Project Report: Scoping and Set-up
Older Peoples Essential Nutrition (OPEN), Eastleigh

Executive Summary

The Wessex AHSN Nutrition in Older People Programme is focused on the prevention and treatment of malnutrition (undernutrition) in older people. At part of this Programme, The Older Peoples Essential Nutrition (OPEN) project aimed to reduce the number of older people who are malnourished (or at risk of malnutrition) and the associated health and social care use. The project was run in Eastleigh, Hampshire with plans to spread wider across Hampshire after the pilot project. Scoping, project design, stakeholder engagement and resource development were carried out between April 2014 and March 2015, and took longer than initially anticipated. Training commenced in February 2015 and data collection (nutrition screening and wellbeing data) was carried out for a one year period between May 2015 and the end of April 2016. More details on timings can be found in the activity timeline on page 2. The key learning points regarding scoping and set up were a) the length of time involved in setting up such an initiative, and b) the importance of establishing true senior sponsorship from each team at the outset, to promote maximum engagement.

Project Outline and Scope

The project itself involved the following initiatives:

- Implementation of nutritional care pathways, based on national guidelines, providing guidance on screening, individualised care plans, co-ordination between relevant workforces and timely care and review
- Raised awareness of the issues of malnutrition in the general public as well as in the community health and social care workforce
- Development of an evaluation framework to support future commissioning of good nutritional care both within Eastleigh, and wider in Hampshire
- Piloting of a support package (e.g. training and awareness materials, evaluation tools, nutritional care pathways) that can be adopted in other localities.

The scope of the project included:

- All settings where nutritional care and support is required within an agreed locality
- Adults, specifically looking at people > 65 years old
- Implementation of localised nutrition care pathways based on the NICE guidelines for nutrition support / Malnutrition Taskforce Guides
- Nutritional care pathways to encompass the working of health, social care, and voluntary sectors
- Mapping and inclusion of local services to support the individualisation of support required
- General raising of awareness about the issues of malnutrition in older people, and how to try to reduce its incidence.

Scope of Report

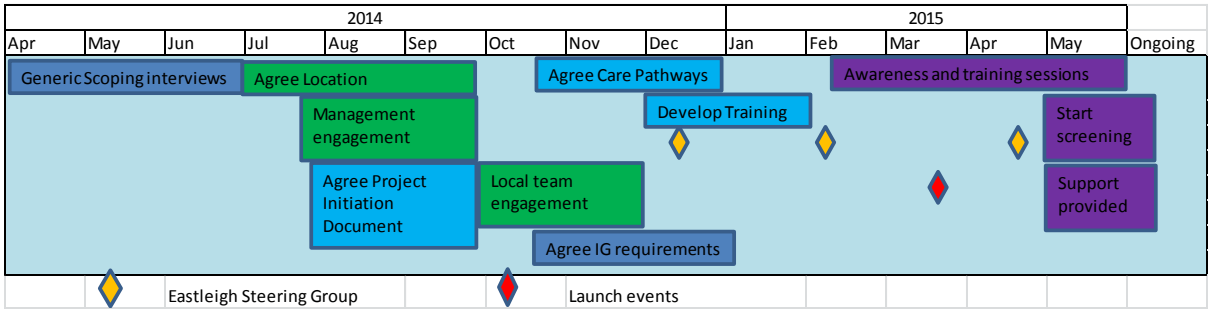
This report is one of a series comprising the full evaluation of the OPEN project in Eastleigh. The report considers:

- Generic scoping of the project
- Identification of the location for the project and engagement with key organisational management
- Local stakeholder engagement
- Project Initiation Document (PID)
- Project design (i.e. local processes and nutritional care pathways; training materials; awareness materials)
- Information governance
- Project launch
- Key learning points to consider when setting up a similar project.

Other reports will consider the training evaluation, process evaluation, lessons learned, and the data review (including nutritional status and impact and wellbeing review)

Activity Timeline

The timeline for the steps to set up and initiate this project are shown below:



Activities

Descriptions of each of the key activities required for the scoping and set up of this project are outlined below:

Generic scoping of the project

Prior to setting up this project, a literature search was carried out and interviews held with local experts from around Wessex to understand the issues of malnutrition in older people, existing guidelines, existing projects. Of particular interest was to understand the factors influencing the poor implementation of national nutritional care guidelines in the community care setting and approaches that had been taken in previous projects to overcome these.

