Public Health England

NHS

Managing a healthy weight in adult secure services – practice guidance

Developed through the Adult Secure Clinical Reference Group (NHS England and NHS Improvement) – Managing a Healthy Weight Task and Finish Group

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1. Summary

Causes of obesity for service users in adult secure services are complex with interlinked drivers going beyond just eating habits and physical activity levels and may relate to the physical effects of pharmacological treatment interventions. Developing a service environment and a systems approach to healthier lifestyles that takes account of these complexities and the needs of service users is likely to make it easier for service users to achieve and maintain a healthy weight during admission and as part of whole pathway. This will be different for individual service users.

This practice guidance is for commissioners and providers of adult secure services, those who use these services and their families and carers. The aim of this document is to provide helpful and informative guidance to support all stakeholders to ensure that these issues are addressed effectively with positive outcome for all those involved.

2. Introduction

This guidance relates to all adult secure services, high, medium and low secure across all diagnostic groups. Further developmental work is required to ensure that these guidelines can be adapted and applied to related forensic community, outreach and liaison settings, and potentially appropriate links to the Criminal Justice Service, to ensure the whole pathway works effectively and seamlessly.

The guidance has been developed through the Adult Secure Clinical Reference Group and Managing a Healthy Weight Task and Finish group.

There are significant health inequalities for those living with severe mental illness, learning disabilities and/or autism when compared to the general population; average life expectancy is 15-20 years shorter. The higher rates of obesity found in these groups poses a particularly significant physical health inequality with an increased risk of several chronic diseases.

The prevalence of overweight and obesity in adult secure settings is greater than in the general population (~80% vs ~60%) and service users appear to be at increased risk of weight gain when detained. Public Health England's report on obesity in secure settings shows the prevalence of obesity in service users in secure care is two to three times higher than the general population. The problem appears to be much more severe in women's units. Significant weight gain can be identified within 12 weeks of starting antipsychotic treatment: in the EUFEST study of service users in their first episode of psychosis, 65% of service users had weight gain of ≥7% of initial body weight at one-year (Fleischhacker et al, 2005).

While many secure settings have been taking approaches to support service users to achieve and maintain a healthier weight, there has been no specific national guidance to support these changes. As highlighted in the Rethink Mental Illness report: "there are specific characteristics of secure settings that make it difficult for people to make healthier choices, and which therefore contribute towards weight gain".

There are NICE guidelines for treatment of obesity; however, service users in secure hospitals experience a number of different issues that make it necessary to adapt NICE guidelines specifically to suit this population. NICE guidelines suggest that service users should demonstrate an active engagement in diet, exercise and other lifestyle interventions to reduce weight before medical treatment is considered. This is very difficult to achieve in the secure services due to the severe, chronic nature of mental disorder, the treatments received, and the restrictions on freedom of movement.

This guidance aims to address the specific issues and outlines 'what good looks like' for adult secure settings. Within secure settings it recognises the need to balance autonomy and reasonable restrictions to protect from harm. Managing a healthy weight and its complications are major public health concerns. Given the high prevalence of these issues within adult secure services, the guidance tries to be both reasonable and proportionate in its approach.

It is important that at a local level consideration is given to how these guidelines are implemented and that approaches should be co-produced to ensure maximum collaboration and ownership for all those involved. It is important to seek to address the issue of stigma surrounding obesity and the emphasis throughout the guidance

is on providing compassion, support and understanding to all those who access secure services in relation to these issues.

The focus of this guidance is on healthy weight; it therefore covers the spectrum of weight status from underweight to overweight. Approaches should be personalised to meet individual service users' needs. There is variation within different adult secure settings, from acute to longer stay, low to high secure and therefore **not 'one size fits all'**. This guidance is presented in a way that services can select areas that they need to work on and prioritise which aspects they need to address.

2.1 Building on existing standards

This guidance aims to support, as well as build on, existing standards and priorities that apply to adult secure services and aligns with the ambitions within the NHS Long Term Plan.

- **Hospital Food Standards**: The NHS Standard Contract sets out the responsibility for providers to comply with the five mandatory food standards,[1] and to develop and maintain a hospital food and drink strategy. The hospital food standards cover food provision for both service users and staff/visitors (including retail). The NHS Long Term Plan committed to publish the next version of these standards and these will include substantial restrictions on high fat sugar and salt foods and beverages.

- **Adult Secure Service Specifications for high, medium and low secure services.**

- **CQUIN indicator 1b 2017/19: Healthy food for NHS staff, visitors and service users**: Providers who implemented this CQUIN, which has now concluded, were expected to continue the changes they made; to ban price promotions on sugary drinks and foods high in fat, sugar or salt (HFSS), and ban advertising and placement of these items near checkouts. The

[1] The five mandatory hospital food standards are:
- **for service user catering** - The 10 key characteristics of good nutrition and hydration care; Nutrition and Hydration Digest; Malnutrition Universal Screening Tool or equivalent validated nutrition screening tool
- **for staff and visitor catering and applied as appropriate to service user catering** - Healthier and More Sustainable Catering – Nutrition Principles
- **for all catering** - Government Buying Standards for Food and Catering Services.

CQUIN also called for restrictions on confectionery, pre-packed sandwiches and other savoury pre-packed meals.

- **Sugary Drinks Reduction Scheme**: The NHS Standard Contract sets out that the sales of sugar-sweetened beverages (SSBs) account for no more than 10% by volume of all beverages which are sold in any year from the providers' premises. This scheme was also incorporated into the 2018/19: Healthy food for NHS staff, visitors and service users CQUIN.

- **'Standards for Forensic Mental Health Services: Low and Medium Secure Care 2019/20'**: The standards developed by the Quality Network for Forensic Mental Health Services set out expected and essential standards. Relevant standards enable service users to make healthy choices and providing them with healthy lifestyle education.

- **CQUIN PSS4 Achieving Healthy Weight in Adult Secure Mental Health Services 2019/20**: This CQUIN requires adult medium and low secure mental health services to take approaches to support healthy weight, including changes to food and nutrition, access to physical activity, consideration of treatment interventions and the workforce across all elements of the service.

- **CQUIN PSS2 Supporting patients to manage a healthy weight in adult secure settings through interventions that culminate in service users having a 'physical health passport' 2020/21**: This CQUIN requires adult medium and low secure mental health services to continue developments from CQUIN PSS4 and co-produce a physical health passport that supports and enables service users to set goals and chart their progress by supporting an holistic approach, covering food and nutrition and physical activity goals, and travelling with service users to different settings

- **CQUIN MH1 High Secure 2018/20 – Increased Physical Activity for Secure Patients**: This CQUIN aims to increase access to physical exercise for all service users, improve recording and focus on individual plans, with specific bespoke plans for those with specific needs, improving wellbeing and motivation for all.

2.2 Essential approaches

There are a number of essential approaches to support development and implementation of the changes proposed in this guidance.

- **Service user and carer involvement**: As outlined in the 'Standards for Forensic Mental Health Services: Low and Medium Secure Services', and service specifications', the service user should have involvement and co-production in strategies structures, including the development of policies and procedures, so that action plans are regularly reviewed and updated. Having a senior leader to champion and help steer the work will help.

- **Working across disciplines and the local system**: To help embed change it is important to involve multiple disciplines across the providers as well as working with the external system, to ensure continuity of care and messages for the service user. Making Every Contact Count is an important part of this.

- **Taking a holistic whole settings approach**: Managing healthy weight is a complex problem, which requires a multifaceted approach across settings and systems. None of the elements described in this practice guidance can be addressed in isolation, they cover all aspects of service delivery.

- **Embedding in individual providers, NHS led Provider Collaboratives and Sustainability and Transformation Planning (STP) policy and governance structures**: To help embed change and ensure senior buy in, it is important to embed any changes within each provider, and NHS led Provider Collaborative, and where possible in STP level action plans and relevant governance processes.

3. Workforce

This section sets out what an adult secure mental health provider should do to support the workforce in enabling service users to experience good physical health and achieve and maintain a healthy weight.

