

Malnutrition Short Life Working Group

22 November 2022 1100 on MSTEAMS

Notes of Meeting

Present

Fiona Huffer (FH)	Chief Allied Health Professional (AHP), West Lothian H&SCP (Co-Chair), [Redacted] – Section 38(1)(b) – Personal Data	Senior Policy Manager, Diet and Health Weight Unit, Scottish Government
David Wylie (DW)	Associate NMAHP Director, NHS Education Scotland (NES)	
Gail Nash (GN)	Principal Educator, AHP Practice Education Team, NES	
Michelle Carruthers (MC)	Chief Executive, Food Train	
Tracy McInnes (TM)	Policy Officer for Scotland, British Dietetic Association (BDA)	
Joyce Murray (JM)	Senior Improvement Advisor, Health and Social Care Improvement Team, Care Inspectorate	
[Redacted] – Section 38(1)(b) – Personal Data	Development Manager, Nutrition and Diet Resources (NDR) UK	
Jacqueline Walker (JW)	Dietetic Lead, NHS Grampian	
Grace McDonald (GM)	Learning and Development Advisor, Scottish Social Services Council (SSSC)	
Linda McPhillie (LM)	Chief Executive, NDR UK	
[Redacted] – Section 38(1)(b) – Personal Data	Diet and Healthy Weight Team, Scottish Government	
Lesley Carter (LC)	Clinical Lead, Age UK / Project Lead, Malnutrition Task Force	

Apologies

Barbara Flynn	Development Officer, Health and Social Care Alliance	
[Redacted] – Section 38(1)(b) – Personal Data	Diet and Healthy Weight Unit, Scottish Government	

In attendance

[Redacted] – Section 38(1)(b) – Personal Data	Personal Assistant (Minute of meeting)
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1. Welcome / Introductions

FH welcomed everyone and introductions were made to allow for the meeting to be a much more open, honest and valuable discussion whilst being virtual on MSTEAMS.

[Redacted] – Section 38(1)(b) – Personal Data gave the background regarding the need for the SLWG. He underlined the importance of the work, from a ministerial and Scottish perspective, to develop a framework for the prevention of malnutrition in Scotland. He thanked everyone for joining the meeting. The impact of the current cost of living crisis has made the work even more important. It is hoped that the scoping paper (previously circulated to the SLWG) that has been produced will ensure that the Group is not starting from the beginning. There is other work regarding the Nutrition Framework for People Affected by Cancer that is under development that can be referred to also. [Redacted] – Section 38(1)(b) – Personal Data wanted to encourage the Group to use the scoping paper as they see fit to support the work to inform the future framework for prevention of malnutrition. It is important to engage the correct membership and the Group's support will be welcomed to ensure that happens.

Funding is available this financial year for research and he encouraged the Group to identify any gaps in research. FH and [Redacted] – Section 38(1)(b) – Personal Data have recently met with a researcher and would be keen to have a network of researchers in this area and will be approaching the Chief Scientist's Office regarding this. It is also important to be aware of the huge pressures on Scottish Government budgets at the moment and to bear this in mind when working through recommendations

and consider to what extent existing infrastructure could be better used, or improved, to support delivery of a framework.

The ultimate outcome of the SLWG will be to deliver a framework at the earliest opportunity, with the end of March identified as a target deadline, but if work needs to take place beyond March 2023 to ensure that the framework is fully developed, [Redacted] – Section 38(1)(b) – Personal Data would be happy for that timescale to be reconsidered.

[Redacted] – Section 38(1)(b) – Personal Data advised that there is an internal network of colleagues within Scottish Government who can support the outputs of the group and ensure their policy interests are represented.

He added that he would be keen for the Group to move towards a place where the recommendations are framed as a draft framework, which will help move to move quicker towards a finalised framework.

2. Declarations of Interests

[Redacted] – Section 38(1)(b) – Personal Data will share a form for group members to complete regarding any declarations of interests.

Action: [Redacted] – Section 38(1)(b) – Personal Data

3. Terms of Reference

FH advised that the Terms of Reference is an important stage as it is focusing on where the Group is, what the Group's role is, membership and what the quorum should be.

