



**Leicester, Leicestershire
and Rutland**
Health and Wellbeing Partnership

Healthy living toolkit for people with learning disabilities

Care Provider version



This toolkit has been developed by the Leicester, Leicestershire and Rutland Learning Disability and Autism Collaborative.

Leicestershire Partnership NHS Trust leads the Learning Disability and Autism Collaborative which works alongside the Leicester, Leicestershire and Rutland Integrated Care Board, University Hospitals of Leicester, Leicester City Council, Leicestershire County Council, Rutland County Council, as well as the local voluntary sector and primary care services.

Working together, the Collaborative's aim is to transform services to improve outcomes for people with learning disabilities and autistic people in the community.

Learning Disability and Autism Collaborative Our Vision

for people who live, work or study in Leicester, Leicestershire and Rutland, and their families



Introduction	5
Background	5
Care provider roles and responsibilities	6
Health and Social Care Act 2008 (regulated activities) Regulations 2014: Regulation 14 - meeting nutritional and hydration needs	7
Weight assessment and Body Mass Index	10
Table 1. Body Mass Index classifications	11
Ethnicity and Body Mass Index	11
Older adults and Body Mass Index	12
When a weight or height check is not possible	12
People with learning disabilities and Body Mass Index	12
People with cerebral palsy and Body Mass Index	12
Waist to height ratio	13
Malnutrition assessment using the Malnutrition Universal Screening Tool	14
Underweight	16
People living with excess weight	17
Unintentional weight loss	18
Signs of poor nutrition and hydration	19
Potential causes of poor oral intake or food/fluid refusal	20

Monitoring nutritional status	22
Healthy living	23
Keeping physically active	24
Healthy eating	26
Food provision	32
Difficulty eating and drinking	33
Approaching conversations around weight and healthy eating to lose weight	34
Key points	38
Support and specialist services available	39
Appendix.1 Support for underweight, unintentional weight loss and concerns with poor oral intake	42
Appendix.2 Healthy lifestyle (weight management and physical activity) support services	44
Appendix.3 Physical activity opportunities	46
Appendix.4 Training and guidance	50
Appendix.5 Dietary and activity information	53
Appendix.6 List of primary care networks who purchased an accessible wheelchair scale	60
Appendix.7 Leicestershire Partnership NHS Trust locations with accessible scales	62
Bibliography	66

Introduction

This toolkit is designed for Care Providers who support individuals with learning disability. It serves as a comprehensive resource to promote healthier lifestyles, with a focus on nutrition, hydration, and physical activity. The toolkit addresses prevalent health concerns and disparities often faced by individuals with learning disabilities to support the delivery of equitable and person-centred care.

Background

Individuals with learning disabilities are more likely to experience health inequalities and have a shorter life expectancy compared to people without learning disabilities.

Findings from the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD) report that individuals with learning disabilities often have poorer diets and are more likely to be underweight or living with obesity. (1)

In Leicester, Leicestershire, and Rutland, approximately 11% of individuals with learning disabilities are underweight, 25% are living with overweight and 34% are living with obesity.

Weight (both underweight and excess weight) can markedly affect quality of life and lead to preventable health conditions.

Physical health conditions, including type 2 diabetes, respiratory conditions, cardiovascular disease, and certain cancers, remain more prevalent among individuals with learning disabilities.

Weight checks provide an essential piece of information and enables healthcare professionals to identify unintentional weight loss, weight gain, body mass index, and assess the risk of developing preventable health conditions.

Annual health checks present an optimal opportunity to conduct weight assessments, identify potential concerns, and offer additional support as needed.

There may be challenges to achieving weight checks within primary care, particularly if the equipment does not meet the individual's needs (e.g., no wheelchair scales). Alternative measurements can be used if there is no option to use a scale.

Access to good nutrition, hydration, and a variety of physical activities is essential to improving health outcomes, increasing life expectancy, and enhancing quality of life.

Care Provider Role and responsibilities

Care Providers must:

- Recognise that weight can be a good indicator of an underlying health problem and can lead to health issues.
- Monitor weight, nutrition, and hydration based on clinical need and professional guidance to ensure timely escalation of concerns when necessary.
- Support individuals to be physically active and eat a balanced diet.
- Follow a person specific nutrition and hydration care plan.
- Support the person with a learning disability to attend their annual health check.
- Meet the Care Quality Commission (CQC) nutrition and hydration requirements (see Regulations 14 of the Health and Social Care Act 2008) and other food safety and hygiene requirements that are applicable to their care setting.
- Adhere to the Mental Capacity Act 2005. If there is reason to believe the individual may lack mental capacity for a specific decision, a mental capacity assessment must be completed.



Health and Social Care Act 2008 (regulated activities) Regulations 2014: Regulation 14 - meeting nutritional and hydration needs

CQC registered care providers must adhere to Regulation 14 of the Health and Social Care Act 2008. This is a CQC requirement and applies when care and treatment involves accommodation or when it is part of the arrangements.

The regulation ensures that individuals using the service have sufficient nutrition and hydration to maintain life and good health, minimising the risks of malnutrition and dehydration during their care and treatment.

According to the regulation, nutritional and hydration needs means:

Parenteral nutrition and dietary supplements are provided when prescribed by a healthcare professional.

Suitable and nutritious food and hydration which is adequate to sustain life and good health.

Meeting of any reasonable requirements of a service user for food and hydration arising from the service user's preferences or their religious or cultural background.

Support for a service user to eat or drink if required.

Regulation 14 states care providers are obligated to ensure the following is met.

Table.1 Regulation 14: Meeting nutritional and hydration needs

Area	Requirement
Staff skills and competency	<ul style="list-style-type: none"> • Staff are able to identify when specialised nutritional advice is needed and know how to obtain and implement it. • Food safety, allergen, and hygiene training.



Area	Requirement
Assessment, monitoring and care planning	<ul style="list-style-type: none"> • Care providers assess, monitor and document individuals' nutritional status to avoid unnecessary risks such as unintentional weight loss, or excessive weight gain. Immediate action is required if there are any concerns related to a person's dietary needs. • Staff adhere to the most recent nutrition and hydration assessments for each individual and take appropriate measures if someone is not meeting their dietary needs. • Provision of parenteral nutrition and dietary supplements are implemented as prescribed by healthcare professionals. • Provision of food and hydration is offered that respects individual's preferences, religious beliefs, and cultural backgrounds. • If an individual is assessed as requiring a specific diet, the care provided must align with that assessment. • Support individuals who need assistance with eating and drinking.
Care provider documentation	<ul style="list-style-type: none"> • The provider has a Nutrition and Hydration Strategy. • Food safety, allergen, and hygiene training evidence. • Clear and accurate documentation of nutritional status (e.g. MUST, care plan and food preferences). • When indicated, care providers document the individuals' food and fluid intake to avoid unnecessary risks such as dehydration, unintentional weight loss, or excessive weight gain.
Food and fluid provision	<ul style="list-style-type: none"> • Individuals are offered and receive suitable and nutritious food and hydration that are sufficient to sustain life and maintain good health (e.g. there are menus available which demonstrate choice and needs being met) • Provision of suitable and nutritious food and hydration, sufficient to sustain life and promote good health. • Provision of parenteral nutrition and dietary supplements are implemented as prescribed by healthcare professionals. • Provision of food and hydration that respects individual's preferences, religious beliefs, and cultural backgrounds.

Food safety and hygiene*

- Failure to prepare, store, or serve food safely can compromise individual's health and well-being, potentially lead to breaches of CQC standards.
- The Fundamental Standards emphasise providing care that avoids harm, and unsafe food practices would fall short of this requirement.
- Food Safety and Hygiene Regulations 2013 (UK) requires all food handlers to be trained, supervised, and instructed to a level appropriate to their role (e.g. Level 2)
- In addition, Allergen Awareness Training is critical for all staff handling or serving food to understand allergen risks and labelling requirements under the Food Information Regulations 2014.
- Additional regulations and law include Regulation (EC) No. 852/2004 on the Hygiene of Foodstuffs, Natasha's Law and the Food Standards Act 1999.
- During CQC inspections, assessors will check whether food safety measures are in place and if staff have received appropriate training to ensure compliance with this regulation. Evidence such as training records, food hygiene certificates, and compliance with the Food Hygiene Regulations 2013 will support meeting the standard.

The CQC can prosecute for violations of this regulation or parts of it if non-compliance leads to avoidable harm or significant risk of harm to a service user. In such cases, the CQC can proceed directly to prosecution without issuing a warning notice. The CQC may also take other regulatory actions.

The CQC must refuse registration if providers cannot demonstrate their ability to comply with this regulation continuously.

Weight assessment and Body Mass Index

Body Mass Index (BMI)

A Body Mass Index (BMI) is used as a screening tool to find out if an individual's weight category is underweight, healthy weight, overweight, or obese. To calculate a BMI, you will need a weight and a height. There are many online BMI calculators that can be used. [Click here to go to an online BMI calculator on the NHS website.](#)

Here is an example on how to do the BMI calculation:

Step 1: Check the weight in kilograms and height in metres (example 70kg and height 1.75m).

Step 2: Square the height in metres (example $1.75 \times 1.75 = 3.0625$)

Step 3: Divide weight by squared height (example $70\text{kg} \div 3.0625 = 22.8$)

Result: A BMI of 22.8kg/m² which is in the healthy weight category.

What does the BMI result mean?

Table 2. shows you what the BMI result means. BMI should also be interpreted in conjunction with other measures of health and risk factors for a comprehensive evaluation (e.g. a waist to height ratio if the individual's BMI is <35kg/m² and a waist circumference).



Table.2 Body Mass Index classifications

BMI Range	Classification
Less than 18.5kg/m ²	Underweight
18.5-24.9kg/m ² 18.5-23 kg/m ² (South Asian, Chinese, other Asian, Middle Eastern, Black African, or African-Caribbean)	Healthy weight
25–29.9kg/m ² 23.0-27.4kg/m ² (South Asian, Chinese, other Asian, Middle Eastern, Black African, or African-Caribbean)	Overweight
30kg/m ² and above 27.5kg/m ² and above (South Asian, Chinese, other Asian, Middle Eastern, Black African, or African)	Obese

[Click here to go to an online BMI calculator on the NHS website.](#)

Ethnicity and BMI

BMI classifications vary for certain ethnicities and this needs to be considered within an individual's assessment. Individuals of South Asian, Chinese, other Asian, Middle Eastern, Black African, or African-Caribbean family background tend to have a higher proportion of body fat at lower BMI levels. Therefore, they have an increased risk of obesity-related health conditions at lower BMI thresholds. As a result, modified BMI cut-off points for different ethnic backgrounds are used to better reflect their body composition and health risks (Table. 2).

