Personalisation, Nutrition and the Role of Community Meals

A report from a round table discussion on Personalisation and Community Meals Chaired by Baroness Greengross

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Key Recommendations

1. There is a need to highlight to central government that a one size fits all approach to the nutritional needs of older people does not work.

2. It is vital to raise awareness of malnutrition among primary care providers and social care.

3. There is a strong underlying economic argument for supporting older people to remain independent and in their own homes and ensuring good nutritional status.

4. Meal provision and access to food must be considered a core part of social care packages and meals must be provided to at risk groups, not just to those who have reached the point of being unable to manage themselves.

5. A review of referral criteria for receiving community meals is necessary to ensure that older people are not falling through the 'gap' and becoming malnourished. Social care providers should be encouraged to use the MUST screening tool to ascertain risk of malnutrition as a part of eligibility criteria for receiving meals.

6. A cost benefit analysis is needed to demonstrate the benefit of supporting community meals services in preventing ill health through malnutrition.

7. Personalisation must remain a choice mechanism for older people to receive services and not a way in which cutting services can be justified by providers.

8. A campaign is needed to specifically support older people in understanding the importance of food and risks of malnutrition with ageing.

9. One set of nutrition standards is required that community meal providers must meet and which Local Authorities can use as a benchmark for excellence in awarding contracts.

10. A nutrition standard is required for signposting services in areas where no community meals service exists and which would allow for regular auditing of services.

Introduction

There are currently more people in the UK receiving meals in their own home than there are older people in care homes. In 2009, 586,000 people were registered as having local authority funded care services of whom 150,000 were receiving community meals (defined as meals served in the home) and 299,000 were privately purchasing home care, including community meals. Clearly the community meals service has an important role to play in social care.

However, as the government discusses the opportunities for funding social care and increasing numbers of people continue to live independently into older age, how do we ensure we continue to meet the diet and nutrition needs of this group? Malnutrition is a significant risk factor for ill health in older age with 1 in 10 older people living in the community in the UK at risk of malnutrition. Changes in policy must reflect the needs of older people, their preferences and the way in which these may change over time. Personalisation has been put forward as one way in which services can become more adaptable, provide greater choice on food provision and financial independence in making these choices. However, who in government holds responsibility? What does personalisation really mean and how it will work in terms of food as well as how services will be audited? This remains unclear for many working in the sector.

Background

By 2033, 23% of the UK population will be aged over 65, with 3.2m over 80. This ageing population has given rise to much policy debate on the most appropriate way to support people as they age, with the debate on paying for care continuing apace. However, the reality for many older people is at once more simple and more complex than the policy arguments currently present. The big questions: How to pay for care? How to support people as they age? The pressure on health and social care resources for an ageing population translate into whether someone can continue to live at home as their care needs change? How they can get help with daily tasks such as cleaning, personal care and shopping? This situation becomes more complex through the large number of eligibility criteria which must be met to access services and the inequalities in the services available according to area. Support with shopping and cooking are rarely if ever included in care packages, despite being fundamental to a person's ability to continue to live independently.

The Government's personalisation agenda was developed to give those receiving home care more choice and control over the care they receive. However, in the case of community meals, the tightening of referral criteria has led to less choice for older people in some areas, making them ineligible for this service. In addition whilst the choice focus of personalisation has provided new opportunities for some, it has led to additional challenges for older people. The biggest problem is around lack of awareness and information on the part of staff as well as service users and the perception from staff that people cannot adequately manage their direct payments. The question of vulnerability also arises as those hired by direct care are not subject to official checks and many people are unaware of the need for Criminal Record Bureau checks. Finally, the need for Local Authorities to cut costs has led to a reduction in services, with essential provision including community meals services being cut.

What is often overlooked when assessing services is that community meals can do more than provide a part of a domiciliary care package. Research by the NACC has found that community meals drivers often have more regular contact with people than home care workers and often fulfil a number of roles. These include providing social contact, prompting about medication, bringing in doorstep items, reminding people about the need to drink more fluids and providing a visual check on health and appetite. Community meals services have a key role to play in ensuring that older people are regularly eating and preventing malnutrition. As the number of meals provided has reduced, following tightening of eligibility criteria, the figures for malnutrition have increased. Whilst it is clear there are myriad influences on malnutrition risk, the availability of food and ability of people to access food services has a significant role to play in preventing malnutrition and maintaining good health in older people.

