



Members Network Event

6th March, 2019

Disability Support Providers (Salisbury Suite)

AGENDA

- Overweight and Underweight
- Enablement and Postural Support
- Draft Exercise standards
- Exercise and Education
- Herts Disability Sports Partnership
- Learning Disability Mortality review and Health Liaison Team



Hertfordshire Community
NHS Trust

Overweight and Underweight in People with Learning Disabilities

**Presented by Dawn Drabwell
Specialist Dietitian**

Overview:

- Overweight and Obesity
- Menu Planning
- Underweight
- Assessing Service Users' Risk of Malnutrition
- Malnutrition Universal Screening Tool (MUST)

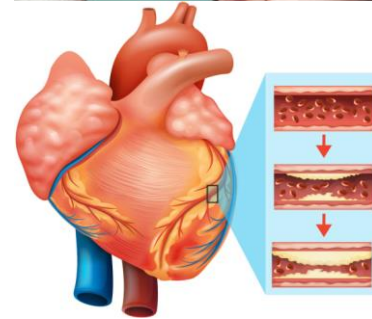


Hertfordshire Community
NHS Trust

What do you think the consequences of being overweight and obese are?

Consequences of being Overweight and Obese

- Discomfort, including painful joints and breathlessness
- Hypertension
- Hypercholesterolaemia
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Cancer
- Death



Eatwell Guide

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

Check the label on packaged foods

Each serving (150g) contains

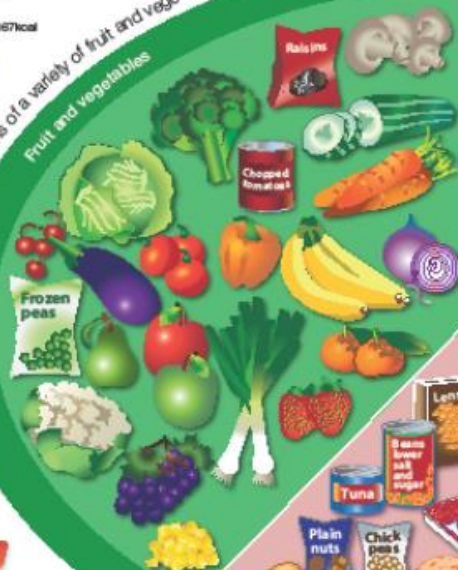
Energy 13%	Fat 3.0g LOW	Saturated 1.3g LOW	Sugars 34g HIGH	Salt 0.9g MED
	4%	7%	36%	15%

of an adult's reference intake
Typical values (as sold) per 100g (67kcal/157kcal)

Choose foods lower in fat, salt and sugars

Eat at least 5 portions of a variety of fruit and vegetables every day

Fruit and vegetables



Eat less often and in small amounts

Choose wholegrain or higher fibre versions with less added fat, salt and sugar



6-8 a day

Water, lower fat milk, sugar-free drinks including tea and coffee all count.
Limit fruit juice and/or smoothies to a total of 150ml a day.

