Office for Health Improvement & Disparities

Equally Well UK

Physical Health Checks for People Living with Severe Mental Illness

A Partnership Approach to Improving the Number and Quality of Health Checks

V2.3 [29/01/24]

CONTENTS

1. AIM, PURPOSE, AND AUDIENCE

Aim

The aim of the document is to help Integrated Care Boards (ICB), Mental Health Trusts, General Practitioners (GPs), Community Pharmacists, and other primary care staff; and Local Authorities (Councils) to help adults living with Severe Mental Illness (SMI) to improve their physical health.

*From April 2022 Integrated Care Boards have statutory requirements and responsibility for delivery.

Purpose

The purpose of this document is to provide:

a) Guidance on the prioritised action required to prevent premature mortality, morbidity and inequalities experienced by people with SMI

b) Information, data and intelligence about the nature and extent of preventable premature mortality and morbidity and the inequalities experienced by people with SMI

c) A summary of key strategic drivers and the policy commitments for people with SMI related to improved physical health and mental wellbeing

d) A self-assessment checklist to support improvement activity relating to physical health checks for those with SMI.

Audience

The key audiences for this document are:

- Integrated Care Boards (ICB)
- General Practitioners (GPs), Community Pharmacists and other primary care staff
- Mental Health Trusts
- Local Authorities (Councils)
- Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector

2. INTRODUCTION

Annual Physical Health Checks

Anyone with a diagnosis of a SMI who is registered with a GP is entitled to a physical health check at least once a year.

The physical health check has 6 core standard components as part of the Quality and Outcomes Framework (QOF) payments, comprising of elements measuring or assessing:

1. Weight, BMI, waist circumference, nutritional status and diet
2. blood pressure and pulse check (diastolic and systolic blood pressure recording or diastolic and systolic blood pressure + pulse rate)

3. a full blood lipid profile: total cholesterol, triglycerides, HDL, non-HDL, LDL, TC:HDL and QRISK (this can be done on a non-fasting blood sample)
4. HbA1c (blood glucose test regulation)
5. alcohol consumption
6. smoking status and tobacco use

Please see further QOF health assessment components (not included in the QOF payment) as follows:

- medicines review.
- assessed nutritional status, diet, physical activity.
- an assessment of use of illicit substance/non prescribed drugs (substance misuse status)

Additionally, please see elements of a comprehensive health assessment (that sits outside of the QOF) including:-

- an assessment of oral health and access to dental care
- an assessment of participation in appropriate national screening and immunisation programmes
- general enquiry into sexual health
- relevant follow up interventions where indicated

Only the core components (1-6) are part of Quality and Outcomes Framework (QOF) payments. A QOF metric (MH021) has been introduced in 2023/24 for delivery of all 6 elements of the SMI physical health check.

Severe Mental Illness GP Registrations

More than 580,000 people in England live with a SMI.[1] This is likely to be an underestimate as figures only include those who are diagnosed and recorded on GP registers.[2]

The average GP surgery (with a list size of around 5,000 to 7,000 patients) is likely to have 50-70 registered patients on its SMI register. This is likely to be higher in more deprived areas. This equates to an average of one to two health checks per week for each practice.

Defining Severe Mental Illness

SMI is a term which is used by the NHS to refer to a mental health condition that has a significant impact on a person's health and daily life, and which may be long-term. For annual health checks this includes patients with a diagnosis of schizophrenia, bipolar affective disorder, schizoaffective disorder, and other non-organic psychoses.[3]

Whilst people diagnosed with Borderline Personality Disorder (BPD) are not included on the SMI register, given the association of BPD with a substantially reduced life

[1] OHID Fingertips Tool Severe Mental Illness - OHID (phe.org.uk) accessed 30 June 2023
[2] Health and Care of People with Learning Disabilities, Experimental Statistics: 2018 to 2019. https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities/experimental-statistics-2018-to-2019
[3] NHSE (2019) Physical health check and follow-up interventions for people with severe mental illness Technical guidance NHS England report template - data icon

expectancy, mostly due to physical health conditions, such as cardiovascular disease, annual health checks should be considered for people who have been given a BPD diagnosis.

