Draft Managing a Healthy Weight Guidance
Feedback from people living in adult low and medium secure services

1. Executive Summary

As part of the NHS England stakeholder testing for the Draft Managing a Healthy Weight in Practice Guidance for Adult Secure services, Rethink Mental Illness gathered feedback from people living in services on the Draft Guidance through the Recovery and Outcomes network.

Over 106[1] people living in low and medium secure services attended eight Rethink Mental Illness Recovery and Outcomes Groups between September and December 2019 to give their feedback. We also visited a high secure hospital and spoke directly to 28 service users and received written feedback from service users at the two high secure services, described in Appendix One.

Overall, there was a lot of support for the Draft Guidance as a whole, and people in services valued this opportunity to share their feedback and ideas. Key themes that emerged in terms of feedback were:

- The technical language of the Draft Guidance
- The omission of the role of motivation and emotions from the guidance
- The important role of staff training and attitudes
- The potential in developing a Physical Health Passport and Welcome Pack.

Guidelines were grouped into categories for the feedback sessions ('food and nutrition', 'physical activity', 'treatment', and 'general' for guidelines that did not fit into the other categories) and feedback was collected on each one. This was broadly positive, with support for many of the guidelines, however there were suggestions made by service users to improve or develop some of these, including:

- More education is needed around food and nutrition
- Alternatives to food are needed as an incentive or focus of Section 17 leave
- More funding and trained staff are needed for physical activity
- The role of peer support in physical activity needs to be reflected
- Better understanding of the link between drug treatment and hunger needs to be included.

There was great emphasis on person-centred care in the discussions and the need for the Guidance to be personalised. There were also questions raised around who would be held responsible for implementing the guidelines and the practical steps to

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do so. This is outlined further in the **'Suggestions for implementation'** section at the end of this report.

Staff present at the sessions also contributed to some of the discussions. We found that some did not feel they had many opportunities to share learning or influence change on a national scale and so relished the chance to do so, including via the stakeholder testing form that was shared through the Recovery and Outcomes mailing list. Their responses are presented in Appendix Three.

2. Introduction and overview

2.1. Introduction

Rethink Mental Illness is a charity that believes a better life is possible for everyone severely affected by mental illness. In addition to providing services for people living with mental illness, such as housing, employment, advocacy, training and education, Rethink Mental Illness delivers the Recovery and Outcomes network for people living in adult low and medium secure mental health services in England.

Through a national network of Recovery and Outcomes Groups, that bring together people living in, working in, and commissioning secure services, we support an increase in the recovery focus of those services and give people living in secure services a collective voice in influencing local and national policy.

Discussions and feedback at the Recovery and Outcomes Groups give people receiving services the opportunity to contribute and share their experiences to shape the way services are commissioned, organised and delivered. At every Group, people tell us how important this opportunity is for them.

We are delighted to have had the opportunity to organise and facilitate the gathering of feedback from people living in secure services on the Draft Managing a Healthy Weight Guidance through the Recovery and Outcomes Groups.

For the purposes of this report, 'people' is used in preference to 'service user' or 'patient' when referring to participants at Recovery and Outcomes Groups and others living in secure services.

2.2. Background and Context

As outlined in the Draft Guidance summary, Public Health England's 2016 report on Obesity in Secure Settings showed that the prevalence of obesity in patients in secure care is two to three times higher than the general population. Whilst many secure settings have been taking steps to support people to achieve and maintain a healthier weight, there has been no specific national guidance to support these changes before now.

In 2017, we were asked to talk to people living in secure services about their thoughts and ideas on managing a healthy weight at Recovery and Outcomes Groups. People told us they would like:

- More information on how to stay healthy

- More support to improve healthy eating

- More activities to help them stay healthy

- More support from all staff

- Staff and peer champions to help them

- Examples of 'what works well' from different services to share ideas.

This feedback was developed into our 2018 report, 'Managing a Healthy Weight in Secure Services'. It was highlighted that, although there are NICE guidelines for the 'treatment of obesity', these were not always appropriate for people living in secure services as the lifestyle interventions required (active engagement in diet and exercise) were difficult to achieve due to the nature of severe mental illness, the treatments received, and the restrictions on freedom of movement.

This prompted the creation of a Task and Finish Group by the Adult Secure Clinical Reference Group, made up of NHS England staff, a range of professionals, carers and those with lived experience, to develop guidance on how best to support people to manage a healthy weight in low, medium and high secure services and to outline 'what good looks like' for adult secure services . Over the past year, this has led to the creation of the Draft Guidance, and this report provides reflections and feedback for the stakeholder testing phase before the Draft Guidance is finalised and published.

The final Guidance will complement CQUIN PSS4 Achieving Healthy Weight in Adult Secure Mental Health Services 2019/21 and High Secure CQUIN 2018/20 – Increased Physical Activity for Secure Patients.