Beans, pulses, fish, eggs, meat and other proteins

Eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat



Dairy and alternatives





Choose lower fat and lower sugar options



Choose unsaturated oils and use in small amounts

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

Food Groups- Menu Planning Checklist

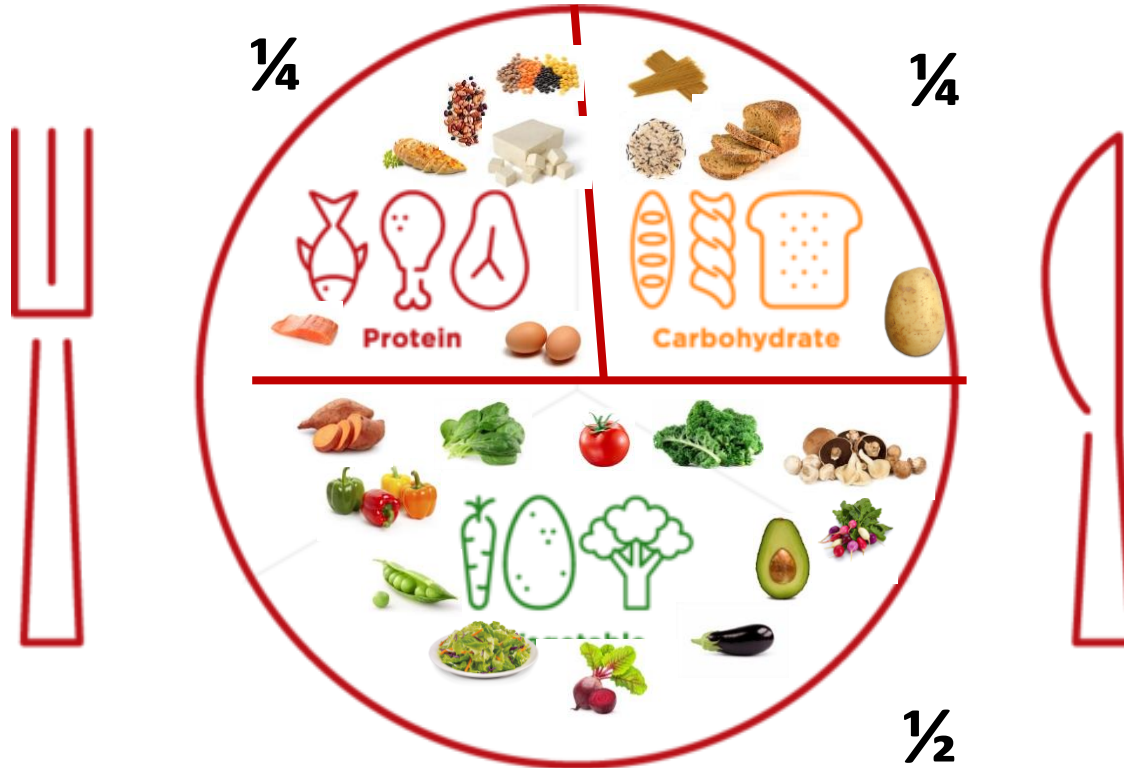
	 <p>Beans, pulses, fish, eggs, meat and other protein</p> <p>2 portions each day.</p>	 <p>Fruit and Vegetables</p> <p>Aim for 5 portions each day A portion is a piece of fruit, a serving of vegetables or salad a glass of fruit juice (only counts once) a smoothie – (counts as 2 portions)</p>	 <p>Potatoes, bread, rice, pasta or other starchy carbohydrate</p> <p>3 portions each day One at each meal</p>	 <p>Dairy and alternatives</p> <p>2-3 portions each day. A portion is a glass of milk (or on cereal), a milky pudding a yoghurt a small slice of cheese.</p>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Use this check list to make sure the week's menu contains all the recommended food groups. Write in the boxes the number of portions the menu contains each day.

For more information please contact West Hertfordshire Dietitian 01442 283464 or East & North Hertfordshire Dietitian 01438 792 160.

Created by HPFT Dietitians on 12/08/16.

Plate model for: Weight Loss



Acting in an Individual's Best Interests

- Many people with a learning disability do not have capacity to make informed decisions about food and drink.
- Offering an individual food and drink high in fat, sugar or salt often may damage their health
- It is not a deprivation of liberties generally offering individuals healthy foods and drinks and limiting their consumption of foods high in fat, sugar or salt.

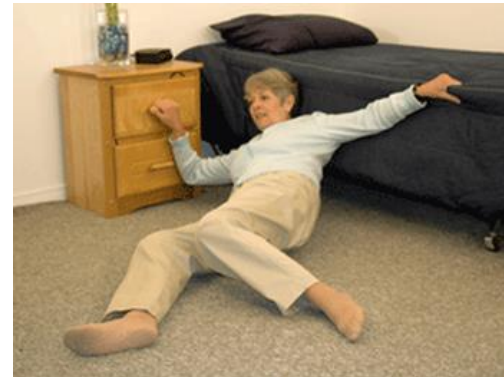
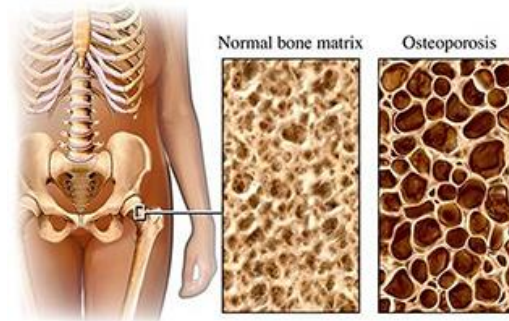


Hertfordshire Community
NHS Trust

What do you think the consequences of being underweight are?

Consequences of being Underweight

- Osteoporosis
- Anaemia
- Fatigue
- Falls
- Pressure sores
- Weakened immune system
- Death



What Can You Do to Help?

