



# WESSEX ACADEMIC HEALTH SCIENCE NETWORK NUTRITIONAL CARE WESSEX NEWSLETTER

## Issue 2

### Welcome to Nutritional Care Wessex

We are pleased to bring you the 2nd issue of the Wessex Academic Health Science Network (Wessex AHSN) Nutritional Care Wessex Newsletter. In this issue we highlight some of the great work happening across Wessex to provide good nutritional care to older people as well as providing some more information on plans to provide a Nutritional Care Wessex Toolkit.

### Contact us

Please contact us at [nutrition@wessexahsn.net](mailto:nutrition@wessexahsn.net) if:

- you are interested in being updated with the work of Nutritional Care Wessex
- you would like to become involved with this work
- you are working within Wessex and running or part of an initiative involved with reducing malnutrition in older people

Please let us know so we can keep a comprehensive list of all activities and help to share knowledge and good practice.

**Programme Clinical Lead:** Jenny Davies, Acting Consultant (Senior Specialist) in Public Health, Southampton City Council

**Programme Manager:** Kathy Wallis, Wessex AHSN

**Programme Dietetic Lead:** Dr Emma Parsons, Research Fellow, NIHR Southampton Biomedical Research Centre (BRC), University of Southampton

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## Dignity in dementia: improving nutrition in care homes

Over the last two years, academics at Bournemouth University have been working in partnership with local care homes, Poole Borough Council, Partners in Care and Dorset Local Enterprise Partnership to research best practices for delivering good nutritional care and hydration for people living with dementia. Funded by the Burdett Trust for Nursing, the research has revealed that people with dementia living in care homes are often not receiving enough food to meet their daily living needs and are not meeting the daily recommended allowance of fluid. Combined with either very sedentary lifestyles or continual movement in some people with dementia, this has knock-on effects for people's sleep patterns and general health.

The research showed that care home staff face a number of challenges in supporting people with dementia to eat and drink, including the amount of time needed to help someone with dementia to eat a nutritious meal and the fact that as dementia progresses, people are less able to sense hunger and thirst. Carers need to focus much more on the individual to provide more personalised nutritional care to ensure energy needs are met. Through the research some core themes have been identified to offer realistic solutions to help shape and improve practice. The use of wearable technology (advanced accelerometry) has also shown the potential to offer real-time monitoring to help prevent weight loss.

Informed by the research, high quality training tools for care home managers and staff are being developed. The team have delivered and evaluated educational workshops to empower nurses and care home staff to lead excellence in nutrition and dignity in dementia care. These will support busy staff to deliver good quality food and nutrition for people with dementia living in care homes. The training tools will be available from November 2015.

For further information, visit [www.bournemouth.ac.uk/nutrition-dementia](http://www.bournemouth.ac.uk/nutrition-dementia) or contact [jmurphy@bournemouth.ac.uk](mailto:jmurphy@bournemouth.ac.uk)



## The Southampton Mealtime Assistance Roll-out Trial (SMART)

Malnutrition is a common problem in older hospital patients affecting 28% of patients over the age of 65 admitted to hospital and 34% of patients admitted to elderly care wards. It is associated with longer hospital stays and increased mortality.

Nutritional supplements (sip-feeds) are widely used and additional interventions, such as red trays and protected mealtimes, have been introduced in many hospitals. However, there is evidence, from both UK and international studies, that nursing staff are not always able to offer patients the help they need at mealtimes due to their ever-increasing workload and the competing priorities they have to manage. This study is looking at whether volunteer mealtime assistants can help to address this situation.

In the initial pilot in 2011 the Southampton Mealtime Assistance Study (SMART) recruited and trained volunteers to act as mealtime assistants on one Medicine for Older People ward at Southampton General Hospital. Over one year 29 volunteers assisted nearly 4,000 patients and they were highly valued by patients, relatives and nursing staff.