2.3. Overview of those who gave feedback

Through the Recovery and Outcomes mailing list, we contacted all low and medium secure services to invite people to the autumn 2019 round of Recovery and Outcomes Groups and told them that it would focus on feedback on the Draft

Guidance. Over 106[2] people living in these services attended and gave their feedback, along with supporting or interested staff and some commissioners.

In addition, for this round of Recovery and Outcomes Groups, we began to develop a network of 'Champions' to collect and feed in the ideas of previously unheard voices into the Groups. At one meeting a Champion arrived with several question sheets (sent in the Champions 'Welcome Pack') filled in with feedback from people in their service who were unable to attend. They presented the feedback, which is included in this report's analysis.

We also contacted the three high secure hospitals in England to get feedback from people there on the Draft Guidance. We visited one hospital and spoke to 28 people, and feedback was collected via staff at the other two high secure services. Feedback and reflections from this are included in Appendix One.

Finally, we attended a Yorkshire and Humber Managing a Healthy Weight Masterclass in September where we facilitated discussions on the guidelines to get feedback from attendees.

Those who gave feedback had a wide variety of diagnoses and characteristics, and sessions were tailored accordingly so that everyone was able to participate.

This mixed approach of gathering feedback in different ways worked well in ensuring that people living in as many services as possible had the chance to give their views on the Draft Guidance.

2.4. Methodology for feedback sessions

Where feedback was sought as part of the Recovery and Outcomes Groups, the whole meeting was focused around managing a healthy weight. At each one, presentations were delivered by people in services reflecting on how they try to stay physically healthy while in secure services; they were often supported by a member of staff varying from gym instructors to occupational therapists and dieticians.

Following an explanation of the purpose of the Draft Guidance, small groups were given two to three large pieces of paper, each with one of the following headings: 'physical activity', 'food and nutrition', 'treatment', and 'general'. Each piece of paper

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had two to three guidelines stuck on them, and we asked groups to answer the following questions for each one:

1) Is the guideline clear?

2) Does it make sense?

3) What do you think of the way it's written?

4) Does it cover everything?

5) What's missing?

6) Anything else you'd like to tell us?

We also asked people to give us examples of what worked well in their service when it came to physical health initiatives, and to place these on sticky notes on a sheet of paper at the front of the room. This provided a great opportunity for shared learning and offered good examples of 'what works well' for this report. It was also inspiring for people attending the groups to hear the range of activities on offer across services in their area, with one person remarking:

'This list of different physical activity groups has encouraged me to get more involved in my service.'

While staff from secure services often helped to facilitate discussions at the events, the report reflects exclusively the views of people living in secure services, rather than the views of staff.

3. Feedback on the Draft Guidance

The following section covers the feedback given to us on the Draft Guidance and is split into two parts. The first covers general feedback on the Draft Guidance overall, and the second describes feedback on specific guidelines.

The quotes in **green** are taken directly from the Draft Guidance, while those in **purple** are from people living in a secure service.

3.1. General feedback on the guidance

Overall, people were supportive of the Draft Guidance and believed that it was much needed to help them manage a healthy weight whilst living in a secure service. They provided a number of suggestions however to further develop it, which is broken down in this section by theme.

3.1.1. Language

Many people living in services raised issues with the language of the Draft Guidance. This was prompted by questions asked at the beginning of the discussion:

1) Is the guideline clear?

2) Does it make sense?

3) What do you think of the way it's written?

Several issues were raised repeatedly across the feedback. It was observed that the Draft Guidance was too **'wordy'** and that it needed to be in clear and simple **'layman's language'**: **'Too wordy, I can't digest.'**

People emphasised the need for less jargon and acronyms. *SIMPAQ* and *ASMH* for example, were remarked upon across all the groups with many people asking **'What is SIMPAQ?'** and stating that acronyms should be defined and explained before they are used.

There was also a note of caution when using emotionally loaded terms such as **'obesity'**, which can be a **'worrying word'**.

This practice guidance is for commissioners and providers of adult secure services, those who use these services and their families and carers.

The need for an '**easy read version**' of the guidelines, to ensure accessibility for everyone was emphasised, which would include pictures. A video about healthy weight management to outline the activities on offer and the responsibilities of the service was also suggested by several people, which could be shown to people and their carers prior to admission. People said that they may struggle to read the written Guidance when unwell, but that they would still like to understand the implications it has for their care from a short video.

People thought the Draft Guidance could be written in a more assertive style. There were several concerns raised as to how the guidelines would be implemented and who would be responsible for doing so. The word *'consider'* for example, appears many times in the guidance:

Where desserts are provided at mealtimes consider 'healthier' options e.g. fruit or lower fat/lower sugar yoghurts.

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.

People said if the word *'consider'* was changed to '**ensure that**' or '**make sure**', it would give services more accountability and would support implementation and long-term change. People wanted the difference made clear between guidelines that were essential and those that were desirable.

3.1.2. <u>Role of motivation</u>

'It's missing motivation'

The most common response to the questions 'What's missing?' and 'Does it cover everything?' was the absence of the importance of motivation in managing a healthy weight. A person's level of engagement was reported to be the largest barrier to change and an essential step missing between guidance and implementation.