- Encourage individuals to eat little and often
- Encourage people to feed themselves, if possible, using, e.g. eating and drinking aids and finger foods
- Assist individuals with feeding as required
- Offer high energy, high protein foods, including nutritious snacks and home-made supplements
- Fortify Foods
- Offer nutritional supplements



Snacks or Drinks High in Calories and/or Protein

Drinks

- Cold/ warm glass/ beaker of full fat milk
- Hot chocolate
- Milkshake
- Fruit smoothie



Sweet Snacks

- Chocolate
- Cake/pudding
- Biscuits
- Flapjack/cereal bar
- Yoghurt coated raisins
- Croissant/muffin
- Thick and creamy yoghurt
- Custard



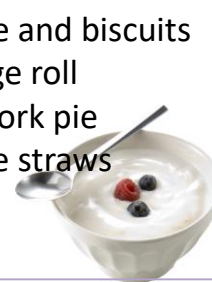
Mini-Meals

- Toast with spread and jam/peanut butter/honey/lemon curd
- Small bowl of cereal
- Sandwich



Savoury Snacks

- Cheese and biscuits
- Sausage roll
- Mini pork pie
- Cheese straws
- Crisps



Home-made Supplements

- Include fortified milkshakes and other milky drinks, fortified fruit juices and fortified desserts
- High in calories and/or protein
- Not suitable for individuals requiring thickened fluids



Food Fortification

- Involves adding everyday ingredients, e.g. dried, skimmed milk powder and double cream to normal food to increase its calorie and/or protein content without increasing the amount of food
- Identify which foods or drinks an individual eats well
- Identify the best ingredient to use to fortify that food or drink
- Add enough of the ingredient to the food or drink
- Try the food before serving it

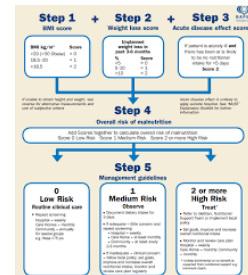


Assessing Service Users' Risk of Malnutrition

- All nursing and care homes are legally required under Regulation 14 of the Health and Social Care Act to assess service users' risk of malnutrition. This does not apply to all supported or assisted living accommodation or housing service as it depends on an individual service user's provision of care.
- A validated screening tool should be used.
- All nursing and care homes are legally required to have the necessary scales for service users.
- When weighing someone in a wheelchair care staff should record on weight record charts what accessories are on a wheelchair.

Malnutrition Universal Screening Tool (MUST) 1

- As there are no alternative evidence based approved tools for assessing malnutrition risk in this client population, Hertfordshire Partnership NHS Foundation Trust advises that MUST is used to assess malnutrition risk.
- Individuals in care homes should be assessed using MUST on admission and monthly thereafter.



Malnutrition Universal Screening Tool (MUST) 2

- In addition to Step 1 (BMI score) the assessor should look at the individual and note whether they appear very thin/thin/healthy weight/overweight/obese.
- If it is not possible to complete Step 2 (comparing current weight to weight 3-6 months' ago) the assessor should consider signs indicating unplanned weight loss, e.g. loose fitting clothes/jewellery/dentures, reduced nutritional intake and disease or psycho-social/physical disabilities likely to cause weight loss.
- People with a MUST score of 2 or more should be referred to a dietitian.
- The assessor should discuss a service user's MUST score and their possible risk of malnutrition with a GP or dietitian if they are unsure what action to take.



Thank you for listening, any questions?



References



Hertfordshire Community
NHS Trust

BAPEN, 2011. "Malnutrition Universal Screening Tool". [Online] (Updated August 2011)

Available at: https://www.bapen.org.uk/pdfs/must/must_full.pdf

[Accessed 26 February 2019].

Care Quality Commission, 2015. *Guidance for providers on meeting the regulations*. [Internet]

Available at: https://www.cqc.org.uk/sites/default/files/20150210_guidance_for_providers_on_meeting_the_regulations_final_01.pdf

[Accessed 26 February 2019].

Caroline Walker Trust, 2007. *Eating well : children and adults with learning disabilities*. [Internet]

Available at: <http://www.cwt.org.uk/wp-content/uploads/2015/02/EWLDGuidelines.pdf>

[Accessed 26 February 2019].

Hamilton, K. Faulkner, J. & Ryan, E., 2017. *The Nutritional Care of Adults with a Learning Disability in Care Settings*. [Internet]

Available at: https://www.bda.uk.com/publications/professional/adults_with_ld_in_care_settings

[Accessed 26 February 2019].

