

# Social Care Scrutiny and Staffordshire Health Scrutiny Committee



**Scrutiny Review – Community Malnutrition**

**Final Report**





## Contents

	Page Number
Chairman's Foreword / Summary	1
Conclusions and Recommendations	3
Background to the Review	11
Scope of the Work	11
Membership	12
Methods of Investigation	12
Setting the Scene	15
Findings	19
Implications	34
Acknowledgements	35
List of Appendices / Background Papers	36
List of Acronyms / Abbreviations	37



## Chairman's Foreword

As Chairman of the Social Care and Scrutiny Committee I was surprised when officers from the County Council's Health Development Team first came to the Committee and talked to us about the potential prevalence of malnutrition within the community and its impact on the wider health economy.

Unlike obesity, malnutrition was not something we had heard about on the news, except perhaps in relation to hospitals, and nor was it an issue we had particularly considered as part of our work as a Committee. However, the initial information we were provided with – setting out that malnutrition had a potentially four times greater impact on the health economy than obesity (£13 billion a year<sup>1</sup>, compared to £3.2 billion a year for obesity<sup>2</sup>) - was enough to persuade us that this was an issue worthy of further attention.

A small group of Members from the Social Care and Health Scrutiny Committees undertook the review over three days and during that time met with a range of witnesses and experts, details of which are set out in the report.

One absolutely crucial finding from our work is that, despite the fact that there is significant and growing evidence regarding the prevalence of malnutrition in the community and community care settings, there is a low level of awareness among health and social care professionals, and the public more widely, about malnutrition and the impact it can have on health. Many of our recommendations focus on raising awareness so that some of the (relatively) simple measures which can be taken to prevent malnutrition are carried out more widely.

We also highlight the potential risks and opportunities emerging as a consequence of changes, both at national and local level, in the way that health and social care services are delivered. In particular, the County Council will have an important role to play facilitating better partnership working amongst the professionals who are in a position to screen for and address malnutrition. The County Council must also be alert to the risks (as well as the benefits) presented by offering greater independence and choice in relation to social care services. Particular consideration needs to be given to how contracts for those services which impact nutrition are drafted and to the role of the County Council in ensuring quality. Without doubt, voluntary services also have an important role to play and this should be supported and facilitated by the Council.

Interestingly, as we were working on our report the British Association for Parenteral and Enteral Nutrition (BAPEN) published the outcomes of their third round of nutritional screening weeks, the results of which were picked up by the BBC. We were

<sup>1</sup> Costs associated with malnutrition in 2007; BAPEN (2010). Malnutrition Matters: Meeting Quality Standards in Nutritional Care.

<sup>2</sup> Allender, S and Rayner, M. (2007). The burden of overweight and obesity-related ill health in the UK. Obesity Reviews. 2007 Sep; 8(5):467-73



encouraged to see this important issue receiving attention at national level and we hope that this report, and the conclusions and recommendations contained within, can kick-start a response in Staffordshire.

I would like to thank everyone who gave up their time to come and talk to us about this important issue, and for all the good ideas which emerged from those discussions.

**County Councillor Geoff Morrison**  
**Chairman of Scrutiny Review – Community Malnutrition**



## 1. Conclusions and Recommendations

- 1.1 There are currently several changes taking place which will impact on the way in which health and social care services are delivered. As such, the recommendations in this report are made to the organisations and individuals who the Members have determined are *currently* the most appropriate to deliver the recommendation, although it is recognised that this may change over time. Where a recommendation is cross cutting it will be for Cabinet Members to determine who is most appropriate to lead on its implementation.
- 1.2 A summary of the conclusions and recommendations is set out below. This section of the report is intended to act as an ‘Executive Summary’ which can be read independently of the rest of the report. However, sections six and seven of this report set out in much more detail the evidence Members have considered and the reasons why they have reached these conclusions and put forward these recommendations.

### 1.3 Raising the Profile

- 1.3.1 It became clear during the course of the review that malnutrition, particularly among people living independently or in community settings is very much a hidden issue. Members themselves were surprised by the prevalence of malnutrition and its potential impact on the health and social care economy as were many of the witnesses who participated in the review.
- 1.3.2 Detecting and therefore being in a position to take steps to treat malnutrition is relatively simple. However, service commissioners, healthcare professionals providing services in the community (GPs, nurses, care homes) and family members and other carers (including those employed to undertake homecare) need to be made much more aware of this issue.
- 1.3.3 It is clear that there is an opportunity with the transfer of public health funds to the Local Authority, and with the establishment of Health and Wellbeing Boards on which the County Council will be a key member, for the Council to take a lead role in raising awareness of this issue. As such, Members **recommend** that the appropriate Cabinet Member adopt the role of ‘malnutrition champion’ - ensuring that this issue is drawn to the attention of the relevant partners and taking overall responsibility for driving forward action in relation to malnutrition.<sup>3</sup> The ‘malnutrition champion’ should also take overall responsibility for reporting back to the Social Care Scrutiny Committee regarding the implementation of the

<sup>3</sup> Members request that the Cabinet Member for Adults’ Wellbeing and the Cabinet Member for Community Safety and Public Health determine who should take on this role. Members anticipate the Cabinet Member being supported in this role by the Director for People and Deputy Chief Executive and the Director of Public Health.



recommendations in this report, even though they will not be responsible for the delivery of all of them.

- 1.3.4 The Joint Strategic Needs Assessment (JSNA) is the key document through which the Local Authority and Primary Care Trusts determine the future health, care and well-being needs of the local population. As such, Members **recommend** that the community malnutrition champion ensures that future versions of the JSNA specifically cover malnutrition.
- 1.3.5 The County Council's 'Staffordshire Cares' initiative will establish a new "first contact" for people who want to make lifestyle, leisure, social and practical choices as their health circumstances change or are likely to change. Members believe that this initiative could play a crucial role in raising awareness of malnutrition amongst those who might be at risk, and their family and carers. We **recommend** that the Cabinet Member for Adults' Wellbeing investigate how 'Staffordshire Cares' could be used to raise awareness of malnutrition - including providing information regarding who might be at risk, what to look out for, who to talk to if you are concerned about a friend or family member and support services available.

#### 1.4 Care Homes

- 1.4.1 Care homes are not usually known for the quality of the food that they provide. A brief internet search will produce many more negative stories about care home food than it will positive. Initial findings from Staffordshire's own Trading Standards team highlighted a reliance on processed meats and fish and some peculiar and unappetising meal combinations.<sup>4</sup> However, after hearing from the manager of a large privately run residential care home in Staffordshire, Members **conclude** that it is absolutely possible to produce inexpensive yet appetising food in a care home setting and that this is the standard that should be expected by the County Council.
- 1.4.2 The County Council's 'Caring for Health' award, which is currently being piloted in four homes and which includes a component on food and nutrition, has the potential to play a significant role in driving up standards in care homes. The award as it is currently delivered enables the County Council to provide direct support, advice and guidance to independent care homes about good nutrition. It has the potential to encourage care homes to maintain those standards if it becomes recognised as a symbol of quality which will enable care homes to secure more business. Members **recommend** that the appropriate Cabinet Member ensures that sufficient resource is retained by the County Council to enable this award to be rolled out more widely with the appropriate level of support from the County Council. Members also **recommend** that the Cabinet

<sup>4</sup> For example, chips, eggs and spaghetti, fish fingers with parsley sauce, spaghetti bolognese with mashed potatoes, crispy pancakes and baked beans and corned beef hash topped with tomato soup



Member for Adults' Wellbeing consider how achievement of 'Caring for Health', as a symbol of excellence, might be promoted through Staffordshire Cares.

- 1.4.3 It is potentially more difficult for smaller independent care homes, without the buying power and economies of scale of a large group, to produce good food cheaply. Therefore, Members **recommend** that the Cabinet Member for Adults' Wellbeing request the County Council's commissioning unit to investigate whether it could provide some kind of structure or framework through which smaller providers could purchase food jointly to achieve savings. We also **recommend** that the Cabinet Member for Adults' Wellbeing, possibly in partnership with the Cabinet Member for Economic Growth and Enterprise, explore what role the County Council could play in terms of offering advice and guidance to social care service providers regarding the provision of good quality, nutritious food. For example, as part of any other advice or guidance service the County Council provides to small and medium size businesses or through Trading Standards.
- 1.4.4 As part of the review Andrew Paul from Hilderstone Care Home (part of the Barchester Group) indicated that it would be possible for the Barchester Business School to offer formal qualifications to staff from other providers. Therefore, Members also **recommend** that the Cabinet Member for Adults' Wellbeing request officers to work with the Barchester Group to develop this idea and to investigate how the County Council might facilitate this (for example, through the Caring for Health award).
- 1.4.5 The Care Quality Commission (CQC) is moving towards a more risk-based approach to the regulation of care settings. Members were concerned about the CQC's expanded remit, particularly as more independent providers enter the market. Members **conclude** that this is a risk in terms of ensuring good standards of nutritional care are being delivered in residential care settings.
- 1.4.6 The CQC representative highlighted the importance of sharing information between organisations and, in particular, the transmission of information to the CQC regarding concerns or complaints about a care setting. Members **recommend** that the Cabinet Member for Adults' Wellbeing review the County Council's mechanisms for gathering intelligence about the care homes it commissions with (i.e. through the quality monitoring officers and complaints officers) and develop formal arrangements for sharing this information with the CQC.
- 1.4.7 The County Council's own quality monitoring process will provide additional reassurance regarding standards in those care homes from which services are commissioned. Quality monitoring officers are undertaking a programme of visits at which they assess care homes and other care settings using a standard toolkit. The toolkit is shortly going to be subject to review; therefore Members



**recommend** that the officers undertaking the review consult the Community Food Coordinator for specific advice regarding the food and nutrition element of the toolkit. It may be appropriate to review the toolkit against the standards required by the CQC.

- 1.4.8 Members also **recommend** that as more quality monitoring visits are undertaken the team undertakes an analysis of the outcomes from the visits to identify any emerging trends (in relation to all the standards, but in particular in relation to food and nutrition). This would enable the team to target quality initiatives within the sector.
- 1.4.9 Members also **endorse** the proposal that the new contract for commissioned services will clearly stipulate the requirement for quality monitoring officers to have access to care homes to undertake monitoring visits.
- 1.4.10 The County Council's own in-house provision of residential care is not currently reviewed using the Quality Monitoring Tool. Members **recommend** that this is reviewed by the Cabinet Member for Adults' Wellbeing and that consideration is given to developing a consistent strategy for nutritional screening within in-house older people services.
- 1.4.11 A piece of work has been undertaken by South Staffordshire PCT's commissioning arm regarding the use of prescribed nutritional supplements in nursing homes. Members **recommend** that the impact and outcomes from this project are closely monitored by the appropriate Cabinet Member and the Chief Executive of the new Staffordshire and Stoke-on-Trent Partnership NHS Trust. In particular, consideration should be given to whether this project ought to be rolled out across the whole County.

