

# HEALTHY WEIGHT CQUIN NEWSLETTER 4


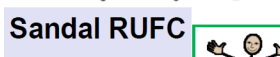











Welcome to the Newsletter for the Healthy Weight CQUIN. As you will know the meeting on the 7th April 2020 had to be cancelled due to the current situation with Covid-19, however we had already planned the agenda below and wanted to get the information out to you all still, so we hope you enjoy reading the newsletter and sharing it with service users and staff within your services.

We have included some of the CQUIN guidance and examples of the Physical Health Passport—a special thanks to everyone who attended the last CQUIN meeting where you all came up with great ideas and examples for the passport and also to service users and staff Amber Lodge who helped work up some of the examples and make them accessible. As you will see from pages 2-4 these have been used as part of the national guidance for the CQUIN as examples of how service users can develop their own passports and was really appreciated and valued by the National Task and Finish Group.

You will also find useful information and presentations from Y&H services in this newsletter and we hope you enjoy reading and sharing it in your services.

**Thanks as always to everyone for your contributions!**

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Stockton Hall—Keeping Active	8 & 9		 <b>Stockton Hall- Keeping Active</b>
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# Healthy Weight CQUIN Guidance 2020/21

Due to Covid-19 NHS England are NOT expecting providers to submit Q4 2019-20 CQUIN reporting and Q4 achievement will be based on achievement as at Q3. There will be no reporting of CQUIN between April to July 2020, a further update will be issued nationally before the end of July 2020 for expected reporting for the remainder of the year.

## PSS2: Adult Secure Healthy Weight



**Services in scope**  
Adult Secure

**Payment levels**  
Minimum: 75%  
Maximum: 90%  
Scope: Q1 Q2 Q3 Q4

**Accessing support**  
Contact  
[Louise.Davies10@nhs.net](mailto:Louise.Davies10@nhs.net)

**Supporting Documents**  
Updated guidance on managing a healthy weight in secure settings (forthcoming). Guidance will be provided on what a good passport looks like, along with a national reporting template, on the [PSS CQUIN Future NHS Collaboration Platform](#). Email [PSSCQUIN@nhs.net](mailto:PSSCQUIN@nhs.net) for access. The format of the passport (e.g. paper or digital) is agreed.

### Data Source(s) & Reporting

Sample audits of a small proportion (15%) of passports to be carried out during Q3 and Q4. An audit support tool will be provided by the CRG. Quarterly updates and an annual report are requested – for which a national reporting template will be provided

### Description

Continuation of the programme to manage a healthy weight in secure settings, as detailed in the (updated, forthcoming) CQUIN guidance, that involves carrying out interventions for service users, workforce, the environment and culture, relating to food, nutrition and physical activity. The focus of the 2020/21 CQUIN, which replaces the 2019/20 scheme, is for service users to have a physical health passport in relation to managing a healthy weight that has been co-designed, details their goals, and that is transferable to other settings.

### Indicator:

*The proportion of eligible service users with a 'physical health passport' in relation to managing a healthy weight*

### Numerator

The number of service users with a 'physical health passport' that has been updated at least six monthly in line with CPA and CTR reviews; plus, for new admissions, the number with a passport in development in preparation for the first CPA at 3 months.

### Denominator

All service users

### Exclusions

The number for whom it has been documented that such an approach is not suitable



## CQUIN—Physical Health Passport



The principles of what information is required within the Physical Health Passport (PHP) and how it is designed and implemented to support the guidelines and CQUIN have been included with examples developed to help services.

This was developed through the Managing a Healthy Weight Task & Finish Group and the Yorkshire and Humber Involvement Network, who acted as a Reference Group to the Task and Finish group. The group comprised of Experts by Experience, service users and carers, Clinicians, Commissioners and other key stakeholders including Public Health England (PHE).



The Task and Finish group and Adult Secure CRG are very grateful to the Yorkshire and Humber Involvement Network which is made up of service users and staff from all the adult secure providers across Yorkshire and Humber, alongside specialised commissioning colleagues. They meet regularly to share best practice and think together around different service improvement initiatives, this includes a quarterly CQUIN meeting. The last meeting in January 2020 looked at co-produced work about 'what good looks like' in relation to the PHP. Workshops took place collectively and in services with service users and staff to think about how to make the passport accessible, individual, fun and user friendly.