Section	Areas of focus	Responsibility	How can it be done	Supportive practice and resources
Enabling Environment	Staff are equipped with the right skills to support service users' physical health, including healthy weight.	Adult Secure Mental Health (ASMH) providers	➢ The organisation should consider the staff required to deliver these guidelines, this may mean targeted recruitment of key staff with appropriate skills, qualifications and knowledge to enhance relevant clinical teams. Awareness of physical health and healthier weight should be incorporated into job descriptions. ➢ Clinical staff could be asked at interview what they consider the physical health needs of the current mental health population. They may also be asked how they would approach the issue of weight gain with service users with whom they are working closely.	Improving the physical health of adults with severe mental illness: essential actions e-LfH e-learning training Physical activity and health Registered Health Care Professionals can also access PHE free peer to peer face to face training sessions
	There is clear leadership and governance to implement these guidelines.	ASMH providers	➢ The organisation must ensure there is clear leadership in relation to this work, from ward to Board, which sits appropriately in their governance structures.	
	Staff are supported to recognise the importance of healthy eating and lifestyle choices and are provided with the work environment to prioritise and achieve good physical health themselves.	ASMH providers	➢ As part of the Occupational Health pre-recruitment health checks, each recruit to be encouraged to think about their own physical health and make connections with healthy choices and healthy weight. ➢ Baseline health checks on BMI, waist circumference (consider measuring in those with a BMI <35kg/m^2 as per NICE guidance), blood pressure and cholesterol could be offered to staff in Occupational Health Clinics. ➢ Hospital staff web pages to promote and support staff wellbeing.	CG189 NICE Guidance Obesity identification, assessment and management PH46 NICE Guidance: BMI: preventing ill health and premature death in black, Asian and other minority ethnic groups

			➢ Staff have the opportunity to have a 'wellbeing check' at a staff wellbeing fair (supported by Occupational Health). ➢ Services should hold regular health awareness days open to staff, service users and carers together with an emphasis on managing a healthy weight.	
	Staff are supported and encouraged to engage in physical health activities with service users.	ASMH providers	➢ Staff are given the time and support to do this.	
Training	Staff have the knowledge of the importance of physical health and managing a healthy weight. Staff understand the importance of changing and improving service user health.	ASMH providers	➢ Training should be embedded into staff inductions and annual mandatory training. ➢ Where possible training should be co-produced, co-delivered and offered to service users and carers as well as staff. ➢ Request linked training by an educational establishment for staff training which needs to be completed, via eLearning, by all staff annually. It should include information on all aspects of prevention and management and the risks in weight gain and sedentary lifestyles. ➢ All staff serving service user food need to undertake food hygiene courses, this could be an e-learning course that has an extra part on how to manage serving the correct portion sizes and the management of second helpings, with the opportunity to have healthier options.	Tees, Esk and Wear Valley's NHS Foundation Trust have developed a 1-day staff training programme in weight management Langdon Hospital- secure services- now offer 1-day physical health induction for new starters to improve physical health skills and competencies. Also includes barriers to exercise and understanding risk factors, roles and responsibilities. Monthly training. Association for Nutrition: workforce competence model in nutrition for health and social care Association for Nutrition: courses certified against health and social care competency framework Clinical champions: Embedding physical activity into routine clinical care Examples of online training platforms See Appendix 3

	Staff feel confident and comfortable talking with service users about their physical healthcare and weight.	ASMH providers / senior staff	➢ Staff are encouraged and supported to talk positively about personal health and making plans on how to manage weight issues at an individual and ward/service level. ➢ Training and support are available that empowers staff to have these conversations with service users about their physical health and weight.	Lee Mill Hospital, Livewell Southwest have delivered training in motivational skills, making every contact count and healthy eating workshops Let's talk about weight. A step-by-step guide to brief interventions with adults for health and care professionals PHE Its good to talk: Making the most of our conversations.
	Staff are aware of the physical health risks associated with a person's cultural background.	ASMH providers	➢ Deliver an online NHS health guide to cultural background and health issues. Deliver an online NHS health guide to cultural background and health issues.	
	Staff have the skills and confidence to use alternative methods as a medium for engagement. Where food is the medium, attempts should be made to use healthier options.	ASMH providers	➢ Staff training in motivation and engagement techniques to support service users who are reluctant to engage.	HEE - Making every contact count (behaviour change) PHE – Physical Activity and health
	Staff are skilled in using relevant screening tools such as Simple Physical Activity Questionnaire (SIMPAQ) and a nutritional screening tool.	ASMH providers	➢ Staff should receive regular and repeated training in the use of relevant screening tools.	SIMPAQ questionnaire, tools and training video online and supporting documents that could become a short e- learning package

4. Practice guidance across the pathway

Guide to the following sections

The information in the guidance has been separated into four sections, representing a typical pathway in adult secure care. This is to assist in identifying what should happen at different stages of care:

1. Whole pathway
2. Pre-admission
3. Admission, care and treatment
4. Discharge and transition.

Within each section, the guidance highlights as applicable the key areas which have been colour-coded and page numbered to help the reader navigate and use the document more easily:

	General	Food and nutrition	Physical activity	Treatment intervention
Whole pathway	**11**	**13**	**n/a**	**n/a**
Pre-admission	**14**	**15**	**15**	**16**
Admission, care and treatment	**17**	**20**	**26**	**29**
Discharge and transition	**32**	**33**	**n/a**	**n/a**

4.1 Healthy Weight Practice Guidance: across the whole pathway

This section highlights what should take place across the **whole pathway**.

Required outcomes	Responsibility for achieving this outcome			How this outcome might be achieved	Supportive practice and resources
Whole pathway | General					
Accessible information is provided to service users and their carers, friends and family about environments that tend to cause obesity (obesogenic environments).	ASMH Provider		*Please include specific roles where required.*	➢ Coproduce materials with service users and carers outlining the benefits of maintaining a healthy weight and the risk associated where this is not the case. Should include the promotion of opportunities within the specific services to become active. Materials could include: o Welcome Pack o Information Booklet o Video o Posters ➢ These materials should include information about physical activity, food and nutrition, and treatment interventions across the whole pathway. ➢ Materials may need to be tailored to specific parts of the pathway and/or distributed at different points in the pathway eg sending some information prior to admission. ➢ Information should be provided in a range of formats to ensure they are accessible to all.	Langdon Hospital (Devon Partnership Trust)- secure services- coproduced Physical Health Admissions Booklet explaining importance of physical health checks, why needed, barriers to healthy lifestyle, management weight gain, benefits physical activity, personal and oral care. Ashworth Hospital – Mersey Care NHS FT Produced a Welcome Pack and a Video which patients receive at their first Well Man's Clinic, during first month of admission. This includes information on the specialist weight management programme, several visual information leaflets on food/drinks and fats/sugars contained in them. This information is also available for families and carers. Information is inclusive to those in segregation and available in Easy Read format.
	Staff	✓			
	Service User	✓			
	Carer, family and/or friend	✓			
	Other				
Service users have a 'Physical Health Passport' (PHP) that enables them to set goals and chart their progress.	ASMH Provider		*Please include specific roles where required*	Coproduce a ''Physical Health Passport' (PHP) that service users keep and made available to carers, that covers all physical health requirements with sections on: ➢ Food & Nutrition ➢ Physical activity goals ➢ Occupational needs ➢ Psychological needs ➢ Motivation to change ➢ Desired outcome(s) ➢ Perception of need. Service user records should be audited to ensure information is being gathered and this could be fed back to the system	See associated document; 2020/21 CQUIN Guidance PSS2- Adult Medium and Low Secure - My Physical Health Passport in relation to Managing a Healthy Weight – what does good look like?
	Staff	✓			
	Service User	✓			

