

Breaking the bread

Les Bright savours the fruit of campaigning – and eats humble pie



Twelve months ago, writing in this column about Age Concern England's damning report of older people's experiences of going hungry in hospital (ACE 2006), I concluded by suggesting that there was no need for the Department of Health to convene a 'summit' to deal with the issues raised. However, judging by the recently published action plan, arising from a summit meeting, I am happy to say that I was wrong – though I stand by my statement that there is no need for celebrity chefs or a catering tsar!

The *Hungry To Be Heard* report stated how older people – in many cases already malnourished when they arrived in hospital – were at risk of deteriorating further during their stay. Patients whose mental capacity or physical capabilities made it difficult or impossible to communicate were ignored and consequently missed meals or were inadequately hydrated. Unfortunately, 90 per cent of the 500 nurses surveyed reported being too busy to provide assistance with eating and drinking.

A joint action plan

Public and professional concern arising from these persistent failures led the DH to organise the first Nutrition Summit in the spring of 2007. This brought together a wide range of organisations representing professional and consumer interests. The result is a single document entitled, *Improving Nutritional Care: A joint Action Plan* from the Department of Health and Nutrition Summit stakeholders (DH 2007); but equally important, the summit provided opportunities for a disparate group of organisations – some specialist in nutritional matters, others generally concerned with older people, or the inspection of services – to unite. The Director General of ACE, whose report had stimulated these developments, is chairing the delivery board charged with seeing the work through to a satisfactory conclusion.

The work has already begun. For example, the Food Standards Agency published guidance for care homes covering nutrient

provision and examples of menus late last year (FSA 2006). All stakeholders have agreed to support and promote the Council of Europe Alliance (UK) document which provides a clear picture of what good nutritional care looks like (BDA 2007); while the National Association of Care Catering and the English Community Care Association have been working with water companies to develop a hydration best practice tool kit for use in care homes. The RCN has been involved in another grouping that has built on this work to devise a similar toolkit for hospitals and healthcare and that is now widely available. The Commission for Social Care Inspection is working with Skills for Care to develop training for care inspectors that will add to existing guidance. All very encouraging.

The Action Plan outlines a range of ways in which stakeholders can contribute to tackling the issues raised. *NOP* readers will be particularly interested in the nutritional screening tools discussed, and should visit the British Association for Parenteral and Enteral Nutrition (BAPEN) website www.bapen.org.uk to download the 'MUST' tool.

Of course concern about food and mealtimes does not centre on clinical matters alone and there are important links to the Dignity in Care campaign which is addressing the need for increased help with eating for those patients who need it. But not everything in the garden is rosy, as the Patients Association's reaction to the plan makes clear: '... government is good at unveiling plans and launching initiatives but

pretty hopeless at making them work'. And the Alzheimer's Society (AS) believes that, 'Lack of training is the key reason why thousands of older people are starving in care homes and hospitals...'

All stakeholders have agreed to support and promote the Council of Europe Alliance (UK)

These views are hard hitting and, in the case of the AS draw attention to the fact that past failures must be seen in terms of the skills and knowledge needed to offer the best quality of care to a growing number of older people unable to speak up for themselves. Let's hope that the formidable partnership developed at the summit can be replicated in localities ■

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References

- Age Concern England (2006) *Hungry To Be Heard: The Scandal of Malnourished Older People in Hospital*. London, Age Concern England
- British Dietetic Association *10 Key Characteristics of good nutritional care in hospitals*. www.bda.com/resources/071012CoEHospitalNutrition.pdf
- Department of Health (2007) *Improving Nutritional Care: A joint action plan from the Department of Health and Nutrition Summit stakeholders*. London, The Stationery Office
- Food Standards Agency (2006) *Food Served to Older People in Residential Care*. London, The Stationery Office.

The Action Plan sets out five key priorities for action:

- To raise awareness of the link between nutrition and good health and that malnutrition can be prevented
- To ensure that accessible guidance is available across all sectors and that the most relevant guidance is appropriate and user-friendly
- To encourage nutritional screening for all people using health and social care services, paying particular attention to those groups that are known to be vulnerable
- To encourage provision and access to relevant training for front-line staff and managers on the importance of nutrition for good health and nutritional care
- To clarify standards and strengthen inspection and regulation.