Moving forward, the aim of SMART is to introduce volunteer mealtime assistants to 2 wards across each of 5 hospital departments at Southampton General Hospital: Medicine for Older People, Acute Medical Unit, Adult Medicine, Trauma & Orthopaedics, and Surgery. The volunteers undergo a 4 hour group training session and then a 1-1 competency assessment before they are allowed to assist patients independently. They do not help people who have swallowing difficulties or are drowsy.

During the study, we will assess how practical it is to introduce mealtime assistants on such a large scale, as well as looking at how patients, relatives and staff feel about them. We will interview patients and relatives, and hold focus groups with nursing staff and with the volunteers. We also aim to describe the food choices of patients in the different clinical departments.

At the end of the study in 2016, we hope to be able to describe the process of successfully establishing a team of mealtime assistants in these different departments, so that other hospitals are able to follow our lead.

This project is part of the NIHR CLAHRC Wessex 'Ageing and Dementia' Research and Implementation Theme.

For more information contact: [H.C.Roberts@soton.ac.uk](mailto:H.C.Roberts@soton.ac.uk)



Dignity in dementia Project Steering Group

# Age Concern Hampshire: Food and Friendship Scheme

Age Concern Hampshire's Food and Friendship scheme is available free of charge to Meals on Wheels customers who would like a regular visit from a volunteer for at least half an hour, between 11.30am and 4pm.

Company at meal times encourages people to enjoy their food and gives them something to look forward to. Volunteers can offer tips on nutrition and general wellbeing. The service is run by Age Concern Hampshire in partnership with Hampshire County Council and the District Councils and operates in all districts across the county except the New Forest. See more at: <http://www.ageconcernhampshire.org.uk/our-services/food-and-friendship>



## Voluntary Organisation Engagement on Good Nutrition



One Community, the local council for Voluntary Service in Eastleigh works with over 250 voluntary and community groups, many of which are for

older people, offering weekly/monthly support through lunch clubs, social groups, good neighbour schemes and choirs. Group organisers do notice when members begin to visibly show signs of weight loss. However, when One Community Chief Executive, Jean Roberts-Jones, began a series of trial awareness sessions on nutrition in conjunction with Wessex Academic Health Science Network, she found that they were unsure about talking to members about their weight loss. When asked about the reluctance, they told Jean, "We are not sure what to do with the answers."

This prompted Jean to work with the team to develop a script group organisers could use to help them deal with a variety of possible scenarios. If people indicated they did not eat well due to financial pressures, they could be offered details of budgeting advice and a referral to the One Community Information and Support service (OCIS), where staff will check whether clients are receiving all their entitlements and help them to complete application forms for relevant benefits.

If people indicated a lack of social support, again members could be directed to a variety of social activities and visiting schemes or simply be encouraged and supported to go out more.

If members had underlying health concerns, clear pathways to the right service are discussed.

The script and answers are designed to give group leaders confidence to start the conversation – just one way in which voluntary groups are part of the local nutrition project. "It is a growing issue and we need to work together to begin to address it," said Jean Roberts-Jones, who is a member of the local Older People's Essential Nutrition (OPEN) Steering Group.

For more information contact: [jroberts-jones@1community.org.uk](mailto:jroberts-jones@1community.org.uk)



Age Concern Hampshire Food and Friendship volunteers

## Food and Friendship Case Study

It took some time for Mr A to become fully comfortable and trust his Food & Friendship visitor, but during the second visit he opened up and they found they had much in common.

Mr A even played his harmonica for the volunteer, something which he hadn't done in years! Following this visit Mr A said he 'looked forward' to the next visit, which is fantastic progress and the beginning of a great friendship. Mr A describes himself as a very stubborn and strong headed character, and does not like being told what to do, which is why it took a little while for him to trust our volunteer. She noticed that he does not keep himself hydrated and hardly ever gets a glass of water for himself.

The volunteer made up two bottles of diluted squash for Mr A to drink throughout the day, which he did and has been enjoying squash ever since! Our volunteer also noticed that every evening for supper Mr A ate pre packaged pies with no fruit or vegetables. She convinced him to try the afternoon tea service from *Apetito* - a better nutritional option. Mr A is very much enjoying this along with his squash, and is now kept hydrated and nourished thanks to our volunteer.