	Carer, family and/or friend	✓		Benchmarking with other units could be used to encourage use and chart progress.	
	Other				
Monitor, understand and support motivation of service user to achieve lifestyle behaviour change	ASMH Provider	✓	*Please include specific roles where required* *All Staff*	It is important to appreciate motivation for behaviour change and goals of service users will fluctuate and develop through their pathway, which staff should be empathetic to. For change to be successful, it is essential to support individual motivation, readiness to change and for these to be assessed regularly with strategies for maintaining motivation developed with the individual. Service users should be supported and encouraged to understand why low motivation may occur, that low motivation is likely to occur at different stages and how best to overcome barriers to behaviour change and how they can try to maintain motivation. These strategies should include; ➢ Motivational Interviewing (MI) ➢ Cognitive Behavioural therapy (CBT) This also allows opportunity to develop coproduced and individualised care plan to support self-motivation by identifying what is important for the service user and should be included in the PHP.	NICE Guidelines (PH6) – Behaviour change: general approaches The 5A Model of Health Behaviour Change Yorkshire & Humber Involvement Group identified the use of motivational quotes, full length photos (due to lack of full-length mirrors), use of technology (apps, fitness trackers, personal record sheets) as ways to maintain self-motivation. See associated document; 2020/21 CQUIN Guidance PSS2- Adult Medium and Low Secure - My Physical Health Passport in relation to Managing a Healthy Weight – what does good look like?
	Staff	✓			
	Service User	✓			
	Carer, family and/or friend	✓			
	Other				
ASMH providers demonstrate a commitment to food and nutrition and embed within policies (whole pathway)	ASMH Provider	✓	*Please include specific roles where required.*	➢ ASMH Providers should collaborate with staff and service users to develop an action plan for supporting healthy weight in secure adult settings. ➢ The action plan should be supported and championed at a senior level, and progress reported to the Board. ➢ Where possible the action plan should link with existing strategies such as the mandatory food and drink strategy.	Tees, Esk and Wear NHS Foundation Trust and Northumberland, Tyne and Wear NHS Foundation Trust jointly developed a healthy weight plan and embedded in STP plans. This is also available in easy read. CQUIN PSS4 Hospital Food Standards
	Staff	✓			
	Service User	✓			
	Carer, family and/or friend	✓			
	Other				

					Toolkit for developing a food and drink strategy

Whole pathway | Food & Nutrition					
ASMH provider/ unit wide staff are aware and understand the impact of food and nutrition and have the appropriate training to support this (community staff as well as inpatient staff).	ASMH Provider	✓	*Please include specific roles where required.*	➢ All staff are provided with training on food and nutrition at induction and at regular intervals ie annually, as part of essential mandatory training. ➢ Training should be delivered by or developed and accredited by appropriately trained professionals.	Supportive document: Association for Nutrition – courses certified against health and social care competency framework Supportive document: Association for Nutrition – workforce competence model in nutrition for health and social care
	Staff	✓			
	Service User				
	Carer, family and/or friend	✓			
	Other				

4.2 Healthy Weight Practice Guidance: Pre-admission

This section describes what should take place at the **pre-admission** part of the pathway so at initial assessment prior to admission into the respective secure service, it is appreciated that this may take place in different ways depending on individual circumstances.

Required outcome	Responsibility for achieving this outcome			How this outcome can be achieved	Supportive practice and resources
Pre-admission | General					
Physical health issues are recorded during 'pre-admission' assessment.	ASMH Provider		*Please include specific roles where required* Assessing clinicians	✓ ASMH Providers should preform annual audit and include this in policy. ✓ Whenever a referral is received, assessing clinicians should try and seek information about physical health including current BMI, waist circumference measurement (in those with a BMI <35kg/m^2 and based on clinical judgement of appropriateness) ✓ When the service user is assessed, the assessing clinicians should have a physical health check list they should populate at the time of assessment or soon after the assessment. This should be recorded in pre-admission assessment report and every provider should ensure that essential physical health information is included in their template (if they use one) of pre-admission medical reports.	CG189 NICE Guidance Obesity: identification, assessment and management
	Staff	✓			
	Service User	✓			
	Carer, family and/or friend	✓			
	Other				
Service users are informed of how to maintain good physical health.	ASMH Provider	✓	*Please include specific roles where required* Providers - possibly a standard information pack to be sent to service users	All service users should: ✓ be informed about potential physical health issues including weight gain, diabetes and cardio metabolic problems ✓ be made aware of need to be active, have a varied and healthier diet and monitor their own weight ✓ be made aware of the healthcare facilities and opportunities to eat healthy and remain active during their hospital stay. While this may be impractical to do during first direct assessment of the service user, providers may choose to send this information prior to admission.	This could be achieved in Welcome Packs
	Staff	✓			
	Service User	✓			
	Carer, family and/or friend	✓			
	Other				

Pre-admission | Food & Nutrition					
The importance of food & nutrition is acknowledged with, relevant information on service users is collected	ASMH Provider	✓	*Please include specific roles where required* MH provider to support all staff. Include community stakeholders and stakeholders from local prisons.	Food and Nutrition information is gathered as part of pre-assessment physical health assessment and should establish: ✓ Nutritional needs ie diabetes/weight management ✓ Food allergies ✓ Eating habits ✓ Knowledge of healthy eating ✓ Cooking abilities/facilities ✓ Dental care needs ✓ Cultural preferences and needs around food. If this information is not gathered prior to admission, it should be gathered at the start of a person entering a service. This information should form part of the physical health passport. Staff should be given protected time to document pre-assessment data.	
	Staff	✓			
	Service User	✓			
	Carer, family and/or friend				
	Other	✓			

Pre-admission | Physical Activity					
Standard tool to baseline physical activity behaviour on referral and assessment.	ASMH Provider		*Please include specific roles where required* Assessing and admitting clinicians	Use of SIMPAQ on assessment (where appropriate) and on admission, to highlight the amount of physical activity currently being undertaken and highlight sedentary behaviour, which is an independent risk factor for health. If this information is not gathered prior to admission, it should be gathered at the start of a person entering a service.	SIMPAQ questionnaire, tools and training video online and supporting documents that could become a short e- learning package
	Staff	✓			
	Service User	✓			
	Carer, family and/or friend				
	Other				
Pre-admission information regarding service user's exercise/ physical activity levels and commitment to	ASMH Provider		*Please include specific roles where required*	Where appropriate the completion and transfer of PHP and SIMPAQ would support transfer from one service to another and continuity of care	
	Staff	✓			
	Service User	✓			
	Carer, family and/or friend				

prevent gap in recovery pathway.	Other		Referring and assessing team		

Pre-admission | Treatment Intervention					
Collect pre-admission physical health information.	ASMH Provider		*Please include specific roles where required* Assessing clinicians	Assessing clinicians to collect a list of all prescribed medication including those for physical health, record recent blood test results and ECG reports where available.	
	Staff	✓			
	Service User				
	Carer, family and/or friend				
	Other				

4.3 Healthy Weight Practice Guidance: Admission, care and treatment

This section covers admission to the services and the time spent within the secure in-patient service.

Required outcome	Responsibility for achieving outcome			Suggested actions and things to consider	Existing practice and resources
Admission, care and treatment | General					
Service users and carers, family and/or friends are given Welcome Packs that include accessible and comprehensive information about physical health (including food & nutrition) and are given the opportunity to discuss the information on admission.	ASMH Provider		*Please include specific roles where required*	The **Welcome Pack** should encourage service users to engage and consider positive action to support their physical health needs, and include information about: ✓ What the Mental Health Provider is doing to support healthy weight ✓ The restrictions of a forensic service ✓ Physical activities and exercise opportunities provided by the Mental Health service ✓ Examples of non-food or healthier items to put in care packages for friends & family ✓ Nutritional screening tool ✓ Lifestyle advice/support available ✓ The daily routine ie mealtimes ✓ Cooking facilities available ✓ Healthier choices available ✓ Expectations of having healthier choices with consideration on portion control ✓ Any limitations around purchases from shops ✓ Take-aways ✓ Advice for carers, family and friends in regard to bringing in food during visits. The written information should be **supported with a conversation** between service user and staff to reflect on the information provided and enable any additional useful information to be collected about the persons likes and	St Andrew's Healthcare have developed carer/visitor information sheets on eating for health; and weight management Stockton Hall Hospital, Priory/PIC Group have developed a carer leaflet on bringing in healthier and/or alternative treats
	Staff	✓			
	Service User	✓			
	Carer, family and/or friend	✓			

