-19

Due to the Covid-19 outbreak in 2020 many changes have been made to working practices. Throughout the toolkit there are some tips about how the approaches can be adapted to more remote service delivery and virtual communication.

# Embedding prevention and early intervention through simple conversations



Early intervention lies at the heart of reducing the risk of malnutrition and dehydration. Using a simple approach that anyone can use in routine contact with older adults, but applying it widely and systematically, is workable and effective.

## The pilot programme set out to evaluate two questions:

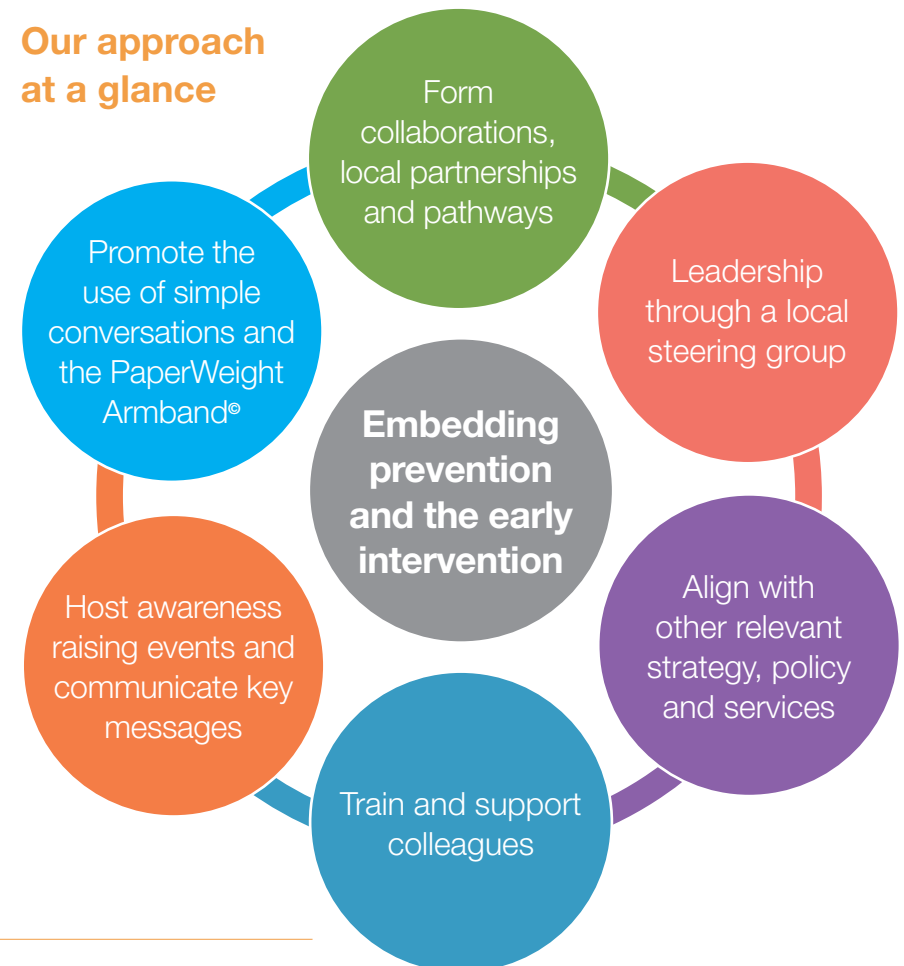
- 1 Is the brief intervention (the simple conversation and use of PaperWeight Armband®) effective at reducing the risk of malnutrition?
- 2 Is it possible to deliver this at scale in different parts of Greater Manchester?

The independent University of Manchester evaluation found that these brief interventions were over 80% effective and it is also possible to deliver them at considerable scale as 1 in 5 older adults in the pilot areas were reached through the 2-year pilot programme.

We now have a model for anyone who interacts with older people, including older people themselves and their friends, families or neighbours, to intervene supportively and effectively to reduce their risk of malnutrition.

A structured approach is needed to implement this on a large scale:

## Our approach at a glance



# Use of simple conversations and PaperWeight Armband®

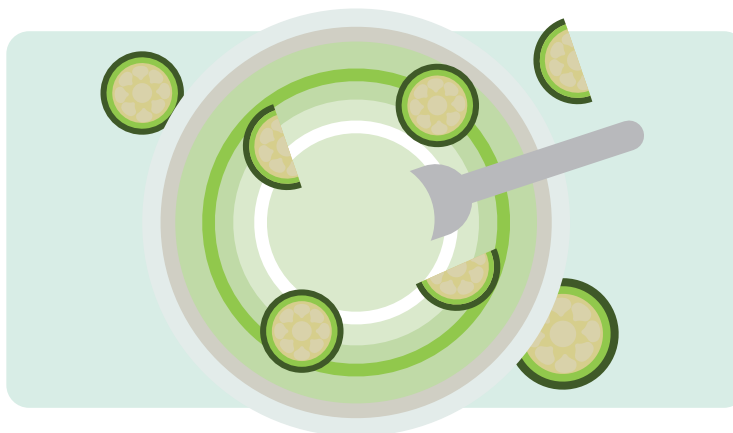


Brief interventions, delivered via a simple and supportive conversation, have been found to be highly effective to identify and reduce risk of malnutrition.

