

## The Food First team: tackling malnutrition in care homes using a sustainable, non-medicalised approach

The Food First team works collaboratively with care homes in Luton, Bedfordshire and Hertfordshire Valleys to improve the identification and management of malnutrition. The team empowers care home staff to meet their residents' nutritional needs and preferences for real and familiar foods. This has resulted in NHS savings of £4 for every £1 invested.

*"I'm proud to work with a team who challenge the status quo, are creative and strive for the best, but who also listen, involve and learn from others to promote excellence in nutritional care."*

**Vittoria Romano**, Food First Team Lead,  
Bedfordshire Community Health Services



### What we did and why

Malnutrition costs health and care services an estimated £19.6 billion each year in England, with 50% of this attributed to people aged over 65. Locally, up to £1.4 million per year was spent on prescribed nutritional products for a population of 600,000. As approximately 35% of care home residents are estimated to be at risk of malnutrition, we decided to focus on implementing NICE quality standard QS24 in this setting.

Initial baseline data collected from approximately 3,500 care home residents in Hertfordshire Valleys showed:

- Approximately 50% had an incorrect malnutrition risk score calculated.
- 95% did not have a nutritional care plan detailing their individual needs and preferences.

At the outset of the project, the priority for commissioners was to reduce spending on prescribed nutritional products, whereas care homes were anxious to meet CQC regulations and provide the best care possible.

To address both objectives, the Food First team provide a training, audit and certificate scheme for care home staff at all levels, alongside individualised dietetic reviews for residents where required. Over all the Food First team promoted the idea that malnutrition is everyone's responsibility.

### Outcomes and impact

Outcomes of the Food First project after one year's activity in Hertfordshire included:

- A 25% improvement in correctly calculating malnutrition risk.
- A threefold increase in provision of nutritional care plans detailing individuals' needs and preferences.
- Increased staff confidence (from 31% to 91%) in using the 'MUST' malnutrition screening tool.
- £200,208 savings on prescriptions with no negative impact on population malnutrition risk.

Long term implementation in Luton and Bedfordshire has achieved:

- 80% of care homes are certified, indicating compliance with NICE quality standards and CQC guidelines.
- 76% residents gained or maintained weight 6 months after dietetic intervention (2017/18).
- 56% of residents had a reduction in their malnutrition risk 6 months post intervention.

Feedback from care home staff and managers included:

- "I gained a lot of knowledge on this training and will be able to put this into practice in my job role."
- "Very good training to improve our residents' food and drink intake."
- "Will use this information to help service users."

### What we learnt

The Food First model of care has been successfully transferred to a number of local organisations, avoiding duplication, saving set-up costs, and sharing resources and leadership.

Cost savings resulting from the project have enabled further investment in the team, which has grown from one part-time dietitian in 2009 to 10 dietetic colleagues today. Continued investment has seen sustained local cost savings, despite increased spending nationally.

Our data adds to the growing evidence that a food first approach, coupled with a comprehensive training programme, can produce system-wide benefits. The incentive of a Food First certificate, which care homes proudly display, encourages behaviour change and more effectively leads to culture change than merely increasing knowledge.

The Food First Team is highly valued and supported locally, including great stakeholder collaboration from service users, care home staff and GPs.

Referencing national guidelines reduces ambiguity and provides support for difficult conversations. The team have learnt constant evolution of the service is essential to ensure an effective, efficient, relevant service that continues to achieve good outcomes.

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