For more information about the Yorkshire and Humber Involvement Network please follow the link: [www.yorkshireandhumberinvolvementnetwork.nhs.uk/](http://www.yorkshireandhumberinvolvementnetwork.nhs.uk/)

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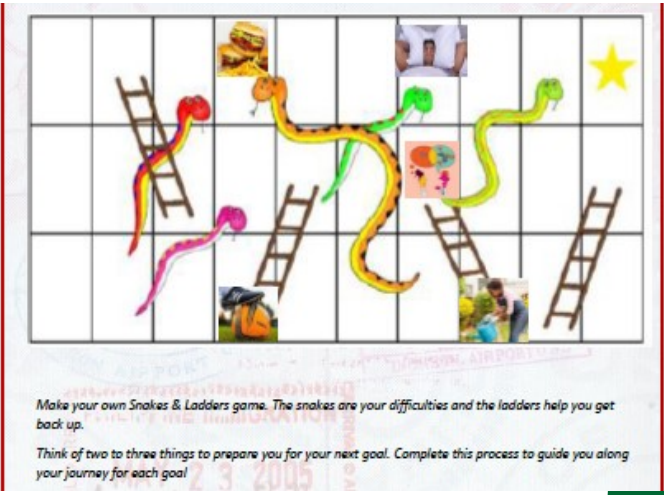
# Some Physical Health Passport (PHP) examples

**All PHPs should;**

- be co-designed with service users, staff, carers and family (where relevant)
- clearly articulate agreed goals in relation to how the service user will work towards improving their physical health and managing a healthy weight using SMART goals, *in relation to food and nutrition, increasing levels of physical activity, and understanding issues in relation to medication*
- include a narrative that describes the service user's personal journey in relation to managing a healthy weight
- be individualised so the service user can take ownership of their passport
- be interactive and accessible with fun approaches to encourage engagement
- be motivational and informative
- include ways to chart progress and identify 'sticking points' early
- contain baseline information, including but not limited to height, weight, BMI and waist circumference (where clinically indicated), resting heart rate, blood pressure, HbA1c and other health markers appropriate to the service user. The format collected should allow the service user and staff to monitor these throughout the journey including a weight tracker.  
This should also contain a list of all current prescribed medications and a section to collate previous and outstanding medical appointments/investigations
- include a 'Goal Setting Section' – This should be co-produced with short- and long-term goals and what changes or interventions can be made to achieve these goals. This should be accompanied by an articulated appropriate way to monitor progress and achievements with these interventions, whilst also identifying any areas of a lack of engagement in order to support the service user to identify why and how this could change
- be developed by the time of first CPA, within 3 months of first admission
- be reviewed at least 6 monthly in line with CPA reviews and/or CTRs

## 5 Principles of the Passport

1. Include a narrative that describes the patient's journey in relation to managing a healthy weight
2. Be individualised so people can take ownership of their passport
3. Be interactive and accessible with fun approaches to encourage engagement
4. Be motivational and informative
5. Include ways to chart progress and identify 'sticking points' early





## My Physical Health Passport



### Managing My Healthy Weight

(Area for Personalized Front Page, i.e. pictures drawings)

My name is:

# Tom






### My Progress Chart

	Week 1	Week 2	Week 3	Week 4	Main goal this month
January					Go to bed at 11pm
February	😊				Walk 7000 steps each day
March					Go to gym twice per week
April	🌟				
May					
June					
July			😊		
August			😊		
September					
October	🌟				
November					
December					

**My favourite healthy meal:**



**My healthy swap is:**



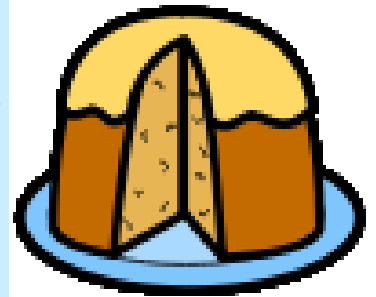
## Ian Callaghan Recovery and Outcomes Pudding and Custard!!



I don't know about you, but I love pudding and custard! When I was in hospital, we had it nearly every day and sticky toffee pudding and custard was my favourite! I was quite unwell at the time and didn't have any leave. I had no intention of going to the gym. I put on a lot of weight! I had to buy new clothes, couldn't look at myself in the mirror and it made me feel even worse. A downward spiral. Once we'd found the right treatment and I got some ground

leave, I started to turn the corner. It was Spring and the weather improved, and I started to get out more. I was determined to lose the weight. I still wasn't interested in the gym, but I started to do gentle exercises on the ward with the gym instructor – I quite liked Pilates. Who knew!