To address these issues the ILC-UK, in collaboration with the National Association of Care Catering (NACC), held a round table meeting to consider some of the issues of personalisation and its impact on community meals, nutrition and choice for older people. This document reports on the meeting, discussion and recommendations of the group on personalisation and community meals.

Recommendations

1. **There is a need to highlight to central government that a one size fits all approach to the nutritional needs of older people does not work.**

Current government nutrition guidance does not consider the risk of malnutrition in older people, particularly in those over 80. Recommendations from the Food Standards Agency (FSA) include all ages from 65 upwards when the nutritional needs of older people often change with increasing age. The focus of recommendations is on eating less as this is 'natural' due to people becoming less active. However, whilst preventing obesity in younger older people is important, there is little information on the risk of being underweight or where to seek advice if older people experience a drop in appetite or lose weight unexpectedly.

The main focus of the FSA in reducing saturated fat intake in the general population is vital to maintaining the health of the nation and preventing diet related ill health, however, in older people there is a direct correlation in the reduction of animal fats in the diet and the fact that some older people are becoming thinner. New research also suggests that those with 'optimum' Body Mass Index (20-25) in their 70's have a higher mortality risk than those who are defined as overweight (BMI 25-29). The main effect of reducing animal fats in the diet of older people has been that it can result in an inadequate amount of energy and poor nutritional status. The difficulty faced by policy makers is that this consequence in older people directly conflicts with the well known effects of unhealthy food in people's diet.

The focus instead should be on encouraging older people to eat for health and not on generalised healthy eating messages which are applied to whole population. It is important to recognise older people as an at risk group for malnutrition and provide and deliver messages which are directly relevant to this group. The myth of it being natural to become thin as we age is persistent and untrue.

Government needs to produce advice and information applicable to the needs of older people and appoint a department directly responsible for the issue of nutritional wellbeing in older people as a key public health priority. In addition, the current Dietary Recommended Values (DRVs) for older people should be reviewed by the Government's Scientific Advisory Committee on Nutrition (SACN). These values are used to provide information and advice on nutrition and healthy eating for older people. The current DRVs have not been reviewed since 1992 and as new research has led to the whole population figures being re-examined, it is vital that the unique nutritional needs of older people are considered separately.

2. **It is vital to raise awareness of malnutrition among primary care providers and social care.**

Awareness among health and social professionals of the risks associated with malnutrition in older people is poor. In general GPs often do not recognise malnutrition; often missing signs or considering weight loss to be a normal part of ageing. This is a gap that needs to be acknowledged and the importance of the availability of food and eating for health is considered an essential part of care in older people. Equally the importance of good hydration must be considered to be a vital part of any awareness raising exercise.

Lack of awareness can be exacerbated by the nature of health and social care services often working independently and not sharing information. A multi-disciplinary approach is required to ensure that the importance of nutrition, recognising the signs of malnutrition and dehydration and appropriate treatment avenues are universal through the transfer of information, regular screening and training.

3. **There is a strong underlying economic argument for supporting older people to remain independent and in their own homes and ensuring good nutritional status**

There is evidence that malnutrition among older people leads to increased hospital stay, increased readmission rates and increased transfer and admission to care homes. Preventing malnutrition makes economic good sense in terms of reducing resource use and costs.

Similarly, supporting an older person to continue to remain independent and live at home as long as they would like, with all the care they should need, is significantly less expensive than supporting someone to live in a care home. However, regardless of costs, people should be able to live in accommodation of their choosing, to suit their needs and receive the care and support they require to facilitate this.

4. **Meal provision and access to food must be considered a core part of social care packages and meals must be provided to at risk groups, not just to those who have reached the point of being unable to manage for themselves.**

Good nutrition is not just about food and meals, but about people, warmth and social inclusion. In some cases personalisation has been reduced to the lowest common denominator i.e. the most basic care that can be provided to meet needs, meaning social interaction and its vital role in good health and appetite doesn't factor.

