

**Report to the Meeting of the
Oxford Health NHS Foundation Trust**

Board of Directors

14 April 2021

Physical Healthcare for People with Serious Mental Illness

For: Assurance

BOD 22/2021
(Agenda item: 11)

Executive Summary

This report provides an update on ongoing work to improve mechanisms for addressing the physical health needs of Oxford Health service users with serious mental illness (SMI). This work is currently led through a task and finish group with representation from clinical leads from Oxfordshire and Buckinghamshire mental health services chaired by Dr Bill Tiplady on behalf of Marie Crofts.

The report details actions under way and summarises data which is showing steady improvement. It is anticipated that the pace of this improvement will increase as Covid restrictions ease.

Governance Route/Escalation Process

This report was presented at the meeting of the Quality and Governance Sub Committee on March 25th 2021 as a report on ongoing task and finish work to ensure progress on this important issue.

Statutory or Regulatory responsibilities

Providing effective physical health care for people with severe and enduring mental ill-health remains a core responsibility for MH providers and is considered by CQC to sit across the 'safe' and 'effective domains'. In previous years this responsibility has been reinforced by CQUIN targets for MH Providers. Overall, system accountability responsibility has now shifted to CCGs to demonstrate that people with SMI are offered annual physical health checks. This does not, however, change the duty for MH

Providers to ensure that physical health checks are completed as part of an integrated package of care of people with SMI.

Recommendation

The recommendation of this report is that work continues as planned with the aim of continuing to track improvement; ensuring that other obstacles to improvement are addressed; and ensuring that relevant infrastructure (reporting, equipment, strategy) are in place to support sustained improvement in clinical care.

The Board is asked to confirm that it is assured with progress and current actions.

Author and Title: Dr Bill Tiplady, Associate Director Psychological Services

Lead Executive Director: Marie Crofts, Chief Nurse

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Summary of relevant data (updated to include March 2021 since presentation at Quality and Clinical Governance Sub-Committee:

Physical health review figures based on newly agreed rules from Oct20 Based on Patients open during reporting month who are in clusters 10, 11, 12, 13, 16, 17 - and have been open for 12 months or more								
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Trend
% with complete PH assessment in last 12 months (all 8 elements)	Bucks CMHTs	42%	43%	50%	45%	50%	54%	
	Bucks EIS	25%	24%	30%		32%	33%	
	Oxon CMHTs	12%	13%	19%	22%	24%	29%	
	Oxon EIS	38%	37%	39%		44%	45%	
% with PH assessment in last 12 months (regardless of no. of elements)	Bucks	61%	59%	65%	62%	69%	74%	
	Bucks EIS	46%	48%	51%		61%	67%	
	Oxon CMHTs	48%	49%	55%	58%	63%	68%	
	Oxon EIS	67%	64%	65%		72%	74%	

- The 'all 8 elements' data is critical – the % with assessment is a process measure but only consistent achievement of all 8 elements (and providing associated interventions) constitutes evidence based practice
- The above data shows a clear trend of improvement over the period October 20 – February 2021
- Newly agreed rules for Oxon have given consistency of reporting across Oxon and Bucks
- Data above continues to be gathered through legacy system – the trust has as yet no dashboard view, no way of consistently reporting interventions delivered, and no way of clearly separating out inpatient performance.

Highlight report from the PHSMI task and finish work to date as presented to Quality and Clinical Governance Sub-Committee

Achievements	Further Actions	Who	When
<ul style="list-style-type: none"> • Task and finish group continuing to meet on monthly basis with directorate PH leads, EI representation including medical engagement, and OHI representation. • Common reporting arrangement now in place across Oxon and Bucks with consistent definitions aligned with Lester Tool. • Review of Trust strategy and Physical Health SOPs underway. • Improvement trajectories agreed for EIS / AMHTs. • Recruitment: new 8a PH lead recruited in Oxon, new EIS PH worker identified, B4 posts interviewed. In Bucks new PH lead in OA North. Recruiting to lead posts in N&S AMHTs and to EIS PH HCA post. • Structure of cross-directorate PHSMI meeting changed to allow alternating single directorate meetings to focus on county-specific issues. • Issues in relation to equipment being escalated and resolved. • Trust is well engaged with 'equally well' collaborative. Bucks now to join Oxon in piloting point of care testing in EIS – this could be a model for wider roll-out. • Forensic lead to join T&F group 	<ul style="list-style-type: none"> - OHI to do some additional mapping of data to identify additional pressure points and change ideas - New PHSMI strategy and SOPs to be finalised and shared for approval - Resumption of face to face working as part of restoration planning should allow accelerated improvement - Discussion of equipment issues (manual vs electronic sphygmomanometers) escalated and resolved – procurement now to be confirmed 	<p>OHI colleagues</p> <p>Bill Tiplady / Sarah Hill</p> <p>T&F group to review directorate plans</p> <p>Directorate leads / medical devices to coordinate new procurement</p>	<p>Report back by next meeting on 25/3</p> <p>25/3</p> <p>25/3 and ongoing</p> <p>Needs to be agreed 25/3</p>
Quality Escalations and questions for QCGSC			
<ul style="list-style-type: none"> • Work on PHSMI dashboard currently in queue for development – does the QCGSC support this being prioritised? • ECG interpretation arrangements remain a perceived obstacle for ECG in community – how and where can this be picked up as a system issue? • As noted previously, we predict that next round of NCAP data will continue to show poor performance in EIP due to timing of data extract. 	<ul style="list-style-type: none"> - Peer review via Equally Well network to be arranged later in 2021 	<p>Debbie Walton / Sarah Hill</p>	<p>Plan in place by June 2021</p>