At around the same time, I started to get involved in the Patients' Council and I loved the feeling of being able to influence how our

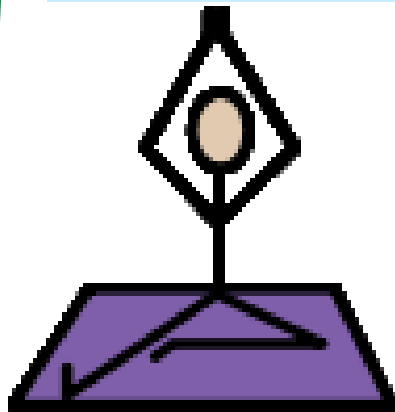


service was run. I got the bug. I was invited to come to the Yorkshire & Humber Involvement Strategy Group and wow! People in services were making decisions, not only about how their services were run, but also about CQUINs – one of which was the Whole Dining Experience, which blew me away – staff eating with service users, it made complete sense!

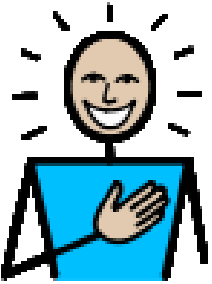
Fast forward quite a few years – I had unescorted community leave and bought a bike. Our hospital was in the middle of beautiful countryside and I loved my cycle rides! And I was back to the same

weight I was when I came into hospital.

After I was discharged, I kept up my involvement work, through the Recovery and Outcomes Groups, which I was helping to organise. I applied and was successful in getting a position on the national Adult Secure Clinical Reference Group at NHS England – who were supporting all secure services in the country to provide the best services possible. I loved it – service users and carers were having a big impact!



## Ian Callaghan — Pudding and Custard!!



So, last year, I was asked to join a 'Task & Finish' Group to support the development of some Guidance and a 'Physical Health Passport' to support people in all secure services to manage their weight. There were a really good range of people in the Task & Finish Group – including people from Public Health England, dieticians, exercise professionals, doctors, nurses, NHS England commissioners, together with some service user and carer experts-by-experience. The draft Guidance that was produced covered the whole pathway – from pre-admission then to admission, care and treatment, and right through to discharge. We looked at all the areas that people had previously told us were important to them – food and nutrition, physical activity, medication and treatment as well as support for the workforce in services.



Last year we also dedicated a round of Recovery and Outcomes Groups to ask for service users' feedback on the draft Guidance that had been produced. We also had presentations about what was working well in services and what the challenges were too. We produced a report, which we'll be able to share with you soon – so watch this space!



We also held a Masterclass at one of the Yorkshire & Humber Managing a Healthy Weight CQUIN meetings and I was bowled over by the enthusiasm and input that people gave – thank you to everyone who attended and contributed so incredibly helpfully!

We'd like to say a big thank you to everyone who contributed to this work – it would have been so helpful all those years ago when I was in hospital and putting on all that weight... I also want to thank my colleague Gaby, who was also instrumental in helping with all of this – Gaby also did other work alongside this with the Health and Wellbeing Alliance. Over to you Gaby!!

## Gabby Hasham—Recovery and Outcomes

Hello! It was so great to meet so many of you at the CQUIN meeting and Masterclass in September. I only started the Recovery and Outcomes Groups Project Officer role in May, and still felt shy and nervous. You were very welcoming and made me feel very at home!

I really enjoyed planning and facilitating the most recent round of Recovery and Outcomes Groups where we discussed Managing a Healthy Weight. We really appreciated everyone's ideas and contributions. It was important to us that the final report was as service user led as possible, with people with lived experience at the forefront. See page 12 for a bit more from me!