## Simple conversations

### Raising the issue

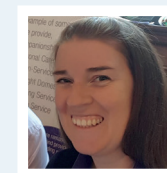
- ▶ What's on the menu tonight?
- ▶ Are you eating and drinking well?
- ▶ What kind of things do you like to cook?



### Asking key questions

- ? Have you lost weight without meaning to?
- ? Have you had a poor appetite, low energy or low mood?
- ? Do your clothes, shoes, jewellery or dentures look or feel loose?
- ? Does the PaperWeight Armband® fit together and slide easily up and down?

In clinical settings, a clinical screening tool, such as the MUST assessment (Malnutrition Universal Screening Tool) would be used in this step.



“The resources are really useful. They are easy to use and give great advice

and even recipe ideas. The PaperWeight Armband® is a fantastic visual to hit home the extent of a potential problem and can help to communicate this with clients and their family. It is simple, yet so effective. It has empowered our carers to identify and communicate any concerns.”

**Natalie Peters,**  
Quality Care of Cheadle



## Simple advice and signposting where concerns are raised

▶ Review tips from the Eat, Drink, Live Well booklet – simple ways to boost your appetite or fortify food

▶ Consider social, physical or financial support needs – signpost or refer to local community support

▶ Engage support network – family, friends or carers engaged to support the person to make changes to their diet and lifestyle

▶ Encourage to book dentist appointment

▶ Consider health needs – ask red flag questions and signpost to GP as required



## Follow up where possible

How's your appetite now?

Have you tried any tips from the booklet?

Did you attend the group/access support that we spoke about?

Have you noticed any change in your weight or energy levels?

## 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 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?
- ? Do you have a sore mouth?



“Before I had the training, I was reluctant to talk about someone’s weight due to a lack of information and knowledge. I can now advise people correctly using the booklets provided and also signpost on if and when needed.”

**Dawn Braithwaite, Staying Well Team, Bury Council**

The most successful examples of using the simple conversations and Paperweight Armband® have involved embedding the approach within routine practices and paperwork. This helps to make the approach systematic, so that it reaches more older adults who might be at risk.

Here are some examples of where simple conversations about nutrition and hydration have been used across the pilot programme:



### Housing

Stockport Homes Group include the simple conversation in their annual Winter Welfare visits with older customers. The nutrition and hydration resources are also part of the pack of information and advice shared with residents.

### Hospital after care

The Home from Hospital service delivered by Age UK Bolton added questions to their assessments to ask about appetite and food access and used the PaperWeight Armbands®.

### Preventative services

The Older People’s Staying Well team in Bury use their awareness of good nutrition and hydration to look for signs of malnutrition or dehydration. They look at old photographs on the walls to spot if someone may have lost weight or look in the cupboards to check for out of date food and use this as a starting point for the conversation.

### District Nurses

The District Nurses in Oldham use the Eat, Drink, Live Well booklets to support people they identify as being at risk of malnutrition. They have used the PaperWeight Armband® as an initial indicator for risk if they are unable to weigh a patient in the community.





## Adapting through Covid-19

- ▶ Holding the conversations through telephone or online support
- ▶ Sharing messages and materials with older people and their families so they can make self-assessments and know where to access further support if needed, including to residents in sheltered accommodation and to recipients of welfare checks or shopping support
- ▶ Sharing resources for self-management in targeted places, e.g. people on waiting lists for Dietetics or on discharge from hospital for certain patients



“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

### Home care

Care 4 U in Rochdale use the resources to identify risks and improve communication about eating and drinking with clients and their families. They were complimented by Care Quality Commission (CQC) on their approach to nutrition and hydration.

### Dementia support

The Dementia Support Service at Age UK Salford routinely ask the key questions and use the PaperWeight Armband® at initial assessments and subsequent visits. Data about this is recorded monthly to understand the prevalence and plan support. They have introduced workshops for carers and run activities at sessions about good nutrition and hydration.

### Food for thought

- What are the opportunities in your locality to embed these simple conversations and use the PaperWeight Armbands®?
- Are there services which would be well placed to deliver this with greater awareness and resources with the benefit of some basic knowledge or training and the nutrition and hydration resources?
- Which services are most likely to work with people who may be at risk?
- How can this be monitored through commissioning specifications?

# Partnerships to improve prevention and early intervention



Partnership working and collaboration has been shown to make a big difference in the prevention of and early intervention for people at risk of malnutrition and dehydration. It can also strengthen existing working practices and lead to new processes being developed between organisations.

## Partnerships are key because

- ▶ Many of the issues related to malnutrition and dehydration could be avoided with greater awareness
- ▶ Often, the support needed for someone at risk of malnutrition or dehydration is a mixture of knowledge, such as simple tips about how to eat or drink more, and practical help with social interaction, benefits, home adaptations or support to access shopping or cooking
- ▶ Sometimes, early warning signs are missed because we think someone else will raise the issue or we don't know who to escalate a concern to
- ▶ Getting the right messages to the right people requires co-ordinated knowledge, skills and access to those at risk through local frontline services

## Pathways

You may need to create stronger pathways for referrals and signposting for relevant community support. You could also identify key preventative community services into which older adults at risk could be referred, depending on their particular needs.



