**AHP Public Health Case Study Template for RSPH AHP Hub**

Please use this template to submit a case study for the AHP public health hub.

Case studies should be service improvements, innovative ways of working or practice examples related to public health. They do not necessarily need to be ‘projects’ (with a beginning middle and end). Please see published case studies on the RSPH AHP hub for examples.

Case studies will also be considered for the World Health Organisation public health nursing, midwifery and AHPs collaborating centre website.

**Your details:**

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| --- | --- |
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| I give permission to be contacted in relation to this case study by PHE, members of the review team or RSPH | √ |
| I agree to the case study being published by RSPH and WHO collaborating centre if approved and to it being shared with 3rd parties | √ |
| I give permission for my contact details (name, organisation and email address) to be published with the case study if approved for publication on the RSPH hub and WHO collaborating centre to enable interested parties to make contact for further information about the case study | √ |

**Theme:** Which area of public health does your case study relate to (please tick appropriate box)?

|  |  |
| --- | --- |
| Wider determinants – also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health and wellbeing. Addressing the wider determinants of health and wellbeing has a key role to play in reducing health inequalities. |  |
| Health Improvement – describes the work to improve the health and mental wellbeing of individuals, communities or populations through enabling and encouraging healthy lifestyle choices and developing resilience. | √ |
| Population healthcare – aims to maximise value, equity and good outcomes by focusing on the needs of the population and delivering person centred services across the entire health and care system. | √ |
| Health Protection – aims to protect the population’s health from communicable diseases and other threats, while reducing health inequalities.  |  |

**Guidelines for using the case study template:**

Please use the case study template below to write your case study. See the case studies webpage for a helpful video with further advice.

If you are writing directly into the table please remove the questions and provide any subtitles as needed. The main headings after your title should be:

1. Description
2. Introduction
3. Methods
4. Outcomes
5. Key learning points
6. References

You should write in full complete sentences, in academic style (not as though you are answering the questions). Please try to avoid writing in the first person.

You should remove the template questions from your final version and include only the headers for each section so that your case study is in the correct format for publishing.

If including figures or images please ensure these are clear, labelled and that any text is large enough to be read on the page.

Please pay attention to grammar and spelling. It is a good idea to ask someone to proof-read your final submission.

Any information relating to service users or any sensitive information must be anonymised, and you should make it clear in the submission that you are not using real names. If you are using photos or pictures it is your responsibility to obtain permission from subjects beforehand for this information to be published.