Public Health England, 2016. *The EatWell Guide*. [Internet] (Updated 25 September 2018)

Available at: <https://www.gov.uk/government/publications/the-eatwell-guide>

[Accessed 26 February 2019].

The National Institute for Health and Care Excellence, 2012. *Nutrition support in adults*. [Internet] The National Institute for Health and Care Excellence.

Available at: <https://www.nice.org.uk/guidance/qs24>

[Accessed 26 February 2019].

World Health Organization, 2018. *Obesity and overweight*. [Online] (Updated 16 Feb 2018)

Available at: <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>

[Accessed 26 February 2019].

Enablement and Postural Support – Top Tips for your staff

SUZY WHITE

ENLIGHT PHYSIOTHERAPY



Postural Management and Benefits

- Posture is any position that the body is in, in lying, sitting or standing
- Good posture is where everything is aligned in a balanced way without too much tension

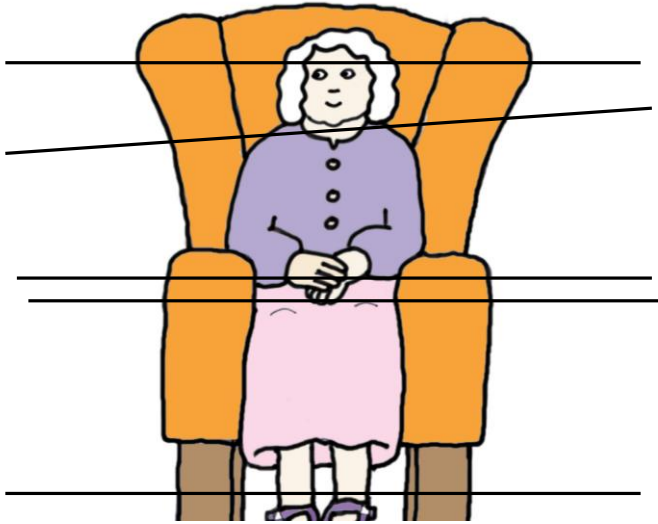
- Good posture is important for being able to:
 - Move
 - Function
 - Breathe
 - Eat
 - Be free of pain

P.E.A.K.

Used to check sitting posture:

- **P - pelvis** in a neutral position
- **E - equal weight** on both buttocks
- **A - 90° angles** at hips, knees and ankles
- **K - knees** facing forwards

Posture Practical



Consequences of poor posture

- Pain
- Difficulty eating
- Pressure sores
- Muscle shortening/contractures
- Reduced ability to move functionally, e.g. lifting arm, sit to stand
- Breathing problems
- **Chest infections**
- **Death**
- Safeguardings

Solutions

- **Get people moving**
- Practise positive risk taking
- Use enabling language – believe people can improve
- Make appropriate referrals to specialist services and using the right language for these
- Provide training for staff (e.g. PSF via HCPA)

Any questions?



Exercise Standards for disability support services



Department of Health and Social Care

1. At least 150 minutes (2½ hours) of moderate intensity activity.
2. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity
3. Muscle strengthening activities on at least two days a week.
4. All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

***Individual physical and mental capabilities should be considered when interpreting the guidelines.**



Nursing Homes

Resident Profile:

Residents living in a nursing home may have complex care needs to help with daily living. Cognitive, and physical impairments are common. Many residents will be using walking or mobility aids to mobilise. Some residents may receive full support in their bed or bedroom and may not be able to access the communal areas of the home. Some individuals may also have a form of cognitive impairment.

From experience the exercises delivered must be tailored to the individuals needs and abilities, with a focus on hip and shoulder mobility and maintaining good posture while seated. Those with the ability, a component of sit-to-stand should be offered to help with transfers to and from a seated position. Communication needs will be met by the tutor or extra member of staff who knows the resident well.

Frailty and other long-term conditions do not mean a resident is not able to mobilise or take part in exercise.