Motivation is only mentioned a few times in the Draft Guidance; once in relation to an individual's *'Motivation to change'* that could be listed in their Physical Health Passport and also to recommend that staff be trained in motivational techniques.

'It's a battle.'

In terms of why some people may struggle to get involved with physical activity or engage in a healthy diet, ideas presented at the groups included a lack of self-esteem or confidence, staff support, or an understanding of why it was important.

During the discussion, people said it was important that the final Guidance shows more of an understanding of the problems of motivation and engagement and suggests ways to support people living in secure services to improve these and overcome barriers to change.

People said that the relationship between emotions and food was also missing from the guidance: **'How do people's disabilities affect how they make food choices?'** They said that this needed to be explored, as well as the link between eating behaviour and wider mental ill health. For example, the influence of:

- Comfort and emotional eating: **'Food is a comfort'**, **'I deal with depression by comfort eating'**

- Boredom: **'I just sit and eat if there's nothing to do…if there are no activities or I don't have leave'**

- Body confidence: **'Shops that sell all sizes of sportswear would help motivation', 'There is a lack of confidence to access sports', 'I would like psychology sessions to address my body and self esteem issues'**

- Addiction: one person told us that they often saw people who were previously addicted to alcohol or drugs replace this with an addiction to a certain food

People asked that these relationships be explored, and that the final Guidance includes how to support people to manage these issues. They also noted that the environmental challenges of secure services need to be acknowledged.

3.1.3. Workforce

The topic of workforce came up repeatedly and the important role that staff have across all parts of the guidance.

3.1.3.1. Staff training

'…all staff should be able to facilitate 20 mins of exercise including walking, pool, gardening, exercise DVDs, gym, Wii games etc'

Many people highlighted the need for more trained staff to run and support physical activities on the ward, outside or in the gym, and especially in the evenings and at weekends. The need for appropriate, consistent training across the workforce

(nurses, doctors, occupational therapists, etc) on physical activity and nutrition was also discussed in order to fill in for exercise professionals if they are unavailable.

'We need to make sure we get to the gym and football, but that OTs can do walks as well'

For example, at one service, Occupational Therapists can train as an exercise professional and at another, all new staff receive a physical health induction and they hold joint training with staff and service users.

Therefore, people welcomed the following guidelines found across different sections:

Staff are equipped with the right skills to support service users' physical health, including healthy weight.

Staff are supported and encouraged to engage in physical health activities with service users.

Staff have the knowledge of the importance of physical health and managing a healthy weight. Staff understand the importance of changing and improving patient health.

The need for more education around nutrition and physical activity for people living in secure care was emphasised to understand why physical activity and good nutrition are important. It was said that this would help improve engagement and could be facilitated by trained staff:

'The more you know, the more you can make an informed decision'

This again was outlined in the workforce guidelines:

Service users are informed of how to maintain good physical health.

Service users and staff have a good understanding and knowledge about what a healthy balanced diet looks like, different food groups and portion sizes, and how food choices can impact on health.

People said that all staff should be responsible for supporting and advising them and be able to complement the messages of dieticians and exercise professionals.

3.1.3.2. Staff attitudes

'If staff are happy to speak to users about risk and medication, why would they not be happy to talk about weight and health?'

'Staff need to show a little more trust and faith'

Ongoing collaboration between staff and people living secure services to support them to manage a healthy weight was said to be key. People liked the part of the guidance that recommended that staff and people living in secure services eat together:

'It's nice eating and chatting with staff…'

'Staff MUST dine with service users'

Staff said this could be difficult, however, as in some cases it would mean changing long held policies and require risk management. This links into wider obstacles in implementing the Draft Guidance (discussed later in the report).

'Staff should lead by example…'

People said that staff often ate unhealthy food in front of them, despite telling them they needed to eat healthily. It was felt that healthier food options should be provided or encouraged for staff as well as incentives to make a change.
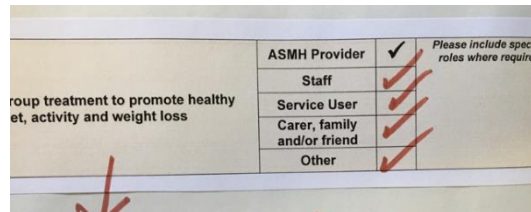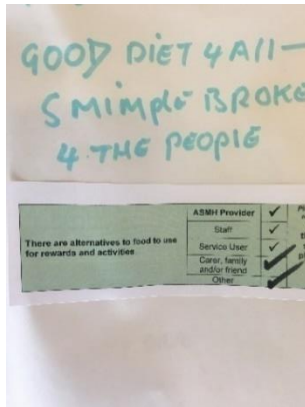
People also said that staff should exercise with them so they could support and motivate one another and improve relationships, as linked to the Draft Guidance:

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.

People were pleased that staff training and attitudes underpinned all the Draft Guidance as they thought this commitment would be key in implementing it.