## 1.5 Personalisation

- 1.5.1 A consistent theme of the presentations Members considered was the fact that social care and health services are changing; with an increased focus on supporting people to live independently, where it is appropriate, rather than in residential settings. This change is being driven by a desire to achieve greater choice and better outcomes for individuals in receipt of care services; and also by the need to develop a fair and sustainable system of social care support in the context of increased pressure on services as a consequence of demographic changes. While overall, the move to personalisation and greater independence is positive, there are potential risks and concerns in relation to malnutrition.
- 1.5.2 The County Council is responsible for undertaking assessments of individual's care needs in order to determine what support they are entitled to. Members **recommend** the Cabinet Member for Adults' Wellbeing request officers to review the shortened version of the assessment, which is used in non-complex cases, with a view to including more specific questions regarding food and nutrition. In



addition Members **seek further information** from the Cabinet Member for Adults' Wellbeing regarding:

- what training is provided to support officers to undertake assessments, and whether this training specifically covers identifying whether someone is at risk from malnutrition; and
- what processes there are in place to 'Quality Assure' social care assessments to ensure that all needs are being picked up.

1.5.3 In addition to assessments of individuals with potential care needs, the County Council also undertakes carers' assessments to determine potential support for individuals providing regular and substantial care for another person. Members **recommend** that the Cabinet Member for Adults' Wellbeing review the assessment to ensure that it provides an adequate opportunity to consider the impact of caring on diet and nutrition.

1.5.4 The County Council commissions social care and support services which support people to live independently (including domiciliary care, extra-care housing, day services). These services often include support to prepare meals and/or assistance with eating. Members **recommend** that the Cabinet Member for Adults' Wellbeing request officers to review the contracts used for these lower-level services to ensure that, where appropriate, they include requirements linked to food and nutrition. Members also **recommend** that an appropriate mechanism for the ongoing monitoring of the quality of these services is developed; perhaps expanding the role of the quality monitoring officers once they have all been recruited. In addition, Members **recommend** that the County Council review what role large assisted-living / extra-care facilities could play in providing a wider community resource, for example, opening up any on-site catering facilities to non-residents.

1.5.5 As with residential care, a significant proportion of the population will use lower-level support services which they purchase independently, either as self-funders or using a personal budget. In these circumstances the County Council will not be able to influence contracts or undertake ongoing monitoring. The concerns Members highlighted in relation to residential care about the CQC's expanded remit apply equally to other types of care.

1.5.6 Members **note** that the County Council is developing 'framework arrangements' or 'approved provider lists' for domiciliary care and is planning to develop a similar framework for day services. Members **request further information** from the Cabinet Member for Adults' Wellbeing, as part of the Executive Response to this report, regarding what standards providers will have to meet to be part of the framework arrangements and what arrangements will be in place to monitor and review whether providers are maintaining those standards. Members also **seek reassurance** from the Cabinet Member for Adults' Wellbeing that the risks



associated with delivering care directly into people's homes and in an environment with so many more providers have been fully understood and plans put in place to mitigate those risks.

1.5.7 The County Council currently provides a 'meals on wheels' service to approximately 2000 people. Current recipients of this service do make a financial contribution, but this is subsidised by the County Council. As part of the recently approved 'Partnership for Care – Contributions Policy' recipients will be required to contribute the full cost of the meal, subject to specified safeguards regarding hardship cases and individuals receiving 'meals on wheels' as part of another specific service.<sup>5</sup>

1.5.8 Members understand the reasoning behind the introduction of the Contributions Policy, including the increased charges for 'meals on wheels' and **are reassured** by the extent of the consultation and by the fact that risks have been identified and mitigating actions proposed. However, in the context of the information received as part of this review, which has highlighted the prevalence and potential impact of malnutrition on the wider health economy and which may not have been considered as part of the decisions made in relation to the Contributions Policy, Members **recommend** that the Cabinet Member for Adults' Wellbeing:

- undertake some additional work to identify the health implications of those decisions within the Contributions Policy which relate to food; and
- undertake a review in 6-12 month's time of the take-up of meals on wheels and follow up with a selection of people who have chosen to stop receiving the service to assess the impact.

## 1.6 The Role of General Practitioners (GPs)

1.6.1 South Staffordshire PCT has developed an Oral Nutrition Support Care Pathway (ONSCP) which is an adaptation of the Malnutrition Universal Screening Tool (MUST) which has been developed by the British Association of Parenteral and Enteral Nutrition (BAPEN). Members fully **endorse** the pathway and the proposals regarding where and when nutritional screening should take place.

1.6.2 In the future, services currently provided by the PCTs, including dietetics, will be brought together in the Staffordshire and Stoke-on-Trent NHS Partnership Trust. Members believe that this represents an opportunity to ensure that a more consistent service offer is available across the County, and for projects like the ONSCP, to be potentially rolled out across the County.

1.6.3 In the future it is likely to be GPs who will be responsible for making decisions regarding the commissioning of dietetics services (based on the needs identified

<sup>5</sup> Full details of the proposed policy, including the specified safeguards in relation to 'meals on wheels' are set out in the report which went to [Cabinet on the 16<sup>th</sup> February](#) 2011.



in the JSNA) and Members' research has indicated that malnutrition is not an issue which GPs are particularly aware of. As such, Members' **recommendations** regarding the role of the appropriate Cabinet Member in raising awareness of malnutrition should be particularly applied as the County Council develops greater links with GPs. GPs need to be alerted to the potential cost savings which could be achieved by identifying people at risk of malnutrition and undertaking early preventative work.

- 1.6.4 For many people, their GP is the healthcare professional that they are likely to come into contact with most often and the South Staffordshire pathway highlights the important potential role GPs have to play in relation to nutritional screening. As the Local Authority develops greater links with GPs, Members **recommend** that the Cabinet Members seek ways to influence GPs to undertake nutritional screening. Members also **recommend** that the Staffordshire Health Scrutiny Committee write to the various bodies representing GPs in Staffordshire to notify them of the publication of this report and to seek their views on what contribution GPs could make to address these issues.

## 1.7 Role of the Community and Third Sector

- 1.7.1 The role of the community and third sector in providing lower-level support services is one which the Cabinet Member for Adults' Wellbeing is keen to develop within the context of ensuring that social care services are sustainable in the future. Of particular importance in terms of developing capacity within this sector is the Community Wellbeing Fund (CWF). A number of the groups which have already benefited from the fund are delivering initiatives which have a role to play in preventing and detecting community malnutrition and Members heard about some excellent projects. Members fully **endorse** the use of the CWF to assist these types of projects.
- 1.7.2 There are, however, barriers which prevent the sector making an even bigger contribution. One major barrier is lack of funding and/or knowledge of the funding available. Members **recommend** that the Cabinet Member for Adults' Wellbeing give consideration to how the CWF (and other sources of funding) can be more widely promoted. Members also **recommend** that a review is undertaken at the conclusion of the second year of the fund, and again at the end, to assess whether those projects and groups which have received support are sustainable without a continuing contribution from the County Council.
- 1.7.3 Community and third sector organisations often encounter bureaucratic difficulties when setting up new projects, for example, in relation to legal or health and safety requirements. Support for organisations to overcome these types of challenges does exist; but it is important that organisations are aware of it. Members **recommend** that the appropriate Cabinet Member, who has responsibility for commissioning services to support the community and voluntary sector, review



what more can be done to ensure that the sector is aware of the support available.

- 1.7.4 The County Council has been running a Volunteer Staffordshire campaign which has aimed to increase awareness of, and participation in, volunteering. Members **recommend** that the Cabinet Member for Culture, Communities and Customers carefully review and report back to the appropriate Scrutiny Committee the outcomes of the specific campaign and undertake further and ongoing work to increase volunteering levels in Staffordshire
- 1.7.5 Members **recommend** that the Cabinet Members undertake a piece of work to map the provision of services which support nutrition / address the potential causes of malnutrition across the County so that gaps can be identified and addressed in a targeted way.
- 1.7.6 Members **recommend** that the appropriate Cabinet Member work with officers to develop a short guide to malnutrition that could be provided to voluntary organisations with which the County Council has a relationship to be circulated among their service users. The Cabinet Member should consider whether such a guide has been produced by another organisation or whether a relevant national body could be approached to work in partnership with Staffordshire to produce such a guide.

## 1.8 Future Work

- 1.8.1 Set out below are some recommendations for further work which emerged from the review.
- 1.8.2 Members **recommend** that the Health Scrutiny Committee undertake a piece of work looking at nutrition in acute hospitals in Staffordshire. This review should also consider wider issues regarding the NHS approach to hospital care for the elderly.
- 1.8.3 Members **recommend** that the Cabinet Member for Adults' Wellbeing be asked to bring a report to the Social Care Scrutiny Committee regarding how the County Council intends to support people to access the benefits to which they are entitled.
- 1.8.4 Members **recommend** that the appropriate Cabinet Member (most likely the same Cabinet Member who is the champion for this issue) develops relationships with the large local supermarkets to explore what contribution they could make, in particular tapping into the 'corporate responsibility' agenda.



## 2. Background to the Review

- 2.1 In June 2010 scrutiny Members attended a work programme planning event at which they identified 'healthy eating' as an issue that they would be interested in considering as part of the scrutiny work programme for 2010/11.
- 2.2 Considerable scrutiny of childhood obesity had already been undertaken by the County Council and at district and borough level. Therefore, officers worked to identify a different and distinct piece of scrutiny work which Members could undertake which linked to both the 'healthy eating' agenda and to corporate and strategic priorities.
- 2.3 As such, the Committee received a presentation at their meeting on 18th October from the County Council's Health Development Team. This presentation informed Members that the team had identified community malnutrition as an increasingly prevalent issue both locally and nationally. Despite being more widespread and having more than four times greater impact on the health economy than obesity (£13 billion a year<sup>6</sup>, compared to £3.2 billion a year for obesity<sup>7</sup>), it had received significantly less attention in the public health domain and in the national media and as a result, public awareness of this as a health issue was limited. Members decided, therefore, to undertake a scrutiny review to find out more about the issue and to consider how the County Council, as both a commissioner and provider of services which support health and well-being, could make a contribution to addressing the issue.

## 3. Scope of the Work

- 3.1 In order to make the review manageable Members decided to focus their attention on malnutrition in the over 65s (as over 50% of those suffering from malnutrition were in this age group) and in the community rather than in hospitals (as hospital malnutrition had been subject of greater interest and investigation elsewhere).
- 3.2 The key objective of the work was to assist the County Council and the wider Staffordshire Public Health Team to develop a workable strategy aimed at systematically monitoring and tackling malnutrition in the community.