	Other			dislikes, intolerances, allergies, cultural needs and preferences. This is a useful opportunity to complete information missing from the pre-assessment tool or additional information that might be useful including the current support from carers/family members to meet nutritional needs and service user's readiness to change.	
A physical health induction is completed on admission for all service users.	ASMH Provider	✓	*Please include specific roles where required*	The **physical health induction** should be completed for all service users and should: ➢ Inform service users about potential physical health issues including weight gain, diabetes and cardio metabolic problems. ➢ Inform service users about the causes of weight gain and allow time to discuss ways of mitigating these. ➢ Provide a positive message that weight gain is neither inevitable nor irreversible. ➢ Make service users aware of the need to be active, monitor their eating habits, manage healthy eating and monitor their own weight ➢ Make service users aware of the healthcare facilities and opportunities to eat healthily and remain active during their hospital stay. It is accepted that this may be impractical to do during first direct assessment of the service user. However, it will be good practice if providers request this information prior to admission, if available. This is ideally done during 1:1 session with a nurse as 'physical health induction'.	
	Staff	✓			
	Service User	✓			
	Carer, family and/or friend				
	Other				
Service users are supported to feel empowered to make healthier choices while on section 17 leave.	ASMH Provider		*Please include specific roles where required*	➢ Ensure **section 17 leave** is **activity specific** rather than general or location specific: o Staff can work with service users to identify alternative outings for section 17 that do not focus on food. This should be mutually agreed between service user and the team prior to commencing leave.	Lee Mill Hospital, Livewell Southwest have used section 17 sheets to capture food and snacks eaten while on leave Stockton Hall Hospital, Priory Group have developed a leaflet for carers and service users to support healthier choices while on section 17 leave
	Staff	✓			

	Service User	✓	Ward staff	o Service users should be supported to identify non-food activities, however where food forms part of section 17 leave service users are supported to make healthier choices. ➢ Service users and carers can be provided with information to support them to make healthier choices while on section 17 leave, to include various aspects of rehabilitation. ➢ Transferred prisoners do not generally get external section 17 leave. Many however get leave inside the hospital. Such leave should also be made **purpose specific** in a similar way where possible.	Langdon Hospital (DPT), OT piloting creating a visual map of local area to encourage patients to visit local places of interest rather than supermarkets with their leave. Not all patients know what is on offer in local area.
	Carer, family and/or friend	✓			
	Other				
Mental Health providers routinely access Prison, previous MH in-patient service, and/or GP notes, which often contain vital physical health information.	ASMH Provider	✓	*Please include specific roles where required* May require involvement of prison staff and/or GP surgeries	➢ Notes should be requested if not already available from prison, previous MH in-patient service and/or GP notes as a default as soon after admission as possible.	
	Staff	✓			
	Service User				
	Carer, family and/or friend				
	Other	✓			
Admissions, CPA/CTR and ward round documentation records information about	ASMH Provider		*Please include specific roles where required*	➢ Weight, BMI and waist circumference (in those with a BMI <35kg/m^2 and based on clinical judgement of appropriateness[2]) should be measured on admission and then on a regular basis, monthly as a minimum but recommend more frequently where agreed and/or	CG189 NICE Guidance Obesity: identification, assessment and management.
	Staff	✓			
	Service User				
	Carer, family and/or friend				

[2] NICE CG189 recommends that measuring waist circumference is thought about, in addition to BMI, in people with a BMI less than 35kg/m^2. Clinicians should consider on a patient by patient basis, when appropriate to measure waist circumference.

weight, BMI and waist circumference and show trends over time.	Other		All staff included in admission and CPAs / CTRs	clinically indicated and form part of the CPA/CTR document. ➢ Admission and CPA/CTR document should show trends in BMI, measurement changes and activity levels ie SIMPAQ. ➢ Service users to work collaboratively in writing up their care plans to give them the ownership of their physical activity goals. ➢ SIMPAQ should be used to help inform the care plan.	

Admission, care and treatment | Food & Nutrition					
Food and nutrition are valued as part of overall health and become part of physical health assessment.	ASMH Provider	✓	*Please include specific roles where required* Assessing and admitting clinicians in collaboration with service users and carers.	Food and Nutrition assessment as part of physical health assessment should establish: ✓ Nutritional needs ie diabetes and weight management ✓ Food allergies ✓ Eating habits ✓ Knowledge of healthy eating ✓ Cooking abilities/facilities ✓ Dental care needs ✓ Cultural preferences and needs around food. If this information is not gathered prior to admission, it should be gathered at the start of a person entering a service. This information should form part of the physical health passport.	See associated document; 2020/21 CQUIN Guidance PSS2- Adult Medium and Low Secure - My Physical Health Passport in relation to Managing a Healthy Weight – what does good look like?
	Staff				
	Service User				
	Carer, family and/or friend				
	Other				
Service users and staff have a good understanding and knowledge about what a healthy balanced diet looks like, different food	ASMH Provider		*Please include specific roles where required* Dietitians	Co-design and/or provide a range of information in a range of formats eg: ➢ Educational sessions ➢ Supportive written information such as Nutrition and Diet Resources booklets or those developed in house that cover healthy eating, food labels, portion sizes, visual aids eg posters to healthy food swaps to encourage healthier selections.	Northumberland, Tyne and Wear NHS Foundation Trust have a number of resources available on their website including: 30 simple calorie swaps and sensible snack guide St Andrew's Healthcare have developed a portion sizes on a plate guide
	Staff	✓			

groups and portion sizes, and how food choices can impact on health.	Service User	✓		➢ Service User education sessions and activities for healthy lifestyles and diet are co-produced and available for everyone across the units. Staff to also have a broad understanding of healthy cultural alternatives and ways of preparing food eg roasted plantain as opposed to fried plantain.	Stockton Hall, Priory Group have developed healthy snack advice for service users and workshops on topics such as healthy takeaways and portion sizes. Eatwell Guide and supporting information Live Well on the NHS.UK website Ashworth Hospital Mersey Care NHSFT have developed easier access to healthier snacks, providing vending machine visual information and RAG rated advice for patients on the food and exercise required to burn the calories off. the hospital shop till system calculates individual summary of number of calories of purchased foods which is provided to patients and their care team. Staff training and resources on portion sizes is available.
	Carer, family and/or friend	✓			
	Other				
Service users are supported and enabled to make healthier choices	ASMH Provider	✓	*Please include specific roles where required*	**Provide easier access to healthier snacks:** ➢ Provide free fruit and vegetables on the wards. ➢ Work with on-site shops/vending machines to: o Ensure they comply with existing hospital food standards and 2018/19 NHS Staff Health and Wellbeing CQUIN indicator 1b CQUIN. Providers who did not implement the CQUIN should aim to meet these. o Where these standards have been met, providers can look for opportunities to go beyond these for example Government Buying Standards for Food and Catering services best practice criteria for savoury snacks (eg crisps) and confectionary o Increase healthier options available o Alter displays so that healthier options are in prominent positions	Hospital Food Standards NHS Staff Health and Wellbeing CQUIN indicator 1b Government Buying Standards for Food and Catering services Nutrition and Health claims legislation Front of pack nutrition labelling guidance St Andrew's Healthcare have developed pictorial menus and traffic light information which is used in cafes and shops Lee Mill Hospital, Livewell Southwest have reviewed how much food is prepared, to prevent over catering
	Staff	✓			

	Service User	✓		o Increase non-food items on sale ➢ Work with service users and on-site shops/vending machines to develop strategies to limit purchasing of less healthy snacks ie limit money that can be spent per day/week or limit number of products that can be purchased In addition: ➢ Menus are labelled, to highlight healthier options. This could include the use of symbols or traffic light labelling being mindful not to contravene any health claims legislation. ➢ Menus and meal items are designed to emphasise healthier options ie putting these at the top of the menu or in the most prominent position and having more healthier options as default options (rather than less healthier alternatives) ➢ Pictorial menus are used to represent portion sizes and healthier balance and composition of meals. ➢ All staff are actively involved in supporting service users with portion sizes. ➢ Calorie labelling is provided on menus. ➢ Availability of sugar on the wards is reviewed. ➢ Any second helpings are encouraged to be from the fruit and vegetable portion of the meal ➢ Where desserts are provided at mealtimes consider 'healthier' options eg fruit or lower fat/lower sugar yoghurts. ➢ Service users and/or staff champion healthy eating.	Hampshire council worked with local secure settings to provide training to staff to support them in being more confident in discussing seconds and portion sizes with service users Stockton Hall Hospital, Priory/PIC Group deliver catering assistants a session on portion control and basic nutrition
	Carer, family and/or friend	✓			
	Other				
Mealtimes are recognised as part of the overall treatment plan for a healthier lifestyle and meals are more	ASMH Provider	✓	*Please include specific roles where required*	**Recognising mealtimes as part of the overall treatment plan:** ➢ Work with service users to understand their current views on mealtimes and work collaboratively to adjust them. ➢ Staff to emphasise the importance of mealtimes and prioritise them as part of the daily routine.	St Andrew's Healthcare have developed a recipe book for Occupational Therapists to support with catering sessions and a four-week menu planner and shopping list for self-catering service users.