The role and remit, as explained in the previously circulated Remit / Terms of Reference Document, is to take on board some of the scoping, update the scoping, to prevent duplication of work, make recommendations and to add any additional evidence found. The key areas for recommendations to prevent malnutrition and dehydration are:

- screening
- improved data collection to ensure that more is understood about prevalence
- to improve training: i.e., to identify what training already exists and how it could be improved and extended through Health, Social Care and third sector partners
- target awareness of the issue of malnutrition and the vulnerable groups it can be linked to.
- put in the context of the post-Covid landscape and digital lifestyle many people now live in.
- Getting it Right for Everyone (GIRFE) workstream that is currently looking to identify Pathfinders to improve Health and Social Care for everyone.

FH asked the Group for any comments regarding the role and remit.

FH added that the other aspect is that malnutrition needs to be defined, although she is aware that it has been well defined in other documents, such as the Nutrition and Cancer Framework. [Redacted] – Section 38(1)(b) – Personal Data will contact [Redacted] – Section 38(1)(b) – Personal Data, who has led this piece of work, to ask if the final draft has been published as yet.

Action: [Redacted] – Section 38(1)(b) – Personal Data

(Post-meeting note – the Nutrition Framework for People Affected by Cancer has been published and is now available to access/download via the prehab website: [Nutrition Framework – Prehabilitation for Scotland \(nhs.scot\).](https://www.nhs.uk/healthcare-professionals/nutrition-framework-for-people-affected-by-cancer-prehabilitation-for-scotland/))

The main aim is to capture best practice and what should be provided on a Once for Scotland basis. FH is keen for members to bring their knowledge of best practice to the group and it is hoped to have a repeat of the 2015 Malnutrition Summit to attract key stakeholders and raise awareness.

JW discussed the different levels of prevalence data and gave examples of places where it can be obtained currently. GM advised that the SSSC is a statutory provider of workforce intelligence who produce a workforce skills report annually and this information could be made available to provide data on the size of the workforces, which could help inform some of the work.

Discussion took place regarding whether it had been defined whether data is required for only adults, or if it focused on children as well. Given the data that has been seen in terms of children recently, and that a Once for All Scotland framework is being sought, it was proposed that consideration be given to all ages rather than having to repeat the work further down the line for children, therefore a population level framework would be the best approach, if possible. JW asked if more people who have paediatric knowledge should be in the Group. [Redacted] – Section 38(1)(b) – Personal Data asked for agreement from the Group that the focus of malnutrition will be on undernutrition, as overnutrition and obesity are covered by other policies and commitments from within his team.

JW also suggested another good source of data relating to spend would be to look at prescribing data. FH is keen to steer away from the intervention part of the pathway and would also want to consider food first along with the complexities of the social aspect of eating and not artificial or manufactured products but the data is there should this be required and could potentially be looked at.

JM advised that from the Care Inspectorate's perspective, the nutritional data will come from an electronic annual return which care services have to complete on an annual basis. She has recently worked with the Care Homes Dietitians' Group to update the question set which will be in this year's annual return which opens in December and will close in February 2023. It is doubtful that the information from the return will work in with the current working time of this Group but the data from last year would be available. The Health Team has also undertaken an overview of requirements and recommendations made over the pandemic and the last 6 months, where nutrition and hydration feature highly. Where a person is identified at risk of malnutrition using the Malnutrition Universal Screening Tool (MUST), if there is no action taken around eating and drinking and, therefore, people's needs and choices are not being met, then The Care Inspectorate would be signposting these people to appropriate good practice and education. FH added that this is a good example of the prevention work that the Care Inspectorate is doing.

TM asked for clarity around whether it was to be assumed that the framework will cover all social care environments and all the individuals within that. She wanted to be clear about who the audience of the framework is for as it will impact on who education and training are carried out for and how this is approached. FH advised that we are trying to take the approach that nutrition is everyone's business and nutritional care should be high on their radar.

MC asked, in relation to who is being looked at, if some of it wasn't driven by where the greatest need exists and stated that there is already data pointing in the direction of older people living at home, who are the biggest proportion of the population affected adversely by malnutrition. FH advised that she takes that on board but is mindful that the current economic crisis means that this is something that is increasing in focus in other age groups too. [Redacted] – Section 38(1)(b) – Personal Data added that MC made a good point but reiterated that the aim is for the Group to develop a population framework which encompasses everyone and it is important to ensure, within that, inequalities for specific groups are not created.

LM added that there perhaps needs to be some kind of pacing around priority targeting initially then good practice from the larger group could be replicated to other groups as, otherwise, it could feel like everything is being tackled at once and it would be good to get some good wins early on.

