



# Great Care, Great Outcomes

# Physical Health Strategy 2017-2022



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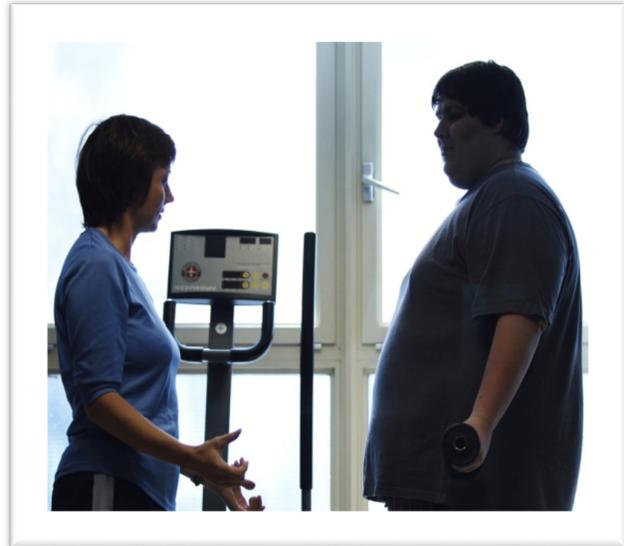
## Being Bothered About Billy

Let me introduce you to Billy.

Billy is your brother, your colleague, your son, your friend, your father. He also uses our services.

At 39, he has a 21 year history of Schizophrenia. He is obese with a BMI of 38.5. He smokes 20 cigarettes a day, but drinks very little alcohol. He is on blood pressure tablets as he suffers from hypertension. The antipsychotics that Billy takes have significantly contributed to his weight gain and development of Type II Diabetes - two risk factors which are highly correlated with each other.

Billy's risk of having a heart attack or stroke within the next 10 years is 33%, (compared to just 1.2% in the general population).



**This means he currently stands to lose 15-20 years of his life.**

### How can we support Billy?

#### Smoking cessation:

If he smoked 10-19/day:	27.9%
If he was an ex-smoker:	19.4%
If he had never smoked:	14.2%

#### Weight loss:

If he lost 5kg:	31.7%
If he lost 15kg:	29%
If he had a BMI of 24.0:	23.9%

#### Early Screening and intervention for Type II Diabetes:

Without Diabetes, Billy's risk of cardiovascular disease would fall from 33% to 13.3%.

#### If Billy had received early interventions

- He could be an ex-smoker
- His weight gain may never have occurred
- As a consequence, he may not have been diagnosed with type II diabetes
- **His 10 year risk of a heart attack or stroke would be 5.3%, instead of 33%**

***“It boils down, quite simply, to being bothered about Billy”***

***- Professor Helen Lester***

# Executive Summary

## Overview

This physical healthcare strategy has been developed to support delivery of the ambitions outlined in the Trust's 'Good to Great' Strategy. It aligns with our mission "to help people of all ages live their lives to their full potential by supporting them to keep mentally and physically well".

## Background

This strategy recognises that to provide great care and achieve great outcomes the physical health of our service users and their carers must be supported. This needs to start from birth and be continued through to end of life, regardless of diagnosis.

The physical health of people with severe mental illness (SMI) is known to be significantly worse than that of the general population; these individuals on average die 15-20 years prematurely. The vast majority of these premature deaths are not due to suicide, but instead are caused by chronic medical conditions as a result of a number of modifiable risk factors, including tobacco and alcohol consumption, poor diet, and lack of physical activity.

By effectively addressing known modifiable risk factors, the physical health outcomes of service users can be significantly improved. The disparity in life expectancy and physical health outcomes between people with mental health disorders and the general population also has the potential to be considerably reduced.

## Aims

This strategy identifies a number of overarching aims:

- To ensure our service users are supported to achieve the best possible physical health status, in addition to providing excellent mental health care and support.
- To achieve year on year improvement across a range of physical indicators for our service users (e.g. smoking, obesity, alcohol consumption)
- To ensure our service users receive appropriate support to address their health-risk behaviours.
- To ensure that staff are confident in their knowledge and skills to support service users in achieving their best possible physical health outcomes.
- To work in collaboration with partner organisations to achieve better physical and mental health outcomes for the population.

## 1. Introduction

This physical healthcare strategy has been developed to support delivery of the ambitions outlined in our 'Good to Great' Strategy. It aligns with our mission 'to help people of all ages live their lives to their full potential by supporting them to keep mentally and physically well'.

Figure 1 below is taken from the Good to Great Strategy. The development of our workforce, working in partnership with others and the development of systems and processes have been identified as critical to the successful delivery of this strategy.

Figure 1 – Good to Great Strategy



The disparity in physical health outcomes between people with mental health problems and the general population is stark, and can significantly impact on their quality of life, and life expectancy.