Not all of those who would benefit from a community meals service are malnourished, but many may be at risk. Including meals and food access as an integral part of care would support the more vulnerable in the population to continue to live at home, if they choose to and to ensure they do not become trapped between the cost of care and rationed care slots which too often limit home carers to short visits and only basic care. Home carers and meal delivery staff are in an ideal position to encourage older people to eat regularly, to recognise signs of malnutrition and notice changes in appetite which may be an indicator of other problems.

These issues are of particular importance in at risk groups, including those with dementia and frail or vulnerable older people. There is clear evidence that malnutrition and lack of hydration escalate dementia and people may require support or assistance with eating or opening packages.

5. **A review of referral criteria for receiving community meals is necessary to ensure that older people are not falling through the 'gap' and becoming malnourished. Social care providers should be encouraged to use the MUST screening tool to ascertain risk of malnutrition as a part of eligibility criteria for receiving meals.**

Changes in the referral criteria for community meals have led to a decrease in the number of meals provided. There is a correlation between the decrease in the number of meals delivered in the last ten years and an increase in malnutrition. Even taking into account that screening is now more common practice, this relationship is concerning. Whilst these meals are still available to those who are unable to provide for themselves, those at risk may not be being identified. Services should be considering at risk groups and ensuring people do not fall into the cycle of malnutrition, by developing appropriate criteria to determine eligibility for receiving community meals.

Joined up working on the part of health and social care is essential if malnutrition among older people in the community is to be tackled effectively. By integrating a screening tool such as BAPEN's Malnutrition Universal Screening Tool (MUST) into care needs assessment it would be possible to identify not only those malnourished, but those at risk of malnutrition and provide food related services or social care accordingly. MUST assesses whether an individual is at low, medium or high risk of malnutrition, meaning people would be 'captured' before becoming malnourished and services could be better tailored to meet their needs (e.g. whether they need help with shopping, eating, opening packages, cooking etc) leading to more effective service provision and a focus on prevention at the core of these services.

6. A cost benefit analysis is needed to demonstrate the benefit of supporting community meals services in preventing ill health through malnutrition

There is no doubt that prevention is preferable to treatment. Supporting older people to remain independent, healthy and free to make their own choices should be a clear objective for all care providers. Whilst focus is often given on the cost of disease and consequent treatment, it can be difficult to demonstrate how preventing ill health should be the focus. A cost-benefit analysis, which focused on meeting the nutritional needs of a group of older people through appropriate services and consultation with users, could fill the current knowledge gap in understanding the benefits of preventative services.

7. Personalisation must remain a choice mechanism for older people to receive services and not a way in which cutting services can be justified by providers.

There is a danger in referring to economic arguments when it comes to nutrition as it often makes policy makers opt for the inexpensive choices, but the reality is that preventing ill health is cheaper than treating disease.

However, it seems that personalisation in nutrition has been increasingly reduced and there is little link between nutrition and the care of older people. The importance of meals in terms of choice, control, desire, social interaction and appetite are vital and often overlooked. A review of community meals in one local area found that older people often don't know what the alternatives are to meals on wheels and don't want them anyway. The solution is not always giving older people a budget to buy their meals (as personalisation suggests). The regular delivery of meals to the home is key, providing contact and a chance to catch up with drivers and ensuring that older people have regular contact with others.

In the future it is likely that more people will continue to live at home for longer and managing the care needs of this group is of vital importance. Choice should be the key driver and as the population ages the needs and requirements of its older people will also change. In 20-30 years there will be a different kind of older people, some comfortable with new technologies who may order meals online and not want or need people coming to their homes. However, the reality is that no one can say what services they will want and need until they are in a position to use them.

One of the challenges is that community meals are perceived as the same service which existed 15 years ago, providing a poor standard of food and little choice. Work needs to be done to raise awareness of the community meals services as a viable option in the choices personalisation provides and if meal providers are required to meet nutritional standards then services can be closely monitored.

8. A campaign is needed to specifically support older people in understanding the importance of food and risks of malnutrition with ageing.

It seems that there is a lack of understanding regarding malnutrition not only among health and social care professionals, but also the general public. Reducing malnutrition and preventing this unnecessary condition is not just about delivering the message in a professional setting, but also about raising public awareness.