appealing and exciting to service users.	Staff	✓		➢ Staff dine with service users. ➢ Staff support service users to make more informed meal choices. **Coproducing menus:** ➢ Establish service user catering groups that meet with onsite caterers on the ward, ideally quarterly but six monthly as a minimum, to input into the onsite catering and menu design. ➢ As a group, collectively develop innovative ways to make mealtimes more appealing eg themed nights or weekly/monthly specials. ➢ Where possible on-site catering makes healthier 'fake-away' alternatives to take-aways. ➢ Menus are changed regularly, ideally quarterly but six monthly as a minimum. ➢ Menu cycles are reviewed and extended beyond two weeks to prevent fatigue in meal choices ➢ Ensure menus are appropriate for service users and meet their needs from a cultural perspective as well as in relation to allergies or tolerances. **Preparing meals:** ➢ Support the staff and service users to develop their understanding of how to safely prepare healthier meals and develop cooking skills. ➢ Provide cooking facilities and lessons that are planned around the basics of healthy eating and include teaching on food hygiene and safety, shopping and budgeting skills. ➢ Where possible, meals should be prepared with fresh ingredients, possibly grown by service users in the hospital grounds. **Presenting meals:** Meals should be delivered and presented at ward level as appealingly as possible.	Fromeside, Avon and Wiltshire MHP NHS Trust have a healthy cooking care plan setting out the learning objectives of cooking lessons. Lee Mill Hospital, Livewell Southwest run catering sessions with each service user including shopping, budgeting and cooking. Greater Manchester Mental Health Foundation Trust run an 8-week course including skills on cooking and meal preparation Lee Mill Hospital Livewell identified a poor uptake of regenerated Sunday roast and relaunched this as a joint home cooked roast with fresh vegetables prepared by service users. Both Greater Manchester MH NHS FT and adult secure providers across Yorkshire and Humber have done work to improve dining experience. Lancashire Care NHS FT have developed food forums with staff and service users meeting every two months.
	Service User	✓			
	Carer, family and/or friend				
	Other	✓			
Food and drink provision comply	ASMH Provider	✓	*Please include*	➢ Menus and wider food and drink provision must comply with hospital food standards.	Hospital Food Standards

with food standards eg hospital food standards and hygiene standards for take-aways.	Staff	✓	*specific roles where required* Catering staff and dietitians	➢ Service user catering group can work with a dietitian to review and sign off proposed menu changes. ➢ When menus change, they should be audited (ideally quarterly, six monthly as a minimum). ➢ Any take-aways allowed should meet a minimum '5-star' food hygiene standard'.	
	Service User	✓			
	Carer, family and/or friend				
	Other	✓			
There are alternatives to food to use for rewards and activities.	ASMH Provider	✓	*Please include specific roles where required* Occupational therapists and all staff involved in planning activities	Incentives and activities should be tailored to individuals where possible. Collaborate with service users to co-design alternatives to food. Where food is the medium, attempts should be made to use healthier options; ➢ Relaxation or soothing boxes that might include a pampering kit ➢ Activity boxes.	Safewards
	Staff	✓			
	Service User	✓			
	Carer, family and/or friend				
	Other				
Service users are supported to make healthier choices and reduce frequency of consumption of take-aways.	ASMH Provider	✓	*Please include specific roles where required* Ward Staff Local public health team	➢ Have special take-away nights ie once a week/once a fortnight or where possible on-site catering makes healthier alternative ie 'fake-aways' ➢ Service users are supported to make healthier selections ie providing them with a leaflet highlighting healthier swaps ➢ Work with the local council to engage local take-away businesses and reformulate/increase healthier options. Your local Public Health team may already be working with local food outlets, so contact them in the first instance to see what support they can provide.	PHE Healthier Catering Guidance for Different Types of Business Northumberland, Tyne and Wear NHS FT have developed a leaflet to support healthier takeaway choices St Andrew's Healthcare have developed a nutrition factsheet on takeaways Lee Mill Hospital, Livewell Southwest run Fake-Away and Healthy Eating nights led by service users
	Staff	✓			
	Service User	✓			
	Carer, family and/or friend				
	Other	✓			

Nutritional status (not just BMI) of service users is assessed and regularly monitored and staff are able to follow the action plan and/or signpost to appropriate pathways to support service user's healthier wards and environments	ASMH Provider		*Please include specific roles where required* Ward Staff	➢ Validated nutritional screening tool that is appropriate for secure settings is used to assess nutritional status and sets out an action plan during admission[3] ➢ Staff receive training on the screening tool, including how to discuss outcomes of the screening tool with individuals ie on induction and refreshers at regular intervals ➢ Pathways linked to the nutritional screening tool are in place and followed to identify and refer service users who require additional support and service users have access to regular interventions and service users have access to suitably qualified dietitian for regular interventions ➢ The screening tool is used at least monthly ➢ Use of the screening tool is regularly audited ➢ Staff are aware of activities to signpost to across the unit for healthy lifestyles and diet ie activity boards/events/ peer support/groups/1:1 ➢ Dietetic resource is available for service users to have access to suitably qualified dietitian for regular interventions.	St Andrew's Healthcare have developed a validated screening tool the 'St Andrew's Healthcare Nutrition Screening Instrument' (SANSI) which is widely used in secure settings. They train their staff in using this tool. Arnold Lodge, Nottinghamshire HC NHS Foundation Trust use the Malnutrition Screening Tool (MST)
	Staff	✓			
	Service User	✓			
	Carer, family and/or friend	✓			
	Other				
There is good communication and clear understanding of roles between catering and ward staff.	ASMH Provider	✓	*Please include specific roles where required* Ward staff Catering	➢ Pathways exist to provide feedback from wards to catering and vice versa. ➢ Ward staff are provided with clear information on the distinction between ward and catering roles.	Lancashire Care Trust NHS Foundation Trust run 'toolbox talks' for all ward staff on the roles and responsibilities of catering and ward staff and have developed escalation paperwork to support feedback.
	Staff	✓			
	Service User				
	Carer, family and/or friend				
	Other	✓			

[3] MUST was developed as a validated tool to support acute trusts to ensure the best outcomes for their service users and as it had been identified that those who were malnourished and underweight had poorest outcomes. In mental health units it has been identified that weight management is also a major concern and new nutritional screening tools such as SANSI have been developed and validated and would be more appropriate for this type of setting.

Admission, care and treatment | Physical Activity					
Reduce the delays in people accessing physical activities and exercise interventions.	ASMH Provider		*Please include specific roles where required* Qualified Exercise Professional (QEP) (Appendix 2)	➢ Use a standardised pre-physical activity/exercise assessment eg SIMPAQ. ➢ Assess service users by completing Physical Activity Readiness Questionnaire (PARQ)/Health screen to identify contraindications to exercise (where exercise may be harmful to the person) and to follow up with medics. Once stable and medical clearance received may commence supervised programme with qualified exercise professional. ➢ The QEP should consider risks associated with participating in physical activity and the level of supervision needed, dependent on recent exercise history (previous 3 month period). ACSM, 10th Edition. ➢ These assessments and monitoring actions support in risk management and removing barriers to participation.	
	Staff	✓			
	Service User				
	Carer, family and/or friend				
	Other				
Physical activity is integral to care pathways and not just as token gesture.	ASMH Provider		*Please include specific roles where required* MDT	Active days and exercise should be championed at every level and be an integral part of the culture on the ward: ➢ Make exercise and being active a focus for leave ➢ Ensure there is protected time for physical activities ➢ Ensure physical activity is given as much priority as other disciplines and interventions ➢ Encourage a range of leisure activities and sports (eg pool, table tennis, bowls) as low intensity exercise ➢ Encourage ward activities and challenges eg charity events 'rowathon,' walking challenges ('mile a day my way'), Karaoke and Dancing group. This can support health and social benefits of physical activity and exercise.	Rampton Hospital, Nottinghamshire Healthcare Foundation Trust have a new 400 metre outdoor running, cycle track and outdoor gym equipment co-designed and developed by staff and patients. A Jogathon group for the men led to 5 patients completing the first ever high secure marathon. SWLSTG – Charity events – 8 hours non-stop Rowathon. Service users and staff could row for as long or short a period as they wished in relay fashion. Create a yearly Dance Video with service users and staff. Midlands Partnership Foundation Trust – 'Mile a day my Way' West London Forensic Service - Individualised Exercise Programme (IEP) – a targeted 12-week programme for
	Staff	✓			
	Service User				