## What is mindful?

- To be in the moment
- Focused on one task
- Non- judgementally
- Letting go of the past
- Not worrying about the future

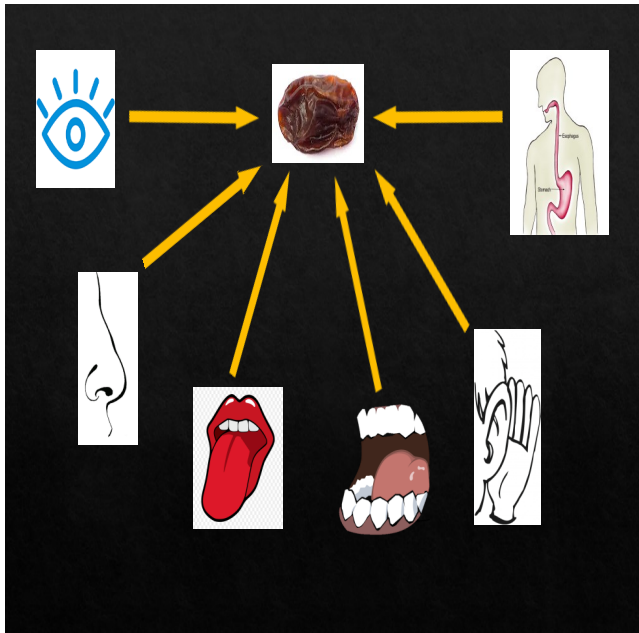
be.  
here.  
now.

## Mindless eating

- **Eating past Full** (I need to clear my plate, I always have room for pudding,)
- **Eating when emotions tell us to eat** (e.g. bored, sad, lonely; we also eat for happy emotions too! Like birthdays or other special occasions)
- **Eat as part of a rigid routine** (I always have supper at 10pm)
- **Eating alone** (Meal for 2 for 1)
- **Eating at Random times** (2<sup>nd</sup> breakfast, mid afternoon snack, midnight feast)
- **Eating comfort foods** (chocolate helps soothe me)
- **Eating and multi-tasking** (too busy to notice when you are full)
- **Convenience food** (ready-meals)

### Mindful eating

- Listening to your body when it is full
- Eat when your body tells you to eat
- Choosing food that is healthy for you
- When you eat- just eat
- Valuing where food comes from and appreciating how it is made & by whom



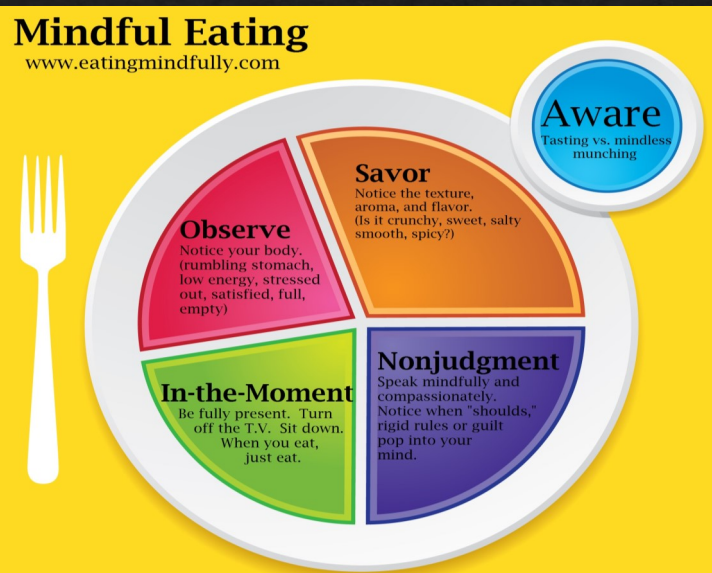
## Skills Practise; Mindful Eating

1. **Choose** a piece of food e.g. a Raisin or Square of Chocolate
2. **Look** at the food- (like it is the first time you have ever seen it) observe the colour, shape, texture
3. **Smell** the food – what does it remind you of, how does it make you feel
4. **Taste** the food- place it on your tongue, savour the flavour
5. **Take a bite** (don't eat the whole thing yet!)
6. **Listen** for any sounds, snap crackle or pop
7. **Chew** the food- **notice** changes in texture and size
8. **Swallow** the food- notice the journey it takes
9. **Feel** gratitude for the food
10. **Repeat & Practise**- you should feel fulfilment from the each small bite

Try out your new skills when eating a meal

### Mindful Eating

[www.eatingmindfully.com](http://www.eatingmindfully.com)



### Shopping mindfully



We are all animals; our emotions and instincts are built on that (fight or flight)

We were designed to hunt and find food- exercising and burning energy in the process and doing so only to survive!

We now live in a different environment, a concrete jungle full of supermarket offers; BOGOFs, meal deals, 2for1, end of the aisle stuff we don't want

We also have a very different relationship with food, it is no longer about survival but of comfort and convenience and we don't even have to find it.... It comes to us (takeaway!)