**Case study template:**

|  |  |
| --- | --- |
| **Title** | Get Nourished, preventing malnutrition in older people in Dundee |
| **Description** **(200 words)** | This project used five initiatives to improve the detection and management of malnutrition risk in older people in Dundee. The project had started in 2019 and it was predicted that the emergence of the COVID-19 pandemic would exacerbate nutritional risk in older people due to restricted access to shopping and a reduction in essential care and support. Restrictions on face-to-face activities required innovative ways of working and partnership with a number of organizations. It has resulted in increased awareness and detection of malnutrition risk, improved access to first line nutritional advice, improved nutritional intake, reduced social isolation and delivery of accessible, consistent nutritional training.  |
| **Introduction and context – what was the aim?** **(300 words)** | It is estimated that one in ten people over the age of 65 are malnourished or at risk of malnutrition. Research has shown that malnutrition is often overlooked and that providing timely first line nutritional advice can prevent further disease as well as protect people from falls and frailty and improve recovery time following illness1.It was predicted that the COVID-19 pandemic would increase this risk, and that those under age 65 with existing medical conditions and/or recovering from COVID-19 would also be at risk2,3.The aim of this project was to provide first line advice to the public, carers, staff and family members who are concerned about themselves or someone they support who had recent unexplained weight loss, poor appetite and was at risk of becoming undernourished. The project consisted of five initiatives:1. Increased awareness and detection of malnutrition risk through use of the [Patients Association Nutrition Checklist](https://www.patients-association.org.uk/patients-association-nutrition-checklist-toolkit)
2. The Get Nourished Advice Line was set up to provide first line nutrition advice and direct dietetic referral where required
3. Boost Boxes containing 14 snacks per week were delivered to people with a poor appetite for up to three weeks
4. An existing fortnightly supper club, Come Dine With Us, was adapted to a weekly meal delivery service and social check in
5. Development of online training videos
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| **Method – what did you do?** **(300 words)** | Staff from the NHS Tayside Falls Prevention Team and volunteers from the Royal Voluntary Service were trained to use the Patients Association Nutrition Checklist to identify people at risk of malnutrition, give basic advice and signpost to services for further support. A telephone advice line was established for people concerned about malnutrition risk either in themselves or someone they care for. It was manned by trained healthcare support workers for three hours on three days per week. Additionally, the service could be accessed via a dedicated email account. A standardized form was developed to screen the individual for malnutrition risk, provide first-line nutritional advice and signpost or refer to other services where appropriate.People identified as being at risk of malnutrition either through nutritional screening or after calling the telephone advice line were offered Boost Boxes. These contained 14 high energy/ high protein snacks such as milk puddings, malt loaf, dried fruit and drinking chocolate powder. The snacks were designed to provide extra nourishment when appetite was reduced. Trained volunteers from Dundee Volunteer and Voluntary Action delivered the Boost Boxes, reviewed their use weekly and refilled the boxes where appropriate for three weeks. Ideas for suitable snacks were discussed if appetite remained reduced after the three-week period, enabling self-management of long term conditions to prevent avoidable admissions to hospital or care homes.An existing supper club, which had been providing a fortnightly evening meal to 30 diners, was adapted to provide a weekly meal delivery service and social check-in. Meals were cooked by staff in a local school that had been furloughed and delivered by healthcare support workers. Additionally they received weekly telephone calls to reduce social isolation.Short training videos were developed and made available on Youtube.com to address the following topics:* Signs and symptoms of undernutrition
* Food Fortification
* Nourishing Drinks
* How to fortify your milk
* Get Nourished Advice Line
 |
| **Outcomes – what difference did you make? (300 words)** | Feedback from those trained to use the Patients Association Nutrition Checklist indicated that it was easy to use. Over a one year period, 70 people called the Get Nourished advice line, with the majority of callers (80%) seeking advice for themselves. On review, 51% of callers reported that they had been able to fully implement the advice provided and 25% had implemented it partially. Twenty-two percent of callers were referred to the Nutrition and Dietetic Service for more specialist support. Almost half of the callers had been signposted to the Get Nourished advice line by the Falls Prevention Team. Over a one-year period, 48 people were identified as requiring support due to poor appetite and over 150 Boost Boxes were delivered as some required support for longer than three weeks. No referrals to other services were required. Initially there were regular referrals but this decreased over time. Approximately seven people are receiving Boost Boxes at any one time. Between March and October 2020, over 3000 meals were delivered and over 1600 phone calls were made, providing support, advice and companionship to older adults across Dundee. An evaluation survey was issued to 24 households and 16 responses were received. The survey asked in which ways the service had helped them and the results are shown below:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| I am better nourished | 15 | 1 |
| I am more socially connected to my community | 16 | 0 |
| I am physically healthier | 15 | 1 |
| My mental health has improved | 15 | 1 |
| My general and emotional wellbeing has improved | 14 | 2 |
| I am less lonely | 14 | 2 |
| I feel valued and supported by the community | 16 | 0 |
| My overall morale has improved | 16 | 0 |

One recipient commented “It has helped me a great deal especially as I have no family nearby. Getting a phone call and knowing where to turn for support is brilliant. I really appreciate everything. I would like to come to the supper club when it starts up again.”Use of videos enabled training and information to be shared quickly, efficiently and consistently. Each video has been viewed approximately 100 times and care home staff reported that they found the one on Food Fortification particularly helpful.  |
| **Key learning points** **(300 words)** | A professionally produced training video on recognizing the signs of symptoms of malnutrition is being developed. This will be endorsed by the Care Inspectorate and Healthcare Improvement Scotland, with the aim that many care providers will include it within their mandatory training.There have been fewer calls to the advice line than expected. This highlights the need for a communication plan to ensure greater awareness of the service. Red flag signs should be agreed to allow identification of those requiring urgent referral to other services.Many people offered Boost Boxes were given advice to fortify their milk. Therefore, skimmed milk powder was later added to the boxes to make it easier to implement this advice. Some of those referred for a box had often complex and chaotic lives and food insecurity was the main issue rather than poor appetite. Availability of Boost Boxes needs to be continuously advertised to promote their use.As restrictions ease, plans are in place to replicate the supper club in other areas across Dundee. |
| **References (max 6)** | 1. Malnutrition Task Force, 2017. Older people and malnutrition in the UK today. Available from <https://www.malnutritiontaskforce.org.uk/sites/default/files/2019-09/State%20of%20the%20Nation.pdf>. Accessed 27 January 2022.2. Malnutrition Pathway 2020. A Community Healthcare Professional Guide to the Nutritional Mnagement of Patients During and After COVID-19. Available from <https://www.malnutritionpathway.co.uk/covid19-community-hcp>. Accessed 27 January 2022.3. Age UK, 2020. Sounding the alarm about the rising risk of malnutrition among older people during lockdown. Available from <https://www.ageuk.org.uk/latest-press/articles/2020/05/sounding-the-alarm-about-the-rising-risk-of-malnutrition-among-older-people-during-lock-down/>. Accessed 27 January 2022. |

Please return your completed template to AHPs@phe.gov.uk for review.

We aim to respond to case study submissions within 8 weeks, but please note that it may take longer to hear back. Please provide two email addresses in the contact section above to ensure that we are able to contact you if you change workplace or email during this time.

***Thank you for taking the time to submit this case study.***