Older adults and BMI

According to National Institute of Clinical Excellence (NICE), caution should be taken when using BMI for people aged over 65 years, and we need to consider comorbidities, conditions that may affect functional capacity, and the possible protective effect of having a slightly higher BMI when older. More information can be found [on the NICE website](#).

When a weight or height check is not possible

It is always best to obtain an actual height and weight, however, sometimes this is not possible. In these situations, alternative measurements may be used (e.g. mid-upper arm circumference (MUAC)). This is a measurement used which can give an estimation to find out if the individual is a healthy weight or not. For height, measurements such as an ulna measurement could be used. Further information on how to conduct alternative measurements and charts can be found on the BAPEN [website](#).

Body Mass Index and people with learning disabilities

BMI is a widely accepted tool for assessing weight category, but it does not account for factors such as muscle mass, bone density, fluid retention, or distribution of body fat. BMI should be interpreted in conjunction with other measures of health and risk factors for a comprehensive evaluation (e.g. a waist to height ratio if the individual's BMI is $<35\text{kg/m}^2$ and a waist circumference).

BMI and people with Cerebral Palsy

People diagnosed with cerebral palsy aged 2 to 20 years can be assessed using the appropriate weight and BMI charts available on:

<https://www.lifeexpectancy.org/articles/GrowthCharts.shtml>

The charts are stratified by Gross Motor Function Classification System (GMFCS).

The definitions of GMFCS levels 1 to 5 are:

- Walks without limitations.
- Walks with limitations.
- Walks using a hand-held mobility device.
- Self-mobility with limitations, may use powered mobility.
- Transported in a manual wheelchair.

Waist to height ratio

For individuals with a BMI $<35 \text{ kg/m}^2$, you can use a waist to height ratio to estimate central adiposity (abdominal fat). These measurements are useful to assess their health risks. (2)

Higher levels of central adiposity are linked to an increased risk of health issues such as type 2 diabetes, hypertension, and cardiovascular disease.

This applies to adults of all ethnic backgrounds. The waist to height ratio classifications can be found in Table. 3.

Table.3 Waist to height ratio classifications

Waist to height ratio	Classification	Risk
0.4 to 0.49	Healthy central adiposity	No increased health risks
0.5 to 0.59	Increased central adiposity	Increased health risks
0.6 or more	High central adiposity	Further increased health risks

How to measure and calculate a waist to height ratio

Use the same units for waist and height (both in centimetres or in inches)

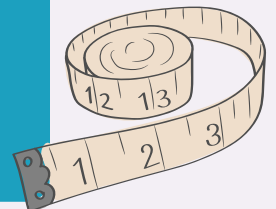
Steps:

- Locate the bottom of the ribs and the top of the hips.
- Wrap a tape measure around the waist, positioning it midway between these points (just above the belly button).
- Ask the person to exhale naturally and then take the measurement.
- Divide the waist measurement by the height measurement to obtain the ratio.

Waist to height ratio example:

- **Waist Measurement: 80 cm**
- **Height Measurement: 160 cm**
- **Divide 80 (waist) by 160 (height) = 0.5**

Waist to height ratio = 0.5 (increased central adiposity)



Malnutrition assessment using the Malnutrition Universal Screening Tool

The Malnutrition Universal Screening Tool (MUST) is a tool designed to identify adults at risk of malnutrition as well as those who are already malnourished. It is widely used in healthcare settings to facilitate early intervention and support effective nutritional management strategies.

MUST consists of five steps that help healthcare professionals systematically assess and address malnutrition risk. The steps include:

1. Body Mass Index (BMI)

BMI is calculated and BMI categories are assigned scores:

- BMI > 20 (0 points)
- BMI 18.5–20 (1 point)
- BMI < 18.5 (2 points)

2. Unplanned weight loss assessment

Percentage weight loss over 3–6 months is evaluated:

- < 5% (0 points)
- 5–10% (1 point)
- >10% (2 points)

3. Acute disease effect (ADE)

A score of 2 is assigned if the individual is acutely ill and there has been or is likely to be no nutritional intake for more than 5 days. The ADE score is rarely applied in the community setting.

4. Overall risk calculation

Scores from the above steps are added together to classify the risk level.

MUST Score	Classification
0	Low risk of malnutrition
1	Medium risk of malnutrition
2 or more	High risk of malnutrition

5. Action

The action required will depend on the score. For individuals with a low risk, the MUST guidance recommends monthly weight checks in care homes and annually for individuals in their own home. The frequency of monitoring increases with the risk.

Care providers should be monitoring the individual in line with the MUST score (unless agreed otherwise, e.g. if it was agreed monitoring is not in their best interests).

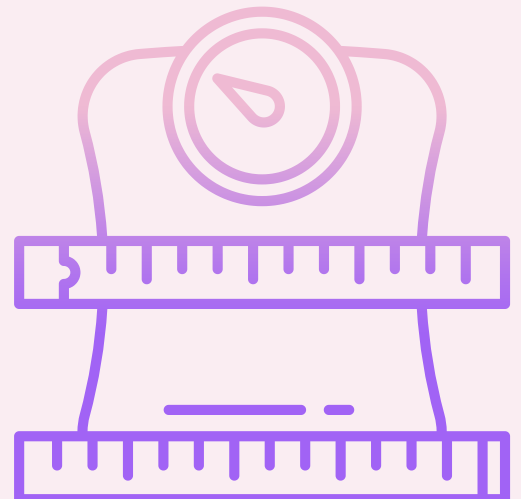
Further information can be found on the BAPEN website:

- [MUST Score and Actions](#)
- [The MUST calculator](#)



Underweight

- A BMI below 18.5kg/m² is classified as underweight, which can signify either short-term or long-term undernourishment.
- In individuals with learning disabilities, prolonged underweight status may be attributed to their condition and overlooked.
- Despite it being common for people with learning disabilities to be underweight, it should not be normalised.
- If the individual is underweight or has had unintentional weight loss, please ensure their annual health check is up to date and establish the potential cause(s). Table.4 provides an overview of potential factors.
- Regular weight monitoring and onward referrals for specialist input (i.e. dietitians and speech and language therapists) may be required. Inform their GP and refer to the support services and additional guidance section.
- Food first information and additional guidance can be found in Appendix.1.
- Compliance with the Mental Capacity Act 2005 is mandatory. When there is reason to suspect that an individual may lack the mental capacity to make a specific decision (e.g., consenting to an investigation or referral to a service), a mental capacity assessment must be conducted. Additional information on the Act is available [on the NHS website](#).



People living with excess weight

Individuals with learning disabilities are more likely to be living with obesity than people without a learning disability. The risks of excess weight include:

- Coronary artery disease and strokes
- Type 2 diabetes mellitus
- Hypertension
- Obstructive sleep apnoea
- Osteoarthritis
- Increased risk of some cancers, including breast, endometrial and colon

Assessment and management

The advice for individuals with learning disabilities who are living with excess weight should follow the same guidelines as for the rest of the population with regards to assessing the cause of the imbalance, their motivation to change and advice and support on diet and exercise. However, other factors need to be considered, including:

➤ Current medication as some medications may lead to weight gain (e.g., some psychotropic and antiepileptic medications).

➤ The knowledge, understanding and attitudes of the individual, their family, friends and/or other carers.

➤ Food insecurity (e.g. access to nutritious foods may be limited).

➤ The facilities and support available to make nutritious meals and access meaningful activities.

➤ The potential use of food as a reward, diversion, or way to prevent behaviours of concern.

➤ The level of support the individual has and needs.

If the person has mental capacity to make decision. The Mental Capacity Act 2005 must always be followed. If there is reason to believe the individual may lack mental capacity for a specific decision (e.g., referral to a service), a mental capacity assessment must be undertaken. Further information on the Act can be found [on the NHS website](#).

➤ The individual's mental wellbeing, including engagement in meaningful daytime activity.

➤ The physical health status of the person (including dental, eye and hearing).

➤ The consistency of approaches between different carers (if applicable).

➤ The amount of physical exercise that the individual can do.

Individuals should be supported to have a healthy diet and have opportunities to be physically active. Information (including easy read resources) for a healthy diet, physical activity and additional support services can be found in Appendices 2-5.

Leicestershire County Council have a specific weight management programme for individuals with learning disabilities. Support services and programmes can be contacted directly to consider the reasonable adjustments required.

Unintentional weight loss

If someone has lost weight without trying, this could be a sign of an underlying health problem and the cause should be fully established.

Unintentional weight loss should not be ignored even if the person is still within a healthy, overweight, or obese BMI category.

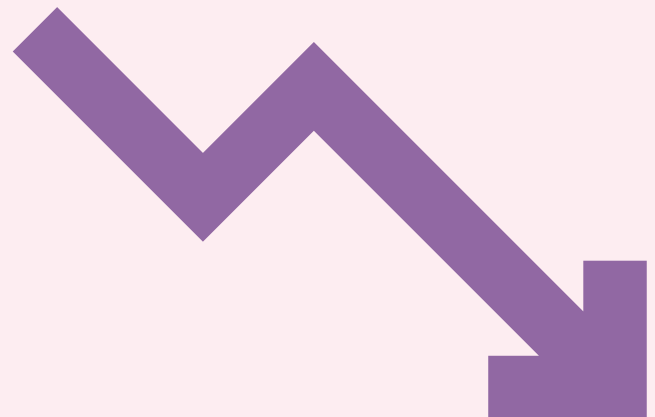
Inform their doctor and onward referrals may need to be considered (e.g., Dietetics and Speech and Language Therapy).

The Mental Capacity Act 2005 must always be followed. If there is reason to believe the individual may lack mental capacity for a specific decision (e.g., for an investigation or referral to a service), a mental capacity assessment must be undertaken. Further information on the Act can be found [on the NHS website](#).

Advise the individual and/or carer to keep a weight chart and food diary to keep track of weight changes and intake.

The Malnutrition Universal Screening Tool (MUST) can calculate how much weight has been lost and the risk of malnutrition (low, medium, or high).

Consider other symptoms such as constipation, pain, nausea, vomiting, fatigue, blood in stools, and loose stools.