The two examples here highlight partnerships across professional and organisational boundaries, commissioning and delivery, which target identification, prevention and response.

## Salford, Dietetics



“ Following our participation in the Malnutrition Taskforce 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

## Age UK Oldham meal delivery service



“ Our freshly cooked frozen meals service was developed as a response to Covid-19 restrictions and increased demand for support with food from older people locally. It is helping people to stay well and independent at home and is giving them access to nutritious meals delivered to their door.

Our initial partnership with a local business, the White Hart, helped us to meet the huge demand and enabled us to offer the meals at a subsidised rate, whilst we established our systems and processes and built our capacity. Referrals come from a range of partner agencies, such as First Choice Homes Oldham, Oldham Council and Housing 21, enabling us to reach the people who really need our support.

Nicola Shore, Age UK Oldham



## Adapting through Covid-19

- ▶ Partnership working to understand the impact of the pandemic on nutrition and hydration needs for older adults
- ▶ Development of pathways to address malnutrition risk as services adapt
- ▶ Review of existing services and new service development to meet emerging needs e.g. interruptions in care, restrictions on delivery of frontline services, lack of face to face contact

## Food for thought

- Which partnerships and/or preventative community services need to be prioritised in your locality?
- Are pathways for the management of malnutrition and dehydration clear in your area?

# Local leadership



Committed local leadership and advocacy, with the capacity to positively influence partner organisations and colleagues, is hugely important to the success of the project. It will also help you to take the project from a great idea to a practical reality, by using an approach which works for your area, adds value to existing priorities and embeds the approach in existing services.

Consideration should be given to the local leadership of your work and the full skill set needed to deliver your malnutrition and dehydration approach. You will need to identify:

- ▶ Local advocacy and support
- ▶ Strategic leadership
- ▶ Project management
- ▶ Engagement and training capacity
- ▶ Administrative support
- ▶ Wider project oversight
- ▶ Clinical reference group
- ▶ Reporting structure

## Local advocacy and support

Local partners who understand the importance of these issues and will raise awareness at all levels. They may:

Champion the issues within their networks

Identify other policy areas where this could be addressed

Influence uptake and commissioning



## Strategic leadership

Lead(s) for the programme who understand the wider policy context and can provide strategic leadership.

## Project management

Capacity to monitor the progress against agreed delivery plans.



## Engagement and training capacity

Capacity to engage organisations, deliver training and support changes of practice.

### Administrative support

Programme administration, including management of resources.

### Wider project oversight

Decide how you will agree the local strategy for the prevention of malnutrition and dehydration and oversee delivery plans to achieve this. This may be a separate steering group or a sub-group of a group with a wider remit (e.g. local food strategy, falls and frailty management, ageing well).

### Clinical reference group

An agreed group of partners who will be consulted to make decisions about the programme's messages and evidence base. This may include representatives from Dietetics, Public Health, Care homes and the Voluntary Sector.

### Reporting

Decide how this project will interact/ report to other steering groups or local strategies.



## Food for thought

- Is there an obvious lead advocate(s) for this work in your borough?
- Could the capacity for a local lead be commissioned as part of another related service?
- Will you set up a separate steering group for this or will it form part of a wider remit?
- Where can you forge strong alliances based around mutual priorities and goals?

# Delivery through other policies and strategies



Prevention of malnutrition and dehydration in older adults will help you to achieve other local strategic health and wellbeing aims. Integrating malnutrition and dehydration practice into other policy or service areas will lead to a more coherent and complete approach to supporting older adults.

Alignment of nutrition and hydration with other relevant policy and strategy areas will lead to more holistic support for older adults and help to increase accountability for implementing the approaches.

Consider what other strategies are being delivered in your locality and whether this should be included. This will help to deliver a coordinated approach and to influence changes in working practices.

Here are some of the relevant strategies:

- ▶ Age Friendly strategy
- ▶ Falls and fracture prevention
- ▶ Frailty management
- ▶ Quality assurance
- ▶ Person-centred approaches
- ▶ Healthy weight strategy
- ▶ Food or food poverty strategies
- ▶ Medicines management
- ▶ Covid-19 recovery strategy
- ▶ Community-led approaches
- ▶ Asset-based working
- ▶ Safeguarding
- ▶ Local population health strategy
- ▶ Infection control strategy

## Falls and fracture prevention

47% of people who fall are malnourished.

Good nutrition and hydration levels will help to prevent falls.

The STEADY in Stockport programme identifies drinking and diet as one of the 6 key areas of focus for preventing falls and promotes this through the falls and fracture prevention service.

<b>S</b>	Slippers, shoes, footwear and clothing
<b>T</b>	Tablets and toilet
<b>E</b>	Eyes and ears
<b>A</b>	Active
<b>D</b>	Drinking and diet
<b>Y</b>	You and your home

- ▶ How is prevention and early identification of malnutrition and dehydration written into Covid-19 recovery response?