Through these interviews, it became clear that the key factors preventing the implementation of good nutritional care in the community care setting include:

- Nutritional care is not usually commissioned – this leads to there being no impetus or requirement to provide good nutritional care;
- Everyone, but no-one, is responsible. Healthcare, social care, and voluntary teams all play a role in identifying if there is a nutritional issue, but there is no lead role for this and no integrated approach. It is therefore too easy for it to be assumed that another person is dealing with the problem;
- A general lack of awareness about malnutrition, where to find information, and who to ask for help;
- Other care priorities take preference. Professionals are extremely busy addressing acute and urgent situations. This results in areas such as nutrition disappearing of the list of items to include in care.

The design of the project was to be based on the NICE Guidance for Nutritional Support (2006). A similar project had been set up in Purbeck, Dorset as one of 5 Malnutrition Taskforce pilot projects (2014). This project, in compliance with the NICE guidance, applied integrated nutritional care pathways (health and social care teams) for screening for malnutrition and the use of individualised nutritional care plans for those people who were found to be at risk of being malnourished. The nutritional care pathways developed for the Purbeck pilot were used as the basis for the design of this project.

It was agreed that the design of the project should seek to address the factors which had, to date, inhibited the implementation of the NICE Guidance for nutritional support in the community care setting. The project should take a whole system, integrated approach including the health, social care, and voluntary sector teams involved in the care of older people (>65 years old.

Identification of the location for the project and engagement with key organisational management

Due to the existing Dorset-wide malnutrition policy and planned projects, it was felt that the project should take place in either Hampshire, Isle of Wight, or southern Wiltshire so that this work would complement the existing Dorset project.

Early conversations with the Manager of Adult Services at Hampshire County Council (HCC) highlighted a willingness for involvement with this project if a suitable healthcare locality in Hampshire could be found. HCC were interested due to the importance of nutritional care as part of their wellbeing programme, as well as the future potential of rolling out this approach across all of Hampshire.

Conversations with the Clinical Director (Unscheduled Care) at West Hampshire CCG also revealed an interest in supporting this work. Interest was sought from the locality leads in the CCG resulting in the locality lead in Eastleigh North and Test Valley South (ENTVS)volunteering involvement due to the strong links with their plans for the transformation fund (review of the >75 year olds most at risk of admission to hospital).

Following this initial commitment meetings were held with the managers of the following operational teams within Eastleigh to establish engagement with the proposed work and to gain an initial understanding of current practice in the screening for malnutrition and the use of individualised nutritional care plans for those people found to be at risk of being malnourished:

- GP locality meeting
- Southern Health Head of Nursing & Allied Health Professionals (Mid-West Hampshire)
    - Community Care Team (Community nursing), Southern Health
    - Older Peoples Mental Health Team (OPMH),Southern Health
- HCC Manager of Adult Services
    - Adult Social Services, HCC
    - Occupational Therapy, HCC
    - Community Independence Team, HCC
    - Older Peoples Wellbeing, HCC
- Public Health, HCC
- One Community (Voluntary Sector)
- Eastleigh Borough Council

All team leads agreed to involvement in the project. Due to the number of teams involved, it was agreed to centre the project on the 4 GP Practices based in Eastleigh town centre: St Andrews Surgery, Boyatt wood Surgery, Parkside Family Practice, and Archers Surgery. Archers Surgery later dropped out from the project due to other unrelated issues.

A Steering Group was set up consisting of the team leads for all of the teams taking part in the project. The first meeting of this group was held in December 2014. Terms of reference for the steering group were written and agreed at the first meeting of the group. Initial membership of the steering group was:

Name	Role
Dr Dina Foy	ENTVS Locality Lead
Karen Ferris	Commissioning Manager, Older People's wellbeing Team, HCC
Jeanette Keyte	PH Senior Advisor for Nutrition, HCC
Julia Brown	Adult Social Services Manager (Eastleigh Area), HCC
Dr Mark Lown	GP, Archers Surgery
Kathy Steward	Community Matron (Eastleigh), Southern Health NHS Foundation Trust (SHFT)
Anna Mould	Team Manager, Older People's Mental Health Team (Eastleigh), SHFT
Joanne Clifford	Quality Manager, West Hampshire CCG
Philippa Darnton	Commissioning Manager, Long Term Conditions, West Hampshire CCG
Mehreen Arshad	ENTVS Locality Manager, West Hampshire CCG
Wendy Burrett Vandy Gupta	Managers, Fleming House Care Home, Eastleigh
Jean Roberts Jones	CEO, One Community
Helen Hitchings	Head of Dietetics, Hampshire Hospitals NHS Foundation Trust (HHFT)
Dr Emma Parsons	Lead dietitian, Wessex AHSN Nutrition in Older People Programme
Kathy Wallis	Senior Programme Manager, Wessex AHSN Nutrition in Older People Programme