### **People with SMI on average die 15-20 years earlier than the general population.**

The vast majority of these premature deaths are not due to suicide, but instead are caused by chronic medical conditions such as cardiovascular, respiratory and infectious diseases, diabetes and hypertension. We can make a difference with many of these conditions.

In adopting a fresh mind-set as an organisation and as individual practitioners, we have the opportunity to substantially improve the physical health of our services users and carers; we can support them to improve the quality of their lives and will ultimately be able to reduce the difference in life expectancy between people with SMI and the general population.

Furthermore, addressing aspects of physical health can have a profoundly positive impact on a person's mental health.

Ultimately, this strategy is concerned with us becoming more 'bothered about Billy'.

## **2. National Context**

### **2.1 Policy and Guidance**

Over the last few years national policies and guidance, including the Five Year Forward View for Mental Health, have placed increasing emphasis on the need to support people with their physical and mental health needs rather than seeing the two in isolation. Indeed a fundamental feature of the Five Year Forward View for Mental Health is that people's mental health needs should be treated with equal importance as their physical health needs, whatever NHS service they are using. The Kings Fund published a paper in 2016 entitled 'Bringing Together Physical and Mental Health' which provides compelling evidence of the importance of integrated care, and highlights a number of high impact areas that could be made to improve quality of care and outcomes.

### **2.2 Causes of poor physical health**

A large volume of evidence points to key causes of poor physical health in people with SMI. For example, we know that when compared to the general population, people with SMI:

- have 50% higher obesity and alcohol misuse rates
- are approximately twice as likely to smoke
- are less likely to engage in physical activity
- are more likely to have a poor diet
- are more likely to have missing, decayed, or filled teeth
- are more likely to engage in high-risk sexual behaviours

Antipsychotics prescribed for people with SMI (particularly Clozapine and Olanzapine) can also substantially increase the risk of obesity and Type II Diabetes, by increasing appetite and causing difficulties with lipid and glucose levels. Despite these findings, people with SMI are less likely to receive the same screening, tests and interventions as the general population.

Although some determinants of poor physical health in our adult service users are beyond our control (such as poverty, poor housing issues, and genetic predisposition to illness), a great opportunity exists to effectively address the modifiable risk factors.

## **2.3 Physical health issues by demographic grouping**

In addition to the physical health issues described above that pertain to all adults with mental illness, there are a number of physical health concerns that are known to affect specific groups within the population.

### **2.3.1 Older People**

Physical Health concerns which are particularly worrying in older adults with mental health problems include chronic pain, frailty, confusion, and sensory impairments – all of which substantially increases the risk of falls.

### **2.3.2 Children and Adolescents**

There is a growing evidence base that suggests there is a strong association between physical ill health and mental disorder in children of all ages, with many different external and internal factors impacting the physical health of children and adolescents who have mental health illnesses.

Young people with mental health disorders have also been found to have a higher risk of contracting sexually transmitted illnesses or becoming pregnant than their peers without mental illness. This is due to factors such as inadequate sexual communication skills, decreased assertiveness, and susceptibility to peer norms that encourage sexual-risk behaviours.

### **2.3.3 Learning Disabilities**

People with learning disabilities have significantly poorer physical health than their non-disabled peers. Epilepsy and musculoskeletal impairments are two prominent causes of this disparity, however many other health conditions are significantly more common in people with learning disabilities, such as dysphagia, constipation, poor oral health, coronary heart disease, respiratory disease, and sensory impairments. People with learning disabilities also may be encountering barriers to accessing sexual health services, in many cases limiting their awareness and knowledge of contraception and menstruation.

### **2.3.4 Carers**

Caring for a person with mental illness can have a detrimental effect on the physical health of care-givers themselves; the obligation to care for the wellbeing of carers exists to the same extent as it does for service users.

### **3. Local Context**

There are a number of local drivers which support and align with our focus on 'Being bothered about Billy'.

#### **3.1 Sustainability and Transformation Partnership (STP)**

The Sustainability and Transformation Partnership for Hertfordshire and West Essex places priority on ensuring that people's mental health needs are treated with the same priority as their physical health needs. More broadly, the STP plan has committed to developing services wrapped around the needs of individuals and their families. This includes a commitment to both improving the mental health of the overall population and improving the physical health of people with serious mental illness. The other STP Plans which cover our services in Norfolk, North Essex and Buckinghamshire highlight a similar priority on the needs of people with mental health difficulties, and a joined up approach to physical and mental health. This focus reflects the national Five Year Forward View strategy.