<sup>6</sup> Costs associated with malnutrition in 2007; BAPEN (2010). Malnutrition Matters: Meeting Quality Standards in Nutritional Care.

<sup>7</sup> Allender, S and Rayner, M. (2007). The burden of overweight and obesity-related ill health in the UK. Obesity Reviews. 2007 Sep; 8(5):467-73



### 3.3 Members considered:

- the extent of malnutrition in the UK and what this meant in relation to the cost of the problem in Staffordshire and the potential costs savings of intervention;
- the assessment of the population at risk of malnutrition and appropriate quality indicators that could be used for monitoring and review;
- the current level of activity preventing malnutrition across the county and commissioning of services that impact on malnutrition;
- South Staffordshire PCT's nutritional screening, assessment and care pathways with a view to their sustainability and potential adoption county-wide under the forthcoming revised NHS structural arrangements;
- how to identify key staff who could support delivery of the care pathways and their education and training needs; and
- the role of other partners in reducing the incidence of malnutrition and as a potential referral mechanism into assessment and care pathways.

## 4. Membership

### 4.1 The following Members undertook the review:

County Councillor Geoff Morrison (Chairman – Social Care Scrutiny Committee)  
County Councillor Brian Beale (Social Care Scrutiny Committee)  
County Councillor Peter Davies (Social Care Scrutiny Committee)  
County Councillor Ian Lawson (Social Care Scrutiny Committee)  
Councillor Barbara Hughes (Co-opted Member – Staffordshire Health Scrutiny Committee)  
Councillor Janet Johnson (Co-opted Member – Staffordshire Health Scrutiny Committee)

## 5. Methods of Investigation

Members agreed to conduct their scrutiny review as an inquiry event over two full days; inviting a range of external experts and internal officers to come and speak to them. Details of these sessions are set out below.



## Monday 14<sup>th</sup> February

Witness	Topic
Dr Barry Jones - BAPEN trustee and recently retired consultant.	The presentation covered: <ul style="list-style-type: none"> <li>• the national picture of malnutrition, what it is, why it occurs and prevalence;</li> <li>• the health and social care costs;</li> <li>• the costs of doing nothing;</li> <li>• what treatments are available</li> <li>• the BAPEN commissioning and provider toolkit.</li> </ul>
Nicola Day – Community Food Coordinator Staffordshire County Council	The presentation provided more information about malnutrition in Staffordshire, detailing prevalence and some of the work which was already underway.
Witness	Topic
Denise Vittorino – Head of Health Development Staffordshire County Council (on behalf of Director of Public Health)	The presentation covered: <ul style="list-style-type: none"> <li>• the local policy agenda;</li> <li>• links to Staffordshire Cares priorities;</li> <li>• implications of the changing health and public health environment (e.g. GP commissioning / joint public health team / integration); and</li> <li>• putting malnutrition on the Staffordshire map - incorporating malnutrition into the JSNA.</li> </ul>
Helen Trousdale – County Commissioner Prevention and Independence	The presentation covered the work underway in the County in relation to nutrition in care homes and other services which the County Council commissioned which had an impact on nutrition.
Jane Brown – Strategic Professional Lead Dietetics / Advance Paediatric Nutrition South Staffs PCT	Members were provided with information regarding work underway in South Staffordshire around nutrition, in particular the Oral Nutrition Support Care Pathway and developing work force skills to deliver it.



### Wednesday 16<sup>th</sup> February (afternoon)

Witness	Topic
Dr Ann-Marie Houlder – Clinical Lead for Stafford and Surrounds GP Commissioning Consortium	The discussion covered: <ul style="list-style-type: none"> <li>• the perception of this issue among GPs;</li> <li>• the opportunities for raising awareness of community malnutrition with GPS and GP consortia; and</li> <li>• opportunities for addressing malnutrition in the new commissioning environment.</li> </ul>
Di Chadwick and Jane Capron – Compliance Inspectors The Care Quality Commission	The presentation set how meeting nutritional needs was assessed when inspecting care homes and nursing homes and what happened if the inspectors found that needs were not being met.

### Thursday 17<sup>th</sup> February (morning)

Witness	Topic
John Hegarty - Green Age Internet Shopping  Shelley Davis - Health Development Officer	Workshop session where Members considered the potential role of the third sector and private sector in tackling malnutrition in the community.
Marc Neeld – Health Development Officer  Andrew Paul – Manger Hilderstone Hall Care Home	The session covered: <ul style="list-style-type: none"> <li>• the development of the caring for health award (for care homes), in particular the nutrition element of that award, and</li> <li>• information about the approach to feeding and nutrition at the Hilderstone Hall Care Home.</li> </ul>
Mandy Rollins - South Staffordshire Carers Association	Mandy was invited to the event to discuss with Members the support needed for carers to prevent, identify and manage malnutrition.



## 6. Community Malnutrition – Setting the Scene

6.1 The first objective of the review was to learn more about malnutrition, its prevalence and impact nationally and locally. Dr Jones, a BAPEN trustee and Nicola Day, a Community Food Coordinator for the Council attended Members first meeting to help them meet this objective. A summary of the very useful information they provided is set out below.

### 6.2 What is Malnutrition?

6.2.1 Malnutrition occurs when an individual takes in an insufficient balance of nutrients to maintain good health. It encompasses both under and over nutrition (overweight patients may not be taking in the correct balance of nutrients for good health); although for the purposes of this report malnutrition should be taken to mean under-nutrition.

6.2.2 Malnutrition can contribute to a range of health conditions, depending on the specific nature of the deficiency. For example: loss of protein can lead to reduced muscle mass and function including heart and respiratory muscles; loss of fat stores can lead to inability to cope with low temperatures, loss of cushioning (bed sores), and the loss of the ability to respond to physical demands; loss of vitamins, mineral and trace elements can lead to rickets, scurvy, bleeding, skin breakdown, anaemia, infections, blindness and nerve damage.

6.2.3 People can become malnourished for a range of reasons, both medical and social, including:

- poor oral health;
- difficulty eating and swallowing;
- disability / long-term illness / pain;
- depression / anxiety;
- dementia;
- medication;
- malabsorption;
- increased nutritional requirements needed to heal;
- lack of communication between organisations with responsibility for caring for the vulnerable elderly (e.g. doctors; the Council; Department for Work and Pensions);
- bereavement – in particular the loss of a partner who had previously been responsible for food preparation;
- poverty – a potentially increasing issue as food prices increase; and
- isolation / lack of access to good quality food (potentially a greater issue in rural areas).



### 6.3 Why is Malnutrition Important?

- 6.3.1 Food and water are basic human needs, which everyone requires to survive. The CQC defines ‘neglect and acts of omission’ including “the withholding of the necessities of life, such as medication, adequate nutrition and heating” as a form of abuse.<sup>8</sup>
- 6.3.2 Medically malnutrition can lead to: impaired survival, poor wound healing, bed sores, increased infections, poor motivation, increased falls and propensity to fractures, delayed rehabilitation and prolonged hospital stays, increased thromboembolism and impaired insulin insensitivity. Conversely, good nutrition and nutritional support have led to improvements shown in: immune function; muscle function and strength; wound healing and nutritional parameters. In the view of Dr Jones, nutritional support should be seen as a treatment in its own right which improves survival; length of stay; rehabilitation and return to work. If neglected it impairs the effect of other treatments. For the individual patient malnutrition also increases their dependence on others, hampering their ability to live independently.
- 6.3.3 Malnutrition has a potentially huge impact on the health economy. BAPEN estimated in 2008 that the cost of malnutrition was £13billion+, which was greater than the cost of obesity, heart disease, rheumatoid arthritis, multiple sclerosis, and pressure ulcers. A 1% saving would generate £130million. The National Institute for Health and Clinical Excellence (NICE) identified nutrition as the 4<sup>th</sup> largest potential source of savings to the NHS. However, in order to make savings investment will be required, which is a significant challenge for commissioners of services in the current climate of reduced public sector spending.

### 6.4 The Prevalence of Malnutrition

- 6.4.1 This review was focussed on malnutrition in the community. However, the ‘community’ does not exist in isolation and people move between the community, hospitals and care settings and prevalence rates in one setting are influenced by those in another.
- 6.4.2 BAPEN and other organisations have carried out a number of large surveys to identify the prevalence of nutritional problems in adults in different care settings which are illustrated below. In Malnutrition Matters: Meeting Quality Standards in Nutritional Care – A Toolkit for Commissioners and Providers in England (2010) BAPEN indicate that 10-14% of sheltered housing tenants; 28% of hospital

<sup>8</sup>Essential Standards of Quality and Safety (section 5) – Guidance and Compliance: What providers should do to comply with the section 20 regulations of the Health and Social Care Act 2008 (2010) (Care Quality Commission)



admissions and 30-42% of residents recently admitted to care homes are malnourished.<sup>9</sup>

6.4.3 The following tables show rates of malnutrition in a range of settings as found in the most recent BAPEN Nutrition Screening Week (12-14 January 2010).<sup>10</sup>

#### Total cases at risk of malnutrition excluding home (2010)

Site	Number of sites	Number of patients	% Malnutrition
Hospitals	185	9668	34%
Care homes	148	857	37%
Nursing homes			45%
Residential homes			30%
Mental Health Units	20	143	19%

#### Risk of malnutrition according to origin of patient (2010)

Site	Own home	Hospital	Care home
Hospital	31%	41%	59%
Care home	30%	43%	42%
Mental Health Unit	23%	15%	11%

<sup>9</sup> Malnutrition Matters: Meeting Quality Standards in Nutritional Care – A Toolkit for Commissioners and Providers in England (2010) (BAPEN) – Figures reproduced with BAPEN's permission

<sup>10</sup> This was the third screening week carried out by BAPEN, the previous two had been carried out in summer and autumn, there is a further week planned for spring in April 2011. Figures reproduced with BAPEN's permission.



#### 6.4.4 Additional findings from the survey included:

- Malnutrition costs the local healthcare economy five times more than obesity in the UK.
- Most care homes did have a policy on weight and nutrition and were weighing residents.
- The BAPEN ‘Malnutrition Universal Screening Tool’ (MUST) was the most common for assessing risk and determining action – but some establishments did not use a tool.
- Communications between the various sectors was poor and disjointed.
- There was a lack of awareness regarding scales calibration needed.
- Most malnutrition in hospitals originated in the community and returned to the community.

### 6.5 Detecting Malnutrition

6.5.1 In principle, detecting malnutrition and those at risk of malnutrition is relatively straightforward. However, regular screening is not carried out in all care settings or by all healthcare professionals who interact with people in the community.