# Nutritional Care Wessex Toolkit



One of the objectives of the Wessex AHSN Nutrition Programme is to provide a toolkit that can be used by anyone across Wessex (and beyond) to support local work on reducing malnutrition in older people. Two elements this toolkit will include are a suite of training and awareness materials, and an evaluation framework to encourage the evaluation of the initiatives taking place.

## Training and Awareness Materials:

OPEN Awareness and training materials have been developed with input from dietitians and nutritionists across the Wessex region. The awareness materials can be used with the voluntary sector and training materials with Health and Social care professionals. All resources aim to raise awareness of malnutrition in older people in the community, followed by either signposting to resources for voluntary sector participants, or provision of training on the local nutritional care pathway. The resources have been used with almost 100 people as part of the OPEN project in Eastleigh, and they have been very well received. Health and social care professionals have said that the training has improved their use of nutritional screening tools, resulted in more detailed care plans and more in depth conversations with patients about their nutritional needs. The voluntary sector has welcomed the training, particularly around how to have a conversation with an older person about nutritional issues and where to signpost them to.

All resources are now being reviewed with the aim of putting them together into a training pack, which could be used throughout the Wessex region.



Raising awareness on malnutrition at the Eastleigh Mela

## Interesting articles and links

Dorset takes Action to Combat Malnutrition in the Community:  
Complete Nutrition Vol.15 No.3 Jul/Aug 2015

Working Together to Tackle Malnutrition in the Community:  
Complete Nutrition Focus Vol 7 No.1 April 2015

Dorset 'Build Yourself Up' document: [https://www.dorsetforyou.com/media/153603/Build-Yourself-Up---October-2013/pdf/Build-Yourself-Up\\_-\\_October\\_2013.pdf](https://www.dorsetforyou.com/media/153603/Build-Yourself-Up---October-2013/pdf/Build-Yourself-Up_-_October_2013.pdf)

NACC Top Tips: [http://www.thenacc.co.uk/resources/top\\_tips](http://www.thenacc.co.uk/resources/top_tips)

Age UK report on poor standards of nutrition and dignity in hospitals:  
<http://www.ageuk.org.uk/latest-news/poor-dignity-and-nutrition/>

Managing Adult Malnutrition in the Community Guide:  
[www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk)

Association for Nutrition: <http://www.associationfornutrition.org>

## Evaluation Framework: Measuring impact

The role of the Wessex AHSN is to get the evidence base into routine practice. Achieving this often involves trying to introduce something new into a busy, sometimes chaotic, real world setting/context which brings with it complications of implementation but also often innovative solutions to overcoming problems. The question remains, how do we know if all the effort and resource we are putting in is achieving what was intended.

Evaluation seems to be the watch-word yet how we go about doing that in the most robust way possible, given the compromises we all have to work within, can seem a minefield. People are often put off doing evaluation because they perceive they need to be an expert in study design and methods. With this in mind and based on feedback from our members, we have identified a need for an evaluation framework that helps people get going and be successful in evaluating their programme or activity.

Our aim is to take a pragmatic approach, based on examples of existing good practice, models, guidance of how to go about evaluating programmes and pull this together into something someone can pick up and start using to develop their own evaluation. Ultimately, any evaluation should, as a minimum, be able to answer the following questions (and possibly a lot more!):

- Did it achieve what it set out to achieve? (I.e. What outcomes were achieved?)
- How were those outcomes achieved, for whom and at what cost?

The evaluation framework should help more of us be able to answer these questions with confidence.

For more information: [nutrition@wessexahsn.net](mailto:nutrition@wessexahsn.net)

**OPEN**  
Older People's  
Essential Nutrition

## Are you eating and drinking enough?

- Unplanned weight loss
- Frequent or prolonged illness
- Reduced appetite
- Underweight (BMI under 20)
- Feeling weak and tired