3.1.4. Responsibility for implementing the guidelines

Across the guidelines, people in all the groups said that they wanted carers and service users to be ticked in the *Responsibility for achieving this guideline* column. This is to ensure responsibility is shared and that the implementation of the Guidance is fully co-produced.

(Photos showing examples of people living in secure service ticking additional boxes on the guidelines)

3.2. Specific feedback on the different sections of the guidelines

This section looks at feedback given on specific guidelines in the Draft Guidance under the following headings: Food and Nutrition, Physical Activity and Treatment. Feedback was prompted by the following three questions asked during the discussion:

4) Does it cover everything?

5) What's missing?

6) Anything else you'd like to tell us?

3.2.1. Food and Nutrition

This was by far the section of the Draft Guidance which generated the most discussion. There were many positive responses, but also suggestions to develop it.

3.2.1.1. Food quality, variety & presentation

Consider how meals are delivered and presented at ward level to increase their appeal.

The above guideline was supported, with many people saying that the food portions they were served were often too small, leaving them hungry and likely to fill up on unhealthier items bought in the shop or on leave. One person remarked that they **'need to be able to fill up on healthy food'** but struggled to do that in their service.

'The menu is bland…'

Some also said that the food often looked unappealing and had been known to be served cold.

People agreed with the following guidelines, highlighting that food quality should be improved and that the menu should differ between seasons, using local produce if possible:

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.

Where possible, meals should be prepared with fresh ingredients, possibly grown by service users in the hospital grounds.

At one service, people said they could choose their meals daily, with night staff taking orders. There was agreement that changes are dependent on a service's catering team and that there needs to be better communication between people living in a secure service, ward staff and catering staff. Some people said that catering staff attended their community meetings or patient experience forums and then made changes based on what was said. Others remarked that changes had not been made, despite complaints. Food preparation and delivery reportedly varied across services.

At one group there was a lot of discussion around the way food was prepared and delivered with some services having their own chef, and others relying on food delivered from elsewhere. There was also variability in the degree of consultation with one service having a Dining Experience Forum once a month where catering staff bring samples of food for people to try and menus are co-produced. Carers are also served the same meals as service users when they visit.

'I want more patient involvement in meal planning- this doesn't happen…'

It was felt that these guidelines would be positive in creating a baseline standard for catering and ward staff communication and catering quality:

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.

There is good communication and clear understanding of roles between catering and ward staff.

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.

3.2.1.2. Incentives

People liked the idea of staff offering incentives other than food:

There are alternatives to food to use for rewards and activities. These could include relaxation or soothing boxes that might include a pampering kit or activity boxes.

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.

Other incentive ideas suggested included toiletries, increased access to the internet or colouring books. This could also be extended to items on offer at the shop.

'There should be more incentives for patients who uphold the recommended guidelines for exercise'

People also supported the guideline on offering alternative activities to shopping or eating out while on leave. They stressed that this should be based on their interests and what matters to them:

Ensure section 17 leave is activity specific rather than general or location specific:

- *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 the patient and the team prior to commencing leaves.*

- *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.*

3.2.1.3.   Cultural Differences

People said that cultural needs must be considered and accounted for in food choice and preparation and supported this guideline:

Ensure menus are appropriate for service users and meet their needs from a cultural perspective as well as in relation to allergies or intolerances.

There were also in-depth discussions at some of the groups around different cultural understandings of 'healthy'.

'There can be a lack of cultural sensitivity'

In some cultures, people are encouraged to put on more weight and this is a sign of being healthy and happy. It was reported that the Guidance needs to go beyond just meeting cultural needs in menus to supporting people to articulate what matters to them and supporting and empowering them to manage their weight in whatever way they deem fit. This is especially important as the BAME community is overrepresented in secure care.

This would link into the Draft Guidance's aim of personalised care and the 'no one size fits all' narrative.

3.2.1.4.   Mealtimes

People particularly supported the following guideline on mealtimes:

Work with service users to understand their current views on mealtimes and work collaboratively to adjust them

People said that mealtimes were often too close together and so they were often not hungry and would skip a meal, choosing to eat their own food instead.

'I'm not a robot, I am not programmed to be hungry at certain times'

People said staff were reluctant to offer alternative food outside of mealtimes, and if they did not comply with mealtimes this was often seen being uncooperative or as a symptom of their mental ill health rather than simply not being hungry.

People thought the Guidance should state that mealtimes as well as meal choices should be co-produced to empower them to choose when they eat.

3.2.1.5.   Takeaways and treats

'If you're healthier, you feel better, and feel happier…'

People supported the following guidelines in this area:

Service users are supported and enabled to make healthier choices and reduce frequency of consumption of take-aways.

Where desserts are provided at mealtimes consider 'healthier' options e.g. fruit or lower fat/lower sugar yoghurts.