	Carer, family and/or friend				all service users. Joint programme with dietitian, involving exercise and education elements. Ashworth Hospital Mersey Care NHSFT developed the FITTER Programme, an 8-week nutrition and exercise programme. Patients get 30 mins at each session of tailored exercise and their fitness levels are measured at the start and end of the programme. Patients can self-refer to the programme or are referred from the Specialist Weight Management Clinic. A maintenance support programme post FITTER is also available.
	Other				
Every service user has access to 150 minutes of moderate intensity planned exercise per week including strengthening activities on at least two days per week as a minimum as per Chief Medical Officers National Physical Activity Guidelines for Adults.	ASMH Provider	✓	*Please include specific roles where required*	All service users should have access to150 minutes of moderate intensity planned exercise per week including strengthening activities on at least two days per week as a minimum and aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of inactivity with at least low intensity physical activity. This is in line with Chief Medical Officers National Physical Activity Guidelines for adults ➢ Enable QEPs to facilitate structured exercise interventions, which will aim to achieve moderate to vigorous intensities dependent on individual assessment. ➢ Enable ward champions/ peer support staff to support low intensity physical activity. ➢ Provide equipment that is for both muscular resistance and cardiovascular. o Ensure the equipment is provided in an appropriate environment o Any equipment used by service users should be of 'Commercial standard' NOT 'home use' and with appropriate arrangements for maintenance of equipment. o Commercial standard gym equipment should be used under supervision of appropriately QEP. o Ward based equipment should only be used following health assessment, induction to	UK Chief Medical Officers' Physical Activity Guidelines 2019. Introduction to Physical Activity training online A number of Services already provide a range of structured physical activity and exercise programmes facilitated by QEP ranging from individual and group gym, class exercise and sports activities, education programmes ensuring all service users can participate by accessing appropriate session to them. Appendix 2 for further information on QEPs and EPMH Network
	Staff	✓			
	Service User				
	Carer, family and/or friend				
	Other				

				equipment and agreed care plan between service user, QEP and MDT To support this: ➢ Training on National Guidelines for Physical Activity to be delivered for service users, carers and staff. ➢ Service users with comorbidities and physical health risk factors/contraindications to exercise should be assessed, prescribed and have continuing exercise programme supervised by a QEP only, working within competencies of their knowledge and professional boundaries	
Low intensity activity is part of the daily routine and sedentary behaviour is minimised during the day.	ASMH Provider	✓	*Please include specific roles where required* All staff	Sedentary behaviour is an independent risk factor for health and is greater amongst people with mental illness and people in residential care settings. To address this, providers must support people to get active and, at the very least embed low intensity activity into the daily routine on wards: ➢ Ensure all service users have access to gym and/or exercise equipment and outdoor space adequate for physical activity (eg walking/sports/gardening) ➢ Use of tools such as SIMPAQ to support conversations around motivation to reduce sedentary behaviour and readiness to change. ➢ Identify ward health champions (both staff and services users). ➢ Consider the structure of an individual's day to minimise extended periods of sedentary behaviour (sitting or lying during waking hours) and breaking up sedentary time with - at least - low intensity activity.	PHE Physical Activity and Health training online Moving Healthcare Professionals Moving Medicine Resources online SLaM - The Clinical Exercise Department has written guidelines and developed a training course (Physical Activity and Lifestyle Behaviour). The course is aimed at providing skills to professionals not trained in physical activity enabling them to safely supervise lower level physical activity up to moderate intensity. Lincolnshire Partnership Foundation Trust Implement a 'Healthy living champions' Paid work opportunities for patients to support staff in providing exercise. Ashworth Hospital Mersey Care NHSFT have PAWs – (Physical Activity Workers) provide in reach to low/medium dependency wards 6 days per week including evenings. Patients who have engaged with the programme successfully are those that have traditionally resisted opportunities to engage in physical exercise, sometimes because of low self-esteem or the negative effects of schizophrenia.
	Staff	✓			
	Service User	✓			
	Carer, family and/or friend	✓			
	Other				

Qualified Exercise Professionals (QEP) should be part of MDTs in adult secure services. The appropriate establishment should be determined based on ward and service size, and the needs of the patient population.	ASMH Provider	✓	*Please include specific roles where required* QEP	➢ The QEP would be responsible for direct input in to care planning meetings, opportunities for 1:1 support, assessments and delivery of interventions for all including service users restricted to ward. ➢ Exercise Professionals for Mental Health (EPMH) Network to support service providers with information on which types of qualification would be required and what roles and responsibilities these enable the exercise professional to perform.	Appendix 2 for further information on QEPs and EPMH Network
	Staff				
	Service User				
	Carer, family and/or friend				
	Other	✓			

Admission, care and treatment | Treatment Intervention					
Starting antipsychotics	ASMH Provider		*Please include specific roles where required* Treating clinician	Weight gain is a serious complication of antipsychotic medication that could lead to obesity. It is not possible to predict who will gain weight. Therefore, where possible: ➢ Preference should be given to antipsychotics with low obesogenic potential. ➢ High obesogenic antipsychotics should be avoided in particular, in those service users who are already living with obesity, diabetes or are pre-diabetic. ➢ On admission, it is likely that the service user is being treated with medication. Before continuing the same prescription, service user's weight and cardio metabolic profile should be taken into consideration and medication changes made at an early stage if necessary. ➢ Service users in secure settings have a high prevalence of treatment resistance and polypharmacy. In many cases such interventions, though not ideal, are necessary to treat symptoms and manage risks. However, clinicians should be extra vigilant in identifying and managing obesity and cardio metabolic	Appendix 1 of this document for supporting information for prescribing clinicians in secure services
	Staff	✓			
	Service User				
	Carer, family and/or friend				

	Other			complications in such vulnerable service users, including early identification, education and health promotion, referral to tertiary weight loss service and early consideration of pharmacotherapy for obesity. A medication review should be done sooner than later to consider if some obesogenic medication can be changed or stopped. ➢ Pharmacists should be a part of MDT, CPA/CTR meetings and ward rounds, advising the team about medication choices and complications	
Regular weight monitoring, using a range of metrics	ASMH Provider		*Please include specific roles where required* Ward staff	➢ Research shows service users gain weight rapidly in the first 12 weeks of starting antipsychotic treatment. Therefore, it is essential to monitor weight and BMI weekly for first 12 weeks after initiation of antipsychotic treatment. ➢ NICE CG189 recommends that measuring waist circumference is thought about, in addition to BMI, in people with a BMI less than 35kg/m^2. Clinicians should consider on a service user by service user basis, when appropriate to measure waist circumference. ➢ Any trend in weight gain should be reported to the MDT in ward rounds and an immediate action plan should be put in place to mitigate this. ➢ Hospitals should consider how this could be recorded and conveyed to the MDT in ward rounds in a consistent manner. ➢ Subsequently, weight should be monitored at least once a month as a minimum and more frequently where possible and/or clinically indicated. Weighing equipment should be available on every ward.	NICE CG189 Guidance: Obesity: identification, assessment and management
	Staff	✓			
	Service User				
	Carer, family and/or friend				
	Other				
Group treatment to promote healthy diet, activity and weight loss	ASMH Provider	✓	*Please include specific roles where required*	All adult secure providers should have a treatment program for service users to prevent and manage obesity. ➢ Service users living with obesity, who have cardio metabolic complications, should be especially encouraged to attend this programme.	
	Staff				
	Service User				
	Carer, family and/or friend				

	Other			➢ Ideally this intervention should have various aspects encompassing essential elements such as diet, nutrition, physical activity, structured exercise, medication, treatment and behavioural science. ➢ It is envisaged that this treatment would be a rolling program delivered by multidisciplinary professionals.	
Referral to local weight loss service	ASMH Provider	✓	*Please include specific roles where required*	➢ Every service should liaise with local endocrinology/ weight loss service for treatment of obesity, where appropriate in accordance with evidence-based practice. ➢ It will be helpful if mental health services worked jointly with weight loss services using MDT model. ➢ Refer to specialist professions required in MDT ie dietitian, QEP, specialist psychologist, pharmacist.	
	Staff	✓			
	Service User				
	Carer, family and/or friend				
	Other				

4.4 Healthy Weight Guidance: Discharge and transition

This section considers the planning stage for discharge or transition and the actual discharge or transition.