Exercise and Fitness Opportunity	Requirements to consider	Focus/ Impact
Chair Based Exercise Group Session <i>Due to the complex needs of the resident's, smaller groups of 6-8 are most effective, so each person can have the extra support and 1:1 time from the tutor and member of staff</i>	Support: At least one additional staff member available to support instructor Equipment – High back chairs without arms are suitable. Large arm chairs/sofas are not. If an individual has difficulty maintaining good posture or balance in the chair, a high back chair with arms is suitable. Individuals that use a wheelchair can still take part, best practice would be to transfer to the most suitable chair for the individual; if this is not possible ensure that breaks are engaged on the wheelchair and remove	To improve functional capacity when competing daily living tasks. Chair Based Exercises include a range of seated exercises that can be adapted to an individual's abilities or goals. Chair Based Exercises have been shown to have a positive impact on maintaining and promoting independence and mobility in older people. The



- 1- What are you currently offering within your service?
- 2- What areas would you like more support and guidance?
- 3- Any other feedback on the standards?

HCPA Offer



- Chair Based Exercise level 2
- Developing a Level 3 Balance course
- Physio Support Facilitator TBC

Long term (10 month) Exercise group
5 Learning Disability services





Herts Disability
Sports Foundation

Hertfordshire Disability Sports Partnership



LeDeR – Learning Disability Review of Mortality

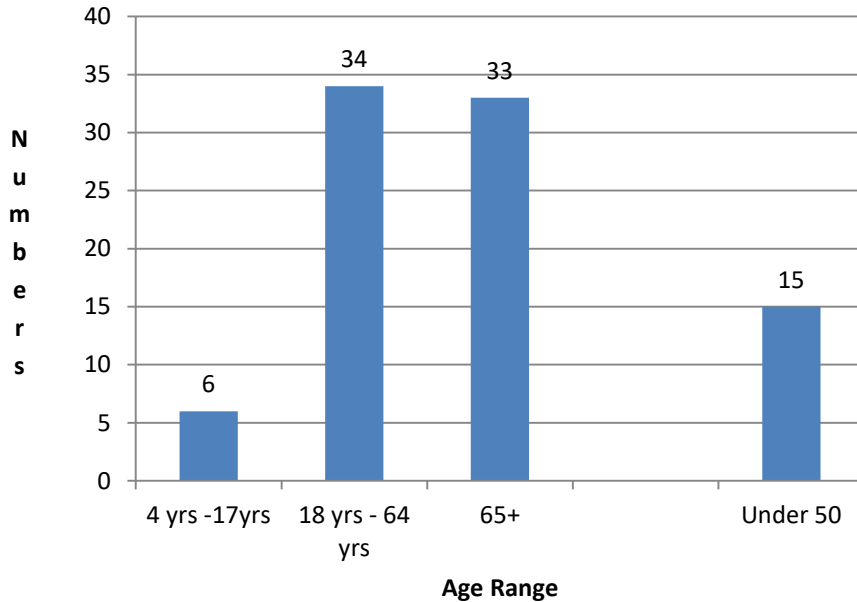
Background

- Programme established as a result of a number of reports that identified that significant health inequalities for people with a LD exist.
- Review deaths of people with a LD aged 4yrs + to identify learning
- Commenced in April 2017
- Have clear processes and governance
- Robust Steering Group with action plan to quality monitor locally
- Reviewer Training available through e-learning
- Section 251 in place – release of information without breach of GDPR

The Data

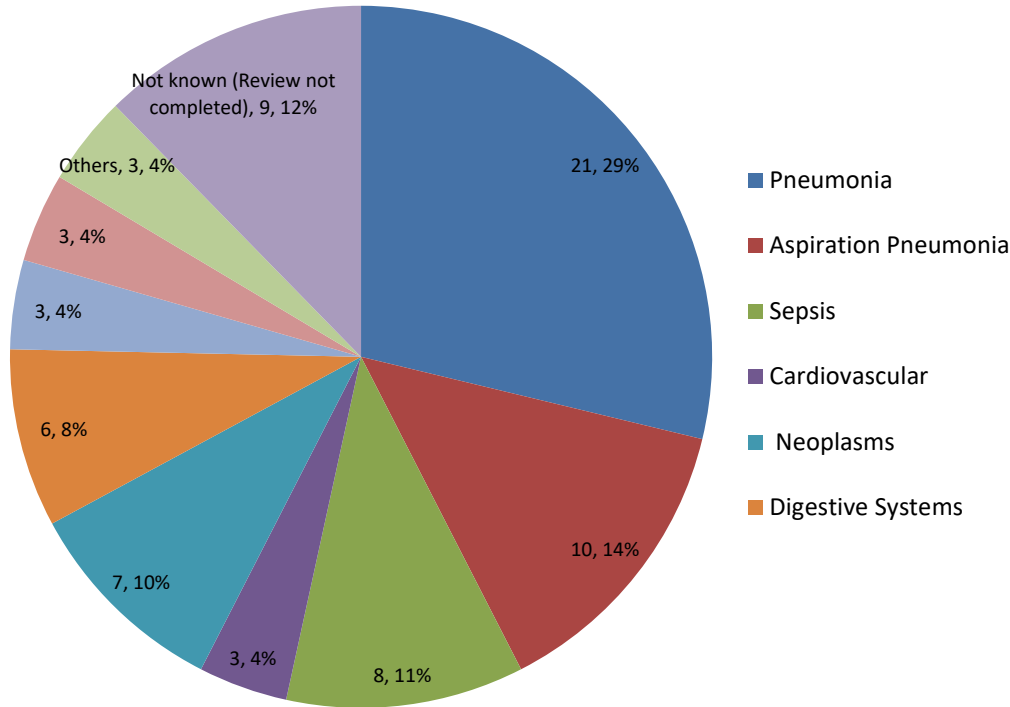
Number of deaths reported in total (since April 17)	90	% of total
Number of reviews completed	30	33%
Number of reviews allocated	26	29%
Number not yet allocated	34	38%
		100%
Of the 27 not yet allocated:		
Number held up for other reasons	15	
Number ready to be allocated	4	

