PUBLIC MENTAL HEALTH STRATEGY PRIORITY UPDATE – IMPROVING THE PHYSICAL HEALTH OF THOSE WITH SEVERE MENTAL ILLNESS

To:	**Health Committee**
Meeting Date:	**12th May 2016**
From:	**Consultant in Public Health, Emma de Zoete** **Public Health Manager, Holly Hodge** **Strategic Adult Mental Health Clinical Lead,** **Cambridgeshire and Peterborough CCG, Dr Emma Tiffin**
Electoral division(s):	**All**
Forward Plan ref:	**Key decision:** **No**
Purpose:	**To provide the Committee with an overview of work to improve the physical health of those with severe mental illness (SMI).**
Recommendation:	**To comment on and endorse the public mental health work that is being undertaken.**

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1. BACKGROUND

1.1 Improving the physical health of those with Serious Mental Illness (SMI) was identified as one of 6 priorities in Cambridgeshire's Public Mental Health Strategy:
- ➢ Children and Young People
- ➢ Social Isolation and a wider environment that supports mental health
- ➢ Workforce mental health
- ➢ Anti-stigma
- ➢ Mental health of those with physical illness
- ➢ Physical health of those with mental illness.

1.2 In 2014 there were 4,986 patients registered in Cambridgeshire with a severe mental illness (SMI). This will typically include patients with a diagnoses involving psychosis or high levels of care, and which may require hospital treatment. Typically this includes schizophrenia and bipolar disorder[1].

1.3 In general the life expectancy of people with a range of mental illnesses, such as schizophrenia and depression is less than that of people that are not living with a mental illness[2]. International evidence shows that people with learning disabilities or long-term mental health problems on average die 5 to 10 years younger than other citizens, often from preventable illnesses[3]. People with severe mental illness die up to 20 years younger than their peers in the UK.

1.4 Although suicide rates are higher in people with mental illness(es), this does not account for all of the differences seen[2]. In particular, health behaviours are important with smoking prevalence higher in those with serious mental illness – one study found 60% of people receiving secondary mental health care smoked[4]. Diet, physical activity and alcohol consumption all potentially have an important role too. It may also be the case that those with mental illnesses are less likely to seek help or access preventative services, such as screening[2].

1.5 A range of work is underway to improve the physical health of those with SMI. Largely this work is being undertaken by the Clinical Commissioning Group (CCG) and Cambridgeshire and Peterborough Foundation Trust (CPFT), although Cambridgeshire County Council are also ensuring commissioned lifestyle services are equipped with the skills to work effectively with this population group.

2. LIFESTYLE SERVICES

2.1 Appendix 1 gives the extract from the public mental health strategy action plan that is relevant to improving the physical health of those with SMI. Summary updates are provided in the table and more detail is provided in the paragraphs below.

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[1] Mental Health Wales. (n.d.). What is serious mental illness? Retrieved February 2015, from Mental Health Wales: http://www.mentalhealthwales.net/mhw/whatis.php
[2] Hotopf, M., & McCracken, L. (2014). Annual Report of the Chief Medical Officer 2013, Public Mental Health Priorities; Investing in the Evidence (Chapter 13).
[3] Nocon, A. (2006). Background evidence for the DRC's formal investigation into health inequalities experienced by people with learning disabilities and/or mental health problems.
[4] Wu et al. (2013). Evaluation of Smoking Status Identification using Electronic Health Records and Open-Text Information in a Large Mental Health Case Register. PLoS one.

2.2   Public Health conducted a review of the evidence of tailored exercise programmes specific to those with SMI and found there was limited evidence of effectiveness. Therefore it was decided to improve the support provided by mainstream services and upskill in terms of the understanding of mental health.

2.3   The Lifestyle Service is commissioned by Public Health and provided by Everyone Health. The service provides a range of behaviour change initiatives including the Health Trainer Programme. Health Trainers provide support around healthy lifestyles including stop smoking, weight management, physical activity and alcohol. They also signpost individuals to a range of more specialised services such as the Increasing Access to Psychological Therapies (IAPT) service or CamQuit.

2.4   Upcoming work will focus on upskilling and existing Health Trainers via the 2 day Mental Health First Aid (MHFA) course. MHFA is an internationally recognised course that teaches people to identify, understand and help a person who may be developing a mental health problem.

2.5   To provide further expertise to the Health Trainer team a Specialist Health Trainer role will be created. The specialist would have more extensive knowledge of mental illnesses, for example the impact of specific medications on weight gain, and thus provide more tailored support to clients. In addition, they would provide further support to colleagues within the team and promote mental health as a whole. The post would be linked to, and take referrals from, the Enhanced Primary Care Service (see below) and would be funded through Public Mental Health funding.

3.   ENHANCED PRIMARY CARE (EPC) SERVICE

3.1   The EPC service will provide additional mental health resource/capacity within primary care to manage patients who have mental health problems of moderate to high severity and disability but who are stable, and have risk levels that can be managed in a primary care based service. The EPC service will be supporting GPs with specialist Mental Health staff who have the knowledge, expertise and capacity to support the safe discharge/transfer of stable patients from Secondary to Primary Care.

3.2   Physical health monitoring and, where appropriate, physical and mental health interventions will be provided in collaboration with the wider multi-disciplinary team. There will be three teams across the CCG consisting of a nurse (providing mental health interventions and escalations to secondary care where needed), a healthcare assistant and a Peer Support Worker to enable access to community resources.