Work with on-site shops / vending machines to:
- *Increase healthier options available*
- *Alter displays so that healthier options are in prominent positions*

There were many stories shared of people eating very unhealthily or to excess which people said needed to be managed: **'People buy and drink two litres of pop a day'.** There were other requests for healthier options at mealtimes: **'We would like less carbohydrate heavy options – more veg, less pasta, potatoes etc'**

However, people often made the point that they had the right to autonomy and should be allowed to eat unhealthily if they want to: **'Everyone needs a treat.'**

There seemed to be a tension between cutting down takeaways and unhealthy food in the shops to support people to manage a healthy weight and what people perceived as their free will and right to choose to eat whatever they want.

People said that if you reduce unhealthy food in the shop then people will buy more on leave. If certain foods are banned, this makes them seem more appealing on leave or in the community. Also, people were concerned that healthier snacks were often more expensive, so they could not get as much for their money.

People wanted more education around food so that they could make an informed choice when choosing what to eat.

'I want more education around healthy eating.'

'1:1 healthy living support would be helpful.'

At one service, they run a 'choose to lose' programme where the focus is on developing a healthy lifestyle and not dieting.

People also supported the take-away guidelines:

Service users are supported to make healthier choices and reduce frequency of consumption of take-aways.

Have special take-away nights i.e. once a week/once a fortnight or where possible on-site catering makes healthier alternative i.e. 'fake-aways'.

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.

Many people said that takeaway nights were too frequent in their service and some thought that once a week/fortnight was still too often. They liked the idea of 'fake-away' nights, and many said they already hold these at their service. However, there was concern that fake-aways may not be as enjoyable as a takeaway:

'…if fake-aways aren't good then don't bother'

People were also keen to learn and practice their cooking skills and have the chance to self-cater, with many saying it helped them to form relationships with others on their ward and learn vital life skills. As such, people welcomed this guidance:

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.

Improve the staff and service users' understanding of how to safely prepare healthier meals and develop cooking skills.

Others thought it is unlikely that services would be able to ask local takeaway businesses to change their menu:

'…unrealistic that a takeaway business would adapt their food to be healthier as they want to make a profit.'

It was suggested that there could be pressure put on local councils to make this change and that this could be led by people living in the service.

3.2.2. <u>Physical Activity</u>

'My mental health is very linked to my physical health'

The physical activity guidelines were discussed with a lot of interest. Again, there was mostly support for these guidelines, with the following feedback:

3.2.2.1. Level and length of activity

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 Officer's National Physical Activity Guidelines for Adults

'Yes definitely' was a common response to this guideline. Many people thought that it was a great idea and shows that physical activity did not need to be scary or strenuous.

'…good idea as a start to encourage more activity'

'Basic half hour exercise should be offered everyday'

'Have lots of different sports but also gentler forms of exercise'

Opinions differed on the length of time that should be recommended for moderate intensity activity with some saying that 150 minutes should be the minimum and other saying that it was something to aim for and that all levels and lengths of physical activity should be encouraged and rewarded.

3.2.2.2. Types of activity

'Increase choices of exercise e.g. yoga, tai chi, swimming'

'I would like a better variety of physical activity sessions'

People agreed that there should be a variety of physical activities on offer on and off the ward:

Encourage a range of leisure activities and sports (e.g. pool, table tennis, bowls) as light intensity exercise.

Encourage ward activities and challenges e.g. charity events 'rowathon,' walking challenge ('mile a day my way'), karaoke and dancing groups. This can support health and social benefits of physical activity and exercise.

Meaningful activity was seen to create a sense of purpose and routine as well as support a person's physical health: **'Keeping busy to keep myself well'.**

Some examples of physical activities on offer at services already included:

- **Zumba**
- **Exercise DVDs**

- **Wii Sports**
- **Dance and talent shows**
- **Badminton**
- **Dodgeball**
- **Cycling**
- **Cricket**
- **Walking - along canals, beaches, around the hospital…**
- **Football**
- **And even mountain climbing!**

3.2.2.3.   Peer support

People were enthusiastic about the following guideline:

Enable ward champions/peer support staff to support low intensity physical activity.

The role of peer support was said to be important in engaging and continuing physical activity in secure care. Many presentations on how people keep active were followed with big rounds of applause, lauds of **'well done'** and by many in the audience saying they had been inspired. For example, one person presented on being supported to complete gym instructor training and running a 'Bootcamp and Breakfast Club' in a service. They want to continue their gym instructor training in the community and was a clear role model to others.

'I'd like a buddy for exercise…'

Competition also emerged as a strategy to encourage physical activity. Several services had held sports days and challenges with wards competing against one another, with a positive and long-lasting impact. Collaboration and the power of working as a group was also highlighted: **'Things are better in a group…'**

One ward at a service held a pedometer challenge, which was a collaborative effort between service users and staff with a target of 1,000,000 steps. When reached, they held a summer sports day for staff, people living on the ward and carers. Carers remarked that it **'brought the fun back into their relationship'** and the service's gym saw an increase in signups.

Another held a 'Healthy Living Week' where people living on the ward designed a meal plan, cooking rota and sports timetable for the week. Despite initial reluctance

due to doubts around ability, people were glad they took part and reported that it **'improved their self-esteem'**, **'helped them to bond'** and that the **'ward seemed a happier place'**.