## Quality assurance

The Contract Monitoring Team in Bury Council has identified simple measures to monitor whether the home care providers are delivering good care in relation to nutrition and hydration.

In 2019, NHS 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.





The completion rate in Salford during this period was almost 400% greater than in the next highest area.

## Medicines management

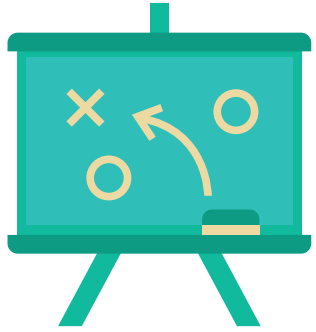
The use of oral nutritional supplements (ONS) for managing malnutrition can be an avoidable cost for the health system. There is evidence that these supplements are sometimes either prescribed inappropriately, or prescribed to meet a short-term need but not reviewed.



## Food for thought

-  Have local strategies taken account of the likely prevalence of malnutrition and dehydration amongst older adults?
-  Which strategies have a stake in or would directly benefit from the nutrition and hydration programme?
-  Can simple adaptations be made to incorporate nutrition and hydration messages?
-  Could commissioning frameworks be used to influence the implementation of the brief interventions?

# Implementation and training



The conversations are simple, but changing working practices requires service engagement and support, planning and ongoing advice. Making

the simple conversations mandatory across relevant teams, through commissioning, monitoring and local endorsement, will lead to greater uptake.



Identifying appropriate services

Logistics and expectations

The training format

Monitoring

Ongoing Support





## Identifying appropriate services

Anyone who interacts with older people could use the simple conversation. This may include:

- ▶ All health practitioners: such as district nurses, physios, occupational therapists, GPs
- ▶ Health improvement practitioners and social prescribers
- ▶ All social care workers, including social workers, carers in care homes, home care, intermediate care, day care, extra care settings
- ▶ Housing providers
- ▶ Voluntary sector staff and volunteers working with older people, including home from hospital services, dementia services, lunch clubs, social activities, information and advice services, carer support groups
- ▶ Leisure staff delivering falls prevention activities and interventions

## Buy-in

Before starting any staff training, managers should understand the importance of good nutrition and hydration and how this relates to their service aims. This will help the training to be relevant to the service context. Including requirements to identify and prevent malnutrition and dehydration in contracts and commissioning frameworks will help with this.

## How should the simple conversation be delivered?

Staff and volunteers in front-line services are well placed to deliver brief interventions for people at risk of malnutrition, but they often underestimate who is at risk, so they may miss people who could benefit from simple advice. It is recommended that organisations and services ask the key questions and use the PaperWeight Armband® routinely, so changes can be made as early as possible. Teams that have done this have also found the conversations easier to approach, improving staff confidence and reducing stigma around the issues.

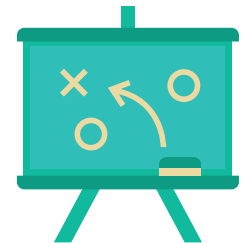
## Through 1 to 1 interactions

Adding the key questions and use of PaperWeight Armband® into routine assessments or action planning can be a useful prompt for the conversation.



## In a group setting

Introducing the issues through group discussions and using the resources can be a good way to encourage informal support.



## Logistics and expectations

Managers will need to articulate

- ▶ How this aligns to their service aims
- ▶ How staff will be trained
- ▶ How they will access resources
- ▶ Any changes to assessment paperwork
- ▶ Monitoring and reporting requirements
- ▶ Ongoing support



## The training format

Training is likely to be needed to raise awareness of the importance of good nutrition and hydration and to introduce the resources. This will give front-line workers and volunteers the confidence to hold these conversations with older people and their families, friends and carers.

Training can be delivered face to face or online, using online meeting platforms. This works best if participants have access to physical copies of resources in advance and are given opportunity to break out into smaller discussion groups intermittently.

### Top tips:



**Deliver training in a group setting, giving opportunities to reflect on real-life examples from case studies or directly from their experience**



**Discuss local organisations or agencies that can be signposted or referred to as needed**



## Monitoring

Monitoring uptake of the simple conversations can be useful to understand how the approach is implemented following training and whether any further support is needed to see a change in practice. It also reinforces the expectation for staff to change their practice following the training. The following can be considered by manager and teams to improve implementation:

- ▶ Ask staff to report monthly to say how many conversations they had and how many people needed advice about nutrition and hydration
- ▶ Conduct audits of assessment paperwork for quality improvement
- ▶ Monitor use of resources to see if they are being used
- ▶ Introduce key performance indicators to monitor whether the conversations are being held in commissioned services

## Ongoing support

Ongoing support will be needed to ensure knowledge is embedded and conversations becomes routine, particularly where staff turnover is high. This could include:



Team meeting discussions – sharing tips and case studies and reflecting on the difference they are making