3.3   The service specification and model have now been agreed, with an initial proof of concept phase planned for 1 April 2016 in Fenland and Huntingdonshire areas to better understand how the model will work in practice. Following an evaluation, the aim is to roll out across Cambridgeshire and Peterborough from summer 2016.

4. PHYSICAL AND MENTAL HEALTH STRATEGIC GROUP

4.1 The Physical and Mental Health Strategic group, led by CPFT, focuses on improving the physical health of those with severe mental illness. The group oversees the implementation of an action plan which includes:

➢ Drafting, monitoring and implementing the physical healthcare policy for the trust (currently in draft form). This policy outlines the consistent approach that staff will take to assessing the physical healthcare needs of patients.
➢ Improving the skills and knowledge of physical health care assessment and treatment for staff.
➢ Creating a smoke free Trust (implementation date to be set).
➢ Develop and enhance the use of physical health champions on wards and within community teams.

The trust has recruited a physical health care lead nurse to support this work. In particular her role will focus on ensuring physical health assessments, which are recommended as part of NICE Guidance, are taking place consistently across the trust.

5. ALIGNMENT WITH CORPORATE PRIORITIES

5.1 Developing the local economy for the benefit of all

This work has potential benefits on the workplace and wider economy.

5.2 Helping people live healthy and independent lives

This work aims to support people with SMI to lead healthier and longer lives.

5.3 Supporting and protecting vulnerable people

This work focuses on the health of particularly vulnerable people - those with SMI and poor physical health.

6. SIGNIFICANT IMPLICATIONS

6.1 Resource Implications

None.

6.2 Statutory, Risk and Legal Implications

There are no significant implications within this category.

6.3 Equality and Diversity Implications

The work within this paper sets out a number of ways it may address equality and promote better health overall.

6.4   Engagement and Consultation Implications

None. During development to the public mental health strategy that guides the local authority portion of this work there was a six week consultation.

6.5   Localism and Local Member Involvement

There are no significant implications within this category.

6.6   Public Health Implications

This paper updates on progress on one aspect of the public mental health strategy which aims to promote mental health, and also to improve the physical health of those with SMI.

Source Documents	Location
Public Mental Health Strategy for Cambridgeshire	http://www.cambridgeshire.gov.uk/site/custom_scripts/cons_details.aspx?ref=361

Theme	Action	Focus in year one of implementation	Timescale	Funding	Impact	Governance Board	Update April 2016
Physical and mental health	Increase uptake of smoking cessation training by community mental health teams.	Action plan to be developed by stop smoking team including numbers of advisors trained within community mental health teams, and actions to improve the number of referrals from secondary care mental health setting.	Action plan by September 2015 with in-year targets.		Long term impact is a reduction in the gap in life expectancy in those with SMI compared to the general population. This is measured in the Public Health Outcomes Framework. Short term impact measures are likely to include numbers of staff in Community Mental Health Teams trained as stop smoking advisors, numbers of referrals into stop smoking services and the proportion of these who are quitters at 4 weeks.	New governance board for Physical Health of those with SMI	26 people from mental health trust, IAPT team and mental health services have been trained to give brief advice and referral to the service with 8 receiving the full level 2 advice to be able to support someone through a quit attempt.

Referrals to CAMQUIT from mental health settings: 6 (unable to breakdown as small numbers). Awaiting outcome of quit attempts.

CAMQUIT core team data: |
| | Increase referrals to stop smoking service from secondary care mental health settings. | Action plan to be developed by stop smoking team including numbers of advisors trained within community mental health teams, and actions to improve the number of referrals from secondary care | Action plan by September 2015 with in-year targets. Mapping exercise complete | Funding will be needed to improve access cross county. | Long term impact is a reduction in the gap in life expectancy in those with SMI compared to the general population. This is measured in the Public Health Outcomes Framework. Short term impact measures are likely to | New governance board for Physical Health of those with SMI CCG Transformation Mental Health Workstream | |

Theme	Action	Focus in year one of implementation	Timescale	Funding	Impact	Governance Board	Update April 2016
		mental health setting. Mapping of structured exercise provision and other initiatives to support the physical health of people with SMI, gaps identified and recommendations made on how/where to improve access. Development of enhanced primary care for those with SMI – CCG led.	by September 2015. Mapping work to feed into CCG transformation programme.		include numbers of staff in Community Mental Health Teams trained as stop smoking advisors, numbers of referrals into stop smoking services and the proportion of these who are quitters at 4 weeks.	Links to the new governance board for Physical Health of those with SMI	2014-15: 134 had a self-reported mental health issue of some kind listed. Of these people 80 became non-smokers when recorded at the four week stage.
	More coordinated, and consistent county-wide, approach to health improvement interventions for those with mental illness						Enhanced Primary Care Service model developed with proof of concept underway in Huntingdonshire and Fenland. MHFA training for Health Trainers and Specialist Role in development. Decision was made to focus on improving access to mainstream lifestyle services following an evidence review

Theme	Action	Focus in year one of implementation	Timescale	Funding	Impact	Governance Board	Update April 2016
							of more tailored support.
	Ensure physical health checks are undertaken consistently and that signposting to health improvement services is consistent.	Work to be taken forward through the CCG Transformation Programme.	In line with the CCG Transformation programme.	Funding implications to be considered in the CCG Transformation programme	Ensuring that there are consistent health checks undertaken across settings will enable better identification and signposting to appropriate health improvement provision.		This work is being undertaken by the physical and mental health strategic group.