People asked for technology to support them with physical activity. One service said they had been using Bluetooth connected Fitbits to great success: **'Using pedometers and Fitbits to measure progress would help with motivation.'**

However, there is no mention of the role of fun in the Draft Guidance, and many people said that this was important to support people to engage in physical activity:

'Need to work to make physical activity fun.'

'Important to present exercise in a different way…'

'A sense of enjoyment from sessions would help me to stay motivated. I believe if you enjoy what you are doing, you'll be more inclined to make more of an effort. As I feel sometimes, you are kind of made to do things to build trust etc, it feels forced.'

3.2.2.4. Obstacles to engaging in physical activity

One obstacle to implementing the physical activity guidelines was brought up repeatedly: a lack of appropriate equipment. The guidelines below were therefore welcomed:

Ensure all service users have access to gym and/or exercise equipment and outdoor space adequate for physical activity (e.g. walking/sports/gardening).

Provide equipment that is for both muscular resistance and cardiovascular.

However, many people said they had been told that their service lacked the resources to replace old gym equipment or buy new equipment for activities that people might be interested in. For example, people at one service said they had been waiting for new equipment for 18 months.

'Facilitate easy access to gym space, so that these can be reliably depended upon…'

As already outlined, people also said that there is a need to have enough staff trained to run sessions or supervise people as they use the equipment. They also called for more funding for new equipment and resources and a follow up implementation paper.

'It would be helpful if we had a physical activity worker on every ward…

Some also cited leave as an obstacle to physical activity. Many people called for more leave to do physical activity which was missing from the guidelines below:

Make exercise and being active a focus for leave.

Ensure section 17 leave is activity specific rather than general or location specific.

Staff can work with service users to identify alternative outings for section 17 that do not focus on food.

An example of this working well was reported to be the 'Sports for Confidence' scheme where people can sign up to do sports in the community. This increases engagement in physical activity and confidence and familiarity with the community.

People said the Guidance should include more on Section 17 leave and the impact this may have on physical activity. For example, people in these services told us:

'I would like to go the gym, but its only just been passed.'

'…would like ground walks.'

'I like swimming, badminton, tennis, squash, the gym…I would just like to get out more.'

People said that the guidance around physical activity, or at the least the way it was implemented, needed to be positive and empowering. People should have their confidence built slowly and consistently supported so physical activity becomes an active choice and so that people can start to monitor their own health and set personalised targets.

3.2.3. <u>Treatment</u>

'Hospital makes people get better mentally, but then makes them go into another hospital physically.'

'Preparation is the key…'

People repeatedly told us that they would have liked to have been told about the possible weight gain side effects of some medications before they started taking them so they would have felt prepared to feel hungry and manage their diet accordingly.

'Medication makes you hungry, you're not always warned about this…'

'Medication can reduce motivation'

People, therefore, supported the following guidance:

Starting antipsychotics:

Increase in weight/weight gain is a serious complication of antipsychotic medication that could lead to obesity. It is not possible to predict who will gain weight.

However, this is an example of how language and the framing of potential side effects of treatment could be **frightening**, so the side effects should be discussed and framed in a certain way, with the support of a pharmacist.

Pharmacists should be a part of MDT, CPA/CTR meetings and ward rounds, advising the team about medication choices and complications.

People welcomed this guideline and said they would like the chance to talk to a pharmacist more often in relation to their weight.

3.2.4. Other areas of the Draft Guidance

3.2.4.1. Passport

People were very supportive of the idea of a *'Physical Health Passport'* that could help them to set goals and chart their progress across different services and settings.

The Draft Guidance outlines what this passport may look like:

Coproduce a 'passport' 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*

People at one group suggested that **'sleep and relaxation'** be added as a section to the passport, as this is also important for a healthy lifestyle.

'We like the passport idea… we would own it… it's motivating.'

Many people said this was a **'very good idea'** and that the passport could contain their likes, dislikes, dietary and cultural requirements and personal targets.

'The transfer of notes is important.'

'Having my achievements acknowledged and celebrated would help keep me motivated'

People also liked that it could work as a positive handover system, and a way of new services getting to know them better. The Passport could help to implement one of the Draft Guidance's core principles:

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 no 'one size fits all'.

However, there were some questions about who the Passport was for. People wanted to make sure it was primarily for those living in secure care and that they always had access to it. There would also need to be a consistent template (that could be personalised) for it to be used across services, and it was suggested that it could be electronic.

At one Group, people were concerned that the Passport could be demotivating and a harm to someone's self-esteem and mental health if their weight, etc. was not what they currently wanted it to be. They asked if it could be a choice whether someone had a Passport or not.

Overall, people said they liked the Passport idea but would need it to be co-produced from the outset.

3.2.4.2. Welcome Pack

'We would like information about nutrition as soon as possible.'

'We could have leaflets.'

The Draft Guidance recommends the development and production of a '*Physical Health Welcome Pack'* that would be received on admission. People liked this and thought it was a good idea. The Draft Guidance states that this should include information on:

- ✓ *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 i.e. 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.*

This would then be supported by:

… 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 dislikes, intolerances, allergies, cultural needs and preferences.