Reviewing policies and procedures

Refresher training, e.g. annual updates

Discussions through supervision

Training for new staff

Engaging in awareness raising days/events to maintain momentum

## 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. This 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®.

This can be accessed for free at [www.paperweightarmband.org.uk](http://www.paperweightarmband.org.uk)

## Adapting through Covid-19

- ▶ Remote training delivery using online forums and collaborative tools
- ▶ Remote engagement with services and teams so they continue to prioritise malnutrition and dehydration prevention
- ▶ Prioritisation of ongoing face to face services, such as home care, hospital aftercare, rapid discharge
- ▶ Development of new online training materials

## Food for thought

- Which local services will be best placed to hold the simple conversations?
- Which manager and teams already offer preventative support?
- How will the simple conversations be introduced and what support will be needed to see a change in practice?
- Can screening be made mandatory or a contractual requirement in certain services?
- How will you, with managers and teams, monitor and oversee the implementation?
- What training or resources will be needed? Who will deliver this?

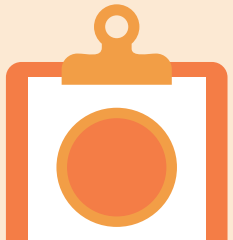
# Awareness raising events



Good nutrition and hydration for older adults is not always well-understood, so it is important that we raise awareness with the public as well as with health and care professionals and address any myths about diet and nutrition in later life. This will also help to gain support for the local programme and to ensure consistency in messages and approaches.

There are various ways to engage the public with these messages, including:

Running an event at an existing group



Hosting a coffee morning or afternoon tea

Holding a workshop for the public/carers



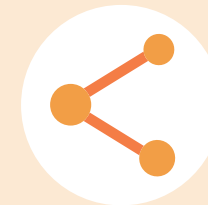
Hosting a webinar or online event

Setting up a stall or displaying information in a public space, e.g. a library, hospital, GP practice or supermarket

Holding a stall or giving a talk in a wider health promotion event for older people



Holding a workshop or giving a presentation for professionals that work with older people



Raising awareness through social media

“I spoke to the people from Age UK in the Exchange Shopping Centre. I had never realised that losing weight was not something that happens naturally. The information and booklets they gave me will help me eat more and, hopefully, put back on the weight I have lost.”

**Rochdale resident**



- ▶ **Messages included in print materials which are distributed to older people**
- ▶ **Messages shared via services delivered using technology to work with older people, such as groups meeting via Zoom**
- ▶ **Use of social media to raise awareness of key messages**
- ▶ **Webinars and remote meetings to raise awareness with the wider workforce**

### Food for thought

- How could you raise awareness in your locality?
- Are there any existing groups or events where awareness-raising would work well?
- Could you run any local events – where, what size, who would your target audience be?
- Who across the workforce needs to be aware of these issues?

“Sometimes you just can’t be bothered to make something when you are on your own. Having a chat around the table today has given me ideas of things I can cook for myself, or things I can snack on. When I go home, I am going to sit down with my son and circle all the things in the weekly planner which I like to eat.”

Age UK Bolton befriending service participant

### Ideas to raise awareness

- ▶ Summarising key messages – using a presentation or sharing the programme materials
- ▶ Introduction of the PaperWeight Armband® and creating an opportunity to try it out – set up a testing station or pass round a group for them to try with each other
- ▶ Quiz addressing some of the key messages and common misconceptions
- ▶ Competition to learn about fortifying food, e.g. smoothie-making, choosing appropriate foods for someone with a small appetite
- ▶ Reminiscence activities around food, e.g. sharing favourite childhood meals, likes and dislikes
- ▶ Having tasters of fortified foods, e.g. fortified milk
- ▶ Growing, cooking, baking or eating together
- ▶ Games or activities related to food and drink to stimulate discussion, e.g. bingo, knitting patterns, baking

“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



# Campaign weeks



There are 2 national campaign weeks throughout the year that can be promoted and supported to raise awareness amongst staff, services and organisations in your area.

Focussing activities around these campaign weeks is a great way to engage partner organisations and raise the profile of the key messages.

There are also a number of other relevant awareness weeks and days that could be considered, e.g. Allied Health Professionals Day, Dietitian Day, Dementia Awareness Week, the United Nations International Day of Older Persons.

## Nutrition and hydration week

Mid-March

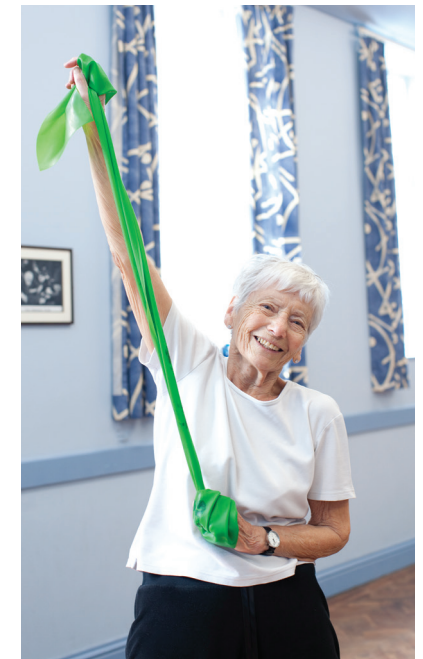
[www.nutritionandhydrationweek.co.uk](http://www.nutritionandhydrationweek.co.uk)

