The focus for the Wessex Academic Health Science Network Nutrition Programme is malnutrition (undernutrition) in older people. Malnutrition is ‘under recognised and under treated across all care settings’ (Elia 2003), with screening and care of those in the community being particularly difficult to implement. 93% of people at risk of developing malnutrition live in the community care setting. Malnutrition is more of an issue in older people with 14% of the over 65s (1 million people) being at risk of malnutrition. The prevalence of malnutrition is much greater once people require health or social care: 25% of adults on admission to hospitals; 41% of adults admitted to care homes in the previous 6 months; 19% of adults on admission to mental health units in the UK (Nutrition Screening Week data).

A number of national guidelines and standards stipulate the need to improve the nutritional care provided across all care settings, e.g.:

- NICE Guidelines 2006: Nutrition Support in Adults
- Care Quality Commission – Essential standards of quality and safety (2010)
- NICE Quality Standards 24 (2012)
- The Care Act 2014

There are many health and social causes of malnutrition which can be addressed as outlined in the driver diagram below. Elements of the Nutrition Programme, including OPEN in Eastleigh, focus on addressing particular aspects of the driver diagram as well as issues identified as barriers to implementation of good nutritional care (see table below). The driver diagram will help structure the programme activities over the coming year or more.

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**Nutritional Care Wessex Case Study**

**Older People’s Essential Nutrition (OPEN)**

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There are many health and social causes of malnutrition which can be addressed as outlined in the driver diagram below. Elements of the Nutrition Programme, including OPEN in Eastleigh, focus on addressing particular aspects of the driver diagram as well as issues identified as barriers to implementation of good nutritional care (see table below). The driver diagram will help structure the programme activities over the coming year or more.
Older people’s Essential Nutrition (OPEN) Initiative, Eastleigh

As part of the Nutrition programme, a review was carried out with dietetic and nutritional experts and interested parties from across Wessex to understand better the reasons why the existing national guidelines for nutritional care are inconsistently implemented in the community setting. The OPEN initiative is designed to address these issues along with some of the drivers outlined in the diagram above. The aim of OPEN is to develop and evaluate an approach for the provision of good nutritional care for older people within the community setting so that other areas across Wessex, and nationally, can use the learning and either replicate or adopt it in their local area/context. The approach builds on an existing pilot in Purbeck, which is part of the Dorset Malnutrition Prevention Programme, one of five national Malnutrition Taskforce Pilots, and part of the portfolio of projects supported by the Wessex AHSN Nutrition Programme.

### Issue / barrier to implementing good nutritional care in older people

<table>
<thead>
<tr>
<th>Issue / barrier to implementing good nutritional care in older people</th>
<th>OPEN approach</th>
<th>Potential benefit to implementing the OPEN approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutritional care is generally not specifically commissioned or monitored as it is considered part of general care. This tends to remove any specific focus on nutritional care by providers</td>
<td>Collect data to provide an evidence based evaluation of the approach to encourage commissioners to advocate and expect the provision of good nutritional care for older people</td>
<td>Considered standard and expected good practice. Implementation assessed by commissioners. Meeting the national agenda – NHS 5 year plan; developing national strategy for nutrition; integration of health and social care within the Better Care agenda</td>
</tr>
<tr>
<td>A large variety of care providers have responsibility for providing good nutritional care (health, social care, and voluntary sector) with responsibility falling through the gaps without an integrated approach</td>
<td>An integrated approach including all health, social care and voluntary sector teams working with older people. Agreed nutritional care pathways including clear roles of all teams and signposting.</td>
<td>Promotion of true integrated care (health, social care, voluntary sector) through the adoption of integrated nutritional care pathways</td>
</tr>
<tr>
<td>Care providers are unclear on where to find the information they need to support people with nutritional issues (e.g. information on food fortification) and who to go to for guidance</td>
<td>Appropriate training delivered to all health and social care workers, voluntary sector leads, and carers and older people. Access to awareness materials (e.g. malnutrition leaflets for those at risk and a public facing website) to support knowledge. Links provided to existing guidance (e.g. local formulary for oral nutritional supplements)</td>
<td>Consistent training and materials across of teams working in a locality. Raising awareness within the voluntary sector and among carers and older people themselves</td>
</tr>
<tr>
<td>Other care priorities already fill busy schedules. Limited cost-benefit evidence exists to promote the importance of providing good nutritional care, particularly in the community care setting.</td>
<td>Provision of an evidence based evaluation to highlight the health, wealth and well-being benefits of implementing good nutritional care. Implementation of integrated care pathways to provide a simple and clear standard approach to nutritional care and supporting materials</td>
<td>Reduction in health and social care needs through a general improvement in the nutritional status of older people. Increased understanding of the benefits of providing good nutritional care, raising its provision up the agenda.</td>
</tr>
</tbody>
</table>

The biggest challenges to implementation of evidence based practice in nutritional care is the large number of organisations, teams, and individuals who need to be involved to enable the initiative and commit to implementing integrated nutritional care pathways. The time and effort required should not be under-estimated. It is vital that the initiatives have local leadership to provide the drive and commitment for delivery. Specific resources need to be identified to provide the required training, support for local teams, and data collection for the evaluation.

Engagement and commitment is needed at leadership and frontline levels. The people that need to be engaged with such an initiative are listed below:

<table>
<thead>
<tr>
<th>Health Care</th>
<th>Social Care</th>
<th>Voluntary Sector and Carers</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPs, Community Nursing, Older People’s Mental Health, Community Pharmacy, Dietetics, Commissioners</td>
<td>Social Care, Occupational Therapists, Community Independence Team, Public Health, Care Homes, Commissioners</td>
<td>Voluntary Services providers, local community groups, carer groups and individuals, older people</td>
</tr>
</tbody>
</table>