#### **3.2 Local Mental Health Strategy**

A key theme within the Hertfordshire Mental Health Strategy 2016-21 is the need to value mental and physical health equally and to improve the life expectancy of people with mental health conditions. A number of work programmes across Hertfordshire are working to progress this strategy, and more recently Public Health have begun to develop a 'population health' approach to mental health. This approach seeks to ensure the system works together to build a whole systems approach to mental health (promoting wellbeing, promoting psychosocial resilience, preventing ill-health, and addressing and recovery from mental ill-health).

The Mental Health Joint Commissioning Strategies, the Joint Strategic Needs Assessments and other relevant local strategy documents across Norfolk, North Essex and Buckinghamshire highlight a similar focus, with explicit priorities on improving the physical health of people with mental health needs and providing a more joined up approach that meets the needs of the whole person.

#### **3.3 HPFT Good to Great Strategy**

HPFT's 'Good to Great' strategy sets out the Trust's ambitions to deliver great care, great outcomes. A key commitment outlined within this strategy is to support people to keep physically as well as mentally well, reducing the health inequalities gap for people with a learning disability or mental illness. Critical to this is working in partnership with other agencies and organisations to support service users and their carers.

### **3.4 HCT Alliance**

A formal Alliance was formed with Hertfordshire Community NHS Trust in November 2016, with both organisations recognising that through strengthening our collaboration and coordination of services, we can further enhance the care we provide and subsequently improve physical and mental health outcomes for the population we serve.

### **3.5 'Having Your Say' Survey Results**

The following results have been taken from the HPFT 2016 'Having Your Say' Survey, in response to questions relating to physical health:

- 60% of inpatients felt that their physical health needs were being met
- 67% of service users in the community felt that staff were taking their physical health needs into account
- 39% of carers felt that their caring responsibilities were negatively impacting their physical health

Although the majority of our service users feel that we are meeting or taking into account their physical health needs, there is room for further improvement as part of our journey from Good to Great.

## **4. Approach to developing the strategy**

### **4.1 Building on progress**

In developing this strategy we have reviewed national guidance and policies, and have sought to build upon the existing physical health improvements already taking place across the Trust including:

- Maintaining zero tolerance to Pressure Ulcers in our inpatient units.
- Optimising mobilisation through the 'Falls with harm reduction' programme.
- Maintaining our non-smoking Trust status.
- Continuing optimum postural care of service users, particularly in respect to our Learning Disability inpatient services.
- Developing integrated care pathways for chronic medical conditions through our alliance with Hertfordshire Community Trust.
- Reviewing the causes of all premature service user deaths in order to share learning and further improve practice across the Trust.
- 'Making every contact count' and Smoking Cessation Level 1 training available to staff.
- Co-production of a carers pathway to ensure optimal support for carers.

## 4.2 Co-production

This strategy has been co-produced with service users and carers, staff and other local stakeholders. Input and feedback has been sought through a number of routes, including a dedicated service user and carer engagement event and the All Councils Meeting. The strategy has also been developed in consultation with both clinical and non-clinical staff via existing meeting and professionally focused forums.

## 4.3 Service User and Carer Feedback

Some key themes emerged from service users and carers involved in the production of this strategy which has informed the overall aims and priorities identified.

- More advice to be available about physical health and the support to make necessary lifestyle changes. Communication with other organisations and with the service user is central to this.
- More information about physical health and also medication, including the distribution of leaflets or guides on physical health.
- Weight gain should be a key priority - lack of confidence, social isolation and financial constraints can prevent or inhibit people from engaging in physical activity to combat weight gain.



## 5. Our aims

This strategy identifies a number of overarching aims:

- To ensure our service users are supported to achieve the best possible physical health status, in addition to providing excellent mental health care and support.
- To achieve year on year improvement across a range of physical indicators for our service users (e.g. smoking, obesity, alcohol consumption)
- To ensure our service users receive appropriate support to address their health-risk behaviours.
- To ensure that staff are confident in their knowledge and skills to support service users in achieving their best possible physical health outcomes.
- To work in collaboration with partner organisations to achieve better physical and mental health outcomes for the population.

## 6. Key Priorities

A number of priorities have been identified to support delivery of the aims outlined in this strategy. These reflect our areas of focus as an organisation and our ambitions as outlined in 'Good to Great'.