This conversation could support the development of, and eventually be supported by, the Passport.

Although people thought it would be a good idea to find out what the service will do to help them to manage their weight upon admission, others worried that it could be overwhelming. This is due to the large volume of information received on admission, at a time where people are often at their most unwell.

'Don't depress us…'

Some people even said that finding out about the physical health risks of being in hospital might be **'frightening'** or cause anxiety.

People liked the idea of the Welcome Pack but said that, like the Passport, it should be co-produced, and the optimum time to receive it should be discussed. People also asked if an easy read or video version of the pack could be created.

People also highlighted the need for multilingual versions of the Passport and Welcome Pack to be created for those who do not have English as their first language.

3.2.4.3. CPAs

Some people agreed with this guideline:

Admissions, CPA/CTR and ward round documentation records information about weight and BMI/waist circumference and show trends over time.

People said that any healthy weight management plan (or the Passport) should be reviewed and updated at CPA meetings and regularly at ward rounds.

'Yes, to physical health incorporated in CPA and for this to be developed with service users for a sense of ownership'

However, there were some concerns around using BMI and waist circumference as signifiers for physical health, with one person describing waist circumference as **'very personal'**.

4. Suggestions for the implementation of the guidance

4.1. What matters to me

A key theme running throughout the Draft Guidance discussions at Recovery and Outcomes Groups was the importance of personalising managing a healthy weight support to an individual's wants and needs. People said they would like to be at the heart of any next steps and implementation frameworks that are created.

4.2. Co-production

'Carers and service users have the most powerful voice…They really experience things…'

People said the implementation phase of the Guidance should be co-produced from conception, with some people expressing concern that their voice would get lost: **'Focus groups aren't always listened to…they ignore our opinions and do what they want.'**

People suggested regular forums with people living in services, carers and staff to meet and look at how to implement the Guidance at a ward and service level, with a sustainable, holistic approach. People were therefore pleased that this was supported in Draft 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.

4.3. Accountability

'Who would create and provide the Physical Health Welcome Pack?'

People asked how the Guidance will be implemented and how services will be held accountable for doing so. This is briefly outlined at the beginning of the Draft Guidance:

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 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.

And in the workforce part of the guidance:

There is clear leadership and governance to implement these guidelines.

Yet questions were raised about how this would practically happen: **'How should the guidelines be implemented and tailored to an individual service? The guidance seems to miss a step…'**

The views of many people were reflected in this guideline:

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.

People said it would be helpful if the Guidance was followed up with an implementation paper to support services to develop next steps and procedures. As outlined above, this paper should emphasise the need for these steps to be co-produced and provide support for this.

The emphasis on ensuring the *'whole pathway works effectively and seamlessly'* also echoed people's hopes that the Guidance would reduce variability across services when it comes to food and nutrition and physical activity. People asked to make this more explicit and to create baseline expectations and measurable goals for parts of the Guidance.

Appendices

Appendix One

High secure services feedback

Methodology

As the draft guidance is for low, medium and high secure services, we also gathered feedback from the three high secure services in England. We visited one service and received email feedback from the other two. This feedback has been included in the body of the report above.

During our visit to the high secure service, we held informal discussions on several wards around the barriers and potential solutions to healthy weight management and a more formal group in the service's communal 'hub' to gather feedback on the Draft Guidelines. This was attended by people from all of the wards in the hospital, who were all very pleased to have had the opportunity to give their feedback on the Draft Guidance, and indeed this session lasted longer than planned.

Following an explanation of the purpose of the Draft Guidance, small groups were given two to three large pieces of paper, each with one of the following headings: 'physical activity', 'food and nutrition', 'treatment', and 'general'. Each piece of paper had two to three guidelines stuck on them, and we asked groups to answer the following questions for each one:

1) Is the guideline clear?

2) Does it make sense?

3) What do you think of the way it's written?

4) Does it cover everything?

5) What's missing?

6) Anything else you'd like to tell us?

We were also able to have a tour of the hospital's physical activity facilities e.g. the main gym and swimming pool and we were impressed by the high standard of these. The people we spoke to in the gym all spoke highly about the facilities and the access they had to them. Interestingly, staff were also able to use these facilities in their lunch breaks.

We were also given the opportunity to attend a 'Pre-diabetes' group, where people showed us the creative materials they were using to keep an eye on their health and how useful they all were for them.

We were unable to speak to people who were in long-term segregation at this service but were given feedback from five people about barriers and opportunities for managing a healthy weight while in seclusion and segregation. This was sent to us by email by a member of staff from that service:

'I would like to go the gym, but its only just been passed'

'…would like ground walks'

'I like swimming, badminton, tennis, squash, the gym…I would just like to get out more'

Reflections on visiting a high secure service

It was clear from the feedback we collected that high secure hospitals have characteristics that can make managing a healthy weight more of a challenge. For example, the lack of Section 17 leave. People said the Draft Guidance should try and include more specific guidance and ideas for the three high secure services to work around restrictions on leave.