Sometimes we can feel guilty about over-eating which increases our emotional response and in turn more comfort eating!

Mindfulness can help us break this cycle as we can return into our emotions and feelings as can awareness of these consumer tricks!

We need to be more compassionate to ourselves, forgive our temptations! Stay in the moment and try soothing options that are not food related to comfort ourselves!

### Practising Skills, Shopping & Eating Mindfully should...

- Help us Listen to our Emotions & Feelings about food
- Keep us Aware of unnecessary supermarket offers
- Feel less guilty for the choices we make
- Use alternative methods to self soothe
- Help us know when we are full
- Enjoy the taste of food and feel satisfied for longer



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# **PRIORY** Fitness session Stockton Hall

## WARM – UP

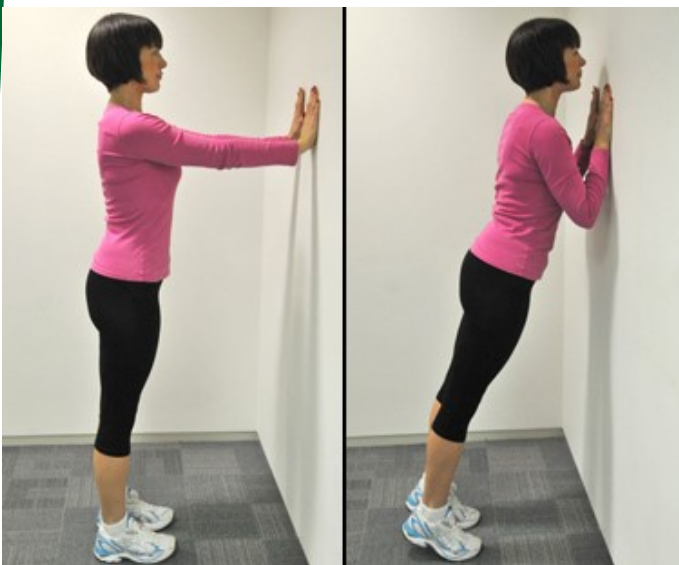


1. March in the spot – 2 x 90seconds



2. Knee lift 2 x 30 seconds

## MAIN – WORKOUT



1. Close grip wall push-ups 4 x 10



2. Lunges 4x10





3. Calf Raise 4x10



4. Squats 2 x 12

## COOL – DOWN



Hamstring stretch – standing if not enough space (15 seconds)



Lying down tight stretch – standing if not enough space (15 seconds)



Calf – stretch (15 seconds)





## Bierley—Chair Aerobics Workshop



This project was co-produced by one of our service users that regularly attends the Involvement network meetings, and our Healthy Lifestyle Advisor. The workshop now runs on all wards within Cygnets Bierley, and includes a demonstration manual, that allows service users and staff, to workout at their leisure. This is ideal for anyone that struggles with mobility, doesn't like group work, or even those that are often time restricted. The manual is available for other services within the Yorkshire & Humber Network.



Please e-mail [philanincube@cygnethealth.co.uk](mailto:philanincube@cygnethealth.co.uk) or [andyclements@cygnethealth.co.uk](mailto:andyclements@cygnethealth.co.uk)

## Cygnets Bierley—Healthy Recipe

Taken from the 'Hairy Dieters' book, and made within our Cookery College, 'Fiery Beef Madras' is a healthier option to a takeaway: **Serves 4; Prep Time 10 mins; Cooking time; 1 hour 55 mins**

### FIERY BEEF MADRAS

*346 calories per portion*

*This is a rich, hot beef curry that's very easy to put together and will go down well with anyone who likes a bit of spice – like us. If you don't fancy beef, you can make the curry with 12 boneless, skinless chicken thighs and use chicken stock instead of beef.*

Preheat the oven to 170°C/Fan 150°C/Gas 3½. Place the chillies on a board and finely chop 2 of them. Split the other 2 chillies from stalk to tip on one side without opening or removing the seeds. Remove any visible fat from the beef and cut the meat into chunks of about 3cm if it's not already cut.

Heat a large flameproof casserole dish on the hob. Add the oil and fry the onion, garlic and chopped chillies over a high heat for 1 minute, while stirring. Sprinkle over the curry powder and stir for a few seconds before adding the chopped tomatoes and tomato purée.

