Learning Disability and Obesity Charter for the West Midlands
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The “Valuing People Now” Vision

“All people have the right to lead their lives like any others, with the same opportunities and responsibilities, with the right support to make this possible and be treated with the same dignity and respect”

This Charter has at its heart the “Valuing People Now” vision and has been developed to raise the profile of the needs of people with learning disabilities who are at risk of or who are already obese.

It strives to tackle the health inequalities related to weight management in people who have learning difficulties and make significant improvements to the quality of life and outcomes for the one person in three with a learning disability who are obese (compared to one in five of the general population). This equates to 328,333 people with learning disabilities being obese in England.

We know that better support and services could be provided for these individuals and this charter sets out to raise the profile of the needs of this population regarding weight management services, support commissioning and prioritisation and provide clear standards for service deliverers to adhere to through commissioning processes. We believe that this approach will empower people with learning disabilities, their carers and family members to make healthy choices the norm no matter what their circumstances.

The Facts

• Women, people with Down’s syndrome, people of higher ability and people living in less restrictive environments are at increased risk of obesity.

• Less than 10% of adults with learning disabilities in supported accommodation eat a balanced diet, with an insufficient intake of fruit and vegetables.

• Carers generally have a poor knowledge about public health recommendations on dietary intake.

• Over 80% of adults with learning disabilities engage in levels of physical activity below the Department of Health’s minimum recommended level, a much lower level of physical activity than the general population (53%-64%).

• People with more severe learning disabilities and people living in more restrictive environments are at increased risk of inactivity.
• The rate of Type 2 Diabetes in people with learning disabilities is double that of general population.

The Aims of the Charter

The implementation of the Charter will:
• Improve practice relating to the commissioning and delivery of weight management and related services for people with learning disabilities, their carers and families.
• Standardise the services offered to people with learning disabilities, their carers and families regarding weight management.
• Advise on the standards that are expected when commissioning and delivering services to people with learning disabilities to support them in maintaining a healthy weight.

The Charter aims to:
• Promote and support prioritisation of the needs of people with Learning Disabilities regarding the commissioning of specialist and community services to aid weight management.
• Strengthen commissioning processes and advises on the standards expected when delivering services.
• Aid the local prioritisation of services that maximise opportunities for people with learning disabilities, their carers and families to be supported to maintain a healthy weight.

The Rights and Values of the Charter:

• People have the right to a healthy life and to be given the appropriate support to achieve this.
  - All people with a learning disability, their families and carers have an equal right to support and advice that will enable them to make healthy lifestyle choices and maintain a healthy weight.
  - This support should be person centred with services that are developed to take into account individuals communication needs.
  - Services should be individually tailored, flexible, responsive to changes in individual circumstances and delivered in the most appropriate local situation. Services should be delivered by individuals with the right values, attitudes, training and experience.
• People have the right to environments that enable individuals, their families and carers to make healthy choices regarding lifestyle.
• Services should be developed on the principles of positive behavioural support and other evidence based approaches that will respond to all the needs of the individual.
• All services and professionals delivering services should put valuing the lives of people with a learning disability at the heart of their work and provide a high standard of care and support regarding weight management.
Definitions

In this Charter we adopt the following definition of learning disability from the Department of Health’s Valuing People Strategy\textsuperscript{xiv}, which is recognised by NHS West Midlands and its partners:

“Learning disability includes the presence of:

- a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;
- a reduced ability to cope independently (impaired social functioning);
- which started before adulthood, with a lasting effect on development”

Legislation and Reasonable Adjustments

Under the Disability Discrimination Act (1995 and 2005) and the Disability Equality Duty contained in the Equalities Act (2010) all public bodies are required to make reasonable adjustments to reduce or remove physical or other barriers and to provide additional support to people with learning disabilities. These adjustments could include;

- Larger print
- Easier to understand words, pictures and symbols
- Clear and easy to understand information and signs
- More time to explain and listen
- First or last appointments
- A different place to wait for appointments
- Involvement of carers/family but talking and listening to the person with learning disabilities
- Not speaking jargon or delivering complex information
- Familiarisation visits and adjustments to timings where needed
- Extended sessions
- Adjustments in procedures

All services should consider what is required to enable them to deliver an equal service that provides appropriate safe and high quality care.