6.5.2 The MUST developed by BAPEN is a simple tool to allow health professionals to identify if someone is at risk of malnutrition and then to develop an action plan to address this risk. The advantage of MUST is that it has been validated to ensure it works in all settings and, if used consistently, means it is transferrable between settings. In Scotland its use is mandatory. Dr Jones, was of the view that MUST screening should be part of a primary assessment for patients in various settings

### 6.6 Treating / Preventing Malnutrition

6.6.1 The preferred option for treatment is always ordinary oral nutrition - i.e. feeding people through the mouth, ideally with regular food. Prescribed oral supplements can be used (and are used quite widely in the community) but they are potentially very expensive. There are also a range of mechanisms for artificial feeding which can be carried out in a range of settings (including in the community). Some methods involve feeding straight into the gut via tubes, or intravenous feeding can be used if the gut isn't working.

6.6.2 In terms of treating and preventing malnutrition in the community, particular through Home Parenteral Nutrition (HPN) it is important to ensure good communication between the relevant healthcare professionals.<sup>11</sup> There should be patient focussed multi-disciplinary teams including community and hospital based staff (GPs, community nurses, care homes, dieticians, speech therapists, social care staff) supporting each patient.

<sup>11</sup> HPN – intravenous feeding through a vein, for patients with intestinal failure.



## 6.7 The Staffordshire Picture

6.7.1 Attached at appendix one to this report are a series of data tables setting out:

- Population Projections – over 65's in Staffordshire 2009-2030
- Estimated Health Care Costs of Malnutrition in Staffordshire (2009-2030)
- Estimated Prevalence of Malnutrition in the over 65s in Staffordshire Districts (2009-2030)<sup>12</sup>

These figures have been compiled by the Staffordshire Observatory based on an extrapolation of the BAPEN statistics regarding national prevalence.

6.7.2 The figures highlight the importance of a targeted approach, as even within Districts there are significant variations between divisions.

6.7.3 In addition, 6.6% of the total population over 65 in Staffordshire is predicted to suffer with dementia. 36% of over 65's are currently living alone and are more at risk of malnutrition linked to social isolation, and 49% of over 65's currently suffer from limiting long-term illness.

6.7.4 Initial research, involving consultation with 112 older people and vulnerable adults from various community groups, carers groups and the community watchdogs during 2010 indicated that 79% of people considered that malnutrition should be a high priority for Staffordshire. In terms of what the County Council should be doing to respond to malnutrition the focus group highlighted: communication; education; consistency of service; and ensuring standards in care homes as being of key importance.

## 7. Findings

7.1 Members findings from the various presentations, workshops and discussion sessions they participated in are set out below under a series of themed headings.

### 7.2 Raising the Profile

7.2.1 It became clear during the course of the review that malnutrition, particularly among people living independently or in community settings is very much a hidden issue. Members themselves were surprised by the prevalence of malnutrition and its potential impact on the health and social care economy as were many of the witnesses who participated in the review.

<sup>12</sup> Estimated Prevalence of Malnutrition in the eight Staffordshire Districts (disaggregated by Member division) is available on request



- 7.2.2 Detecting and therefore being in a position to take steps to treat malnutrition is relatively simple. However, service commissioners, healthcare professionals providing services in the community (GPs, nurses, care homes) and family members and other carers (including those employed to undertake homecare) need to be made much more aware of the issue.
- 7.2.3 The Health and Social Care Bill, which is currently progressing through the parliamentary process, will result in a number of changes to the way in which health and social care services are funded, commissioned and delivered. Until the Bill is passed there will remain uncertainty regarding exactly what the impact of these changes will be, in particular in terms of understanding the various roles and responsibilities of the various partners involved in delivering health and social care services.
- 7.2.4 Despite this uncertainty it is clear that there is an opportunity with the transfer of public health funds to the Local Authority, and with the establishment of Health and Wellbeing Boards on which the County Council will be a key member, for the County Council to take a lead role in raising awareness of this issue. As such, Members **recommend** that the appropriate Cabinet Member adopt the role of 'malnutrition champion' - ensuring that this issue is drawn to the attention of the relevant partners and taking overall responsibility for driving forward action in relation to malnutrition.<sup>13</sup> The 'malnutrition champion' should also take overall responsibility for reporting back to the Social Care Scrutiny Committee regarding the implementation of the recommendations in this report, even though they will not be responsible for the delivery of all of them.
- 7.2.5 The JSNA is the key document through which the Local Authority and PCTs determine the future health, care and well-being needs of the local population. It sets out extensive data regarding the health of the local population and is then used to inform service commissioning decisions. Although the current JSNA includes sections on healthy eating and obesity there is no specific mention of malnutrition, those at risk of malnutrition, or its potential prevalence. It is not yet clear who will be responsible for developing the JSNA in the future, although the Local Authority is likely to remain a key partner, possibly through the Health and Wellbeing Board. As such, Members **recommend** that when detail regarding the preparation of the JSNA is known, the Cabinet Member who is also the community malnutrition champion ensure that future versions of the JSNA specifically cover malnutrition.

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<sup>13</sup> Members request the Cabinet Member for Adults' Wellbeing and the Cabinet Member for Community Safety and Public Health to determine who would be the most appropriate person to take on this role. Members anticipate the Cabinet Member being supported in this role by the Director for People and Deputy Chief Executive and the Director of Public Health.



7.2.6 The County Council's Staffordshire Cares initiative will establish a new "first contact" for people who want to make lifestyle, leisure, social and practical choices as their health circumstances change or are likely to change, if they have a disability or as they get 'that little bit older'. At the centre of this new approach will be the Staffordshire Cares website which will act as the primary source of advice and information. The website will be used to support a range of access and contact channels (including telephone and face-to-face) depending on an individual's own preferences. It will provide details of hundreds of different opportunities from gardening services, help with shopping, innovative living solutions to social activities, getting about or personal care and will enable people who need support to directly contact those who can provide it or give advice. Members believe that this new website could play a crucial role in raising awareness of malnutrition amongst those who might be at risk, and their family and carers. We **recommend** that the Cabinet Member for Adults' Wellbeing investigate how Staffordshire Cares could be used to raise awareness of malnutrition - including providing information regarding who might be at risk, what to look out for, who to talk to if you are concerned about a friend or family member and support services available.

### 7.3 Care Homes

7.3.1 Many people as they get older will spend time in residential care homes, either in facilities commissioned by the County Council on their behalf or funded through private means. The 2010 BAPEN nutritional screening week found that 30% of those in residential care were at risk of malnutrition.

7.3.2 The CQC is the independent regulator of health and adult social care services in England. It regulates all services whether they are provided by the private sector, local authorities or the NHS. The CQC monitors compliance with essential standards of quality and safety as part of the system of regulation. The standards are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and the Care Quality Commission (Registration) Regulations 2009. To assist providers the CQC have published 'Guidance about compliance: Essential standards of quality and safety (March 2010)' which sets out the outcomes which they expect people using a service will experience when the provider is meeting the essential standards.

7.3.3 The CQC undertakes periodic reviews of compliance, which can be 'planned' or 'responsive'

- Planned Reviews – look across all regulated activities at a location to assess compliance with all 16 core outcomes set out in the CQC guidance. The frequency of planned reviews depends on the standard at the setting; however



they take place not more than every three months and at least every two years.

- Responsive Reviews - are conducted in response to a concern. Responsive reviews would look at least one or more but not all 16 core outcomes, for example, looking at Outcome 5 where there are concerns about nutrition. If, during the course of the review wider issues are identified it could be switched to a 'planned' review, which would then consider compliance against all of the outcomes.

The idea behind this approach is to focus the CQC's resources in a targeted way, considering the risks associated with different settings and undertaking inspections based on those risks.

7.3.4 Outcome 5 of the essential standards is about meeting nutritional needs.<sup>14</sup> In summary, the CQC looks for:

- a person centered plan;
- screening;
- care planning;
- choice;
- appropriate referrals (GP / dietician); and
- staff training and knowledge.

Full details of the requirements in relation to Outcome 5 are attached at appendix two to this report.

7.3.5 The CQC has ten compliance inspectors covering Staffordshire and Stoke-on-Trent and extra resource can be brought in from neighbouring areas when required. In terms of managing capacity the new risk-based regime relies on and encourages organisations and individuals working in the care sector and those in receipt of services to share information with the CQC so that they are made aware of issues and concerns and can respond appropriately.

7.3.6 As the CQC's responsibilities expand to encompass regulation of GP's and as more independent providers enter the market the quality of information the CQC receives from partners will become ever more important. As such, Members **recommend** that the Cabinet Member for Adults' Wellbeing<sup>15</sup> review the County Council's mechanisms for gathering intelligence about the care homes it commissions with (i.e. through the quality monitoring officers and complaints officers) and develop formal arrangements for sharing this information with the CQC.

<sup>14</sup> Guidance about compliance: Essential standards of quality and safety, Care Quality Commission (March 2010)

<sup>15</sup> Provided this Cabinet Member retains responsibility for complaints.



7.3.7 The Joint Commissioning Unit has developed a Quality Monitoring Tool for use in independent sector residential care homes from which the County Council commissions services. A programme of visits, by an in-house team of quality monitoring officers is underway, although the team is not yet achieving its targets due to the fact that a full complement of quality monitoring officers is in the process of being recruited. Quality monitoring officers go into care homes (and other settings) and look at a sample of records to assess how needs are being met.

7.3.8 The toolkit which they use includes the following specific questions around food and nutrition:

- Is a choice of menu available for service users?
- Are special dietary requirements catered for?
- What is the timing of meals?
- Are service users able to access hot and cold beverages when they wish?
- How often are fluids offered to service users?

Additional prompts and supplementary questions are also set out in the toolkit.

7.3.9 In addition to these specific questions there is also a section of the toolkit which covers consideration of individual records. As part of this review the officers would be able to identify if there were any concerns around weight loss and to establish if nutrition needs have been assessed as part of individual care planning.

7.3.10 If issues or concerns are identified then they would be included in the improvement action plan for the home. If there were immediate concerns in relation to nutrition a referral would be made to the appropriate health colleague for their specialist input. In the most serious cases and if neglect was considered to be an issue the officer would make a Vulnerable Adult referral to the safeguarding team.

7.3.11 The toolkit is shortly going to be subject to review; therefore Members **recommend** that the officers undertaking the review consult the Community Food Coordinator for specific advice regarding the food and nutrition element of the toolkit. It may be appropriate to review the toolkit against the standards required by the CQC.

7.3.12 Members also **recommend** that as more quality monitoring visits are undertaken the team undertake an analysis of the outcomes from the visits to identify any emerging trends (in relation to all the standards, but in particular in relation to food and nutrition). This would enable the team to target quality initiatives within the sector.