Project Initiation Document (PID)

A Project Initiation Document was written to provide an outline of the proposed project, highlighting the structure of the project and the roles and responsibilities of the organisations and teams involved with the project. This document was further developed as meetings were held with the different team leads and teams and details were agreed. The PID was agreed at the first meeting of the Steering Group and is available on request.

Local Stakeholder Engagement

Meetings were held with all of the teams who would be taking part in the project. These meetings were used to inform all participants about the project, what their involvement would be, and to give people to opportunity to ask questions or raise concerns.

A Voluntary Sector group was set up to include a cross section of voluntary organisations (One Community, Age Concern Eastleigh, First Wessex, Eastleigh Borough Council, Good Neighbours, ethnic groups etc). These meetings were held to enable engagement with the different groups, discuss how the voluntary sector could be involved in the project, and to identify groups and meetings to engage with.

After training, all teams were provided with support by a project dietitian, both by attendance at team meetings, and though the dietitian accompanying team members to see patients if help was requested. An email address (nutrition@wessexahsn.net) was set up for anyone to use to ask questions about the project, as well as a phone hotline for use on Wednesdays for team members to call if they had any queries.

Project design (i.e. local processes and nutritional care pathways; training materials; awareness materials)

Meetings were held with members of the participating teams to design localised nutritional care pathways for the Eastleigh project. These care pathways were based on those designed and implemented in the Purbeck, Dorset malnutrition screening pilot. Localisation considered the local team structures and roles, and also included specific process design agreed for the Eastleigh implementation.

Training and awareness materials were developed and agreed by a Wessex-wide Task to Finish Group. This group considered existing national and local guidelines and training materials, resulting in a series of training packs targeted at the different professional groups (e.g. GPs, community nursing, social care, voluntary sector). Details on the materials and the training provided will be found in the project training report.

Information Governance

Advice on information governance was sought from the Trust Records Manager, University Hospital Southampton (UHS) and the Commissioning Support Unit (South). Advice was provided on data sharing between the participating organisations and the Wessex AHSN. Data sharing agreements were agreed with the participating GP practices and Southern Health. It was not possible to agree data sharing with HCC.

Project Launch

Launch events were held in March 2015:

- For participating team members, providing an overview of malnutrition and an outline to the project;
- A Tea Party for volunteers and older people in Eastleigh.

Initial training was provided in March and April 2015, with on-going training sessions provided as needed for new staff coming into the Eastleigh teams. Further information on training is provided in the training report.

Implementation of the care pathways started in late April 2015, with data forms being collected for the screening and nutritional care planning from May 2015. This data was collected for a 12 month period until end April 2016.

It was planned to also collect Wellbeing Assessment forms for people who had a Malnutrition Universal Screening Tool ('MUST') score (the measure used for assessing a persons risk of being malnourished) of 1 or more, and who had had more than one screening.

Key Learning Points

The set up and agreement of this project was a lot more time consuming and complex than had been initially thought. Some of the reasons for this are listed below:

- The time from the initial decision to host the project in Eastleigh to the first older people being screened as part of the project took 10 months. Similar projects should consider the time needed to set up. The reasons for this include:
    - The number of organisations involved across health, social care, and voluntary sectors. Each organisation required engagement with senior managers, locality team leads, and the teams who would be carrying out the screening and care.
    - The project was lead by the AHSN, requiring support and commitment from each organisation. This was more difficult as the AHSN team were external to the organisations and teams who would be implementing the new processes. Thus additional time was required to engage with each organisation and team than if the implementation had been part of normal operational arrangements.
- The ownership and pull for the project initially came from the AHSN Nutrition Programme, requesting organisations to take part. Although the senior managers in each organisation endorsed the project, true senior sponsorship was not given to the operational teams, resulting in some reduced engagement. This particularly became evident as it was difficult to meet and get commitment from some of the teams / professionals due to other clinical priorities and pressures.

Version Control

Date	Version	Name	Comment
13May16	0.1	Kathy Wallis	First Draft
04Jan17	0.2	Annemarie Aburrow	Final changes, formatting, addition of executive summary