Areas of focus	Responsibility		How can it be done		Supportive practice and resources
Discharge & Transition | General					
Links are made with relevant services at discharge / transition destination and referrals made as appropriate. Handovers are thorough and include all relevant information.	ASMH Provider		*Please include specific roles where required* The relevant team supporting discharge / transition (including remission to prison).	➢ A hospital-based member of staff should be nominated to ensure the identification and linking up with physical health promotion facilities in the community/ other hospital/ prisons part of discharge planning. That professional should be invited to attend CPA/CTR reviews and discharge planning S117 meetings. ➢ PHP/assessment tool is updated and continues to travel with the service user. This can be used to support service user handover, where required ie to community support or prison services. ➢ Complete and update relevant assessment tools eg SIMPAQ so that this information travels with service user to their discharge or transition destination ➢ Discharge summaries must include standard physical health information including weight gain, BMI and cardio metabolic profile ➢ Identify needs and challenges, set jointly agreed goals. ➢ Identify resources, offer advice and help in accessing these after discharge/transition depending on relevant destination. ➢ Link with external agencies and partners (eg for physical activity and exercise - Active Partnership, Local Authority, Exercise Professionals for Mental Health (EPMH), Mind - to help signpost to community options in order to continue care). ➢ Attend relevant services or activity in the community with service user prior to discharge for familiarisation and introduction. ➢ Where possible link in with social prescribing networks.	Mind Physical Activity and Mental Health Active Partnerships EPMH
	Staff	✓			
	Service User	✓			
	Carer, family and/or friend	✓			
	Other				

Discharge & Transition | Food & Nutrition					
Supported with increasing knowledge and skills on healthier choices and know how to access support	ASMH Provider		*Please include specific roles where required* Current and receiving clinical team, service user and carer	➢ Prior to discharge, Service users and carers are provided with face to face training and/or supportive literature on healthy eating that is from a reputable source ie evidence-based in line with government dietary recommendations. Examples include simple swaps, healthier take-aways, simple recipes. ➢ Provided with written information on other community services.	Lee Mill Hospital, Livewell Southwest establish links with GP practices during admission and encourage attendance with a health promotion focus and to help with transition into the community and intensive transition work Live Well on the NHS.UK website Northumberland, Tyne and Wear NHS FT have a number of resources available on their website
	Staff	✓			
	Service User	✓			
	Carer, family and/or friend	✓			
	Other				

5. Appendices

5.1 Appendix 1: Supporting information for prescribing clinicians working in secure services in relation to managing a healthy weight

Service users' weight and cardio metabolic risk factors are assessed prior to initiation of antipsychotics.	• It is essential that service users' weight and cardio metabolic risk factors (in particular lipid profile and HbA1C) are assessed prior to initiation of antipsychotics. • We recognise that there may be exceptions, eg service users who need treatment urgently and those who do not consent or are too ill to perform a blood test. In these cases, the assessment should be done as soon as feasible.
Making service users aware of the link between medication, mental illness, hunger and weight gain	• Weight gain is a recognised side effect of antipsychotics. Multiple factors are thought to play a role including- direct effects of medication on the brain stimulating feelings of hunger, sedation leading to reduced activity, dryness of mouth leading to increased intake of sugary drinks, reduced activity as a direct result of symptoms of mental illness. Services users should be made aware of these issues and actions they can take to reduce unhealthy eating habits by taking simple steps such as avoiding sugary snacks and drinks, using less sugar in tea/ coffee or using sweeteners.
The use of high obesogenic antipsychotics is reduced as 'first choice' for service users who are already overweight, have an abnormal lipid profile and those who have diabetes or pre-diabetes.	In many, high obesogenic antipsychotics are used as a first choice. In view of the extent of the problem of obesity, it would be reasonable to avoid antipsychotics with a high potential for weight gain (see chart below), as a first choice for service users who are already overweight, have an abnormal lipid profile and those who have diabetes or are pre-diabetic. Rank order of liability for weight gain among oral antipsychotic drugs (adapted from the multi-comparison meta-analysis by Leucht et al.) Risk of weight gain (Notes)

	Olanzapine **High** (1) Clozapine **High** (2) Chlorpromazine **High/medium** (3) Quetiapine **Medium** (4, 5) Risperidone **Medium** (4, 5) Paliperidone **Medium** (4, 6) Asenapine **Low** (7) Amisulpride **Low** (7) Aripiprazole **Low** (7) Lurasidone **Low** (7, 8) Ziprasidone **Low** (7, 8) Haloperidol **Low** (8) ***Notes:*** *1. Significantly greater than quetiapine; 2. Not significantly greater than the 'medium' group due to the high reported variance of relative weight gain; 3. Not significantly differentiated from either 'medium' or 'high' groups; 4. Significantly lower than olanzapine; 5. Significantly greater than asenapine; 6. Significantly greater than amisulpride; 7. Not significantly greater than haloperidol; 8.Not significantly greater than placebo*
Service users' weight is monitored weekly for the first 12 weeks of treatment with antipsychotics.	• Weight should be monitored weekly service users who have been prescribed antipsychotics for the first 12 weeks of their treatment. • Any significant weight gain or a continuous trend of increase in weight week by week should be an automatic trigger to consider switching to a different antipsychotic at an early stage of treatment. • Similar principles could apply to service users who are already on antipsychotics on admission and continue to gain weight. • Obesity should be considered a serious side effect of antipsychotics, on par with Tardive Dyskinesia or severe extrapyramidal side effects (EPSE).

The use of adjuvants is considered at an earlier stage in a person's treatment, and before the service user has gained a lot of weight.	• Clinicians should not wait until service users have gained a lot of weight before considering adjuvants. This is especially true for service users who are receiving high dose antipsychotic treatment or a combination of obesogenic psychiatric/ physical health medications.
	  o This would no doubt escalate their cardio metabolic risks and a robust approach to its management is necessary.
	• For service users who have gained weight and for those who are at a high risk of developing diabetes (i.e. are 'pre-diabetic'), adjuvant treatment with Metformin should be considered.
	• Pre- diabetic state could be established by HbA1c levels between 42 and 47 mmol/l (6.0–6.4%).
	• In addition to being on antipsychotics, other factors that increase the risk of a pre-diabetic state include age over 40, family history of diabetes, obesity, high blood pressure, low HDL, high cholesterol and having given birth to a baby who weighed over 9 pounds.
	• For service users in the general population who are 'pre-diabetic', and are unable to benefit from lifestyle interventions, NICE (PH38) recommends that metformin should be considered.
	  o It is important to be aware of the rare risk of lactic acidosis with metformin (esp. in service users with impaired renal function) and the fall in vit B12 levels that can occur in up to 7% of service users.
	• There is also evidence that Aripiprazole can reduce weight gain in many service users on Clozapine.

Pharmacotherapy and surgery for obesity-	• Use of Orlistat as a treatment for weight loss has been recommended in NICE guidelines. However, clinical trial evidence in overweight service users with psychosis has shown benefit for male service users. Further, studies in the general population suggest long-term adherence of <2% at two years, due largely to issues of side effects. Moreover, the evidence of Orlistat being effective in obesity in service users on antipsychotics is limited to two clinical trials. The overall acceptability in service users who may be already experiencing side effects of existing medication is debatable. • GLP-1 receptor agonists are now available for treatment of obesity and type 2 diabetes in the general population (Liraglutide as Victoza for type 2 diabetes or Saxenda for obesity® in the UK). They are overall effective and have a favourable safety profile. These medications are given as injections. There is one clinical trial of Liraglutide in service users with schizophrenia who had clozapine or olanzapine induced obesity which produced positive effects6. Clinical trials in general population show it's effective in preventing diabetes and pre-diabetic state in obese individuals. This should be considered.