- 7.3.13 Members heard that there had been initial challenges in terms of engaging providers with the process. However, Members were encouraged to hear that the majority of providers have now embraced the process, as they see the benefits of it to their organisation. The quality monitoring officers rarely experience difficulties accessing care settings. Members **endorse** the proposal that the new contract for commissioned services will clearly stipulate the requirement for quality monitoring officers to have access to homes to undertake monitoring visits.
- 7.3.14 The County Council's own in-house provision of residential care is not currently reviewed using the Quality Monitoring Tool. Members **recommend** that this is reviewed by the Cabinet Member for Adults' Wellbeing and that consideration is given to developing a consistent strategy for nutritional screening within in-house older people services.
- 7.3.15 Over the last year, the County Council has developed a Caring for Health award aimed at encouraging and developing good practice within care homes around four key themes:
- Food and Nutrition
  - Oral Health
  - Falls Prevention
  - Physical and Social Activity
- 7.3.16 The award is currently being piloted in four care homes. The process to achieve the award in its current pilot phase commences with a self-assessment, submitted by the care home to the Health Development Team. Based on that self-assessment, training and support needs are identified and appropriate training is arranged (e.g. with dieticians and chefs, and providing support to undertake menu analysis). The Care Home then has a period of time to implement improvements after which the Health Development Team will undertake the formal assessment against the standards. The standards are as follows:
- Within 48 hours of a resident moving to a new care home and on at least a 3 monthly basis, the nutritional status of every resident is assessed by the care provider and appropriate action is taken (where required). An example of the screening tool used can be provided (with evidence of its recommended source if this is not the MUST tool).
  - Their care plan includes how any identified risks will be managed.
  - Relevant staff know what a balanced diet is.
  - The resident is receiving a varied and nutritionally balanced diet that adequately meets their planned needs and personal preferences.
- 7.3.17 In the future, the ability of the County Council to encourage care homes to achieve the award, and to support them to implement the standards, will be dependent on the amount of funding made available. The options being considered include:



- Developing training packages which the Care Homes can purchase and implement to help them work towards improving the quality of their provision (which requires limited additional officer support other than in updating the packages available).
- Develop training packages and develop local learning, peer support and best practice forums (conditional on additional officer resources).
- Roll out with full officer support for formal award assessments. Also developing standards and training for community based services and contract development.

7.3.18 Members **recommend** that the appropriate Cabinet Member<sup>16</sup> ensures that sufficient resource is retained by the County Council to enable this award to be rolled out more widely with the appropriate level of support from the County Council. Members also **recommend** that the Cabinet Member for Adults' Wellbeing consider how achievement of caring for health might be promoted through the new Staffordshire Cares website, as persuading care homes of the value of achieving the award is as important as supporting them to achieve it.

7.3.19 The County Council has worked closely with a multi-disciplinary and multi-agency steering group, which included Hilderstone Care Home, to develop the Caring for Health award. Hilderstone is part of the Barchester Group, which cares for over 10,000 peoples in 200 homes across the UK, and their annual food bill is over £12.5m. Hilderstone has 50 residents. Andrew Paul, the manager at Hilderstone met with Members to share details of some of the ways in which he seeks to ensure residents are not at risk of malnutrition.

7.3.20 Mr Paul emphasised the importance of preparing home cooked food, which in his view was no more expensive than convenience or frozen food, especially if care was taken to buy seasonally and locally, although he acknowledged the advantages a large group like Barchester had in terms of economies of scale and buying power. Members **recommend** that the appropriate Cabinet Member request the County Council's commissioning unit to investigate whether it could provide some kind of structure or framework through which smaller providers could purchase food jointly to achieve savings. Members also **recommend** that the appropriate Cabinet Member, possibly in partnership with the Cabinet Member for Economic Growth and Enterprise, explore what role the County Council could play in terms of offering advice and guidance to social care service providers regarding the provision of good quality, nutritious food. For example as part of any other advice or guidance service the County Council provides to small and medium size businesses or through Trading Standards.

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<sup>16</sup> In this instance the most appropriate Cabinet Member will be the one who is a position to influence the budget and priorities in relation to public health.



- 7.3.21 The Barchester Group also runs a chefs' academy and regional training opportunities through which their staff has the chance to achieve vocational qualifications. Mr Paul indicated that it would be possible for the Barchester Business School to offer formal qualifications to staff from other providers. Therefore, Members also **recommend** that the appropriate Cabinet Member request officers to work with the Barchester Group to develop this idea and to investigate how the County Council might facilitate this (for example, through the Caring for Health award).
- 7.4.22 Mr Paul highlighted the importance of taking into account individual needs. For example, at Hilderstone he had identified that because a number of patients were diabetic, artificial sweetener was being used in all the custard. He had stopped this practice – insisting that two batches were made so that those residents who could eat sugar are able to do so. He explained that some residents require a 'soft' diet and that this can be especially challenging. He was aware that the approach in some care homes was to puree an entire meal together, as that would be quicker than pureeing the individual elements of the meal. However, this often resulted in an unappetizing 'grey mush' which residents would be reluctant to eat. Pureeing the elements separately might take longer but made for a much more appetizing meal.
- 7.3.23 He also told Members about initiatives to get residents involved in food preparation and in developing the menu. The menu at Hilderstone is discussed at all residents meetings. He also stressed the importance of menu descriptions and the need to make the food sound appetizing; he felt his background in hospitality had been particularly helpful with this. It is this type of good practice that can be shared with providers if the Caring for Health award is rolled out more widely.
- 7.3.24 Members also heard from Jane Brown, Strategic Professional Lead Dietetics / Advance Paediatric Nutrition South Staffs PCT, about a piece of work that has been undertaken by South Staffordshire PCT's commissioning arm in relation to the use of prescribed nutritional supplements in nursing homes. This work was part of a wider project aimed at reducing the number of unplanned admissions to hospital from nursing homes and was partly driven by the high costs associated with inappropriate prescribing. The project has received funding to be rolled out to all 83 nursing homes in South Staffordshire from April 2011, at which point it will become a 'provider' project. Members **recommend** that the impact and outcomes from this project are closely monitored by the appropriate Cabinet Member and the Chief Executive of the new Staffordshire and Stoke-on-Trent Partnership NHS Trust which will be delivering current PCT 'provider' services. In particular, consideration should be given to whether this project ought to be rolled out across the County.



## 7.4 Personalisation

7.4.1 A consistent theme of the presentations Members considered was the fact that social care and health services are changing; with an increased focus on supporting people to live independently, where it is appropriate, rather than in residential settings. This change is being driven by a desire to achieve greater choice and better outcomes for individuals in receipt of care services; and also by the need to develop a fair and sustainable system of social care support in the context of increased pressure on services as a consequence of demographic changes. While, overall, the move to personalisation and greater independence is positive, there are potential risks and concerns in relation to malnutrition.

7.4.2 The County Council is responsible for undertaking assessments of individual's care needs in order to determine what support they are entitled to. The new FACE assessment, which works through people's needs based on what they want to get out of care, includes questions around diet and nutrition.<sup>17</sup> The assessment flags up any risks, which are then addressed as part of the care plan. For non-complex cases a shortened version of the assessment is carried out which is much less specific in terms of asking questions regarding diet and nutrition, or support needs in relation to this. As such, Members **recommend** that the Cabinet Member for Adults' Wellbeing request officers to review the shortened version of the assessment with a view to including more specific questions regarding food and nutrition. In addition Members **seek further information** from the Cabinet Member for Adults' Wellbeing regarding:

- what training is provided to support officers to undertake assessments, and whether this training specifically covers identifying whether someone is at risk from malnutrition; and
- what processes there are in place to 'Quality Assure' social care assessments to ensure that all needs are being picked up.

7.4.3 In addition to assessments of individuals with potential care needs the County Council undertakes carers' assessments to determine potential support for individuals providing regular and substantial care for another person. In the context of more personalised services carers' have a significant role to play. Members heard anecdotally from the representative from South Staffordshire Carers' Association that one impact of caring is that the carer often prioritises the needs of the cared-for person over their own. Although the carers' assessment does include a section which asks carers' about the impact of caring on their own health; Members **recommend** that the Cabinet Member for Adults' Wellbeing

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<sup>17</sup> FACE assessment tools are nationally-accredited by the Department of Health and used throughout the UK and Ireland by NHS, social care and independent sector organizations to support person centered planning.



review the assessment to ensure that it provides an adequate opportunity to consider the impact of caring on diet and nutrition. This is also another opportunity to *raise awareness* of the risks of malnutrition with individuals who may well be caring for people that are particularly at-risk. Ensuring that carers' are educated about and alert to the risk of malnutrition; and have some knowledge about the support that is available and what actions they might be able to take to address it, is crucial.

- 7.4.4 The County Council commissions social care and support services which support people to live independently (including domiciliary care, extra-care housing, and day services). These services may often include support to prepare meals and/or assistance with eating. Members **recommend** that the Cabinet Member for Adults' Wellbeing request officers to review the contracts used for these lower-level services to ensure that, where appropriate, they include requirements linked to food and nutrition. Members also **recommend** that an appropriate mechanism for the ongoing monitoring of the quality of these services is developed, perhaps expanding the role of the quality monitoring officers once they have all been recruited. In addition, Members **recommend** that the County Council review what role large assisted-living / extra-care facilities could play in providing a wider community resource, for example, opening up any on-site catering facilities to non-residents.
- 7.4.5 As with residential care a significant proportion of the population will use lower-level support services which they purchase independently, either as self-funders or using a personal budget. In these circumstances the County Council is less able to influence contracts or undertake ongoing monitoring to ensure quality. The CQC is responsible for the regulation of all adult social care services including domiciliary care or care provided at an extra-care facility. However, the concern Members highlighted in relation to residential care about the CQC's expanded remit applies equally to other types of care. In fact, there are potentially even greater challenges in regulating domiciliary care in terms of: gaining access to services users' homes; only seeing a sample of patients at a very specific point in time; and a potential reluctance on the part of service users to complain about someone on whom they rely and who has access to their home.
- 7.4.6 Members heard that the County Council is developing 'framework arrangements' or 'approved provider lists' for domiciliary care and is planning to develop a similar framework for day services. Members **request further information** from the Cabinet Member for Adults' Wellbeing, as part of the Executive Response to this report, regarding what standards providers will have to meet to be part of the framework arrangements and what arrangements will be in place to monitor and review whether providers are maintaining those standards. Furthermore, as it will require a significant effort on the part of providers to provide the information required to be part of the framework arrangements (without any guarantee of business) Members consider that this is only part of the solution. Members



acknowledge that the role of the new Staffordshire Cares website, specifically the ability for individuals to rate and review care services, is another way in which service quality can be assured, however this method is unproven in the public sector. As such, we **seek reassurance** from the Cabinet Member for Adults' Wellbeing that the risks associated with delivering care directly into people's homes and in an environment with so many more providers have been fully understood and plans put in place to mitigate those risks.