## UK Malnutrition Awareness Week

Early October

[www.bapen.org.uk/malnutrition-undernutrition/combating-malnutrition/uk-malnutrition-awareness-week](http://www.bapen.org.uk/malnutrition-undernutrition/combating-malnutrition/uk-malnutrition-awareness-week)

[www.malnutritiontaskforce.org.uk/get-involved/uk-malnutrition-awareness-week](http://www.malnutritiontaskforce.org.uk/get-involved/uk-malnutrition-awareness-week)



“I attended the conference in Bury as part of Malnutrition Awareness Week in October 2019. It was great to meet people from different organisations. I now understand enough to be able to promote to colleagues and will always consider how I can include information about nutrition and hydration within the resources I am developing for self-care for long term conditions.”

**Alison Whitelegg, Public Health Self Care Advisor, Stockport Council**



“For Malnutrition Awareness Week 2020 I did a presentation for customers and staff about the myths, signs and symptoms of malnutrition and what we can do to ensure that people are eating and drinking what they need to stay healthy and well. It opened my eyes, as without awareness we cannot address it.”

**Karen Wood, Activity Coordinator, Elmhurst, Persona, Bury**



“I’ve attended two Global Tea Parties and both were very enjoyable and

informative. We heard from council helplines, dietitians and health care workers. We even had a visit from the Mayor. We enjoyed quizzes, received free samples and enjoyed an excellent afternoon tea with great company. Through using the PaperWeight Armband®, I found out that I might not be eating and drinking enough. I learned how to add nutritional value to regular small, appetising meals. The tea parties were totally free and were time very well spent.”

**Pat Hulme, Oldham resident**

### Possible activities

- ▶ Host an event to bring together local partners, share good practice and raise awareness
- ▶ Use social media to raise awareness, share key messages or infographics with others and ask them to post/share them
- ▶ Share messages through newsletters or other communications
- ▶ Hold a stall in a communal space
- ▶ Arrange a local press release

### You could encourage local organisations to:

- ▶ Host events, such as tea parties or lunch and learn sessions
- ▶ Engage members of the public in raising awareness during the week
- ▶ Run malnutrition screening during the week
- ▶ Support your local campaign by displaying posters or on social media



## Adapting through Covid-19

- ▶ **Social media engagement**
- ▶ **Webinars**
- ▶ **Advertisements in public spaces**
- ▶ **Engagement with organisations that continue to deliver face to face services, such as care homes and home care**

## Food for thought

- ▶ How can you support these national awareness days and weeks to improve the profile and awareness of nutrition and hydration in a positive and engaging way?
- ▶ How can they be used to enhance or target your local campaign?
- ▶ Do you need a local communications strategy?
- ▶ How will you engage the public around this?

# Monitoring and evaluation



Planning how to monitor and evaluate the impact of your local programme will help you to understand whether it is making a difference and how, and what could be improved.

## Existing data

- ▶ There is national evidence available about the prevalence and impact of malnutrition and dehydration. Visit the Malnutrition Taskforce or BAPEN website for more details.

 [www.malnutritiontaskforce.org.uk](http://www.malnutritiontaskforce.org.uk)

 [www.bapen.org.uk](http://www.bapen.org.uk)

- ▶ The University of Manchester evaluation of the Greater Manchester Nutrition and Hydration programme looked at impact and outcomes of the use of the PaperWeight Armbands®. This data can be used to predict impact. The paper is available on the Age UK Salford website.

 [www.ageuk.org.uk/salford/about-us/improving-nutrition-and-hydration/](http://www.ageuk.org.uk/salford/about-us/improving-nutrition-and-hydration/)

## Applying wider data locally



It may be helpful to use existing data to predict local prevalence and impact. For example, you could use the prevalence data to predict how many people are likely to be at risk of malnutrition or dehydration in your area.

### Applying the prevalence data:

**10-14%**  
at risk of malnutrition

**20%**  
at risk of dehydration

If local 65+ population is 40,000, this would mean

**4,000-5,600**  
at risk of malnutrition

**8,000**  
at risk of dehydration

### Applying the evaluation findings:

**15%**  
of those approached at risk of malnutrition

**81%**  
of those identified have a positive outcome from the intervention

So if you reach 6,000 older people per year

**729**  
are likely to reduce risk of malnutrition



Consider what other data will be useful for your project. This may include:

### System-wide data

System-wide data can be useful to look at wider trends but is impacted by a wide range of factors. The following could be reviewed for your area:

- ▶ Hospital admissions for malnutrition and dehydration
- ▶ Cost of Oral Nutritional Supplement prescriptions
- ▶ Data on falls, fractures and frailty
- ▶ Data on infections, including urinary tract infections and pressure sores
- ▶ Referrals to dietetics
- ▶ CQC inspection reports

### Project outputs

The following measures could be tracked to understand the reach of the programme and start to understand the impact:

