Why we're calling for a review of the Promoting Good Nutrition Strategy

The British Dietetic Association is calling on the next Northern Ireland government to review and update 'Promoting Good Nutrition: A strategy for good nutritional care for adults in all care settings in Northern Ireland 2011-2016'[1].

An updated strategy should align with the Neighbourhood Model of Health and Wellbeing, placing a stronger focus on prevention and early intervention, and making nutrition a core component of healthy ageing and frailty prevention.

Why malnutrition matters

In the Promoting Good Nutrition Strategy, malnutrition means undernutrition – when a person isn't consuming enough energy, protein or other nutrients to meet their needs.

Existing estimates suggest that malnutrition affects around 5% of the population, rising to 14% among people aged over 65[2]. It has a significant impact on both individuals and the wider health service.

When someone is malnourished…

- **they take longer to recover from illness.** This can mean that they spend longer in hospital or need more specialised care throughout the course of their illness.
- **they may struggle to maintain their independence** as they are more likely to become frail or develop sarcopenia (loss of muscle strength and mass). This can limit their activities and make it harder for them to lead a healthy, active lifestyle.
- **they often have a weaker immune system** and are more likely to become ill and require medical treatment.
- **they may become frail or lose muscle mass** and this puts them at a greater risk of injuries and falls.

Malnutrition is estimated to cost health and social care services across the UK more than £23 billion each year[3].

Promoting Good Nutrition: A good foundation

'Promoting Good Nutrition' was published in March 2011 for the period 2011–2016. Its ambition was to improve adult nutritional care across health and social care, including people's own homes, through prevention, identification and management of malnutrition.

The strategy set out ten key characteristics of good nutritional care, providing a common framework for hospitals, care homes and community services. These covered identifying people at risk, developing individual care plans, providing appropriate food and nutritional support, ensuring assistance with eating and drinking, and equipping staff with the skills to deliver good care.

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[1] Promoting Good Nutrition strategy and guidance | Department of Health

[2] Promoting Good Nutrition strategy and guidance | Department of Health

[3] managing-malnutrition.pdf

It recognised that nutritional care requires coordinated action across professions, alongside involvement from patients, families and carers. Through the strategy a dedicated regional implementation programme was established, multi-disciplinary working groups were established across Health and Social Care and staff training and education programmes were rolled out.

A central component was the adoption of the Malnutrition Universal Screening Tool ('MUST') as the standard regional screening tool across care settings. Screening helps staff identify people who may be malnourished or at risk, so that appropriate assessment and support can follow. Implementation involved developing training, guidance, referral pathways and monitoring arrangements to support staff to recognise and respond to nutritional needs.

Why an update is needed now

Promoting Good Nutrition largely focused on the identification of malnutrition and referral into dietetic services. Since its publication, frailty has become much more prominent within Health and Social Care and sarcopenia has become an internationally recognised disease. These conditions are closely linked, and can lead to a significant loss of independence, and greater reliance on the health system. As our population gets older, we must act to address these issues in a proactive way.

NISRA's 2024-based projections indicate that, between 2024 and 2049, the population aged 65 and over will increase by 44.7%, while the population aged 85 and over will more than double[4]. **An ageing population requires our public services to change.** Our current infrastructure will not be able to handle such a sharp increase in demand, and this will inevitably lead to more people failing to get the care they need.

It is essential that we invest in prevention and earlier intervention so that people know how to support their nutritional health as they age. Investing in public health advice and practical guidance can deliver lasting benefits across people's lives, equipping them to make informed choices and manage their nutrition independently wherever possible.

This is in line with the aims of the Neighbourhood Model of Health and Wellbeing which not only prioritises prevention, earlier intervention, integration and care closer to home, but places a particular focus on the needs of older people.

Good nutrition is fundamental to healthy ageing. It supports muscle strength, mobility, recovery from illness and the ability to live independently. As Northern Ireland's population ages, nutritional care must form a central component of frailty prevention, deconditioning prevention and management.

A renewed strategy should move beyond the identification and treatment of malnutrition alone and position nutrition as a key intervention for maintaining health, independence and quality of life in later years.

What an updated strategy should deliver

The BDA recommends the following priorities.

- **Public health information on good nutrition.** Particularly targeted towards older people and those who support them, a new strategy should provide clear, accessible advice on meeting nutritional needs, recognising signs of malnutrition and knowing when and where to seek support, equipping people to maintain good nutrition and independence for as long as possible.
- **Earlier support in the community.** Set out how services identify nutritional concerns and act before needs escalate, including support for people who struggle to obtain, prepare or eat adequate food.

[4] https://www.nisra.gov.uk/news/northern-ireland-population-projected-peak-194-million-2031-declining

- **Move from a focus on processes, to an outcomes-based approach.** The original strategy has laid solid foundations around screening, assessment and care planning. An updated strategy should move beyond this and include wider functional outcomes such as maintaining mobility, reducing falls, preserving independence, supporting recovery from illness and reducing avoidable admissions
- **Modernise nutritional screening and assessment.** Retain MUST as the regional malnutrition screening tool while ensuring assessment pathways also consider frailty, sarcopenia, muscle strength, functional decline and other factors that influence independence and healthy ageing.
- **Care that reflects complex needs.** Update pathways for swallowing difficulties (dysphagia), frailty and sarcopenia, and ensure that this is fully integrated with the entire frailty pathway, linking it initiatives like Ageing Well, rehabilitation, care home support and palliative care.
- **Consistent standards across Northern Ireland.** Maintain regional training and resources, with clear expectations for providers and appropriate involvement of the Regulation and Quality Improvement Authority. Assess differences in access and delivery across Trusts and care settings.
- **Resources and accountability for delivery.** Identify the workforce, training, digital information and service capacity required. Publish a costed implementation plan, milestones and outcome measures, with regular reporting on progress.

What Assembly Members can do

As part of our manifesto for the 2027 Northern Ireland Assembly election, we are calling on political parties and candidates to commit to a dietetic-led review and update of the Promoting Good Nutrition Strategy, and to champion its delivery during the next mandate.
Assembly Members can support us by

- **Making a manifesto commitment.** Commit to reviewing and updating the strategy during the next Assembly mandate, with a stronger focus on prevention, early intervention and healthy ageing.
- **Seeking action from the Department of Health.** Call for a clear timetable for the review, supported by a costed implementation plan and regular reporting on delivery.
- **Calling for better data.** Ask the Department to establish consistent data collection and reporting systems to measure malnutrition across Northern Ireland, its impact on healthcare demand and patient outcomes, and access to nutritional support, informing service planning and resource allocation.
- **Recognising nutritional needs in their communities.** Consider how constituency enquiries about difficulties accessing food, declining health or loss of independence may relate to poor nutrition, and how earlier advice and support could help. The BDA will continue these conversations in the coming months, and we would welcome insights from your constituency work.