Cook over a medium-high heat for 5 minutes, stirring constantly until the liquid evaporates and the sauce looks very thick and deep red. Don't let the garlic or spices burn or they'll make the sauce taste bitter.

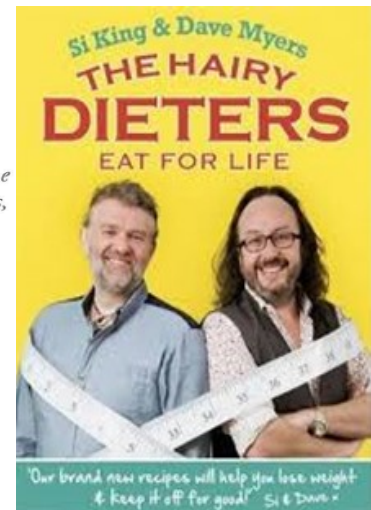
Next, add the beef, whole chillies, sugar and salt to the casserole dish and cook for 2 minutes, turning the beef regularly until lightly coloured and well coated in the tomato mixture.

Pour over the stock and bring to a simmer, stirring. Cover the dish with a lid and carefully transfer it to the oven. Cook for 1½–1¾ hours or until the beef is beautifully tender and the sauce has thickened. (If the sauce is still a little thin, put the casserole dish back on the hob and simmer for 2–3 minutes, stirring regularly.)

Serve with natural yoghurt and add a small portion of rice (see pages 178–179), or a couple of chapatis if you like, but remember to add on those extra calories.

Serves 4  
Prep: 10 minutes  
Cooking time: about 1 hour and 55 minutes

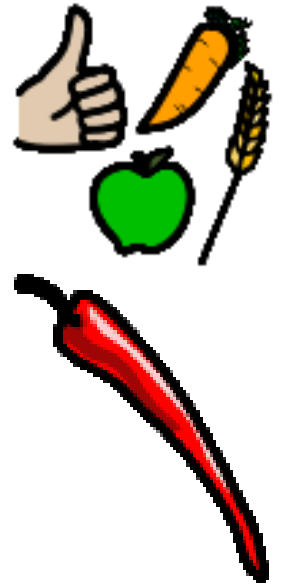
4 long red chillies  
800g good braising steak  
1 tbsp sunflower oil  
½ medium onion, finely chopped  
2 garlic cloves, crushed  
2 tsp medium curry powder  
400g can of chopped tomatoes  
1 tbsp tomato purée  
1 tsp caster sugar  
1 tsp flaked sea salt  
750ml beef stock, made with 1 stock cube  
4 tbsp fat-free natural yoghurt, to serve



# Waterloo Slow Cooker Chilli Recipe:

## You will need:

- Oil or Fry-light
- 1 onion chopped (fresh or frozen)
- Splash Worcestershire sauce
- 500g beef mince
- Salt to taste
- 2 tsp Cumin Powder
- 2 tsp Coriander
- 1 tsp Chilli powder (or frozen chilli~ adjust to own taste)
- 2 cloves garlic (fresh chopped or frozen)
- 1 Knorr stockpot or cube (Beef) (whole do not dilute, sprinkle in if cube)
- 1 tbsp tomato puree
- 1 tin baked beans (or mixed beans or kidney beans for traditional)
- 1 tin chopped tomato



We also sometimes like to add other Vegetables (not needed and not traditional- but it goes further and more healthy options packed in)

- Sweetcorn
- Spinach
- Peppers

## How to prepare:

- Turn on slow cooker to a 4-6 hour setting and spray some fry light or add tsp oil
- Add ingredients to slow cooker in order listed above, stirring in each item as you go
- Add no extra liquid as there is plenty from the tomatoes and beans
- Keep stirring through cook time
- Tip: if it is looking too wet- remove slow cooker lid for last hour to reduce down.

Enjoy!!





## Gabby Hasham—Recovery and Outcomes

I have also had the chance to work on a recent report commissioned by the national Health and Wellbeing Alliance on improving the support for people with severe mental illness to manage their weight in the community. Rethink Mental Illness were asked to bring the lived experience perspective to this work through focus groups with our service users. Their barriers to and motivations for managing their weight were the same as those discussed in Recovery and Outcomes Groups. People wanted more personalised support, a focus on living a healthy lifestyle rather than just BMI and to know more about the relationship between mental and physical health.



A couple of articles that Gabby worked on from the Centre for Mental Health that aim to better help practitioners to support people with severe mental illness to quit smoking and manage their weight.