Signs of poor nutrition and hydration

Poor oral intake, or inadequate consumption of food and fluids, can have significant implications for an individual's health and well-being. Below are some frequent signs to observe:

- 1 Weight loss:** Unintended weight loss or a decline in weight over time may indicate insufficient caloric intake or an underlying health condition. Monitoring weight regularly can help identify changes in nutritional status. You may notice clothes and jewellery becoming looser as a visual sign.
- 2 Decreased appetite:** Loss of appetite or reduced interest in food. This can manifest as skipping meals, eating smaller portions, showing disinterest in previously enjoyed foods.
- 3 Fatigue and weakness:** Inadequate nutrition and hydration can lead to fatigue, weakness, and decreased energy levels. Individuals may feel tired or lethargic, have difficulty performing daily activities, or experience muscle weakness.
- 4 Changes in bowel habits:** Changes in bowel habits is linked to changes in intake (e.g. if the individual is constipated, they may not feel hungry). It can also be a sign of a health problem.
- 5 Dehydration:** Signs of dehydration, such as dry mouth, thirst, dark-coloured urine, infrequent urination, or dizziness, may indicate insufficient fluid intake.
- 6 Changes in mental status:** Poor nutrition and hydration can affect cognitive function and mood. Individuals may have trouble concentrating, irritability, confusion, or mood changes as a result of inadequate nutrient intake.
- 7 Muscle loss:** Loss of muscle mass or muscle wasting can occur due to insufficient protein intake, inadequate caloric intake, and physical inactivity.
- 8 Oedema:** Swelling or oedema, especially in the extremities, may occur as a result of electrolyte imbalances or fluid retention associated with poor nutrition and dehydration.
- 9 Increased susceptibility to infections:** Poor nutrition weakens the immune system making individuals more susceptible to infections and illnesses.
- 10 Skin integrity:** Poor nutrition and hydration can lead to dry skin, pressure ulcers and poor wound healing.

Potential causes of poor oral intake or food/fluid refusal

There are multiple reasons that could cause an individual's intake to reduce or lead to the decline in foods and fluids. Potential causes to consider can be found in Table.4.

Table.4 Potential causes of poor oral intake

Factor	Potential effect
Communication	The person may use this as a method to communicate (e.g., to express dislike, preferences, or an issue).
Cognitive changes	Skill level changes, forgetting to eat and drink and lack of prompting in these situations can affect intake.
Cultural or religious beliefs	Cultural or religious dietary restrictions may lead to the refusal of foods/fluid during specific times (e.g. Ramadan).
Dental/oral health	Painful dental/oral issues and poor oral hygiene can cause reduced intake.
Dysphagia	Difficulty swallowing can impact on the amount an individual consumes. Additionally, the texture/consistency may be unacceptable to the individual and lead to reduced intake or refusal.
Eating disorders and disordered eating	Eating disorders such as anorexia nervosa can result in refusal. Disordered eating may include restrictive eating, irregular or inflexible eating patterns.
Environmental factors	A change, unfamiliar or an unappealing environment can lead to poor intake or food refusal.
Knowledge	May refuse certain foods or fluids due to a lack of understanding about their nutritional value or importance.
Medication side effects	Side effects such as nausea, lack of appetite and drowsiness can affect intake.
Mental health	Certain conditions can affect beliefs around food, appetite and interest in food/fluids.

Factor	Potential effect
Physical health	Pain, illness, nausea, current medical conditions, or an undiagnosed health condition (e.g. cancer) can cause a lack of appetite.
Preferences	Food and fluids offered may not be to the individuals' preference. Their preferences should be identified.
Negative experiences	Past negative experiences with food (e.g. previous choking incident).
Protest	An individual may refuse food and/or fluid intentionally as a protest.
Self-Harm	An individual may refuse food and/or fluid intentionally as a form of self-harm.
Sensory	An aversion to certain foods (e.g. taste, sound, smell, texture, or appearance).

(Please note this list is not exhaustive and healthcare professionals should additionally use their clinical expertise and skills)



Monitoring nutritional status

Monitoring nutritional status helps prevent malnutrition, help manage long term conditions, and can support overall health. Some actions that can help monitor nutritional and hydration status include:

1

Keep detailed records

Maintain thorough records of the individual's dietary intake, including meals, snacks, portion sizes, and fluid consumption. A food record chart can be found on the [Leicestershire Nutrition and Dietetic Service's website](#).

2

Observe mealtime behaviours

Pay attention to the individual's mealtime behaviours, appetite, and eating patterns. Note any difficulties with chewing, swallowing, or self-feeding, as well as food preferences, aversions, or changes in appetite.

3

Monitor weight

Regularly measure and track the individual's weight and BMI to assess changes. If a weight cannot be checked, consider alternatives such as a mid-upper arm circumference.

4

Assess nutritional risk factors

Evaluate potential risk factors for poor nutrition, such as medical conditions, medications, dietary restrictions, food allergies, or gastrointestinal issues.

5

Conduct nutritional screening

Use validated screening tools, such as the Malnutrition Universal Screening Tool (MUST), to assess the individual's nutritional risk and identify signs of malnutrition or undernutrition. <https://www.bapen.org.uk/must-and-self-screening/must-calculator/>

6

Monitor hydration status

Assess the individual's hydration status by observing fluid intake. Encourage adequate fluid intake and monitor for signs of dehydration, such as dry mouth, dark urine, or fatigue.

7

Monitor bowels

Check the individual is not constipated or having issues with their bowel movements.

8

Monitor skin integrity

Poor nutrition and hydration increases the risk of pressure ulcers and poor wound healing.

9 Consult with healthcare professionals
 Collaborate with healthcare professionals, including dietitians, doctors, and nurses for guidance.

10 Review and adjust the care plan
 Regularly review the individual's nutrition status, dietary goals, and care plan based on ongoing monitoring and assessment findings.

11 Involve the individual and carers
 Always engage with the individual and their family/friends (if appropriate and applicable) in the nutrition monitoring process. Encourage their active participation, provide education about nutrition and healthy eating habits, and solicit feedback on meal preferences and challenges.

Healthy living

All individuals should be provided with the opportunity to have a healthy lifestyle to support their health.

If a person has mental capacity, healthcare professionals still have a duty of care to ensure the individual has the opportunity and information to have a healthy lifestyle. For people who lack mental capacity, the Mental Capacity Act 2005 must be followed.



Keeping physically active

- Physical activity offers numerous benefits for their physical health, mental well-being, and overall quality of life.
- Care providers should promote and encourage physical activity to meet the needs of their residents. This could be in the form of internal and external opportunities. A list of external opportunities can be found in Appendix. 3 for information.
- Physical activity should be accessible to everyone, allowing individuals to engage in as much activity as possible.
- Individuals with learning disabilities experience a higher prevalence of physical health conditions and weight-related issues, making physical activity a crucial preventative measure.
- Equal access to health-promoting opportunities is essential for people with learning disabilities, ensuring they can achieve healthier and happier lives.

Benefits of physical activity

Improves cardiovascular health, strength, flexibility, and coordination.



Helps in maintaining a healthy weight and reducing the risk of obesity-related health issues.



Reduces risk of falls.



Reduces stress, anxiety, and depression.



Enhances mood and self-esteem.



Provides opportunities for socialisation, building friendships, and developing social skills.



Examples of physical activities:

Walking or hiking



Swimming



Dancing



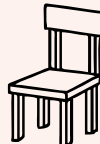
Yoga or Tai Chi



Gardening



Chair-based exercises



Fitness classes



Healthy eating

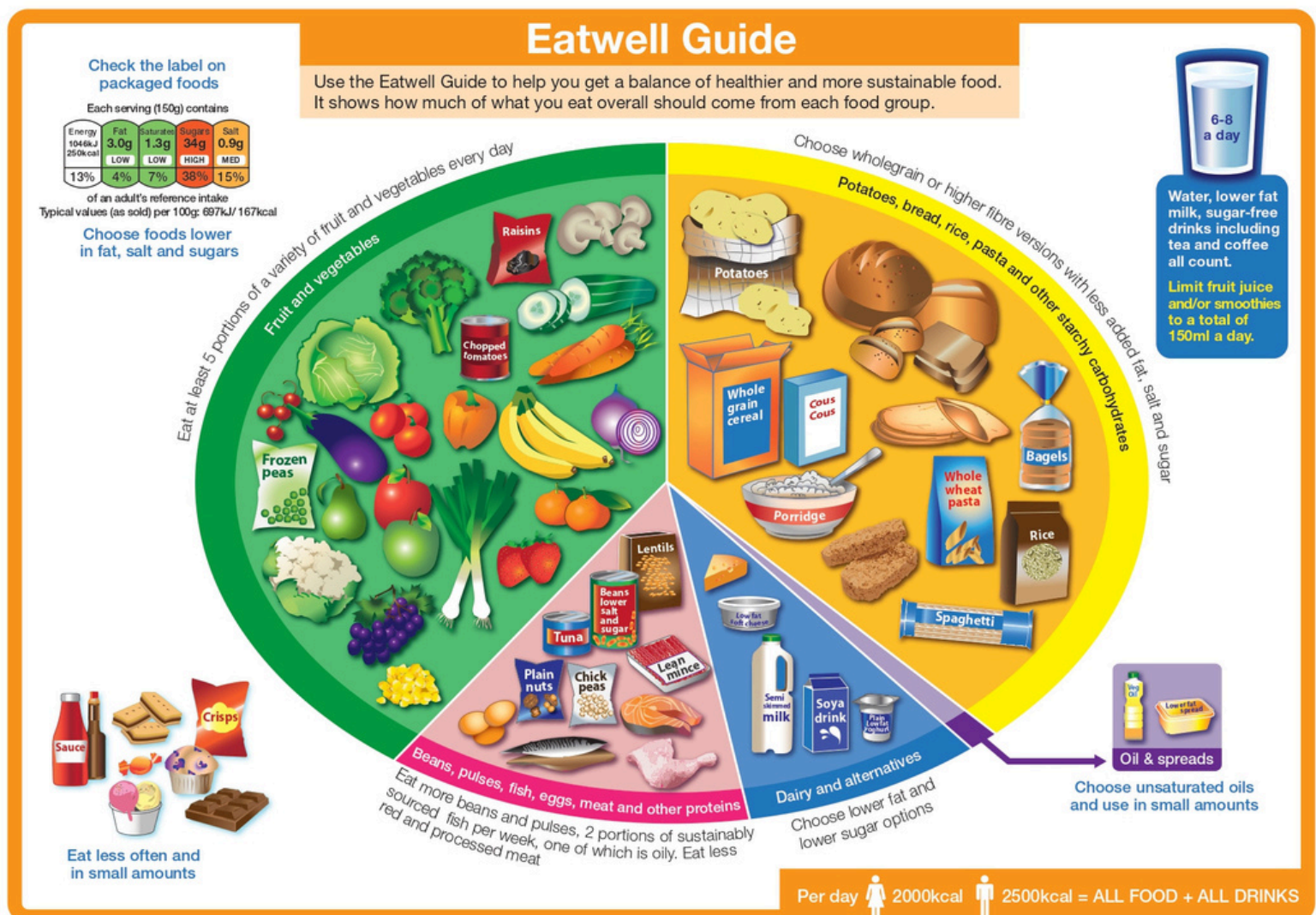
Maintaining good nutrition and hydration is crucial for everyone's health and well-being. Good nutrition supports overall health, supports immunity, support good bowel function, aids in recovery from illness, and enhances quality of life.