- 7.4.7 The County Council currently provides a 'meals on wheels' service to approximately 2000 people. Current recipients of this service do make a financial contribution, but this is subsidised by the County Council. As part of the recently approved 'Partnership for Care – Contributions Policy' recipients will be required to contribute the full cost of the meal, subject to specified safeguards regarding hardship cases and individuals receiving 'meals on wheels' as part of another specific service.<sup>18</sup>
- 7.4.8 The Contributions Policy has been subject to extensive consultation and was reviewed by the Social Care Scrutiny Committee prior to its receipt by Cabinet. In developing the contributions policy the Cabinet Member has been clear that the proposals will lead to a fairer system of support which will ensure that the County Council can continue to deliver sustainable social care services to vulnerable people even in the face of the demographic pressures all Local Authorities are facing. The proposed policy includes a detailed equality impact assessment which sets out some of the risks associated with the implementation of the policy and proposed mitigating actions.
- 7.4.9 Members understand the reasoning behind the introduction of the Contributions Policy, including the increased charges for 'meals on wheels' and **are reassured** by the extent of the consultation and by the fact that risks have been identified and mitigating actions proposed. However, in the context of the information received as part of this review, which has highlighted the prevalence and potential impact of malnutrition on the wider health economy and which may not have been considered as part of the decisions made in relation to the Contributions Policy, Members recommend that the Cabinet Member for Adults' Wellbeing:
- undertake some additional work to identify the health implications of those decisions within the Contributions Policy which relate to food; and
  - undertake a review in 6-12 month's time of the take-up of meals of wheels and follow up with a selection of people who have chosen to stop receiving the service to assess the impact.

<sup>18</sup> Full details of the proposed policy, including the specified safeguards in relation to 'meals on wheels' are set out in the report which went to [Cabinet on the 16<sup>th</sup> February](#) 2011.



## 7.5 The Role of General Practitioners (GPs)

- 7.5.1 South Staffordshire PCT has developed an Oral Nutrition Support Care Pathway (ONSCP) which promotes the use of nutrition screening for the early identification and treatment of malnutrition. The project has been led by the dietetics service in South Staffordshire and, unlike the piece of work undertaken in relation to reducing prescribed supplements, there has not been any specific funding attached to this project.
- 7.5.2 The pathway has been agreed by the PCT Professional Executive Committee and consulted on with a variety of people including, dietetics, community nursing, various multi-disciplinary teams (physiotherapy, speech and language therapy, occupational therapy, community matrons, and intermediate care). It has been developed based on local experience and good practice elsewhere.
- 7.5.3 The pathway has adapted the MUST tool developed by BAPEN. The reason the MUST tool has been adapted is because using the MUST tool alone would result in more people being identified as high-risk, than dieticians would have the capacity to see. The adapted pathway enables other professionals to be brought in prior to referral to a dietician.
- 7.5.4 Jane Brown, Strategic Professional Lead Dietetics / Advance Paediatric Nutrition South Staffs PCT, explained that nutrition screening should *ideally* be completed in the following circumstances:
- All hospital inpatients on admission (including community hospitals).
  - All outpatients / visits at the first clinic appointment and where there is a clinical concern.
  - All people in care home on admission and where there is clinical concern.
  - All prisoners as part of initial health assessment.
  - On initial registration at general practice surgeries and where there is clinical concern.
  - As part of a medication review.
  - Opportunistic health screening, e.g.: health checks, flu jab etc.
- 7.5.5 In future services currently provided by the PCTs, including dietetics, will be brought together in the Staffordshire and Stoke-on-Trent NHS Partnership Trust. This represents an opportunity to ensure that a more consistent service offer is available across the County, and for projects like the ONSCP, to be potentially rolled out across the County.
- 7.5.6 In the future, it is likely to be GPs who will be responsible for making decisions regarding the commissioning of dietetics services (based on the needs identified in the JSNA) and Members' research has indicated that malnutrition is not an issue which GPs' are particularly aware of. As such, Members'



**recommendations** regarding the role of the ‘malnutrition champion’ in raising awareness of malnutrition should be particularly applied as the County Council develops greater links with GPs. GPs need to be alerted to the potential cost savings which could be achieved by identifying people at risk of malnutrition and undertaking early preventative work.

- 7.5.7 Members fully **endorse** the pathway and the proposals regarding where and when nutritional screening should take place.
- 7.5.8 For many people their GP is the healthcare professional that they are likely to come into contact with most often and the pathway highlights the important potential role GPs have to play as *providers* of services, in particular in relation nutritional screening. However, it was highlighted to Members during the course of the review that GPs face significant capacity issues and that a robust case would need to be made regarding the health and cost benefits of undertaking screening to persuade GPs to participate. As the Local Authority develops greater links with GPs Members **recommend** that the Cabinet Member seeks ways to influence GPs to undertake nutritional screening. Members also **recommend** that the Staffordshire Health Scrutiny Committee write to the various bodies representing GPs in Staffordshire to notify them of the publication of this report and to seek their views on what contribution GPs could make to address this issue.
- 7.5.9 Members also note that, while GP surgeries seem an obvious location in which to undertake nutritional screening it does not, necessarily, have to be carried out by a GP. Consideration should be given to whether nurses or other colleagues within a practice could undertake nutritional screening. To further reduce any potential burden on surgeries a targeted approach could be adopted using the evidence base regarding particularly at-risk groups. Members also considered the potential role that Health Trainers could play in relation to screening, although it was noted that there are no Health Trainers operating in North Staffordshire.<sup>19</sup>

## 7.6 The Role of the Community / Voluntary Sector

- 7.6.1 The role of the community and voluntary sector in providing lower-level support services is one which the Cabinet Member for Adults’ Wellbeing is keen to develop within the context of ensuring that social care services are sustainable in

<sup>19</sup> Local Health Trainer services are usually commissioned and managed by NHS primary care trusts (PCTs) or local authorities and work in a broad range of settings. Health Trainers provide individual support and advice to help people to identify and achieve their own health goals and to make healthier lifestyle choices, most often in the areas of healthy eating, physical activity, smoking cessation and alcohol. Health Trainers’ clients can be referred by primary health care services, local authorities or voluntary organisations, or can self-refer. In many cases, Health Trainers work alongside colleagues in primary care services, helping to address some of the underlying causes of lifestyle-related ill-health.



the future. Of particular importance in terms of developing capacity within this sector is the Community Wellbeing Fund (CWF).

- 7.6.2 The CWF is a £1million fund which was made available by Staffordshire County Council from 1<sup>st</sup> April 2010. The overall aim of the scheme is to improve the health, independence and wellbeing of older people and vulnerable adults. Small local community groups, faith groups, clubs, Parish Councils, village halls and other organisations that deliver local community-based preventative projects are able to apply for support from the fund.
- 7.6.3 A number of the groups which have already benefited from the fund are delivering initiatives which have a role to play in preventing and detecting community malnutrition. Members heard about some excellent projects including: luncheon clubs; transport schemes which enable people to get to the shops; lifestyle courses offering advice on cooking; home risk assessments; tele-shop and drop; and be-friending schemes. These types of schemes are particularly important in tackling some of the social reasons why an individual might become malnourished (e.g. access to shops / social isolation). Members fully **endorse** the use of the CWF to assist these types of projects.
- 7.6.4 There are, however, barriers which prevent the sector making an even bigger contribution. One major barrier is lack of funding and/or knowledge of the funding available (one Member was involved in a voluntary group which ran luncheon clubs but was not aware of the CWF). Members **recommend** that the Cabinet Member for Adults' Wellbeing give consideration to how the Community Wellbeing Fund (and other sources of funding) can be more widely promoted. It is Members' understanding that the CWF is a short-term fund aimed to support community / voluntary initiatives become self-sustaining. Therefore, Members also **recommend** that a review is undertaken at the conclusion of the second year of the fund, and again at the end, to assess whether those projects and groups which have received support are sustainable without a continuing contribution from the County Council. If the County Council is serious about developing the capacity of the third sector to deliver lower-level services, it may be that appropriate on-going financial support has to be identified to match this intention.
- 7.6.5 Community and third sector organisations often encounter bureaucratic difficulties when setting up new projects, for example, in relation to legal or health and safety requirements. Support for organisations to overcome these types of challenges does exist; but it is important that organisations are aware of it. Members **recommend** that the Cabinet Member for Culture, Communities and Customers, who has responsibility for commissioning services to support the community and voluntary sector, review what more can be done to ensure that the sector is aware of the support available.



- 7.6.6 Community and third sector organisations and projects rely on volunteers in order to deliver their services and Members highlight that securing sufficient volunteers is always challenging. The County Council has been running a Volunteer Staffordshire campaign which has aimed to increase awareness of and participation in volunteering. Members **recommend** that the Cabinet Member for Culture, Communities and Customers carefully review and report back to the appropriate Scrutiny Committee the outcomes of the specific campaign and undertake further and ongoing work to increase volunteering levels in Staffordshire.
- 7.6.7 Members also had a sense that the provision of the types of services listed above varied across the County. As such, Members **recommend** that the Cabinet Member for Adults' Wellbeing undertake a piece of to map the provision of services which support nutrition / address the potential causes of malnutrition across the County so that gaps can be identified and addressed in a targeted way.
- 7.6.8 Community and third sector groups also have a potentially important role to play in terms of raising awareness of this issue among those most vulnerable and at risk. Members **recommend** that the appropriate Cabinet Member work with officers to develop a short guide to malnutrition (covering areas such as: who might be at risk, what symptoms to look out for, who to talk to if you are concerned about someone) which could be provided to voluntary organisations with whom the County Council has a relationship (either through Elected Members or the CWF) to circulate among their service users. The Cabinet Member should consider whether such a guide has been produced by another organisation or, whether a relevant national body could be approached to work in partnership with Staffordshire to produce such a guide. It may also be appropriate to circulate this guide to other organisations who have contact with vulnerable people, for example, the fire service, the police and the carers' associations.

## 7.7 Further Work

- 7.7.1 When Members' commenced this piece of work they made a decision to focus on community malnutrition rather than on malnutrition in acute healthcare settings. Members **recommend** that the Health Scrutiny Committee undertake a piece of work looking at nutrition in acute hospitals in Staffordshire. This review should also consider wider issues regarding the NHS approach to hospital care for the elderly.
- 7.7.2 One facet of malnutrition Members did not explore in detail was the role of poverty as a cause of malnutrition. We are conscious that one of the potential impacts of the personalisation agenda is that people will make choices based on cost rather than quality of service provision. One way to mitigate this risk is to



ensure that individuals are made aware of and are able to claim the state benefits to which they are entitled. The County Council has a role to play in facilitating this and Members **recommend** that the Cabinet Member for Adults' Wellbeing be asked to bring a report to the Social Care Scrutiny Committee regarding how the County Council intends to support people to access the benefits to which they are entitled.