Age Range of Reported Deaths - Hertfordshire (since April 17)



- The Median age of the cases reported is 63 yrs. This compares favourably to national data which calculates the median age as 58 years. However this is still considerably lower than the median age of the general population which is 81 years.
- 20.5% of the deaths since April 2017 were of individuals under the age of 50 compared to the 5% seen in the general population. For 2018/19 the median age of individuals under the age of 50 currently stands at 14.28%.

Reasons for Death



- In line with the national report published earlier this year, the top 3 reasons for cause of death were pneumonia, aspiration pneumonia and sepsis.
- Pneumonia, aspiration pneumonia and sepsis account for 54% of the deaths reported
- ‘Other’ causes include an overdose by a patient and a patient who choked on food

Addressing outcomes of reviews

- Improving Health Outcomes Group – the ‘doers’
- Same representation – as on Steering gp but operational staff and several additional specialist practitioners i.e. End of Life; sepsis; specialist dentistry and colleagues from Public Health
- Have developed a shared action plan across steering group and IHOG
- Running through a significant number of reviews is the application of the MCA

Your role as carers






■ www.hertfordshire.gov.uk/LDmyhealth



Annual Health Checks

- www.hertfordshire.gov.uk/LDmyhealth

NHS   

Go Prepared for the Annual Health Check

The purpose of this checklist is to enable paid carers / care practitioners, family members or friends of someone with a learning disability (age 16 and over) to ensure that the person attends their annual health check with all the information the GP may need to be able to fully assess their current health needs.

The Confidential Inquiry into the Premature Deaths of people with learning disabilities identified that people with a learning disability die on average of approximately 17 years younger than the rest of the population and a significant contributing factor is believed to be due to delays in diagnosis. Reduced communications skills means that some people may not be able to explain a change / a pain / a new sensation they are feeling. They may not understand fully that these changes may have a significant impact on their health, if it is not checked out. As you complete this form make sure you explain to the person what the purpose is of sharing this information with their GP. If they do not have the capacity to understand then take into consideration whether you are acting in their best interest. Although this form is aimed for carers or family members to complete, it may be that the person you support is independent and the information isn't available to you. IT IS IMPORTANT that you use this form to help them to understand what information needs collecting so that this is important to maintain their health so that they can make an informed decision.

CHECKLIST TO BE COMPLETED 2 WEEKS BEFORE ANNUAL HEALTH CHECK

Injections / immunisations which help to keep you healthy

Flu injection: ALL people with a learning disability can have the free Flu Vaccine. This is usually given in September, October or November. Check if you have had this. Flu is one of the highest health risks for people with a learning disability and can be life threatening. Have they been asked if they want the Flu? If they really still not have injections then a nasal spray can be given instead. Talk to the doctor.

Notes:

Hep B - All people with a learning disability who live with other service users can have this series of injections to help stop them getting Hepatitis B. Hep B is an infection of the liver caused by a virus that's spread through blood and body fluids. Have they had this one?