Care providers play a vital role in supporting and ensuring that individuals receive a healthy diet.

The healthy eating advice in this guidance should not replace any individualised advice provided by a healthcare professional (i.e. a dietitian or speech and language therapist).

Key principles of healthy eating

For a healthy diet, meals should be well-balanced, and include a variety of foods from all the main food groups. The Eatwell Guide looks at each food group.



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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Fruits and vegetables

Most people are still not consuming enough fruits and vegetables, which are crucial for good health. Fruits and vegetables are excellent sources of essential vitamins, minerals, and fibre. Fibre helps with bowel health and helps prevent constipation which is a frequent concern.

Portion information:

- Aim to eat at least five portions of a variety of fruits and vegetables each day.
- Have a variety of different coloured fruits and vegetables to ensure a broad range of nutrients. They can choose from fresh and frozen.
- 80g of fresh, canned, or frozen fruit and vegetables count as one portion. Choose tinned or canned options in natural juice or water without added sugar or salt.
- 30g of dried fruit (equivalent to around 80g of fresh fruit) counts as one portion. Dried fruit should be eaten at mealtimes, not as a between-meal snack, to minimise the risk of tooth decay.
- 150ml of fruit juice counts as one portion (regardless of how much you drink). Limit intake to a total of 150ml per day.
- 80g of beans and pulses count as one portion. They can only count once towards your '5 a Day', regardless of how much you consume.

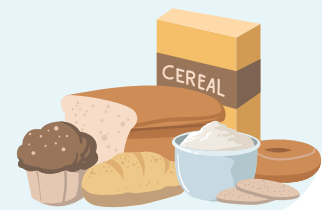


Carbohydrates

- Carbohydrates are foods such as potatoes, bread, rice, pasta, and cereals. They should make up a third of the plate.
- Carbohydrate foods can provide a good source of energy and a range of essential nutrients, including fibre, and some B vitamins.
- Wholegrain starchy foods and potatoes with their skin on are good sources of fibre. Fibre helps keep your bowels healthy and promoting a feeling of fullness, which can help prevent overeating.

Examples of higher fibre carbohydrate foods

- Eating potatoes with their skin on.
- Wholemeal bread/wholemeal seeded breads
- Brown rice
- Wholegrain cereal



Protein

Protein is essential for building and repairing tissues, producing enzymes and hormones, and maintaining overall health. Protein can also help us feel fuller for longer, so eating enough can be a useful way to manage weight.

The recommended daily allowance for protein in the UK is 0.75g protein per kilogram bodyweight, but the amount of protein required for optimal health is highly individualised. For example, older adults (65 years plus), people who exercise and people with specific underlying health conditions will require different amounts of protein.

Protein rich foods

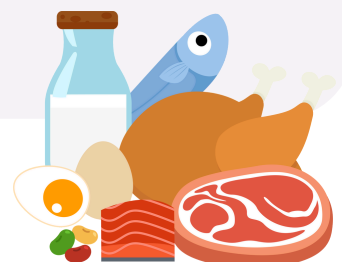
- Meat and poultry: Beef, pork, chicken, turkey
- Fish and seafood: Salmon, tuna, shrimp, cod
- Dairy products: Milk, cheese, yogurt
- Eggs: Whole eggs and egg whites
- Plant-based proteins: Beans, lentils, chickpeas, tofu, tempeh, edamame

Portion sizes

- Meat and poultry: approximately 90g (cooked)
- Fish and seafood: approximately 140g (cooked)
- Dairy products: 200ml of milk, pot of yogurt, or 30g of cheese.
- Eggs: approximately 2 medium eggs.
- Plant-based proteins: approximately 150g beans, chickpeas and lentils or 100g soya or tofu.

Tips for including protein

- Include a variety of protein sources to get a range of essential amino acids and other nutrients.
- Try to include a protein source at each meal.
- Add plant-based proteins to meals for a more diverse nutrient profile.
- Look at portion sizes so that it meets their protein requirements.



Dairy

- Milk and dairy products, such as cheese and yogurt, are good sources of protein and calcium. We should have 3 portions of dairy a day.
- Unsweetened calcium-fortified dairy alternatives like soya milk, soya yogurt, and soya cheese are also good options.
- Some people may need more calcium (i.e., people who have coeliac disease).

If people avoid dairy products, they may be at risk of not getting enough calcium. They should choose non-dairy products fortified with calcium to help meet their calcium needs.

A variety of alternative foods and drinks can replace milk and dairy products like soya, rice, oat, almond, hazelnut, and coconut milks. There are also many plant-based yogurts and cheeses available.

Go to the British Dietetic Association website for further guidance:

<https://www.bda.uk.com/resource/calcium.html>



Fats

Fat is an essential component of a healthy, balanced diet, providing essential fatty acids and aiding in the absorption of fat-soluble vitamins like A, D, and E. Fats should be consumed in small amounts.

All types of fat are high in energy, providing 9kcal (37kJ) per gram, compared to 4kcal (17kJ) per gram for carbohydrates and protein. However, the body requires fat for various physiological functions.

Types of fats

Saturated fats: Found in many sweet and savoury foods, including animal sources like meat and dairy, as well as plant sources like palm and coconut oil. The guidelines suggest limiting saturated fat intake to 30g per day for males and 20g per day for females

Trans Fats: They are mainly found in partially hydrogenated vegetable oil and can raise cholesterol levels in the blood. They are added to some cakes, biscuits, and take-aways.

Unsaturated fats: Monounsaturated and polyunsaturated fats are types of unsaturated fats. They are healthier for the heart and have various roles in the body.

- Monounsaturated fats: Found in olive oil, rapeseed oil, avocados, cashews and peanuts.
- Polyunsaturated fats: Found in sunflower oil, corn oil, walnuts, brazil nuts and oily fish.



Hydration

- Staying hydrated is essential for overall health and well-being.
- Women should aim to drink 1600ml of fluid a day and men 2000ml of fluid a day.
- Some people may be advised to drink less or more depending on their individual needs.
- Remember, hotter weather can increase how much fluid people need.

Here are some healthier fluid options:

Water

It has no calories or sugar and helps maintain proper bodily functions.

Lower fat milks

Lower fat milks, such as skimmed or 1% fat milk, provide hydration along with essential nutrients like calcium and protein.

Lower sugar or sugar-free drinks

Opt for lower-sugar or sugar-free drinks to stay hydrated without consuming excess sugar. Look for options with no added sugars.

Tea and coffee

Tea and coffee can contribute to daily fluid intake. However, be mindful of added sugars or high-calorie additions like cream or flavoured syrups.

Hydration tips:

Drink water throughout the day, especially during and after physical activity.

Carry a reusable water bottle to stay hydrated on the go.

Flavour water with lemon or cucumber for added taste without added sugars.



Supporting hydration with thickened fluids

Not everyone with dysphagia will need a thickener prescribed for their fluids. A Speech and Language Therapist (SALT) will advise if a thickener for fluids is required. If a thickener is prescribed, then the following needs to be considered:

- If the individual has a prescribed thickener, then follow the instructions carefully to ensure the fluid is thickened to the recommended level.
- Use different flavoured and hot and cold drinks that can be thickened to offer the individual variety. The type of drink and temperature can affect how much thickener is needed.
- Prepare thickened fluids fresh to maintain the consistency. Leaving the drink for a period of time can affect its thickness.
- Encourage regular small amounts if required to ensure adequate intake.

Signs of dehydration

Dehydration can occur quickly and may have serious consequences. Some signs may include a dry mouth, dark coloured urine, feeling thirsty, headache, fatigue, or irritability. Other signs include:

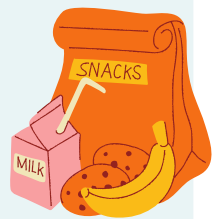
- Infrequent urination.
- Dizziness or confusion.
- Dry, flaky skin or lips.
- Rapid heartbeat or breathing.



Snacks

Opting for healthier snack choices can contribute to overall well-being and help manage weight. Below are some snack ideas:

- Fresh or tinned fruit - Fresh or tinned fruit in juice (not syrup) for a refreshing and naturally sweet snack option.
- Unsalted mixed nuts - A handful of unsalted mixed nuts for a satisfying snack rich in healthy fats and protein.
- Plain popcorn - Plain popcorn is a low-calorie, whole-grain snack that can be enjoyed without added sugars or salt.
- Rice cakes - Rice cakes with cottage cheese and cucumber.
- Eggs - A boiled egg as a high protein filling snack.
- Yoghurt - This is a good source of calcium and protein. Try to opt for the no added sugar versions. Frozen/fresh berries can be added for some natural sweetness.



Food provision

Nutrition and hydration provision provided by care providers must align with their legal responsibilities.

The Food Standards Agency and CQC can offer additional information on your legal responsibilities in relation to nutrition and hydration.

[The British Dietetic Association Care Home Digest](#) document provides useful information for care homes who provide care for older adults. Although the document is aimed at older adults, a lot of the content can be applied to care providers supporting other population groups (e.g. nutritional screening, mealtime experience and special diets).

NHS England have also developed a recipe bank for nutritious recipes that can be accessed for free. The website contains several recipes which have all been nutritionally analysed ([NHS England Recipe Bank](#)).

Difficulty eating and drinking

If someone has difficulty swallowing, a speech and language therapy (SALT) referral will be required. They are the qualified healthcare professionals who can advise on adjusting food texture and drink thickness.

The International Dysphagia Diet Standardisation Initiative (IDDSI) is a system that helps make sure food texture and drink thickness are safe and easy to understand. The IDDSI system includes levels for both drinks and foods to make sure they are easier and safer to swallow.

Swallowing difficulties can lead to coughing, choking, or food and liquid entering their lungs, which can cause serious health problems like infections. Using the right food texture and drink thickness can reduce these risks and makes eating and drinking more comfortable.

If there are any issues or concerns with their eating and drinking, contact their GP or SALT.