- ▶ Number of people trained or organisations engaged
- ▶ Number of conversations held
- ▶ Number of people needing advice to improve nutrition or hydration
- ▶ Number of successful interventions – where follow up is possible

### Impact analysis

- ▶ Working with local agencies to understand the impact of the interventions in more detail, e.g. tracking individuals who have used the interventions to look at health and care use, e.g. hospital admissions/readmissions, falls and develop case studies
- ▶ Introducing measures to understand the awareness in the community, e.g. by asking people if they have seen the PaperWeight Armband® or programme resources, using questionnaires to evaluate impact



## Food for thought

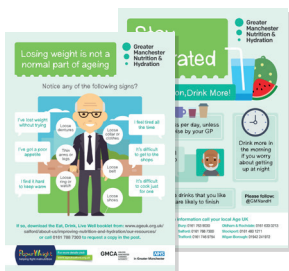


What data will you collect to understand the issues of malnutrition and dehydration locally and to monitor the impact of your local programme?



Each of the resources below can be downloaded from the Age UK Salford website [www.ageuk.org.uk/salford/about-us/improving-nutrition-and-hydration](http://www.ageuk.org.uk/salford/about-us/improving-nutrition-and-hydration)

The PaperWeight Armbands<sup>®</sup> can be purchased from Age UK Salford.



## A5 Leaflet

Leaflet on how to spot signs of weight loss and tips on how to stay well hydrated. Suitable for general public for awareness raising.



## PaperWeight Armband<sup>®</sup>

An armband which wraps around the person's mid upper arm and if loose, can indicate an increased risk of malnutrition. Single use.

Available for purchase from Age UK Salford.



## A5 Booklet: Eat, Drink, Live Well

A booklet designed for those who need to gain weight, featuring food first advice and tips on how to increase food intake when appetite is low.



## A5 Booklet: Staple Cupboard Recipes

A booklet featuring recipes using staple cupboard foods such as tinned, dried or frozen food. Suitable for the general public.



## A5 Booklet: Meal and snack ideas from different cultures

A booklet featuring nourishing and high calorie foods from different cultures, designed for those who need to gain weight.



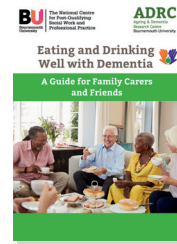
## A5 Booklet: Eating Well Affordably

A booklet with tips for eating well affordably, includes a selection of simple and affordable recipes.



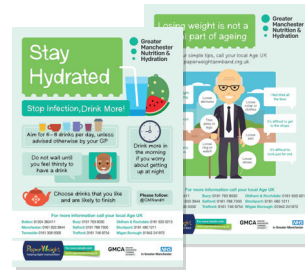
### A5 Booklet: Food First Recipes

A booklet designed for those who need to gain weight. Recipes for easy to make, nourishing and high calorie foods and drinks.



### A4 booklet: Eating and Drinking Well with Dementia

Available to download at: [www.bournemouth.ac.uk/research/centres-institutes/ageing-dementia-research-centre/eating-drinking-well-dementia-toolkit](http://www.bournemouth.ac.uk/research/centres-institutes/ageing-dementia-research-centre/eating-drinking-well-dementia-toolkit)



### Posters: Hydration promotion Good nutrition awareness

2 x A4 posters which can be displayed to raise awareness of good nutrition and hydration.



### Posters: Care home kitchens

2 x A4 posters with guidance on food fortification and snack ideas for care home kitchens.



### Coasters: Promoting good hydration

Drinks coasters with prompts to start conversations about good hydration.

### 📺 Videos

Find the videos below on youtube:

Eat, Drink, Live Well: Using the PaperWeight Armband® <https://www.youtube.com/watch?v=I3cr8b8F3wE>

Bill's story, Age UK Salford <https://www.youtube.com/watch?v=8jOgUZ2BqRw>

### 📺 Training

E-learning tool on Malnutrition and Swallowing Difficulties: [www.paperweightarmband.org.uk](http://www.paperweightarmband.org.uk)

Training manual and resources – Promoting good nutrition and hydration – available at: [www.ageuk.org.uk/salford/about-us/improving-nutrition-and-hydration/](http://www.ageuk.org.uk/salford/about-us/improving-nutrition-and-hydration/)

### 📺 Living Well at Home

Programme on Nutrition, Hydration and Oral Health: [www.gmthub.co.uk/](http://www.gmthub.co.uk/)

### 📺 Awareness raising

Presentation – key messages and common myths about good nutrition and hydration in later life, available at: [www.ageuk.org.uk/salford/about-us/improving-nutrition-and-hydration/](http://www.ageuk.org.uk/salford/about-us/improving-nutrition-and-hydration/)

# Next steps – Action Planning Framework



This section of the toolkit is designed to help you facilitate discussions to determine how to continue, adapt or improve the approach to avoiding preventable malnutrition and dehydration in your locality.

The following activities may help you to consider what needs to be in place to make this happen and to agree a local action plan. This can be used as an aid to facilitate discussions/thinking, engage stakeholders and to co-design a local theory of change model.