Relevance of the Charter

The Charter has several elements that combine to enable its aims to be met. Each element has been tailored to meet the needs of specific individuals and professionals and an overview of the documents and the target audience is summarised overleaf.
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The Charter supports the delivery of the Care Quality Commission (CQC) “Guidance about compliance; Essential Standards of Quality and Safety” and particularly focuses on:

Sections 4a (Care and welfare of people who use services - People who use services have safe and appropriate care, treatment and support because their individual needs are established from when they are referred or begin to use the service. The assessment, planning and delivery of their care, treatment and support:  

- Enables them to make healthy living choices concerning exercise, diet and lifestyle.

Sections 5a Ensure personalised care by providing adequate nutrition, hydration and support:

Where the service provides food and drink, people who use services have their care, treatment and support needs met because:

- Relevant staff know what a balanced diet is.
- Staff involved in food preparation produce food to help facilitate a healthy, balanced diet.
• They have access to specialist advice and techniques for receiving nutrition where their needs require it.

5b Where the service provides food and drink, but not when this is in the person’s own home or Shared Lives arrangement, people have their care, treatment and support needs met because:

• The person can choose a balanced diet that is relevant to them as an individual, taking account of their nutritional status and previous wishes.

5c Where the service provides food and drink, people who use services can make decisions about their food and drink because they:

• Have information on what constitutes a balanced diet to help them make an informed decision about the type, and amount, of food they need to address any risk of poor nutrition and/or dehydration.

The process for organisations to sign up to and use the Charter

The following types of organisations and partnerships are encouraged to sign up to the Charter

• Strategic organisations and partnerships (Learning Disability Partnerships, Local Authorities, NHS organisations, Health and Well Being Boards etc.)
• Commissioning organisations and partnerships (Clinical Commissioning Groups, Learning Disability Partnerships, Local Authorities, NHS organisations, Health and Well Being Boards etc.)
• Frontline health services (Acute trusts, Health trust provider arms, Clinical Commissioning Groups, GP practices, Dieticians, Specialist Learning Disability Trusts, Mental Health Trusts and services etc.)
• Service deliverers – public, private and voluntary sector (Social care service deliverers, weight management services (e.g. Slimming World, Weight Watchers), physical activity services (gyms, community exercise providers, sports clubs etc.), healthy eating deliverers (community cooking classes, health promotion charities etc.)
• Charities and organisations that support people with Learning Disabilities and their carers (local MIND services, Special Olympics etc.)
• Independent Residential Agencies including registered homes & supported living.

The process for signing up to and implementing the framework is shown in the diagram overleaf.
Diagram 1: The process for organisations and partnerships who wish to sign up to and implement the Charter

1. **Organisations/Partnerships** sign up to embed the Charter and its principles into practice at a leadership level.

2. **Organisations/Partnerships** inform partners, contractors that they are signed up to the Charter and will be embedding the principles within commissioning/delivery mechanisms.

3. **Organisations/Partnerships** inform staff that they are signed up to the Charter and will be embedding the principles within commissioning/delivery mechanisms. Provide staff with the Charter annexe, which documents what they can expect.

4. **Organisations/Partnerships** action plan how they will embed the appropriate actions within their work programmes.

5. **Commissioners within Organisations/Partnerships** to embed the use of the “Commissioners checklist” into commissioning systems to support effective contracting.

6. **Commissioners to use commissioning statements for specific services within commissioning specifications and contracting.**

7. **Organisations/Partnerships** sign up to embed the Charter and its principles into practice at a leadership level.

8. **Commissioners to use commissioning statements for specific services within commissioning specifications and contracting.**

9. **Deliverers of services should use the commissioning statements to develop their services to meet commissioners and service user’s needs. This could be as part of developing service tenders or service improvement plans.**

10. **Organisations/Partnerships should monitor the implementation of the Charter actions/checklists/commissioning statements/service improvement statements and identify the outcomes for service users.**
Sign up to and implementation of the charter is not monitored by any one agency or partnership and organisations who sign up to deliver the charter are expected to take a self-assessment approach to adherence.

**Actions to be taken:**

**Public Health, NHS and Social Care Commissioners & Strategists**

- Adults and Children with Learning disabilities should be a priority group for all Locality Obesity strategies.

- Weight management and healthy lifestyle choices should be factored into the Children’s and Adults service long term collaborative plans to support the commissioning of services that meet the health needs of children and adults with learning disabilities, their families and carers.

- Commissioners and Service Managers should adopt evidence based strategies to support individuals with learning disabilities and their carers to make healthy choices. This includes taking into account evidence found in the relevant NICE Guidance\(^{xvi}\), the British Dietetic Association Professional Consensus Statement: Weight Management for Adults with a Learning Disability living in the Community\(^{xvii}\) and evidence from interventions and systematic reviews of obesity/weight management, healthy eating and physical activity. References needed?