Go to IDDSI for more information: <https://iddsi.org/framework>

Approaching conversations around weight and healthy eating to lose weight

- When addressing weight-related topics, it is essential to approach the discussion with sensitivity, positivity, and respect for the individual's feelings and circumstances.
- The MCA 2005 must be followed if there are concerns around the individual's mental capacity and their nutrition/hydration.
- Approach the conversation from a place of care and support, not judgment and use language that recognises the person before their condition. For example, say "person with a higher weight" instead of labelling someone as "overweight" or "obese."
- Focus on health improvements, lifestyle changes, or their personal goals, rather than just weight.
- If they decline, acknowledge their decision and express willingness to revisit the topic in the future.
- Steer away from comments about how someone looks and focus on how they feel or what health improvements they want to achieve. For example, discuss how increasing physical activity can improve energy levels, or how dietary changes can lower blood pressure.
- Help individuals set goals based on how they feel, what activities they enjoy, or other health benefits rather than 'appearance-based' goals. For instance, frame the conversation around gaining strength or improving sleep quality.
- Refrain from using terms that suggest there's a certain "perfect" or "ideal" body shape, as this can perpetuate feelings of inadequacy or shame.
- Provide them with information in a format that meets their communication needs.
- Celebrate small achievements like adding a daily walk, eating more fruits, or getting better sleep.
- Discuss changes that can be maintained over time, such as incorporating more vegetables into meals or finding enjoyable and meaningful physical activities.
- Encourage a balanced approach that includes mental well-being, sleep quality, and social activities, in addition to diet and enjoyable physical activity.
- Advocate for realistic and long-term lifestyle adjustments instead of quick fixes or drastic diets.
- Specific, Measurable, Achievable, Relevant and Time-Bound (SMART) Goals can be set with the individual.

SMART

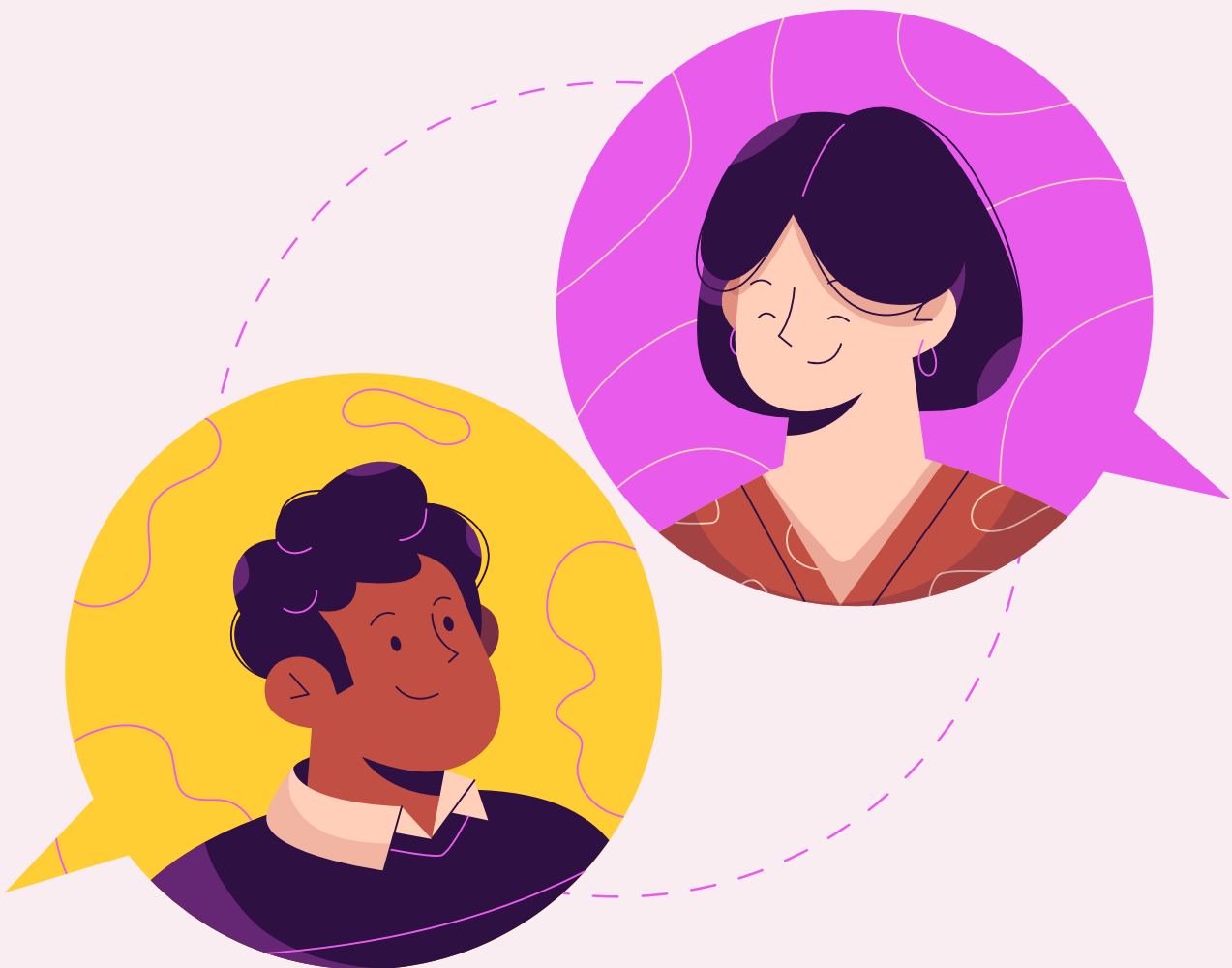
Specific: Help the person set specific health-related goals that are meaningful to them (e.g., "I want to walk 15 minutes a day, five days a week").

Measurable: Ensure goals can be tracked (e.g., "I will drink 8 glasses of water a day").

Achievable: Goals should be realistic based on the individual's current situation.

Relevant: The goals should be personally important to the individual.

Time-bound: Set a timeframe to achieve the goals, with the flexibility to adapt as needed.



Tips to support weight loss:

It is a good idea to use the SMART approach and select a couple of changes to make. Making too many changes in one go can be overwhelming and difficult for individuals to follow.

1

Fruits and vegetables

- Aim for at least five portions of a variety of fruits and vegetables each day. They are low in calories and high in fibre, which helps you feel full.
- Fill half the plate with vegetables during meals. Choose fresh, frozen, or canned vegetables without added salt.

2

Starchy foods

- Offer whole grain or higher fibre versions of starchy foods like brown rice, whole wheat pasta, and wholemeal bread.
- Reduce portion sizes of carbohydrate foods to manage calorie intake. Aim for one quarter of your plate to be carbohydrate foods.

3

Proteins

- Focus on leaner/lower fat sources of protein such as skinless chicken, turkey, fish, beans, legumes, tofu, or Quorn.
- Reduce red and processed meats. These are often higher in fat and calories. Try to consume them less frequently.
- Aim to eat at least two portions of fish per week, one of which should be oily (like salmon or mackerel).

4

Dairy and dairy alternatives

- Some low-fat options such as low-fat fruit yoghurts can have a lot of added sugar. Try a plain pot of yoghurt and add a handful of berries (fresh or frozen) instead.

5

Oils, butter, and spreads

- Use sparingly and choose unsaturated oils like extra virgin olive but use them in small amounts to reduce calorie intake.

6

Hydration

- Women should aim for 1600ml of fluid a day and men should aim for 2000ml of fluid a day.
- Water is calorie-free and helps with satiety.
- Reduce sugary drinks like full sugar fizzy drinks, drinks with added syrups and sugar added to hot drinks.
- Limit fruit juices and smoothies to a small glass (150ml) per day.

7

Meal planning and mindful eating

- Encourage meal planning and include a variety of foods to ensure balanced nutrition.
- Advise the individual to eat slower (if applicable) to help recognise when they are full.
- Encourage regular meals and avoid shopping when hungry. Shopping when hungry may lead to craving high calorie/sugar/fat foods.

8

High sugar and high fat foods

- Encourage the individual to reduce foods high in fat and sugar, such as sweets, cakes, biscuits, sugary cereals, and fried foods. These are high in calories and provide little nutritional benefit.
- Replacing high-calorie snacks with healthier options like fruit, vegetable sticks, or a small portions of nuts can be helpful.

9

Additional tips

- Aim for at least 150 minutes of activity a week. This can be broken up across the course of the week into small amounts.
- Ensure adequate sleep as poor sleep can affect appetite.
- Ensure the individual has the support they need (e.g., support from friends, family, carers, or specific healthy living programmes).



Key points

Care providers have a duty of care to support individuals to have good health.

Weight concerns are common, however, should not be deemed as normal. Support and advice should be sought and offered.

Focus on overall health and not just weight to support an individual make positive changes with their health. Consider what they enjoy and what could be changed.

All individuals should have access to good nutrition and hydration that is conducive to their needs.

Care providers should have an up-to-date nutrition and hydration care plan that reflects their individual needs.

Check the individual's annual health check is up to date and escalate this if it is out of date.

Ensure the individual's weight and MUST are completed and included in their care plan.

Inform their doctor with any concerns with health (including nutrition/hydration) and onward referrals can be made if indicated.

Familiarise yourself with the opportunities and additional support available which can be accessed or used to support an individual.



Support and specialist services available

There are multiple support services available in relation to concerns with someone's physical health. These may include, but not limited to:

Local physical activity opportunities

Local and online healthy living support

Referrals to speciality services

Online information to signpost people and carers

Learning disability primary care liaison nurse (PCLN) team

The PCLN Team act as a point of contact for individuals who are not open to specialist services.

The PCLN can arrange access to wheelchair and hoist scales during annual health checks and signpost to facilities in the local area where specialist weighing scales can be accessed.

The PCLNs can also give advice on patients that find engagement difficult and reasonable adjustments that may be required to support an individual to attend appointments.

The PCLN Team email: lpt.pcln@nhs.net

Additional information on making reasonable adjustments can be found in Appendix.4.