Notes:
















Pneumococcal: All people with a learning disability who have or are at risk of respiratory, heart, kidney or liver issues or who are diabetic can have this injection to help them stop getting infections like meningitis, pneumonia and bronchitis. This is an injection they have just once. Have they had this injection ever? Talk to the doctor about whether they should have this?

Notes:






Name : _____
Date : _____

Annual Health Check Checklist - page 1
Make sure the doctor or nurse talk about all of these and

Important Injections you might need  <input type="checkbox"/>	Things you might be Allergic to  <input type="checkbox"/>	How you like to be communicated with  <input type="checkbox"/>	Any changes to your mobility  <input type="checkbox"/>	Your height and weight and any health risks  <input type="checkbox"/>
Your blood pressure (BP) and Pulse to check your heart  <input type="checkbox"/>	What foods you eat and any health risks in your diet  <input type="checkbox"/>	What Exercise you do and ways to get fitter  <input type="checkbox"/>	Whether you Smoke, drink alcohol or take drugs and ways to help stop  <input type="checkbox"/>	The free Flu vaccine and how you can have nose spray if you can't ever allow injections  <input type="checkbox"/>
Talk about safe sex and about Sexual Health and periods  <input type="checkbox"/>	Talk about what is healthy Bowels (poo) and Bowel screening  <input type="checkbox"/>	For women - talk about checking Breast for lumps and about having Cervical screening  <input type="checkbox"/>	For Men - do you know about checking Testicles for lumps  <input type="checkbox"/>	Whether you Eyesight has changed.  <input type="checkbox"/>

Supporting people with their health

- www.hertfordshire.gov.uk/LDmyhealth



Know Your Poo




It is really important that people know what is a healthy poo and what to do if their poos change. Constipation is very common in people with learning disabilities and, if left, can cause death.

If someone manages their own toilet needs then the people who support them need to make sure they understand the Bristol Stool Chart below and the best seating position on the toilet.

The Community Learning Disability Nurses have a clay model of the Bristol Stool Chart if needed to embed this information. Contact the Hertfordshire County Council Adult Disability Teams and ask for a Learning Disability Nurse.

If someone has their toileting needs met by others then please make sure their bowel movements are recorded, in line with the Bristol stool chart, numbers and an action plan is in place for seeking medical advice should the records indicate a change. The learning disability nurses can provide some recording charts.



Hilary Gardener – Health Liaison Team – HCC Dec 2018





What is Sepsis?

Sepsis is when your body reacts badly to an infection. It can make you very ill and you could die.



? What are the signs and symptoms of Sepsis?





- Feeling very hot or very cold and shivering.



- Having a very fast heart beat.
- Breathing fast or feeling out of breath even if you are sitting still.



- Feeling confused.
- Feeling sick or vomiting.



- Fainting or collapsing.
- Not able to have a wee or not going for a wee all day.

1






eQUALITY

for people with learning disabilities

Health Action Plans

- www.hertfordshire.gov.uk/LDmyhealth

Learning Disability – Health Check Action Plan

	Details of person completing this form	Name	TEST, Emis (Dr)
		Date form completed	15-May-2017
		Position	
 about me	About Me	Forename	James
		Surname	Harry
		Date of Birth	27-Mar-1945
		Gender	Male
		Registered GP	TEST, Emis (Dr)
		NHS Number	
	Allergies	Allergies	Allergies No allergies recorded.

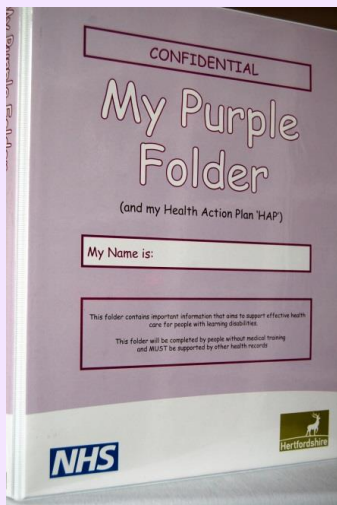


Your role as carers

- www.hertfordshire.gov.uk/LDmyhealth

Purple Folders are checked by Quality and Monitoring Officers to ensure they are:

- Completed and understandable
- Up to date and accurate
- Health appointments yellow sheet is being completed by Health Professionals
- GP recommendations in the Health Action Plan is being implemented by carers
- If the GP Practice does not know about Annual Health Checks please let us know
- hilary.gardener@hertfordshire.gov.uk



Thanks for listening...any questions?



eQUALITY

for people with learning disabilities

Summary