- Obesity, physical activity and health eating measures should be incorporated into the Annual Healthcheck\(^{xviii}\) at an individual level and individual health action plans. All Healthchecks that are completed should result in a subsequent action plan for the individual to ensure they are supported to improve their health and well-being. The monitoring of this should be included within service specifications for contracts.

- Commissioners should embrace an equity approach to the provision of physical activity, health eating and weight management services that take into account the social, cultural, environmental and individual needs of people with learning disabilities and their carers.

- Commissioners should identify current weight management, physical activity, healthy eating and dietetics services and investigate how they are meeting the needs of people with Learning Disabilities and undertake a gap analysis.

- Commissioners should ensure that plans are put in place with service providers to build the capacity of services and staff to promote and support people with learning disabilities to be physically active, eat healthily and make healthy lifestyle choices to aid weight management.
• Commissioners should ensure that service deliverers have and deliver plans for staff to be trained to support and facilitate people with learning disabilities to make healthier choices and maintain a healthy weight.

• Commissioners should ensure that a life-course approach to supporting people with learning disabilities to maintain a healthy weight is adopted, ensuring that appropriate physical activity and healthy eating and weight management programmes are available for all ages.

• Commissioners should ensure that people and their carers will receive support and services to aid weight management, eating healthily and being physically active, that are timely, safe, of good quality, co-ordinated and seamless. They will be proactively involved in the planning, commissioning and monitoring of support and services including both specialist and general services.

• Commissioners should ensure that services are developed to provide early intervention, and timely support and services that will meet the individual needs (including communication needs) of children and adults who are showing early signs of developing weight management problems and the associated health conditions.

• The NHS, Social Care and associated services should proactively plan to ensure that people receive the same range, quality and standard of healthcare as everyone else, making reasonable adjustments when required.

• Commissioners should ensure adherence to and delivery of the appropriate sections of the CQC “Guidance about compliance; Essential Standards of Quality and Safety” (2010)xiv.

• Commissioners and strategists should maximise the opportunities that the LD Health Checks provide for data collection and analysis to aid service planning. They should consider the local development of coding and flagging systems that enable learning disability read coding to be linked to chronic conditions so that data extraction queries can include cross referencing of patients with a learning disability who are overweight/obese at consortia and practice level to aid service planning and development.

**Frontline health services**

• Obesity, physical activity and health eating measures should be incorporated into the annual Healthcheck at an individual level and should feature in the individual health action plans when appropriate. All Healthchecks that are completed should result in a subsequent action plan for the individual to ensure they are supported to improve their health and well being.
Frontline health workers should embrace an equity approach to the provision of physical activity, health eating and weight management services that take into account the social, cultural, environmental and individual needs of people with learning disabilities and their carers. Those providing frontline health services should consider what reasonable adjustments can be made to mainstream services to support people learning disabilities.

Frontline health workers should ensure that services are developed to provide early intervention, and timely support and services that will meet the individual needs (including communication needs) of children and adults who are showing early signs of developing weight management problems and the associated health conditions.

Ensure adherence to and delivery of the appropriate sections of the CQC “Guidance about compliance; Essential Standards of Quality and Safety” (2010)\textsuperscript{xiv}.

Service Deliverers (Service Managers)

Service deliverers should adopt evidence based strategies to support individuals with learning disabilities and their carers to make healthy choices. This includes taking into account evidence found in the relevant NICE Guidance, the British Dietetic Association Professional Consensus Statement: Weight Management for Adults with a Learning Disability living in the Community and evidence from interventions and systematic reviews of obesity/weight management, healthy eating and physical activity.

Service deliverers should embrace an equity approach to the provision of physical activity; health eating and weight management services that take into account the social, cultural, environmental and individual needs of people with learning disabilities and their carers.

Service providers should identify how their current weight management/physical activity/healthy eating/dietetics services are meeting the needs of people with Learning Disabilities and identify and implement reasonable adjustments to strengthen the services.

Service deliverers should build the capacity of services and staff to promote and support people with learning disabilities to be physically active, eat healthily and make healthy lifestyle choices to aid weight management.

Service deliverers should ensure that staff are trained to support and facilitate people with learning disabilities to make healthier choices and maintain a healthy weight.

Service deliverers should ensure that their services are developed to provide early intervention, and timely support and services that will meet the individual needs
(including communication needs) of children and adults who are showing early signs of developing weight management problems and the associated health conditions.