JW added that it would be good to look at the evidence regarding the proportion of people living at home with malnutrition or undernutrition compared to those living in care environments. MC stated that the International Longevity Centre information and the Malnutrition Task Force State of the Nation report has worked on the 1 in 10 figure of older people since 2013, with 93% of those older people being affected living at home, with the remaining 7% remaining within care home and hospital settings. The data that Food Train have been gathering, using the Patients' Association nutrition checklist shows anything ranging from 4% to 33%, with an average of 17% over the 2756 people screened. This is consistent over a range of organisations from the Care at Home sector. There is a significant lack of robust data in Scotland and lack of screening was a major thing that came out of the Summit in 2015. JW added that this shows the change, over the last 20 years or so, that the higher level of undernutrition in people in care has now moved into community setting and a lot of work was done looking at care in the community. In 2014, the Food, Fluid and Nutritional Care Standards were updated and should be addressing the care needs but it is not known where these sit at the moment, and how good that is in terms of being implemented. FH is sure that introducing these standards if not already will be a development in the District Nursing and community health and social care teams' caseload.

LM wanted the group to bear in mind the distinction between general societal, environmental malnutrition and that which is related to other comorbidities or non-communicable diseases and that there is a distinction in terms of need and support requirement. This needs to be reflected in the framework somehow.

4. SLWG Membership

- Fourteen people were identified to join the Group and it was agreed that 50% of the invited members are present for the meeting to be quorate. Two-hour meetings will be arranged, one a month, in January, February and March 2023, via MS Teams. [Redacted] – Section 38(1)(b) – Personal Data will send out a Doodle poll and arrange a suitable date and time when everyone can meet
Action: [Redacted] – Section 38(1)(b) – Personal Data
- It was anticipated that someone from the Glasgow Community Food Network would be in attendance. FH believes it would be good to have a representative from Community Food Networks addressing vulnerable population groups. FH agreed to make contact with the Network.
- From a social care perspective, GM suggested it would be useful to have representation from both Scottish Care (the main membership organisation for independent social care) and the Coalition of Care and Support Providers in Scotland (CCPS is the main membership organisation representing third sector and not-for-profit social care providers). FH would aim to identify representatives from these groups. MC indicated she had a contact so will forward this to FH.

Another possible contact is the Chief Social Worker, as social workers are integral to assessments in the communities with certain groups, or Social Work Scotland. However, FH indicated that an approach had been made and due to other commitments they were unable to identify a representative.

- TM would like to see representation from Public Health Scotland. [Redacted] – Section 38(1)(b) – Personal Data advised that he is currently in the process of identifying representation from Public Health Scotland and hopes that this will be in place for the next meeting.
- TM was heartened to hear that [Redacted] – Section 38(1)(b) – Personal Data is going to link in with Children and Families directorates if children are going to be included. If so, she suggested that we need to think about teachers, as being a source of identification and how children's input into the Group is captured.

[Redacted] – Section 38(1)(b) – Personal Data will follow up, outwith the meeting, to get contact details to allow him to get in touch with these services.

Action: [Redacted] – Section 38(1)(b) – Personal Data/ **FH**

GM wanted the group to be mindful, as there has been a Scottish Government agreement not to send out any more non-urgent communications because of the workforce crisis and winter pressures. She also suggested using existing mechanisms, where possible, as there are a lot of frameworks being developed from the pandemic response and there is a danger of framework fatigue. GN echoed GM's point and stated that there is a need to have a really robust implementation plan. Her remit would be the education and training aspect and to think across the four pillars of practice regarding what is already in place. The career development framework would possibly be a place to start that would look at the leadership skills required, etc., and it may just be the clinical area where specific expert or subject matter is required.

[Redacted] – Section 38(1)(b) – Personal Data also agreed with the point GM made regarding the non-urgent communication aspect and advised that they have an internal process to go through and can get support, through a Director, if there is a real need for information to go out.

5. Proposed Plan for reviewing Scoping Paper

FH encouraged the Group to read the previously circulated Scoping Paper and think about it in the context of the organisation they represent on this group, to allow for a more thorough discussion at the next meeting.

JW advised of another document, which comes from the work carried out for the Type 2 Diabetes Framework, and is transferrable to most things, using the headings 'Prevention', 'Early Detection' and 'Lifelong Support', which could be mapped out as a one-page diagram.

FH asked the Group to let her know if there is anything else they think should be read or used as evidence to support recommendations.

Action: **ALL**

6. AOCB

None

7. Date of Future Meetings

A date in January, February and March to be confirmed.

FH thanked everyone for joining the group and the meeting concluded at 11.00.