Physical Health Priority	Good to Great	Areas of focus
Improve the clinical data we record and are able to use relating to physical health care	Great organisation	<ul style="list-style-type: none"> <li>• Ensuring staff are able to record the physical health information electronically</li> <li>• Ensuring baseline data is collated, and ongoing trends and progress monitored, with data used to improve care.</li> <li>• Identify and analyse all causes of premature death to focus physical care prevention efforts.</li> </ul>
Implement appropriate and effective interventions	Great care & outcomes	<ul style="list-style-type: none"> <li>• Improve levels of screening for modifiable cardiovascular risk factors.</li> <li>• Provide advice, interventions, and signposting where appropriate, in order to reduce risky health behaviours.</li> </ul>

		<ul style="list-style-type: none"> <li>• Promote healthy food options and encourage healthy food choices across the Trust.</li> <li>• Optimise the nutritional status of all our inpatients, liaising with Dieticians and Speech &amp; Language Therapists.</li> <li>• Ensure that our service users are accessing national health screening programmes</li> <li>• Ensure optimum psychiatric medication choices for our service users.</li> <li>• Ensure that helpful physical health information documents are available for distribution</li> </ul>
Develop IT services in order to improve communication and sharing of information	Great organisation	<ul style="list-style-type: none"> <li>• Update PARIS to allow for accessible physical health information and data collection.</li> <li>• Exploit the use of technology in all areas of the Trust as and when appropriate, to allow staff ease and efficacy in accessing information and in reporting processes.</li> </ul>
Support staff to improve their physical health awareness, knowledge, and skills	Great people	<ul style="list-style-type: none"> <li>• To improve staff awareness and skills relating to physical health (also positively impact son their own physical health choices)</li> <li>• Ensure that all necessary medical equipment is available and staff trained to use.</li> <li>• To work in collaboration with partner organisations and care teams to enhance physical health care provided to service users; including end of life care.</li> <li>• Develop a workforce planning and recruitment model that is aligned with required physical health competencies, in collaboration with external organisations where appropriate.</li> </ul>
Collaborate, coordinate and integrate care across organisations to deliver joined up great physical and mental health care	Great partnerships	<ul style="list-style-type: none"> <li>• Ensure efficient and timely sharing of relevant health information with our partner health care organisations and GPs</li> <li>• Together with our partners, redesign physical and mental health services at a locality level to deliver enhanced primary care.</li> <li>• Co-produce whole system pathways for health conditions across organisational boundaries</li> </ul>

## 7. Key Enablers of the strategy

### Training & education

- Providing appropriate and relevant training to our staff around physical health care, including screening, monitoring, and brief intervention training.

- Promoting a culture of 'being bothered about Billy' and empowering staff to encourage healthy behaviours.
- Ensure staff awareness of the full range of services available to refer or signpost service users and carers to.

### Equipment

- Ensuring that all services have access to the appropriate equipment that will enable staff to monitor relevant physical health parameters.
- Ensuring that all medical equipment has had up-to-date checks.
- Ensuring that resuscitation equipment is available and checked regularly.

### Technology

- Producing electronic tailored versions of the physical health form on PARIS; this will help to highlight risks to clinicians, promoting holistic and safe care, and also enable the data collection process.
- Including a notification system whereby alerts will indicate if service users are eligible for national health screening programmes.
- Access to System One to optimising the use of electronic patient records, so that information gathering and presentation enhances clinical practice and improves efficiency, leading to safer care.
- Being proactive and open to exploring contemporary technology which can act as a catalyst to achieving the aims and objectives of the Physical Health Strategy.

### Environment

- Creating environments that consistently promote healthy behaviours.
- Maintaining smoke-free Trust status.
- Making healthy food choices available in all our sites and restricting unhealthy food options.
- Supporting our staff to achieve optimum health status themselves.

### Collaborative working

- Working in unison with Hertfordshire Community Trust through our formal alliance in order to improve outcomes.
- Working collaboratively with our commissioners.
- Developing existing relationships with primary, secondary, and tertiary care providers.
- Working collaboratively with our service users and carers to enable the best possible physical health outcomes.

## **8. Implementation, monitoring and assurance**

- 8.1** The Physical Health Strategy will be delivered through prioritised and targeted annual objectives. Appendix 1 outlines the planned activity for 2017/18. An annual plan will be developed and updated each year as part of the annual planning cycle.
- 8.2** A high level communication and engagement plan is presented in Appendix 2.
- 8.3** The Trust's Physical Health Committee will oversee implementation of the strategy, reporting via the Quality and Risk Committee to the Integrated Governance Committee.
- 8.4** A cultural shift in the way we view and deliver physical care as an integral part of delivering mental health care is required. It is felt that if a 'separate' group continues to be the only mechanism for overseeing the Trust's response to physical health there is a risk it will remain 'someone else's responsibility' and not become mainstream.

Consequently, objectives will be incorporated into each Strategic Business Unit's business plan and a physical health champion will be nominated from each service area to take forward these actions.

## **9. Conclusion**

This physical health strategy has been developed to support delivery of the ambitions outlined in our 'Good to Great' Strategy. It aligns with our mission "to help people of all ages live their lives to their full potential by supporting them to keep mentally and physically well". It reflects national and local guidelines and policies relating to the physical health of people with mental illness, and places at its heart an ambition to 'Be bothered about Billy'.