Older people often believe that the conditions or illnesses they experience are purely a natural consequence of ageing when this may not always be the case and nutrition has a role to play. Research has found that 10-15% of people living in sheltered housing are malnourished (BAPEN, 2009). In environments such as this, regular screening is a possibility and has been found to be effective in both raising awareness among older people and addressing malnutrition. However, outside of these supported environments further work is essential to ensure that older people living in their own homes have access to information and advice.

One possibility is to establish some sort of partnership with a retail pharmacy or supermarket. A large retail chain already has a health club for older people that offers expert advice and information as well as exclusive offers on healthcare products and a special membership for people aged 60 and over. A partnership which highlighted the risk and signs of malnutrition along with support and advice on eating for good health in older age may help to overcome the stigma surrounding the issue and raise awareness. In this way people could self-refer and have the opportunity to discuss concerns or symptoms, creating further opportunities for signposting to dietetic and health and social care services.

9. **One set of nutrition standards is required that community meal providers must meet and which Local Authorities can use as a benchmark for excellence in awarding contracts.**

When tendering to provide meals services in Local Authorities, contractors are increasingly asked to meet nutrition standards appropriate to older people. However, these standards are not consistent throughout the country or even within local areas. The NACC and Caroline Walker Trust both provide guidelines for meal providers to follow and these are the standards most commonly requested. However they differ slightly and meal providers have reported finding it frustrating, not having one clear set to follow. One set of guidelines would also allow local authorities to judge tenders according to the same criteria and compare providers as well as auditing services to ensure standards are being met.

New joint guidelines should be produced by the NACC and CWT to ensure that a universal message is given which outlines appropriate nutritional content for community meals and older people. Nutritional standards could also be applied to other meal providers including care homes and day centres and would assist the Care Quality Commission and those commissioning services.

10. **A nutrition standard is required for signposting services in areas where no community meals service exists and which would allow for regular auditing of services.**

Not all areas have access to a community meals services. In these cases signposting to appropriate services is often the best option for Local Authorities wanting to provide access to meal providers. However, in such situations it is vital to ensure that Local Authorities and other referring groups can be confident in their signposting service. It is essential to ensure that the needs of older people can be met by these services and that they can be audited regularly. Most companies that provide meals in this instance are subject to scrutiny on food hygiene, but currently not on the nutritional content of foods they provide. By ensuring that these contracts are not given without providers meeting a set of standards and becoming a registered provider, Local Authorities could be confident that older people are receiving nutritious food.

Conclusions

One of the challenges of tackling an issue such as malnutrition is that it is often seen as a ‘science’, solvable only by experts. However, food is an issue that affects everyone. Messages about food and nutrition need to communicate the complex interactions between attitudes, society, preferences and behaviour and aim to address malnutrition through simple, manageable messages which support increased understanding. The issue also requires a multidisciplinary approach as for too long individuals, local authorities and government departments have deferred responsibility on food and nutrition issues resulting in a spectacular lack of change.

A national care service is the panacea of answering the equity of access issue for older people. Food must be considered a fundamental part of health and social care and developed according to individual need. This service could ensure continuity of care, equality of access to services and opportunities for older people to take control of their care needs in a way which suits them best.

It is also important to ensure that local flexibility is built into any new model of care to ensure that guidelines and standards ***support*** service delivery rather than restrict it. Community meals services have a vital role to play in providing nutritious food to older people in their homes and reducing the risk of malnutrition in the older population. The provision of food must now be considered as a part of basic care needs and screening for and prevention of malnutrition should be implemented as a priority across health and social care settings.

Attendees

- Baroness Sally Greengross (Chair)
- Graham Russell - *Apetito*
- Sue Ullmann – *NACC*
- Derek Johnson - *NACC*
- Karen Oliver - *NACC*
- Caroline Lecko – *National Patient Safety Agency*
- Rick Wilson – *Kings College, London*
- Stephen Lowe – *Age UK*
- Lisa Wilson – *ILC-UK*
- Sue Collins – *WRVS*
- Rhonda Smith – *BAPEN*
- Kin Groves – UK Home Care Association
- Valentina Serra – *ILC-UK*

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