One of the wards we visited had its own gym with low intensity equipment. A person living in the ward told us they really valued this. They could use the equipment whenever they liked with staff supervision or could use it on their own, if they were risk assessed. We were impressed by the level of trust this put in people living on the ward and the amount of agency it gave them. If a high secure ward can have its own gym with minimal supervision, this could be implemented across low and medium secure wards as well.

For everyone we spoke to, the shop played a big role in daily life as, due to restrictions on leave, this was the only place they could buy items. It also provided people living in the service with some routine and gave them something to do. Many supported the guideline below, and reported that they were co-producing changes in the shop, so it gradually stocked more healthy snacks and fewer unhealthy items:

Work with service users and on-site shops/vending machines to develop strategies to limit purchasing of less healthy snacks.

Appendix Two

Examples given by attendees of 'What works well' in secure services to support people to manage a healthy weight:

Food and Nutrition

- Catering forum
- Healthy lifestyle group
- Healthy Breakfast Club
- Nutrition course
- Cooking lessons
- Puddings swapped for yogurts
- Food hygiene course
- 1:1 dietetic programmes
- Healthy Living Week
- Co-produced menus with service users, catering team and dietician
- Life skills group at Recovery College
- Removed sugary cereals
- Smoothie groups
- Fruit infused water
- Staff eating with service users

Physical Activity

- Sports Day
- Mini Olympics
- Pedometer Challenges
- Dance and Talent Shows
- Bootcamp and Breakfast
- Mission Fit
- FITTER physical activity programme
- 'Sport for Confidence' physical activity programme
- FLIP IT physical activity programme
- Walks- in hospital gardens, in the community (beach, canal trips)
- Cycling Group
- Swimming- in hospital pool, in the community
- Gardening
- Pool

- Wii Sports
- Football- partner with local football clubs, play other wards and services in tournaments
- 'Professional standard' gym
- Community based activities e.g. ballet
- Yoga, Meditation and Mindfulness
- Zumba
- Tai Chi
- Staff and service users playing badminton together

Treatment

- Monthly sessions with doctors or pharmacists about medication

Appendix Three

What Staff Said:

Staff were keen to have the opportunity to engage in the managing a healthy weight work across the groups and provided some valuable feedback about the Draft Guidance. Overall, they welcomed it and thought it would help to start conversations around physical health in secure care and serve as a good benchmarking tool. Although this report focuses on the views and ideas of people living in secure services, we thought it would be useful to include staff's feedback here:

Language and presentation of the guidance:

- 'Good lay out, Good grid'
- 'Carers can't understand acronyms'
- 'Could be written in a simpler format'
- 'Guidance has a service level approach, maybe it should be written from an individual level and be grounded in real life'

Workforce:

- 'Collaboration between staff and service users needed'
- 'Activities should be available all day and when people want them but there's a lack of staff to offer activities on wards'
- 'Patients could deliver training to staff'
- 'Ward staff are important in implementing the guidance'
- 'Staff are key. We need to train and engage new staff'
- 'More input from psychologists needed'
- 'We need to ask service users about the level of control they want – do they want staff to take control if they have significant weight gain? Their rights vs health'

Food & Nutrition:

- 'Food is one of the most difficult things to please everyone with'
- 'Routine is important…'
- 'People want an understanding of what food is doing in the body…'
- 'BMI can be misleading – needs to be used with other knowledge and tools'
- 'More education around nutrition is needed'

Physical Activity:

- 'It was a laugh, it was chilled out, it was spontaneous. Physical activity is about relieving boredom, [secure care] can be a mundane environment, but exercise is all around you'
- 'Motivation is important – this often comes from peer support or gym staff making the effort, consistently, with different individuals'
- 'Staff need to be flexible and proactive'
- 'It's about ethos and creating a sense of belonging, peer support, should be about socialising'
- 'Service users need confidence, not motivation'
- 'Need to be less risk averse'
- 'All achievements need to be acknowledged, no matter how small'
- 'There is a need to find a way to motivate and encourage the service users to participate and commit to the [exercise] programme'
- 'Are people motivated to change?'
- 'People who are engaged work harder than those who lack engagement'
- 'Need 'small steps' of encouragement to start small but with a gradual increase'
- 'Physical activity needs to be fun'
- 'All professionals need to take the lead on physical activity'
- 'Guidelines could be written for Section 17 leave and service users could write a list of interests shared across services to shape leave'
- 'Do we have the funding and resources to implement the guidance? Buying commercial standard gym equipment would have a big financial impact and what if we don't already have a stand-alone gym?'
- 'We need to make sure gym sessions don't clash with psychology or medical reviews, service users shouldn't be made to choose between mental and physical health'
- '150 minutes of moderate exercise sounds overwhelming, prescriptive and institutionalised'
- 'Need more exercise trained staff (at least one per ward)…'

Treatment:

- 'Literature needs to be made available on 'why' meds make people put on weight'