7.7.3 Members considered the potential role the food retail sector had to play in addressing malnutrition and found that they would have benefitted from speaking to a representative from that sector to discuss their potential contribution. Members consider that there are a range of positive actions this sector might be able to implement to support vulnerable individuals to access nutritious, affordable food. For example:

- expanding food delivery services and making them accessible via telephone as well as the internet;
- packaging 'one-person portions' of fresh food to support individuals who might live alone; and/or
- developing a role as a community hub, providing health advice and guidance as part of their offer around pharmacies / opticians etc.

7.7.4 Therefore, Members **recommend** that the appropriate Cabinet Member (most likely the same Cabinet Member who is the champion for this issue) develop relationships with the large local supermarkets to explore what contribution they could make, in particular tapping into the 'corporate responsibility' agenda. In doing so, the Cabinet Member might wish to explore whether there are other Elected Members within the County who have contacts with this sector through their current or previous employment.

## 8. Implications

### 8.1 Resources and Value for Money

8.1.1 This report has demonstrated the significant impact malnutrition and its consequences potentially have on the health and social care economy, particularly as the number of people living beyond 65 increases. Many of the recommendations contained within this report are about taking preventative action now to reduce this burden later. Investing in preventative measures is consistent with the County Council's wider approach to ensuring sustainable social care services in the future.

### 8.2 Equalities and Legal

8.2.1 The report has identified that the availability of services which support people to achieve good nutrition (e.g. dietetics support / voluntary schemes like luncheon clubs) varies across the County. A number of the recommendations relate to



ensuring that service availability and quality is consistent across the County, which will help to achieve greater equality.

- 8.2.2 Some of the recommendations may have specific legal or equalities implications when they come to be implemented (for example, recommendation 1.4.3 regarding supporting care homes to work together to purchase food). At the time that any decision is taken to implement these recommendations consideration will need to be given to these implications.

### 8.3 Risk

- 8.3.1. The report has highlighted that the greater personalisation of services has some potential risks in terms of the County Council's ability to influence the standard of service provision. This may have specific implications for community malnutrition where services (day opportunities, care homes, domiciliary care) are involved in delivering food / feeding support. As such, Members are requesting additional information from the Cabinet Member regarding how these risks are being addressed.

### 8.4 Climate Change

- 8.4.1 There are no specific climate change implications

## 9. Acknowledgements

9.1 Members would like to thank Nicola Day for bringing this issue to their attention and for the support she provided throughout the review.

9.2 Members would also like to thank all those people who attended our review sessions or who have subsequently provided information for the report.

County Councillor Geoff Morrison - Chairman of the  
Community Malnutrition Scrutiny Review  
4<sup>th</sup> April 2011



## List of Appendices/Background Papers

### Appendices

Appendix One - Community Malnutrition – The Staffordshire Picture Data Tables

Appendix Two - Guidance about compliance: Essential standards of quality and safety, Care Quality Commission (March 2010) –Outcome 5

### County Council Reports

Making a Difference to People and Places: The Impact of the County Council's Health Development Team, Report to Social Care Scrutiny Committee, 18<sup>th</sup> October 2010.

Scrutiny Review – Community Malnutrition, Report to Social Care Scrutiny Committee, 1<sup>st</sup> December 2011 (Appendix Two to Work Programme Report)

Partnerships for Care, Report to Cabinet, 16<sup>th</sup> February 2011

### Presentations

Setting the Scene Staffordshire Malnutrition Scrutiny Review, Nicola Day Community Food Coordinator, 14<sup>th</sup> February 2011

Malnutrition – and under-recognised nationwide public health issue? Dr Barry Jones MD, FRCP on behalf of BAPEN, 14<sup>th</sup> February 2011

Malnutrition in Staffordshire – A Public Health Issue? Nicola Day Community Food Coordinator, 14<sup>th</sup> February 2011

Malnutrition in Staffordshire – A Public Health Response, Denise Vittorino Staffordshire Public Health Team, 14<sup>th</sup> February 2011

Malnutrition and Commissioning for Older People, Helen Trousdale County Commissioner Older People and Prevention, 14<sup>th</sup> February 2011

Malnutrition Matters in South Staffordshire PCT, Jane Brown Strategic Professional Lead – Dietetics, 14<sup>th</sup> February 2011

Improving Care through Regulation: Essential Standards for Quality and Safety, Di Chadwick and Jane Capron Compliance Inspectors CQC, 16<sup>th</sup> February 2011

A Care Home Perspective, Marc Neeld and Andrew Paul, 17<sup>th</sup> February 2011



## References

Allender, S and Rayner, M. (2007). The burden of overweight and obesity-related ill health in the UK. *Obesity Reviews*. 2007 Sep; 8(5):467-73

Essential Standards of Quality and Safety (section 5) – Guidance and Compliance: What providers should do to comply with the section 20 regulations of the Health and Social Care Act 2008 (2010) (Care Quality Commission)

Malnutrition Matters: Meeting Quality Standards in Nutritional Care – A Toolkit for Commissioners and Providers in England (2010) (BAPEN)

## List of Acronyms / Abbreviations

BAPEN – British Association of Parenteral and Enteral Nutrition

CQC – Care Quality Commission

CWF – Community Wellbeing Fund

HPN – Home Parenteral Nutrition

JSNA – Joint Strategic Needs Assessment

MUST – Malnutrition Universal Screening Tool

NICE – National Institute for Health and Clinical Excellence

ONSCP – Oral Nutrition Support Care Pathway

PCT – Primary Care Trust

## Contact Officer/s

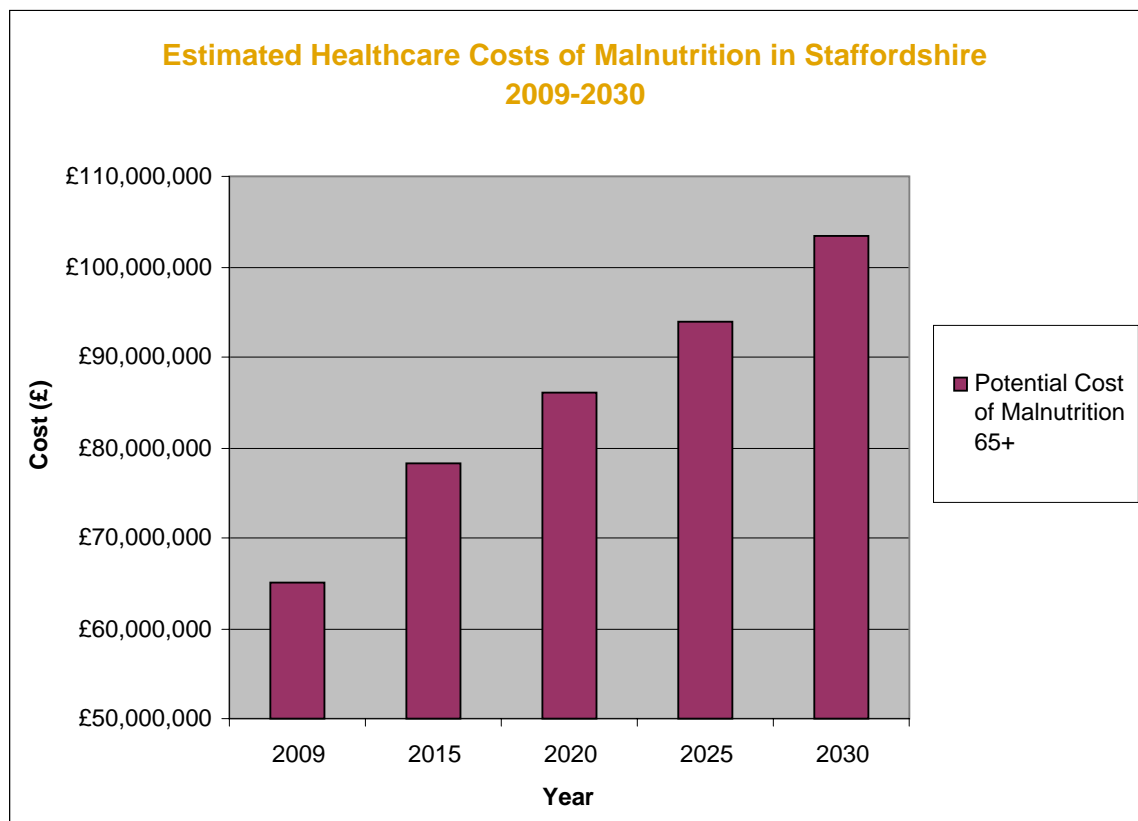
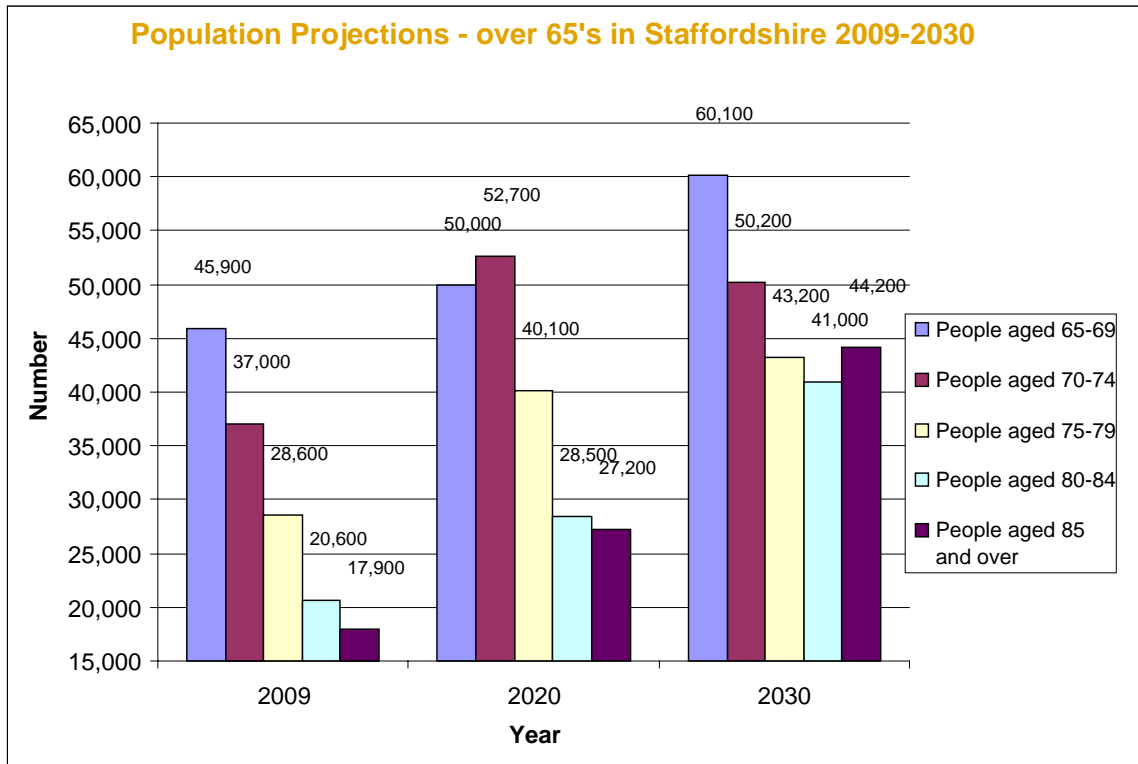
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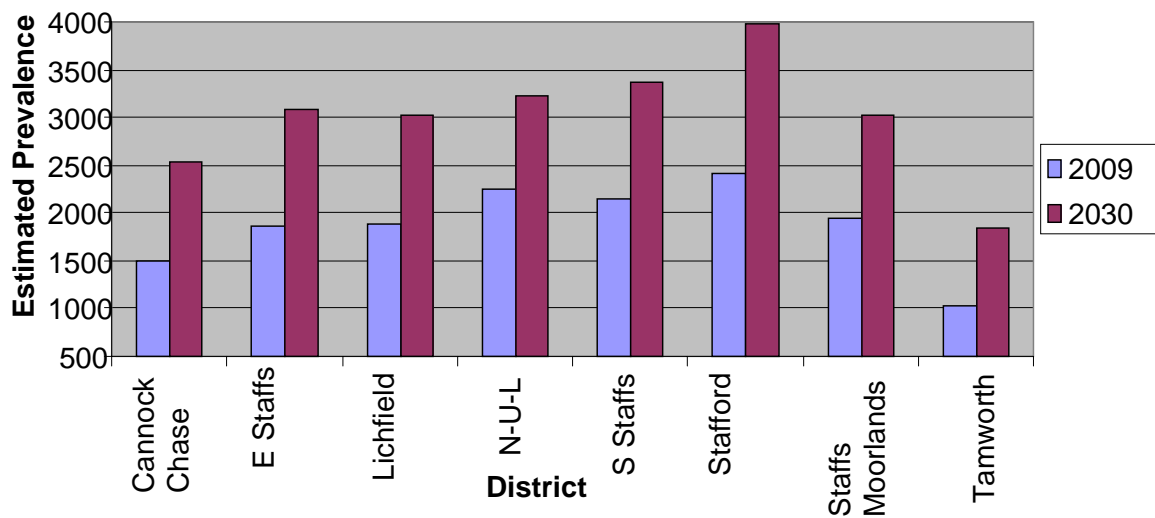
## Appendix One