Learning disability community services and pathways

A referral can be made to the learning disability community service. Following referral, they will carry out an assessment which may involve input from any of the following services who are part of a multidisciplinary team:

- Physiotherapy
- Occupational therapy
- Speech and language therapy
- Community learning disability nursing
- Psychology
- The crisis response intensive support team (CRIST) service.
- Psychiatry
- Forensic service

The learning disability service can:

- Offer clinical expertise on complex needs of people with learning disabilities using evidence-based care pathways (e.g physical health pathway).
- Provide specialist advice to enable care pathways and care planning to be applied effectively to people with a learning disability.
- Enable people with a learning disability to maximise their independence and obtain optimal physical and mental health.
- Support mainstream services to deliver care to people with learning disability needs that cannot be met by primary care services.
- Ensure people with a learning disability are involved in their collaborative care and care planning.
- Provide specialist health promotion and reduce health inequalities for people with a learning disability.
- To ensure all risks are mitigated against, to work in a pro-active way to reduce admissions under the mental health act and physical health acute hospitals.
- Provide specialist training, support and advice to individuals and other partners who are working with the patient.
- Work with people with a learning disability to co-design our services

Inclusion criteria

- Diagnosis of a learning disability (as opposed to learning difficulty).
- Identified health need that meets the criteria for the service's clinical pathways for treatment and intervention.
- Registered with a GP in Leicester, Leicestershire, or Rutland
- Generic health services are unable to meet the health needs.
- The patient has consented to the referral, or where this is not possible a best interest decision has been made taking the patient's wishes into account.
- Aged 18 or over except when the referral is for CAMHS transition when the age is 17 years and nine months.

Exclusion criteria

- No diagnosis of a learning disability
- No identified health need and/or needs can be met by social care and third sector agencies.
- Please ensure all referral forms are fully completed to avoid a delay or the referral being rejected. More information can be found on the Leicestershire Partnership NHS Trust website: <https://www.leicspart.nhs.uk/service/community-learning-disability-service/>

Contact information:



0116 295 4528



[lpd.access.nhs.net](mailto:lpd.access@nhs.net)

Nutrition and dietetic service

The nutrition and dietetics service provide input for a wide range of conditions. At present, there is no specialist learning disability dietetic service. Referrals can be made to the primary care nutrition and dietetic service. For more information, go to:

https://www.lnds.nhs.uk/_HealthProfessionals-ClinicalServicesAvailable-PrimaryHealthCareincludingReferralInformationandHomeVisitCriteria.aspx

Appendix 1. provides additional information for unintentional weight loss and low BMI. Please ensure all referral forms are fully completed to avoid a delay or the referral being rejected.

Appendix.1 Support for underweight, unintentional weight loss and concerns with poor oral intake

Managing malnutrition in adults in primary care	<p>Information on initial steps and oral nutritional supplements.</p> <p>https://www.areaprescribingcommitteeleicesterleicestershirerutland.nhs.uk/wp-content/uploads/2017/11/Managing-malnutrition-in-primary-care.pdf?UNLID=77291157320243412522</p> <p>https://www.lnds.nhs.uk/_PatientsandPublic-DietandLifestyleAdvice-NutritioninIllness.aspx</p>
Adult nutrition and hydration policy for community use	<p>https://www.leicspart.nhs.uk/wp-content/uploads/2023/11/Adult-Nutrition-and-Hydration-Community-Policy-Exp-Nov-26.pdf</p>
Nutrition and hydration policy for hospital inpatient use	<p>https://www.leicspart.nhs.uk/wp-content/uploads/2024/03/Nutrition-and-Hydration-Policy-for-Hospital-Inpatient-Use-Exp-March-27.pdf</p>
Primary care nutrition and dietetics service	<p>Referral criteria:</p> <ul style="list-style-type: none"> • MUST of 2 or above <p>Prior to referral:</p> <ul style="list-style-type: none"> • Provide food first advice. • And, if indicated, 1st/2nd/3rd line oral nutritional supplements only • Refer if ongoing concern. <p>Will also accept referrals for:</p> <ul style="list-style-type: none"> • Pressure ulcers / tissue viability issues - Non healing / unstageable If first line advice provided. • Multiple vitamin/ mineral deficiencies if related to an underlying condition. <p>Referral by GP or by Leicestershire Partnership NHS Trust Staff (Registered Profession)</p>
Eating disorders	<p>If there is a suspected or confirmed eating disorder, please contact the Eating Disorder Service for advice and guidance.</p>



Home enteral nutrition	Home enteral feeding consideration or queries Call the HENS team on 0116 2227161.
Suspected eating disorders	Refer to Eating Disorders Team. Currently there is no adult ARFID service. https://www.leicspart.nhs.uk/service/adult-eating-disorders-service/

Appendix. 2 Healthy lifestyle (weight management and physical activity) support services

Please advise the service user to ask the service or referrer to ask about reasonable adjustments.

Service and information	Joining and contact information
Live Well Healthy Lifestyle Programme by Leicester City Council <ul style="list-style-type: none"> People living in Leicester City only. 12-week free programme. The team will support you to help you achieve your physical activity and health goals. 	<p>Referral by GP or healthcare professional</p> <p>Website: https://livewell.leicester.gov.uk/</p>
Healthy4Me by Leicestershire County Council <ul style="list-style-type: none"> Healthy4Me is a fun group programme for people with a learning disability living across Leicestershire County You will meet every week and the course is eight weeks long. You will learn about food and how what you eat can affect your health and how you are feeling. 	<p>There is set criteria to be accepted on to the course. Contact the team to find out more. You can refer yourself or ask your GP to.</p> <p>Call: 0116 305 0730</p> <p>Website: https://www.leicestershirewms.co.uk/healthy4me</p>
Active Together <ul style="list-style-type: none"> Your local team can give you advice and support you to become more active. 	<p>Website: www.active-together.org/yourlocalteam</p>
NHS Weight Loss Plan <ul style="list-style-type: none"> Download the free 12 week NHS Weight Loss Plan to help you start healthier eating, be more active, and start losing weight. 	<p>Link to website to download the app: https://www.nhs.uk/better-health/lose-weight/#download</p>

Service and information	Joining and contact information
<p>NHS Digital Weight Management Programme</p> <ul style="list-style-type: none"> ◦ For people living with obesity and have diabetes, high blood pressure, or both. ◦ A 12-week free programme. ◦ You must have a smartphone, tablet, or computer with internet access. ◦ Watch this video to find out what to expect: https://www.youtube.com/watch?v=slyk4QNsAoE 	<p>GP or pharmacist can refer you.</p>
<p>NHS Diabetes Prevention Programme</p> <ul style="list-style-type: none"> ◦ A free service, available to all people at risk of type 2 diabetes who are registered with a GP at supported locations. ◦ It is a 9-month programme. 	<p>Call: 0333 577 3010 Email: info@preventing-diabetes.co.uk</p> <p>Website: https://preventing-diabetes.co.uk/locations/leicester</p>
<p>Nutrition and Dietetic Service</p> <ul style="list-style-type: none"> ◦ Dietetic support for people with type 2 diabetes. 	<p>Referral by GP.</p>

Appendix. 3 Physical activity opportunities

Service and information	Further information
<p>Active Leicester by Leicester City Council</p> <p>Lots of options like swimming pools, gyms, one climbing wall and several dedicated football pitches.</p>	<p>Sports and leisure centres include:</p> <ul style="list-style-type: none"> ◦ Aylestone Leisure centre ◦ Braunstone Leisure Centre ◦ Cossington Street Sports Centre ◦ Evington Leisure Centre ◦ Leicester Leys Leisure Centre ◦ New Parks Leisure Centre ◦ Saffron Lane Athletics Stadium ◦ Spence Street Sports Centre <p>Website: https://www.leicester.gov.uk/leisure-and-culture/sport-and-leisure/</p>
<p>Everyone Active</p> <p>Various opportunities offered such as:</p> <ul style="list-style-type: none"> ◦ No Strings Badminton ◦ No Strings Badminton Women ◦ Senior Badminton ◦ Disability Swim ◦ Adult Quiet Swim ◦ Good Boost Aqua ◦ PAN Football ◦ Walking Football ◦ Dementia Friendly Football ◦ Forever Fit ◦ Pickleball ◦ Back to Netball ◦ Community Café 	<p>Carers are able to obtain a free 3 month pass to support an individual upon proof of carer status. A concession membership can be purchased if carers want to be physically active too.</p> <p>Find your nearest centre: https://www.everyoneactive.com/centre/</p>
<p>Joy app</p> <p>Joy helps you to find activities, groups and support offers near you.</p>	<p>Website: https://services.thejoyapp.com/</p>

Service and information	Further information
<p>Leicester City in the Community</p> <p>The health and wellbeing team deliver activities aimed at adults from 18 years.</p> <p>Health and wellbeing activities include:</p> <ul style="list-style-type: none"> ◦ weight loss league ◦ social football ◦ walking football ◦ active women (female-only activity groups) ◦ running groups <p>Plus more!</p>	<p>Website: https://www.lcfc.com/community/health</p> <p>Email: community@lcfc.co.uk</p>
<p>Leicestershire and Rutland Cricket Foundation</p> <p>The Foundation offers a range of free physical activities for people under the age of 25 years.</p>	<p>Website: https://www.leicestershireccc.co.uk/foundation/communitys</p>
<p>Leicester Tigers Foundation</p> <p>The Leicester Tigers Foundation aims to provide a wide range of programmes, delivered expertly, that will engage and unite our diverse community.</p>	<p>Websites: https://www.leicestertigers.com/community/foundation/programmes-events-foundation https://www.leicestertigers.com/community/foundation/send-schools-programme</p>
<p>Menphys</p> <p>The Menphys Hub offer a range of services and facilities. They run regular events and services at the Hub and welcome anyone to join the Menphys Community.</p>	<p>Websites: https://menphys.org.uk/the-menphys-hub/ https://menphys.org.uk/support-for-you/</p> <p>Call: 01455 323020 Email: info@menphys.org.uk</p>

Service and information	Further information
<p>Leicester Wheels 4 All</p> <p>The team provides cycling events for all abilities and ages.</p> <p>Based at Saffron Lane Athletics Stadium, Leicester.</p>	<p>Website: https://www.leicesterwheelsforall.org/</p> <p>Email: events@leicesterwheelsforall.org</p>
<p>Active Together</p> <p>Your local team can give you advice and support you to become more active.</p>	<p>Website: www.active-together.org/yourlocalteam</p>
<p>Better Outdoors</p> <p>The organisation supports mental health and wellbeing by working with and in the wider natural world.</p>	<p>Website: https://betteroutdoors.org/events</p>
<p>FTM Dance</p> <p>FTM Dance provides performing arts and creative arts related activities, sessions, and workshops for individuals with a range of needs and abilities.</p>	<p>Location: Embrace Arts Centre, LE1 7HB</p> <p>Website: http://www.ftmdance.co.uk</p>
<p>Inside Out Tennis</p> <p>A tennis coaching group that coaches players with all kinds of needs, both physical and mental, offering wheelchair tennis, learning disability tennis, deaf tennis and visually impaired tennis.</p>	<p>Location: Loughborough Lawn Tennis Club, Ingle Pingle (off Forest Road), Loughborough, Leicestershire, LE12 9PG</p> <p>Website: http://www.insideouttennis.com/ Call: 07970 277338 Email: info@insideouttennis.com</p>
<p>Leicester City Directory</p> <p>A list of various activities available for people with a learning disability to explore on their website.</p>	<p>Website: https://mychoice.leicester.gov.uk/Search?CategoryId=331&SM=ServiceSearch&SME=True</p>