Please find the full reports here:

<https://www.centreformentalhealth.org.uk/news/mental-illness-smoking-weight>

### A time to quit

Experiences of smoking cessation support among people with severe mental illness

Curtis Sinclair

People with severe mental illness are three times as likely to smoke than those without, and those who do smoke are more likely to be heavy smokers. This can lead to multiple physical health problems, and, tragically, an estimated 50% of deaths of people with severe mental illness are from smoking-related illnesses. However, rates of wanting to quit are about the same as for the general population. *A time to quit* explores the experiences of people living with severe mental illness of being helped to stop smoking.

The report is produced by Centre for Mental Health, Rethink Mental Illness and the Association of Mental Health Providers. It was commissioned by the VCSE Health and Wellbeing Alliance (HWA), a partnership between the Department of Health, NHS England, and Public Health England, and 20 national voluntary sector organisations and consortia.

The report finds that people with severe mental illness who smoke are just as keen to quit as other smokers, but few get effective help. There are widespread myths that it is not possible or not safe for people with a mental illness to quit smoking.

People with severe mental illness told us that they want more help to quit smoking, including help to find the right time for them, holistic and personalised support, access to the full range of effective therapies, support from social networks and incentives to reduce or quit smoking.

To help them to do this, it is important that health professionals are trained in how to support people with severe mental illness in smoking cessation techniques, for psychiatric medication to be adjusted when people stop smoking, and for ongoing help to be offered to sustain quit attempts



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## Gabby Hasham



**We can all struggle with managing our weight, whoever we are. Weight management is complex and no one size of support fits all. Thank you to everyone who we met at the CQUIN meeting for sharing their experiences. You are all fabulous!!!**

A couple of articles that Gabby worked on from the Centre for Mental Health that aim to better help practitioners to support people with severe mental illness to quit smoking and manage their weight.

Please find the full reports here:

<https://www.centreformentalhealth.org.uk/news/mental-illness-smoking-weight>



### More than a number

Experiences of weight management among people with severe mental illness

Jo Wilton

The National  
LGB&T Partnership

Race Equality  
Foundation

People living with severe mental illness in the UK are more likely to have common risk factors for being overweight, such as reduced access to healthy food, lower incomes and health conditions that limit their mobility. In addition, they have risk factors not typically faced by the general population, such as weight gain related to psychiatric medication and admission to inpatient wards with few opportunities to be physically active.

Weight management is complex, and this is especially true for people with severe mental illness, yet, until relatively recently, little guidance had been tailored to their needs. Based on the first-hand experiences of service users and published research, this report brings into focus some of the challenges...and provides a starting point for those looking to understand what is important to people with severe mental illness in terms of weight management support in the community.

Service users shared their experiences of weight management, which included: the difficulties of remaining motivated during fluctuations in their mental health; the complicated ways in which their eating was related to their emotions; and the lack of long-term support. We also heard from practitioners and commissioners about some of the challenges of providing weight management support to people with severe mental illness.

These included: competing priorities, with attention being focused on the psychiatric side of care often at the expense of issues such as weight; and lack of clarity about who is responsible for coordinating physical health care of people with severe mental illness.

Even without these additional challenges, sustained weight loss is hard to achieve. Our research suggests that, if this is the only criterion of success, services are setting people up for failure which, in turn, can lead them to become discouraged and feel a sense of hopelessness about weight management. More promising, however, are efforts that take the emphasis off numbers (e.g. kilograms lost or reductions in BMI) and instead prioritise weight gain prevention, setting achievable goals, and building people's intrinsic motivation to adopt healthier behaviours.



Unfortunately we don't have a date for the next CQUIN meeting at the moment, however in the meantime we would love to hear from you!

We would love to hear about:

- Healthy Weight CQUIN updates from your service
- Areas of good practice to do with Healthy Weight
- Any Physical Health Passport examples
- Creative inspiration for other services
- Any healthy recipes that you would like to share!

We still want to share best practice and keep things going in whatever ways we can to keep service users involved and engaged in the Network during this time until we can get back to Sandal in the future.

We look forward to hearing from you and seeing you all very soon!

Contact Charlotte, Holly or Jo for more information:

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[www.yorkshireandhumberinvolvementnetwork.nhs.uk](http://www.yorkshireandhumberinvolvementnetwork.nhs.uk)