

**Physical Health Strategy Implementation Plan**

The implementation of the key elements of the strategy are delivered through the Physical Healthcare Groups for Mental Health and Physical Health the Public Health Group. The structures of these groups are being reviewed to reflect changes in the Directorate structures. This work will be supported by a number of specialist area task force groups.

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| **Year One** | **Year Two** | **Year Three** |
| **Improved surveillance and monitoring of physical health** | **Improved surveillance and monitoring of physical health** | **Improved surveillance and monitoring of physical health** |
| Community mental health teams, home treatment teams, community child and adolescent mental health services, early intervention in psychosis teams, district nursing teams and other community based mental and physical health teams will have access to an appropriate range of equipment for assessing and monitoring physical health.  Equipment that is used in inpatient areas will be calibrated and serviced regularly.  The effective use of any new equipment and staff competence to use this equipment will be reviewed regularly.  Standardise the model for the AMHT physical health clinics | Continue work on improving how we monitor identified cardio-metabolic risk factors  Use of, or reference to, preventative strategies such as the NHS health check programme.  Full implementation and use of the Physical Health review form across all services |  |
| **Providing clinically effective physical healthcare** | **Providing clinically effective physical healthcare** | **Providing clinically effective physical healthcare** |
| Regular assessment of the physical health needs of patients with appropriate follow up (screening and intervention) and monitoring of outcomes. In particular, use of the Lester cardio-metabolic health resource or similar and appropriate care plans for physical health conditions. | Completion of review of all Physical Health policies  Reduce acquired pressure damage grade 3 and 4 to zero by April 2018.  Expand provision of Immediate Life Support resuscitation training across all services that deliver rapid tranquilisation |  |
| **Developing staff knowledge and skills in physical health** | **Developing staff knowledge and skills in physical health** | **Developing staff knowledge and skills in physical health** |
| Employment of (or suitable arrangements to provide) medical, nursing and pharmacy staff and other healthcare professionals with the necessary skills and knowledge to oversee and deliver aspects of physical healthcare. This includes competent use of the equipment and correct interpretation of the results obtained.  Develop and introduce an electronic MEWs form for the wards on CareNotes. and ensure that the frequency of observation within Modified Early Warning systems’ meets the needs of all patient groups.  Implement the NEWs tool across community hospitals and move from a paper to electronic form.  Develop Learning disabilities nurse consultant/ academic practitioner roles  Reassess compliance with Healthcare for All recommendations and evidence to support Green Light Toolkit | Recruit RGN physical health leadership posts to support the AMHTs and adult wards  Complete development and delivery of a sustainable programme of sepsis training  Complete implementation of human factors simulation training to improve skills in recognising and responding to the acutely ill and deteriorating patient via a train the trainer and clinical faculty approach.  Widen access to management of epilepsy training and ensure that work is taken forward to implement the epilepsy risk assessment documentation.  Implementation of NICE CG137 for Epilepsy diagnosis and management  Development of shared care protocols for people with a learning disability | Embed cross supervision for clinicians between Mental Health and Physical Health  Establishment of Frailty Nurse Consultant/ Clinical academic role. |
| **Promoting health and well being** | **Promoting health and well being** | **Promoting health and well being** |
| People have access to healthy lifestyle options, such as bespoke smoking cessation programmes, nutritionally balanced meals, physical exercise, and support to engage with them.  Strengthen links with OH Public Health Group and further development of Making Every Contact Count    Build on improvements in child and adolescent mental health and eating disorders services and extend to full range of service provision | Embed the Wellbeing Clinics offered in community teams to adult/ forensic wards  Achieve physical health CQUINS 3a) cardio-metabolic risk and 9) preventing ill health  Develop dietetic input for obese patients based on an assessment of risk using modified tool. |  |
| **Working in partnership to improve physical health** | **Working in partnership to improve physical health** | **Working in partnership to improve physical health** |
| Set up access to view limited information held by GPs on patients also being treated by the Trust.  Improve engagement with junior doctors in relation to improving physical health care  Agree diabetes management and pathway particularly on discharge and in mental health inpatients | Improve sharing of discharge information with GPs, the Trust is testing methods to do this electronically  Achieve CQUIN 3b collaboration with primary care  Agree autism pathway | Full IT systems interoperability to support partnership working |

**Appendix III: Oversight of the implementation of the Physical Health Strategy**

The Oxford Health Quality Committee has oversight of the physical health strategy and the Quality Subcommittee (Well Led) has responsibility for providing assurance of its effective implementation