- Ensure adherence to and delivery of the appropriate sections of the CQC “Guidance about compliance; Essential Standards of Quality and Safety” (2010) xvi.

**Commissioning & Contracting Statements:**

Commissioners should maximise opportunities to ensure that services for people with learning disabilities provide holistic approaches to health and well-being that support people to maintain a healthy weight. Commissioners should also maximise opportunities to ensure that specialist and mainstream weight management, physical activity and healthy eating services meet the needs of people with learning disabilities.

This includes ensuring that effective links are made between the Quality Improvement Productivity and Prevention (QIPP) agendas and Commissioning for Quality and Innovation (CQUIN) payment frameworks. For example Commissioners could link the delivery of this charter into their approach to “Improving responsiveness to personal needs of patients” (National CQUIN goal for 2010/11) and embed goals that are stretching and focussed into contracts that have an incentive value for contractors to meet the goals.

The following statements have been developed to support Commissioners in developing service specifications and contracts and to support them in implementing the charter. Commissioners should determine which statements are appropriate for contracting individual providers of services. In addition to these statements Commissioners should consider including the appropriate good practice points stated in the British Dietetic Association’s “Weight Management for Adults with a Learning Disability Living in the Community” that relate to decision making and consent, meeting the client’s needs and meeting the carer’s needs xvii.

The statements below have been designed to support the commissioning of a range of services including: day services, residential services, mainstream weight management services, physical activity services, healthy eating services, specialist weight management services, Dietetics services and generic behaviour change services (for example Health Trainer services).

**Statements**

- Provide a holistic, consistent approach to discussing and supporting behaviour change.

- Provide a range of opportunities for and facilitation of physical activity for clients each day.
• Provide healthy food options for staff, clients and carers at every meal to meet the CQC Guidance document XVI.

• Provide training/information/workshop sessions to clients, their families and carers to support them to make healthy choices and aid weight management.

• Provide training to staff to facilitate the above in a consistent manner.

• Invest in training and development for people with learning disabilities, families, carers to enable them to be better supported where they live.

• Support clients to access mainstream or specialist weight management services where required (this may include slimming clubs, exercise referral or weight management activity classes, weight management clinics at surgeries or hospitals, dieticians etc depending on local availability).

• Provide early intervention, and timely support and services that will meet the individual needs (including communication needs) of children and adults who are showing early signs of developing weight management problems and the associated health conditions.

• Provide improved data collection methods to support local needs analysis for learning disability and obesity agendas.

• Work closely with local health promotion teams to ensure that the services offered are evidence based and guided by best practice.

• Undertake regular analysis of physical activity/healthy eating/weight management/dietetics/behaviour change services and identify and implement reasonable adjustments to these services to support people with learning disabilities and their carers to maintain a healthy weight.

• Provide tailored support and opportunities to people with Learning Disabilities, their families and carers to access behaviour change, weight management, physical activity, dietetic services, and healthy eating advice or develop tailored services for this group.

• Ensure evidence based approaches to family and carer engagement, learning and inclusion taken to enable the individual to be fully supported to make changes to their behaviour

• Develop services that help clients understand the impact of their actions.

• Create effective links to local Health Trainer services to ensure that clients with Learning Disabilities are fully supported to make changes to their health behaviours.
• Public Health and NHS specialists delivering weight management programmes should identify local Learning Disability Professionals and work closely with them to ensure that the services meet the needs of people with Learning Disabilities and their carers.

• Provide Training & Specialist courses to general Dieticians to increase the number of dieticians who are able to work effectively with people with Learning Disabilities and their families and carers.

• Ensure an equitable approach to the provision of behaviour change services that take into account the social, cultural, environmental and individual needs of people with learning disabilities and their carers.

Copies of this document and others relating to the West Midlands Learning Disability and Obesity programme can be downloaded from
http://www.obesitywm.org.uk/panlinks.aspx?id=OBESITY_LEARNING_DISABILITIES

Acknowledgments

The WM LD & Obesity Group & WM LD & Obesity Group: Charter development Group:
Angela Kerrigan, Grapevine
Carlie Bruce, Birmingham Community Healthcare NHS Trust
Janet Gill, South Warwickshire NHS Foundation Trust
Karen Saunders, Department of Health West Midlands
Ranjit Senghera, NHS West Midlands
Suzanne Gardner, Lifestyle Connect
REFERENCES


xv Care Quality Commission (2010) Guidance about compliance; Essential Standards of Quality and Safety