Service and information	Further information
<p>Live Well Healthy Lifestyle Programme by Leicester City Council</p> <ul style="list-style-type: none"> People living in Leicester City only. 12-week free programme. The team will support you to help you achieve your physical activity and health goals. 	<p>Referral by GP or healthcare professional</p> <p>Website: https://livewell.leicester.gov.uk/</p>
<p>Outdoor gyms</p> <p>Free to use outdoor gyms. Multiple Locations</p>	<p>Outdoor gym locations:</p> <p>https://www.leicester.gov.uk/media/185206/outdoor-gym-locations-august-2018.pdf</p>
<p>SideKick Dance</p> <p>SideKick Dance offer inclusive dance classes for youth and adult groups with disabilities in the Leicestershire area.</p>	<p>Location: Curve Theatre, Rutland Street, Leicester, LE1 1TQ.</p> <p>Email: charlotte@sidekickdance.co.uk</p>
<p>We are Undefeatable</p> <p>The team supports people with a range of long-term health conditions.</p>	<p>Website: https://weareundefeatable.co.uk/</p>
<p>Wenlo Riding</p> <p>Offers adults and children with physical and/or learning disabilities an opportunity to ride, carriage drive or look after horses.</p>	<p>Website: https://www.wenlorda.org/</p> <p>Landline: 01509 646361</p> <p>Mobile: 07860 245675</p>

Appendix. 4 Training and guidance

Training	Information and link
Food provision in care homes - British Dietetic Association	<p>The guidelines offer resources and tools for care home managers, nursing staff, carers, and catering teams to ensure menus meet residents' nutritional needs.</p> <p>https://www.bda.uk.com/practice-and-education/nutrition-and-dietetic-practice/care-home-digest.html</p>
Food safety training	<p>The food allergy course consists of six modules, each with a test at the end.</p> <p>Once you pass these tests, you can download your continuing professional development (CPD) certificate.</p> <p>https://www.food.gov.uk/business-guidance/online-food-safety-training</p>
Improving community adult nutrition (ICAN) E-Learning	<p>The training package has been designed to support carers and staff looking after adult patients aged 18 and over living in community settings to support them with their nutritional care.</p> <p>https://www.lnds.nhs.uk/_HealthProfessionals-TrainingAvailable-NutritionELearning.aspx</p>
Malnutrition Universal Screening Tool (MUST)	<p>This screening tool is based on the 'Malnutrition Universal Screening Tool' ('MUST'), a validated nutrition screening tool developed by BAPEN to help identify adults at risk of undernutrition and the need for dietary advice.</p> <p>MUST Calculator: https://www.bapen.org.uk/must-and-self-screening/must-calculator/ </p> <p>Toolkit: https://www.bapen.org.uk/must-and-self-screening/must-toolkit/ </p>

Training	Information and link
Obesity pathway and guidance	<p>Pathway with linked guidance, resources, and standards. Covers children and adults.</p> <p>http://pathways.nice.org.uk/pathways/obesity</p>
Pressure ulcer guide	<p>A guide to support you in preventing pressure ulcers or managing any existing skin damage to prevent it deteriorating.</p> <p>https://www.leicspart.nhs.uk/wp-content/uploads/2022/10/613-Pressure-ulcer-self-help-guide-2.pdf</p>
Physical activity	<p>Resource to help healthcare professionals integrate physical activity conversations into routine clinical care.</p> <p>https://movingmedicine.ac.uk/</p>
Reasonable adjustments for people with a learning disability	<p>Guides on how reasonable adjustments should be made to health services and adjustments to help people with learning disabilities to access services.</p> <p>Includes:</p> <ul style="list-style-type: none"> • Annual health checks • Blood tests • Cancer screening • Constipation • Dementia • Dysphagia • Eye care • Oral care • Pharmacy • Postural care services • Preventing falls • Substance misuse and people with learning disabilities <p>https://www.gov.uk/government/collections/reasonable-adjustments-for-people-with-a-learning-disability</p>
Various care provider training	<p>Offers a variety of guidance and training for Care Providers in Leicester, Leicestershire, and Rutland.</p> <p>https://providingcare.net/</p>

Training	Information and link
Various e-Learning	<p>Variety of online training. You will need to register for an account.</p> <p>https://portal.e-lfh.org.uk/</p>
Weight management for people with learning disabilities	<p>Consensus statement intended to inform and support the practice of dietitians who are not undertaking a specialist learning disabilities role, but within their caseload care for adults who are overweight/obese, also a useful resource for other practitioners. Contains examples and resources as well as good practice points</p> <p>https://www.bda.uk.com/</p>

Appendix. 5 Dietary and activity information

Topic	Owner	Easy Read?	Link
Asthma and lung health			
Healthy eating with a lung condition	Asthma and Lung UK	No	https://www.asthmaandlung.org.uk/living-with/healthy-eating_ https://shop.asthmaandlung.org.uk/collections/health-advice-resources
Bone health			
Bone health	Leicestershire Partnership NHS Trust	No	https://www.leicspart.nhs.uk/wp-content/uploads/2019/02/658-Bone-health.pdf
Calcium	British Dietetic Association	No	https://www.bda.uk.com/resource/calcium.html
Coeliac disease			
Coeliac disease	British Dietetic Association	No	https://www.bda.uk.com/resource/coeliac-disease-and-gluten-free-diet.html
Coeliac disease	Coeliac UK	No	https://www.coeliac.org.uk/home/
Bowel health			
Constipation	Mencap	Yes	https://www.mencap.org.uk/easyread/constipation-easy-read
Constipation	NHS	No	https://www.nhs.uk/conditions/constipation/



Topic	Owner	Easy Read?	Link
Diabetes			
Living with type 1 diabetes	Diabetes UK	No	https://www.diabetes.org.uk/living-with-diabetes/eating/i-have-type-1-diabetes
Type 1 diabetes	NHS	Yes	https://www.england.nhs.uk/wp-content/uploads/2024/03/decision-support-tool-diabetes-easy-read.pdf
Type 2 diabetes	Learning Disability Service; Leeds and York Partnership	Yes	https://www.learningdisabilityservice-leeds.nhs.uk/get-checked-out/resources/your-health/my-health-a-z/diabetes/diabetes/
Type 2 diabetes	Easy Health	Yes	https://www.easyhealth.org.uk/pages/17-diabetes
Dysphagia and eating/drinking difficulties			
Dysphagia	IDDSI	No	https://iddsi.org/framework
Eating and drinking difficulties and healthy living advice for autistic people	Leicestershire Partnership NHS Trust	No	<p>Chat service: https://www.leicspart.nhs.uk/autism-space/beyond-diagnosis/chatautism-text-messaging-support-service/</p> <p>Website: https://www.leicspart.nhs.uk/autism-space/health-and-lifestyle/eating-and-drinking-difficulties-for-autistic-people/</p>

Topic	Owner	Easy Read?	Link
Eating disorders			
ARFID support	ARFID Awareness UK	No	ARFID Awareness UK
Eating disorder support and information	BEAT Eating Disorders	No	Downloads and Resources - Beat
Heart health			
Keeping your heart healthy	British Heart Foundation	Yes	https://www.bhf.org.uk/information-support/publications/easy-reads/keep-your-heart-healthy-easy-read-booklet
Preventing heart disease	British Heart Foundation	No	https://www.bhf.org.uk/information-support/heart-matters-magazine
Healthy eating			
Eating well: children and adult with learning disabilities	Caroline Walker Trust	No	https://www.cwt.org.uk/downloads/
Health and well-being support for autistic people	Leicestershire Partnership NHS Trust	No	https://www.leicspart.nhs.uk/autism-space/
Healthy cooking videos	Cookability	Yes	https://youtube.com/playlist?list=PLI79ZsuMB5bYbVZduF8_-jI_fPwpMqsCv&si=H_8R4Y2Sd9plMaKZ

Topic	Owner	Easy Read?	Link
Healthy eating			
Healthy eating	Leicestershire Partnership NHS Trust	Yes	https://www.leicspart.nhs.uk/wp-content/uploads/2024/07/Easy-Read-Healthy-Eating-document.docx
Healthy eating	A Picture of Health	Yes	https://www.apictureofhealth.southwest.nhs.uk/healthy-life-styles/diet/
Healthy eating	Learning Disability Service; Leeds and York Partnership	Yes	https://www.learningdisabilityservice-leeds.nhs.uk/get-checked-out/resources/move-more/healthy-diet-and-eating-well/
Healthy eating	Belfast Health and Social Care Trust	Yes	https://belfasttrust.hscni.net/healthy-living/eating-well/healthy-eating-easy-read-downloads/
Healthy eating	Mencap	Yes	https://www.youtube.com/results?search_query=%23cookwithmencap
Healthy eating and lifestyle	Easy Health	Yes	https://www.easyhealth.org.uk/pages/easy-read-health-leaflets-and-films https://www.easyhealth.org.uk/pages/easy-read-health-leaflets-and-films
Healthy eating and lifestyle	Mencap	Yes	https://www.mencap.org.uk/sites/default/files/2022-02/Healthy%20Eating%20Resources%20%282%29.pdf

Topic	Owner	Easy Read?	Link
Healthy eating			
Healthy eating and lifestyle	Macmillan	Yes	<p>Healthy diet:</p> https://www.macmillan.org.uk/dfsmedia/1a6f23537f7f4519bb0cf14c45b2a629/11971-10061/eat-a-healthy-diet.pdf
Healthy eating and lifestyle	Macmillan	Yes	<p>Drink less alcohol:</p> https://cdn.macmillan.org.uk/dfsmedia/1a6f23537f7f4519bb0cf14c45b2a629/4215-source?
Malnutrition and support to maintain a healthy weight			
Malnutrition	Malnutrition pathway	No	https://www.malnutritionpathway.co.uk/leaflets-patients-and-carers
Malnutrition and nutrition support	Leicestershire Nutrition and Dietetic Service	No	https://www.lnds.nhs.uk/_PatientsandPublicDietandLifestyleAdvice-NutritioninIllness.aspx
Managing weight with a learning disability	NHS Choices	No	https://www.nhs.uk/live-well/healthy-weight/managing-your-weight/managing-weight-with-a-learning-disability/
Eating, drinking, and ageing well	British Dietetic Association	Yes	https://www.bda.uk.com/resource/eating-drinking-ageing-well.html