	NICE mention Liraglutide could play an important role in treatment of obesity for adults for whom lifestyle and behavioural approaches have not been effective and for whom the potential benefits of treatment outweigh the risks. • Second generation GLP-1 receptor agonists (e.g. Dulaglutide, Semaglutide) are licenced for type 2 diabetes, can be given weekly and are less expensive than some or first-generation drugs. Dulaglutide and Semaglutide are currently approved for treatment of type 2 diabetes, not obesity. These medications may be considered in consultation with local weight loss services where clinically appropriate. • Naltrexone and Bupropion are also licenced for obesity (Mysimba in the UK) and can be particularly helpful for service users who stop smoking. It may have transient gastrointestinal and mild neuropsychiatric side effects (anxiety, insomnia, irritability). However, these have been rejected by NICE largely on the basis of cost effectiveness for routine use in treatment of obesity. Hence this decision needs to be made on a case by case basis. • Providers should establish a treatment pathway with local weight loss services to discuss criteria for making a referral and seeking treatment where appropriate. A 'Red, amber and green' traffic light system may be used to highlights those service users at highest risk for active interventions. MDT approach to work between weight loss service and in-patient secure services may be beneficial? • It is essential to treat obesity more actively in service users who develop complications of obesity such as diabetes and other cardio- metabolic problems. Research suggests that those who have complications such as diabetes, positive health benefits are seen with 5 percent weight loss and these gains accelerate when there is 10 percent weight loss. In such service users, it's reasonable to consider pharmacotherapy more pro-actively as it is known to induce weight loss in one in three service users treated. Moreover, the response is usually evident in first 12-16 weeks of starting treatment. Those who do not lose weight in first 12 weeks are unlikely to benefit from it, thus medication should be discontinued. For those where medication causes more than 5% weight loss, the medication should be continued indefinitely. • Bariatric surgery consistently results up to 25 percent weight loss. This should be considered in service users who have severe complications especially if treatment with medication is ineffective. Complications that respond best to bariatric surgery best include type 2 diabetes, liver disease, severe sleep apnoea, severe gastro oesophageal reflux, and in females, urinary incontinence and PCOS. Of course, it is important to assess service users capacity to consent for such an intervention and their understanding of the procedure and post op care. Stability of their mental state and having a

	comprehensive understanding of the procedure and its implications are vital. Bariatric surgery is a major procedure and requires long term lifestyle changes. Clinicians need to feel confident that the service user is motivated to engage in interventions post operation (it's not a quick fix). • Reports of case series of service users, from a number of bariatric surgical centres, have included data relating to the relatively small number of service users with psychotic illnesses who have had bariatric surgery. There is no evidence that it increases risk of a relapse of psychotic disorder post procedure. A number of studies and a systematic review meta-analysis show that the outcomes with regards to weight loss and complications are no different in psychiatric service users as compared to the general population7. Therefore, this should be considered when appropriate.
Clinicians have a thorough understanding of how to prevent and manage cardiovascular disease.	• Clinicians must consider primary and secondary prevention of cardio metabolic complications, involving aggressive control of hypertension and dyslipidaemia. • Clinicians should consider The Joint British Societies recommendations on the prevention of Cardiovascular Disease (JBS3). This is an excellent source of guidance for prevention and management of cardiovascular disease.

5.2 Appendix 2: What is a qualified exercise professional (QEP)?

“If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat.” UK Chief Medical Officers, 2019

There is a strong and growing evidence base supporting the effects physical activity can have on both physical health benefits and in the preventative and treatment effects on psychiatric symptomology for people experiencing a range of mental disorders. It is recommended that the assessment and promotion of physical activity as a component of care within mental health services is ‘incorporated as part of routine psychiatric care regardless of diagnosis and across all treatment settings’ Firth et al 2019, These interventions have been shown to attain improved adherence and outcomes to programmes when delivered with both a motivational element and supervised by a QEP. Vancampfort 2017, Stubbs & Rosenbaum 2018, Rosenbaum et al 2020

‘Exercise professionals are health professionals trained in the assessment, prescription, and delivery of exercise and health interventions for healthy and clinical populations.’ (Stubbs & Rosenbaum 2018) Currently there is no ‘one’ overarching qualification or standard for QEPs in England. Typically, they will hold a University related degree such as Sport & Exercise Science, Exercise Physiology, or Health and Exercise Science and/or professional specific qualifications such as Gym Instructor, Exercise on Referral, Cardiac Prevention and Rehabilitation Phase IV Exercise Instructor and other related courses dependant on area of work. There should also be evidence of CPD to update and maintain knowledge, skills and accreditation.

The Chartered Institute for the Management of Sport and Physical Activity (CIMSPA) has merged with the Register of Exercise Professionals (REPs) and UK Coaching to create a single directory for all exercise and fitness professionals. This will create a unified recognition system for people working in the sector and a single endorsement mechanism for training providers. It is suggested, services should check for CIMSPA membership to ensure the QEP has completed accredited training adequate for competencies required for that role.

CIMSPA membership is currently developing standards for those working with specialist populations. Once complete these will highlight the qualifications,

standards and expectations of a professional in that role. While these are developed, there are professional standards for 'Working with people with long term conditions' and 'Health Navigator' along with a members code of conduct, which will support with competencies and expectations of professionals in these roles.

While it is advised getting people active is everyone's business, the assessment, exercise prescription and ongoing supervision of those with co-morbidities or multi-morbidities should be carried out by an appropriately QEP. To ensure the safety of both the service user and staff member, it is imperative that those delivering such roles do so only within the limits of their knowledge, qualifications and professional boundaries (CIMSPA Health practitioner) to ensure delivery of safe, effective evidence-based practice.

We advise within secure mental health settings, the QEP should possess a minimum qualification of Level 3 Exercise on Referral or equivalent to be able to work with service users with comorbidities. They should also have or be able to work towards Level 4 Specialist Population qualification such as Level 4 for Cardiac Prevention and Rehabilitation, Obesity and Diabetes, COPD.

While we acknowledge not all services currently employ QEPs, many services do and integrate these staff members successfully within the MDT. If you require support or advice on qualifications or roles of QEPs please contact Exercise Professionals for Mental Health (EPMH) Network (info@epmh.org) for advice or to link in with established teams around the country.

5.3 Appendix 3: Supportive e-Learning platforms

There are a number of short online training packages that can support staff to improve their understanding of physical health and in particular around this guidance to achieve a healthy weight. All healthcare staff should be able to access these training modules through e-Learning for Health platform. This, however, does not maintain a record for you.

NHS staff can access the same courses through the Electronic Service Record (ESR) 'My Learning' section and this allows transfer of this record of learning through NHS Career.

These are some but not all of the courses you may find useful in supporting delivery of this guidance:

- PHE – Obesity
- PHE – All our Health: Specific sections for Adult Obesity, Physical Activity and Mental Health and Well-being
- HEE – Making every contact count (behaviour change)
- PHE – Physical Activity and health – This has a number of sub categories including; Introduction to Physical Activity, Promoting Physical Activity in Primary Care, Mental Health: Being Active, Motivational Interviewing Video, Type 2 Diabetes: Being Active.

5.4 Appendix 4: Glossary

Abbreviation	Description
ACSM	The American College of Sports Medicine
ASMH	Adult Secure Mental Health
BMI	Body Mass Index
CBT	Cognitive Behavioural Therapy
CIMSPA	Chartered Institute for the Management of Sport & Physical Activity
COPD	Chronic Obstructive Pulmonary Disease
CPA	Care Programme Approach
CPD	Continuing Professional Development
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
CTR	Care and Treatment Review
ECG	Electrocardiogram
e-LfH	e-Learning for Healthcare
EPMH	Exercise Professionals for Mental Health
EPSE	Extrapyramidal Side Effects
ESR	Electronic Service Record
FT	Foundation Trust
HEE	Health Education England
IEP	Individualised Exercise Programme
MDT	Multi-Disciplinary Team
MH	Mental Health
MI	Motivational Interviewing
MST	Malnutrition Screening Tool
NHS	National Health Service
NICE	The National Institute for Health & Care Excellence
PARQ	Physical Activity Readiness Questionnaire
PCOS	Polycystic Ovary Syndrome
PHE	Public Health England

PHP	Physical Health Passport
QEP	Qualified Exercise Professional
RCPsych	Royal College of Psychiatrists
REPs	Register of Exercise Professional
SIMPAQ	Simple Physical Activity Questionnaire
STP	Sustainability and Transformation Planning

5.5 Appendix 5: References

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