## Vision



A helpful starting point is to agree the vision for your locality; this can be based on the GMNH Programme Vision and/or adapted accordingly. The programme's vision is to create communities where:

Malnutrition and dehydration are less prevalent in older people because they and their families, friends and carers are more aware that it is not a natural part of ageing.

Older people and their carers know how to spot malnutrition and dehydration early and take steps to avoid them.

Staff and volunteers across health, social care and the community know how to promote good nutrition and hydration, can spot risks and signs of problems, and know what advice to give.

Conversations with at-risk individuals and their families are the norm and empower them to take a self-care approach.

Relevant local businesses promote good nutrition and hydration.

Staff working across primary care, including GP practices and pharmacy services, consistently and proactively detect and address the risk of poor nutrition and hydration.

Agree consensus on your vision with key stakeholders and consider the following:

- ▶ What is your local vision for this work?
- ▶ What progress has been made in reaching this vision so far?

## Opportunities

Identify opportunities in your locality to make progress towards this vision, consider:

- ▶ What are the gaps and opportunities in progressing this vision, reflect back and consider whether this is practical delivery, further stakeholder engagement, future commissioning arrangements, development of pathways etc?
- ▶ Are there services which would be well placed to deliver and embed the approach with greater awareness and resources?
- ▶ Which services are most likely to work with people who may be at risk?
- ▶ Are there any pathways that could be strengthened or communicated to improve identification and management of malnutrition or dehydration?
- ▶ How can this be monitored through commissioning specifications?

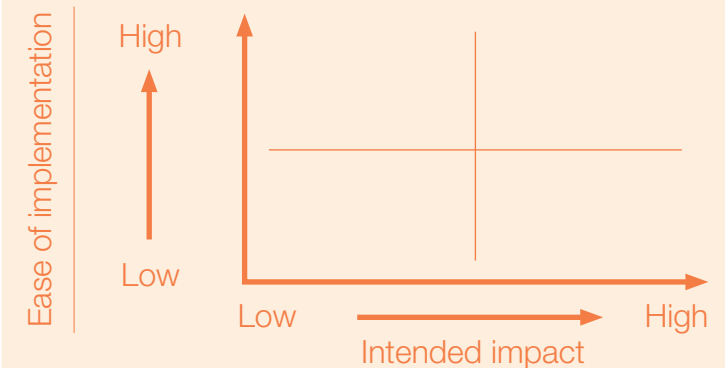
## Prioritisation

Based on the opportunities presented, consider these in the context of priorities for action, this may be based on degree of impact and ease of implementation to help rank opportunities or future activity in order of priority. Consider using the tool below alongside consultation with stakeholders, to discuss and prioritise short to long term actions for your local programme.

### CONSIDER:

- ▶ What is the intended impact of the opportunity or activity, is this high or low?
- ▶ How easy or difficult will it be to develop this opportunity or implement actions as a result?
- ▶ Rank the opportunities or actions using the matrix below, to consider those opportunities that will be beneficial to develop in the next six months, six to twelve months and 12 months to 2 years.

Figure 1. Prioritisation Tool



## Local leadership

Consider some of the resources and mechanisms required to continue to deliver the programme in the locality and to maximise the 'opportunities or actions', review this in relation to some of the sections set out in the toolkit and in particular the 'Food for Thought' sections.

### CONSIDER:

- ▶ Which partnerships need to be prioritised in your locality? Which stakeholders are missing?
- ▶ Have local strategies taken account of the likely prevalence of malnutrition and dehydration amongst older adults?
- ▶ Which strategies have a stake in or would directly benefit from the nutrition and hydration programme?
- ▶ Could commissioning frameworks be used to influence the implementation of the brief interventions?

## Local capacity

Review capacity in the locality to take forward future delivery and to maintain leadership and momentum, whilst continuing to embed the programme. This may involve identifying programme champions, programme leads and stakeholders who are willing to take responsibility for some of the actions identified. This will also be dependent on local funding to resource management of the programme.

### CONSIDER:

- ▶ Can you identify a lead advocate(s) for this work in your borough?
- ▶ Could the capacity for a local programme lead be commissioned as part of another related service, if not directly commissioned?
- ▶ Will you set up a separate steering group for this or will it form part of a wider remit?
- ▶ Where can you forge strong alliances based around mutual priorities and goals?
- ▶ Can an existing preventative service accept referrals for early intervention support for malnutrition or dehydration?
- ▶ Who will be responsible for engagement and training?
- ▶ How will resources be ordered, stored and distributed in your locality?
- ▶ Agree next steps and designate actions or tasks



## Review and evaluation

Finally, consider a process to review and evaluate local programme delivery and the outputs of your action plan. It may be useful to produce a theory of change model, this will help to monitor outputs and progress. If you have aligned the programme with existing strategies, governance may be directed through various boards or working groups.

### CONSIDER:

- ▶ What data will you review to understand the prevalence of the issues in your locality and the difference your work is making?
- ▶ Agree a route or process for governance and accountability
- ▶ Designate a lead to coordinate monitoring and report on progress
- ▶ Agreement on when to review and revise the action plan/theory of change

**Figure 2. Theory of Change Template**