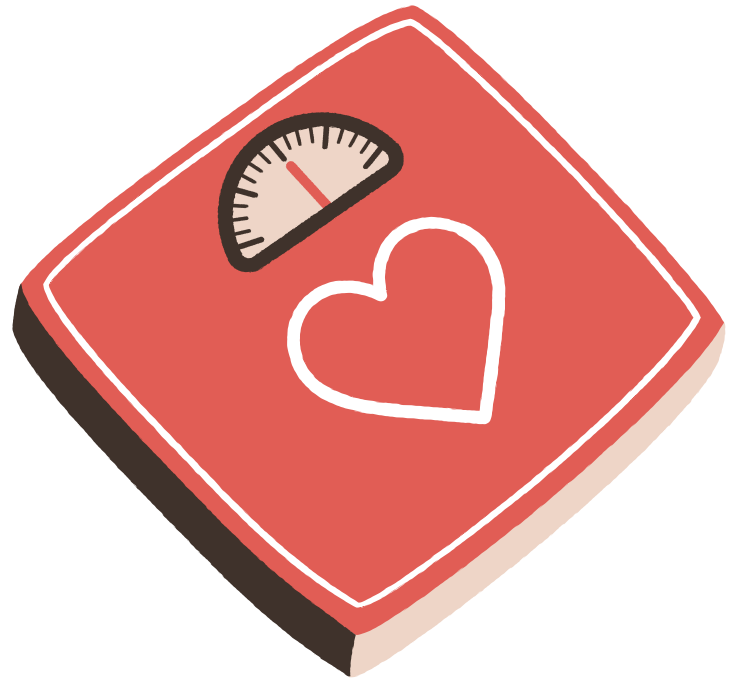
Topic	Owner	Easy Read?	Link
Menopause			
Menopause	SeeAbility	Yes	https://www.seeability.org/resources/menopause-easy-read
Menopause	Mencap	Yes	https://www.mencap.org.uk/easyread/menopause-easy-read
Oral and dental health			
Dental health	Dental Health	No	https://www.dentalhealth.org/
Oral health	Leicester City Council	No	https://www.leicester.gov.uk/media/180972/oral-health-for-adults-leaflet.pdf
Physical activity and exercise			
Physical activity	Mencap	Yes	<p>Get moving in and around your home with these physical activity cards.</p> <p>Fitness activities - https://www.mencap.org.uk/sites/default/files/2020-07/Fitness%20exercises.pdf</p> <p>Walking activities - https://www.mencap.org.uk/sites/default/files/2020-07/Walking%20activities.pdf</p>

Topic	Owner	Easy Read?	Link
Physical activity and exercise			
Exercise	NHS England	Yes	https://assets.nhs.uk/nhsuk-cms/documents/Exercise_guidelines_Easy_Read_final.pdf
Exercise	Leicestershire Partnership NHS Trust	No	https://www.leicspart.nhs.uk/wp-content/uploads/2019/02/657-Benefits-of-exercise.pdf
Practical advice, tips, activities, and resources.	NHS	No	www.nhs.uk/change4life
Prader-Willi syndrome			
Prader-Willi syndrome	NHS	No	https://www.nhs.uk/conditions/prader-willi-syndrome/living-with/
Practical portions for Prader-Willi syndrome	Prada-Willi Syndrome Association UK	No	https://www.pwsa.co.uk/practicalportions#:~:text=Practical%20Portions%20for%20PWS%20is,while%20maintaining%20a%20healthy%20weight
Prader-Willi syndrome diet support	International Prader-Willi Syndrome Organisation	No	https://ipwso.org/information-for-families/dietary-management/

Appendix.6 List of primary care networks who have purchased an accessible wheelchair scale

Primary care network	Manufacturer	Asset type
Aegis Healthcare	Marsden Weighing Co	Wheelchair Weighing Beam – Scale
Beacon	Marsden Weighing Co	Wheelchair Weighing Beam – Scale
Bosworth	Marsden Weighing Co	Wheelchair Weighing Beam – Scale
Carillon	Marsden Weighing Co	Wheelchair Weighing Beam – Scale
City Care Alliance	Marsden Weighing Co	Wheelchair Weighing Beam – Scale
Cross Countries	Marsden Weighing Co	Wheelchair Weighing Beam – Scale
Fosseway	Marsden Weighing Co	Wheelchair Weighing Beam – Scale
Hinckley Central	Marsden Weighing Co	Wheelchair Weighing Beam – Scale
Leicester Central	Marsden Weighing Co	Wheelchair Weighing Beam – Scale
Leicester City and University	Marsden Weighing Co	Wheelchair Weighing Beam – Scale
Leicester City South	Marsden Weighing Co	Wheelchair Weighing Beam – Scale
Market Harborough and Bosworth	Marsden Weighing Co	Wheelchair Weighing Beam – Scale
Melton, Syston and Vale	Marsden Weighing Co	Wheelchair Weighing Beam – Scale
Millennium	Marsden Weighing Co	Wheelchair Weighing Beam – Scale
North West Leicestershire	Marsden Weighing Co	Wheelchair Weighing Beam – Scale

Primary care network	Manufacturer	Asset type
Salutem	Marsden Weighing Co	Wheelchair Weighing Beam – Scale
Soar Valley	Marsden Weighing Co	Wheelchair Weighing Beam – Scale
South Blaby and Lutterworth	Marsden Weighing Co	Wheelchair Weighing Beam – Scale
Watermead	Marsden Weighing Co	Wheelchair Weighing Beam – Scale



Appendix.7 Leicestershire Partnership NHS Trust locations with accessible scales

Please note that some of these locations cannot be accessed by the public or non LPT staff.

Location	Area	Scale brand	Scale type
Agnes Unit	Pod 5	Arjo Huntleigh Getinge Group	Patient transfer/lift
Agnes Unit	Pod 2	Arjo Huntleigh Getinge Group	Patient transfer/lift
Bennion Centre, Glenfield	Kirby Ward	Arjo Huntleigh Getinge Group	Patient transfer/lift
Bennion Centre, Glenfield	Welford Ward	Arjo Huntleigh Getinge Group	Patient transfer/lift
Bradgate Mental Health Unit	Bosworth Ward	Arjo Huntleigh Getinge Group	Patient transfer/lift
Bradgate Mental Health Unit	Beaumont Ward	Arjo Huntleigh Getinge Group	Patient transfer/lift
Coalville Community Hospital	Occupational Therapy	Oxford Instruments Medical System	Patient transfer/lift
Coalville Community Hospital	Ward 1	Arjo Huntleigh Getinge Group	Patient transfer/lift
Coalville Community Hospital	Physiotherapy	Arjo Huntleigh Getinge Group	Patient transfer/lift
Coalville Community Hospital	Ward 2	Arjo Huntleigh Getinge Group	Patient transfer/lift
Coalville Community Hospital	Ward 4	Arjo Huntleigh Getinge Group	Patient transfer/lift
Coalville Community Hospital	Occupational Therapy	Parkhouse Healthcare Ltd	Patient transfer/lift
Coalville Community Hospital	Outpatients	Marsden Weighing Co	Wheelchair weighing beams - scale

Location	Area	Scale brand	Scale type
County Hall	PCLN Team	Marsden Weighing Co	Wheelchair weighing beams - scale
Evington Centre	Gwendolen Ward	Arjo Huntleigh Getinge Group	Patient transfer/lift
Evington Centre	Clarendon Ward	Arjo Huntleigh Getinge Group	Patient transfer/lift
Evington Centre	Clarendon Ward	Parkhouse Healthcare Ltd	Patient transfer/lift
Evington Centre	Beechwood Ward	Arjo Huntleigh Getinge Group	Patient transfer/lift
Evington Centre	Coleman Ward	Arjo Huntleigh Getinge Group	Patient transfer/lift
Evington Centre	Gwendolen Ward	Arjo Huntleigh Getinge Group	Patient transfer/lift
Evington Centre	Wakerley Ward	Arjo Huntleigh Getinge Group	Patient transfer/lift
Gillivers	1-2 The Grange	Arjo Huntleigh Getinge Group	Patient transfer/lift
Gillivers	Wards	Arjo Huntleigh Getinge Group	Patient transfer/lift
Hinckley and Bosworth Community Hospital	Physiotherapy	Oxford Instruments Medical System	Patient transfer/lift
Hinckley and Bosworth Community Hospital	East Ward	Arjo Huntleigh Getinge Group	Patient transfer/lift

Location	Area	Scale brand	Scale type
Hinckley and Bosworth Community Hospital	North Ward	Arjo Huntleigh Getinge Group	Patient transfer/lift
Hinckley and District Hospital	Children's Therapy	Arjo Huntleigh Getinge Group	Patient transfer/lift
Leicester General Hospital	Hydro Pool	Arjo Huntleigh Getinge Group	Patient transfer/lift
Loughborough Hospital	Swithland Ward	Arjo Huntleigh Getinge Group	Patient transfer/lift
Loughborough Hospital	Charnwood Ward	Arjo Huntleigh Getinge Group	Patient transfer/lift
Loughborough Hospital	Gracedieu Ward	Arjo Huntleigh Getinge Group	Patient transfer/lift
Melton Mowbray Hospital	Dalgleish Ward	Arjo Huntleigh Getinge Group	Patient transfer/lift
Mill Lodge, Narborough	Ward	Arjo Huntleigh Getinge Group	Patient transfer/lift
Neville Centre	CINSS	Etac Ab	Patient transfer/lift
NSPCC Training Centre	Training Centre	Arjo Huntleigh Getinge Group	Patient transfer/lift
OSL House	Nutrition and Dietetics Service	Marsden Weighing Co	Wheelchair weighing beams - scale
Prince Phillip House	Community Paediatric Outpatients	Moller Vital As	Patient transfer/lift
Rutland Memorial Hospital	Rutland Ward	Arjo Huntleigh Getinge Group	Patient transfer/lift
St Luke's Hospital	Ward 1	Arjo Huntleigh Getinge Group	Patient transfer/lift

Location	Area	Scale brand	Scale type
St Luke's Hospital	Ward 3	Arjo Huntleigh Getinge Group	Patient transfer/lift
St Luke's Hospital	Physiotherapy	Oxford Instruments Medical System	Patient transfer/lift
Stewart House, Narborough	Inpatient Service	Arjo Huntleigh Getinge Group	Patient transfer/lift
Valentine Centre	Childrens Therapy - Clinic Room 2	Liko Ab	Patient transfer/lift

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