### Malnutrition – The Staffordshire Picture



## Estimated Rise in Prevalence of Malnutrition in the over 65's in Staffordshire

### Districts - 2009-2030



## Outcome 5: Meeting nutritional needs

Regulation



### What do the regulations say?

#### Meeting nutritional needs

**14.**—(1) Where food and hydration are provided to service users as a component of the carrying on of the regulated activity, the registered person must ensure that service users are protected from the risks of inadequate nutrition and dehydration, by means of the provision of—

- (a) a choice of suitable and nutritious food and hydration, in sufficient quantities to meet service users' needs;
- (b) food and hydration that meet any reasonable requirements arising from a service user's religious or cultural background; and
- (c) support, where necessary, for the purposes of enabling service users to eat and drink sufficient amounts for their needs.

(2) For the purposes of this regulation, "food and hydration" includes, where applicable, parenteral nutrition and the administration of dietary supplements where prescribed.

**Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010**

Outcome



## What should people who use services experience?

**People who use services:**

- Are supported to have adequate nutrition and hydration.

**This is because providers who comply with the regulations will:**

- Reduce the risk of poor nutrition and dehydration by encouraging and supporting people to receive adequate nutrition and hydration.
- Provide choices of food and drink for people to meet their diverse needs, making sure the food and drink they provide is nutritionally balanced and supports their health.

Prompts



## Prompts for all providers to consider

The following prompts relate to all registered providers where they prepare, or support people who use services to prepare, food and drink. The term 'provide' means the preparation of food and drink and includes where the service gives support to people to eat and drink. The food and drink used may be purchased either by the provider or by the person using the service. These prompts do not cover the administration of artificial hydration which may be essential to maintain hydration.

### Ensure personalised care by providing adequate nutrition, hydration and support

5A

**Where the service provides food and drink, people who use services have their care, treatment and support needs met because:**

- Staff identify where the person who uses services is at risk of poor nutrition, dehydration or has swallowing difficulties, when they first begin to use the service and as their needs change.
- Action is taken where any risk of poor nutrition or dehydration is identified including any difficulty in swallowing or the impact of any medicines, and a referral is made to appropriate services.
- They know that their medical dietary and hydration requirements are identified and reviewed.
- Their plan of care includes how any identified risks will be managed.
- Relevant staff know what a balanced diet is.
- Staff involved in food preparation produce food to help facilitate a healthy, balanced diet.

- They have food and drink that:
  - are handled, stored, prepared and delivered in a way that meets the requirements of the Food Safety Act 1990
  - are presented in an appetising way to encourage enjoyment
  - are provided in an environment that respects their dignity
  - meet the requirements of their diverse needs
  - take account of any dietary intolerances they may have.
- They can be confident that staff will support them to meet their eating and drinking needs with sensitivity and respect for their dignity and ability.
- They are enabled to eat their food and drink as independently as possible.
- All assistance necessary is provided to ensure they actually eat and drink, where they want to but are unable to do so independently.
- They have supportive equipment available to them that allows them to eat and drink independently, wherever needed.
- They are helped into an appropriate position that allows them to eat and drink safely, wherever needed.
- They are not interrupted during mealtimes unless they wish to be or an emergency situation arises.
- They will have any special diets or dietary supplements that their needs require arranged on the advice of an appropriately qualified or experienced person.
- They have access to specialist advice and techniques for receiving nutrition where their needs require it.
- The service takes into account relevant guidance, including that from the Care Quality Commission's Schedule of Applicable Publications (see appendix B).

### 5B

#### **Where the service provides food and drink, but not when this is in the person's own home or Shared Lives arrangement, people have their care, treatment and support needs met because:**

- A nutritional screening is carried out to identify where they are at risk of poor nutrition or dehydration when they first begin to use the service and at regular intervals.
- Where a full nutritional assessment is necessary because the nutritional screening identified risk of poor nutrition and dehydration, this is carried out by staff with the appropriate skills, qualifications and experience.
- They have their food and drink intake monitored when they are at risk of poor nutrition or dehydration and action is taken as necessary.

- They are not expected to wait for the next meal if their care, treatment and support means they missed a planned mealtime.
- The person can choose a balanced diet that is relevant to them as an individual, taking account of their nutritional status and previous wishes.

### Promote rights and choices

5C

**Where the service provides food and drink, people who use services can make decisions about their food and drink because they:**

- Have accessible information about meals and the arrangements for mealtimes.
- Have a choice for each meal that takes account of their individual preferences and needs, including their religious and cultural requirements.
- Have access to snacks and drinks throughout the day and night.
- Have mealtimes that are reasonably spaced and at appropriate times, taking account of reasonable requests including their religious or cultural requirements.
- Have information on what constitutes a balanced diet to help them make an informed decision about the type, and amount, of food they need to address any risk of poor nutrition and/or dehydration.

### Additional prompts for specific service types

In addition to the prompts for all providers above, the following prompts relate to specific service types. Please refer to “Step 2: Select your service types” on page 13, to make sure that you identify which service types apply to you.

5D

**People who use services benefit from clear procedures followed in practice, monitored and reviewed to ensure they:**

- Are only subject to fasting (for example before an operation or procedure) for the minimum possible period, and the service will ensure they have adequate hydration as soon as possible afterwards. Nutrition should be provided as soon as possible where facilities exist, or appropriate advice and opportunity is offered where those facilities do not exist.
- Can be confident that consideration is given to the duration of fasting for each person (including specific consideration for children) prior to the scheduling of operations or procedures.
- Are given nutrition as soon as possible after procedures requiring fasting are cancelled.

This guidance applies to the service types ticked below:

<b>ACS ✓</b>	AMB	BTS	<b>CHC ✓</b>	CHN	CHS	DCC
<b>DCS ✓</b>	<b>DEN ✓</b>	<b>DSS ✓</b>	<b>DTS ✓</b>	EXC	<b>HBC ✓</b>	<b>HPS ✓</b>
LDC	<b>LTC ✓</b>	MBS	MHC	<b>MLS ✓</b>	<b>PHS ✓</b>	RCA
<b>RHS ✓</b>	RSM	SHL	SLS	SMC	SPC	<b>UCS ✓</b>

**5E**

**People who use services:**

- Have access to facilities for infant feeding, including facilities to support breastfeeding.

This guidance applies to the service types ticked below:

<b>ACS ✓</b>	AMB	BTS	<b>CHC ✓</b>	CHN	CHS	DCC
DCS	DEN	<b>DSS ✓</b>	DTS	EXC	HBC	<b>HPS ✓</b>
LDC	LTC	MBS	MHC	<b>MLS ✓</b>	<b>PHS ✓</b>	RCA
RHS	<b>RSM ✓</b>	SHL	SLS	SMC	SPC	<b>UCS ✓</b>

**5F**

**People using rehabilitation or treatment services for substance misuse, where the service provides them with food and drink, will have some limited choice about:**

- When to eat.
- Where to eat.
- Whether to eat alone, or with company.

This guidance applies to the service types ticked below:

ACS	AMB	BTS	CHC	CHN	CHS	DCC
DCS	DEN	DSS	DTS	EXC	HBC	HPS
LDC	LTC	MBS	MHC	<b>MLS ✓</b>	<b>PHS ✓</b>	RCA
RHS	<b>RSM ✓</b>	SHL	SLS	<b>SMC ✓</b>	SPC	UCS

**5G** People who use services are:

- Actively supported to plan and prepare their own meals, where this is safe and they are able to do so.

This guidance applies to the service types ticked below:

ACS	AMB	BTS	CHC	CHN	CHS	<b>DCC ✓</b>
DCS	DEN	DSS	DTS	<b>EXC ✓</b>	HBC	HPS
<b>LDC ✓</b>	LTC	MBS	MHC	<b>MLS ✓</b>	PHS	RCA
RHS	<b>RSM ✓</b>	<b>SHL ✓</b>	<b>SLS ✓</b>	SMC	<b>SPC ✓</b>	UCS

**5H** People who use services are able to make choices about:

- What to eat.
- When to eat.
- Where to eat.
- Whether to eat alone, or with company.

This guidance applies to the service types ticked below:

ACS	AMB	BTS	CHC	<b>CHN ✓</b>	<b>CHS ✓</b>	DCC
DCS	DEN	DSS	DTS	EXC	HBC	<b>HPS ✓</b>
LDC	<b>LTC ✓</b>	MBS	<b>MHC ✓</b>	<b>MLS ✓</b>	<b>PHS ✓</b>	RCA
RHS	RSM	SHL	<b>SLS ✓</b>	SMC	SPC	UCS