Tackling Malnutrition in the Community

Effective Community Food Delivery
Context

• 1.3m people over 65 suffer from malnutrition; 93% of them live in the community (BAPEN, 2014)
• Meals on wheels services have declined rapidly over the past decade (NACC, 2015)
• One is six carers looks after someone at risk of malnutrition but do not have nutritional support of any kind
• 60% of carers worry about the nutrition of the person they care for (Carers UK, 2012)
Meal provision

• Charitable social enterprise established in 2007 to provide meals on wheels across Hertfordshire
• 4 sites; 220 team members; 68 vehicles; 365-day service; 5000 meal clients annually
• 500,000 hot meals and 50,000 tea meals annually; breakfast meals; snack packs; real food nutrition boosts
• Multi portion meals to support lunch clubs, day services, and groups
More than meals

• Range of services to help people stay independent, healthy, & happy at home

• Services include:
  ▪ Welfare checks
  ▪ Pop-in visits
  ▪ Key safes, community alarms, & telecare
  ▪ Optician checks; medication prompts
  ▪ Advocacy
  ▪ Emergency grocery & home-from-hospital packs
  ▪ Active Ageing programme

• Supports over 13,000 people annually across all services
HILS’ service impact 2016

- 89% feel healthier
- 94% feel happier
- 74% visit their GP less
- 93% feel better nourished
- 94% feel more secure knowing someone will look in on me
- 94% say helped them to remain independent at home
- 90% feel less lonely
- 98% feel life is easier
- 87% recovered more quickly from illness or difficulty
- 97% say family have greater peace of mind
- 90% feel less lonely
HILS response to malnutrition

• 2015 launched a Nutrition & Wellbeing Service, the only service of its kind in the country

• Aims:
  ▪ to improve the health, nutrition, and wellbeing of clients
  ▪ provide training and support to families, carers, and the wider health/social care sector
  ▪ to prevent and address malnutrition in the community

• Targets: older and vulnerable people living in the community, including those with dementia and a range of health issues, as well as adults with disabilities
Nutrition & Wellbeing Service

• Service elements:
  ▪ Screening clients
  ▪ Providing bespoke food-first nutrition boosts
  ▪ Referral to other services (HILS or wider health, social care, VCS services to tackle the root causes of malnutrition)
  ▪ Re-screening clients to monitor impact
  ▪ Bespoke dietetic advice/support
  ▪ Suitable-meal/ nutritional advice
  ▪ Specialist training in natural-food fortification, malnutrition, and interventions
Screening

- Undertaken in individuals’ homes
- Includes:
  - an assessment for malnutrition using MUST (Malnutrition Universal Screening Tool)
  - checking for frailty, social isolation, and loneliness using recognised evidence-based tools
  - determining concerns around sight, hearing, falls risk, mobility, chewing/eating difficulties, continence, mental health, and social-wellbeing
- Reviews are conducted every 3-6 months depending on risk level
Impact

• Initial screening revealed:
  ▪ 26% of clients were at medium (12%) or high (14%) risk of malnutrition utilising the MUST tool
  ▪ 10% had previously been prescribed ONS
  ▪ 75% were deemed to be frail (utilising PRISMA 7 & grip-strength measurement tool)
  ▪ 20% were lonely

• At rescreening (3&6 month) results revealed:
  ▪ Nutritional status remained stable or improved for 88% of clients who were malnourished, or at high risk, as a result of the interventions
  ▪ Several clients no longer needed oral nutritional supplements

• The team constantly review / adapt the service to improve outcomes and address the causes and consequences of malnutrition
A family member’s account of the value of meals on wheels and the Nutrition & Wellbeing Service

“My mum passed away August 2013 and dad had to try and cook for himself, eventually we moved onto frozen meals from Wiltshire Farm foods. After a difficult few months and realising something was changing in dad and the ‘blowing up’ of 3 microwaves, a friend mentioned her mum had meals on wheels.

My dad started having the meals on wheels at the start of October 2015 and was formally diagnosed with dementia and given medication in December 2015, at this time the meals were a blessing. I changed my lunch break to 12 to 1pm so that I could remind dad that a meal was being delivered and that helped.

My first point of contact on the telephone was with a very helpful, understanding gentleman who guided me through the process. Next, the lovely people who deliver the meals, always friendly and smiling, very positive for someone with dementia.

Fortunately, in December we received a telephone call from the Nutrition & Wellbeing Service offering a visit to discuss Dad’s wellbeing and him remaining independent in his home. I was so pleased to receive this call, as I felt I was struggling trying to help dad.

The visit was brilliant, Dad enjoyed the attention, and after the weight check we were told that Dad was slightly underweight and they could provide a daily nutritional boost for him to enjoy. We also discussed Lunch Clubs, which I didn't know about, and I hope to take dad to one when it gets warmer.

The boost has worked so well and he particularly loves the soup. The daily biscuits and cheddar snack are perfect for him to have by his chair so that he sees them and it reminds him to eat, this has obviously helped his weight gain. Also, selecting the meals from the advice given by the Nutritionist, has helped when we chose from the menu.

The whole service has been fantastic and Dad is happy and loves his food.”

Review of this client revealed that as a consequence of the team’s advice and assistance, he has gained weight and gone from medium to low risk of malnutrition
Conclusion

- Meals on wheels services can help address and prevent malnutrition and its causes in the community
- Effective services should include:
  - Screening for malnutrition & its causes
  - Targeted training & information for staff, clients, carers, health & care teams
  - Provision of appropriate food-first support
  - Access to dietetic and nutritionist advice
  - Referral to relevant health, social care, and community sector services