Annual health checks are also a mandatory requirement for people taking certain medication e.g., antipsychotics independent of diagnosis or indication for which they are being prescribed.

Diagnostic Overshadowing

Diagnostic overshadowing can happen if someone has more than one health condition at the same time, one or more of which is overlooked and under-treated.

For some people with a mental illness, physical ill-health is seen only as part of the mental health condition or related medication e.g., fatigue, headaches, stomach pain, sleep disturbances, loss of appetite, even when their symptoms could mean there is of a physical health problem.

Others report that their mental health is prioritised over their physical health and the latter is not seen as part of their care.

Diagnostic overshadowing can lead to inadequate medical treatment for physical health conditions in people with mental illnesses, leading to increased morbidity, mortality, and poorer treatment outcomes.[4]

Undertaking a full physical health check for people with SMI helps to identify opportunities for evidence-based interventions that can reduce people's risk of death, prevent avoidable ill health, and reduce health inequalities.

A Prevention Approach

A prevention and public mental health approach includes:

- Promoting the population's mental health and wellbeing
- Preventing suicide and mental health problems
- Reducing mental health inequalities[5] [6]

Taking a public mental health approach is fundamental to public health in general because good mental health is a determinant and consequence of our physical health, as well as a resource for living.

---

[4] Guerin, Bernard (2017-03-16). *How to Rethink Mental Illness* doi:10.4324/9781315462615. ISBN 9781315462615.

5 OHID (2023) Prevention Concordat for Better Mental Health. Prevention Concordat for Better Mental Health - GOV.UK (www.gov.uk) [Accessed 17 May 2023].

6 Faculty of Public Health and Mental Health Foundation (2016) Better Mental Health for All: A Public Health Approach to Mental Health Improvement

Improving the lives of people with mental health problems, supporting their recovery and inclusion

Improving the lives and life expectancies of people with SMI is a key element of this public mental health approach. Everyone living with a long-term mental health condition should have access to effective, timely, consistent, and responsive help at every stage of their life for their physical health and have an equal chance of enjoying a healthy life and equal life expectancy.

Collaboration Across Local Systems

A new duty to promote collaboration across the health care, public health and social care system is being introduced as part the White Paper, Integration, and innovation: working together to improve health and social care for all (DHSC, 2021).[7]

Undertaking physical health checks for people with SMI is the responsibility of Primary Care as set out in the QOF and Mental Health Trusts. The QOF recommends what should be included in each physical health check; however, it does not specify what interventions should be delivered following the physical health check.

Most interventions will fall outside of the remit for Primary Care: e.g., stop smoking services, alcohol treatment and some weight management services are commissioned by Local Authorities; whilst some diabetes services are commissioned by Place-Based Partnership Teams or ICBs. Physical health checks are more likely to improve physical health outcomes when they are part of a system-wide pathway whereby those identified at risk can access the right care for their needs. Therefore, collaboration between Primary Care, Mental Health Trusts, ICBs, Place-based Partnership Teams, Local Authorities and the VCFSE sector will enable the best physical health outcomes for people with SMI.

3. POOR HEALTH OUTCOMES FOR PEOPLE WITH MENTAL ILLNESS

Premature Deaths

Data

New indicators on premature mortality of adults with SMI show that in every local authority in England, adults with SMI are more likely to die 15 to 20 years younger than those without. In areas with higher deprivation, the chances of people with SMI dying younger rise to almost seven times more than those without.

Impact of COVID-19

The Spotlight report shows that adults with pre-existing mental health conditions are at greater risk of death and hospitalisation from COVID-19 than the general population.

7 Department of Health and Social Care (2021). Integration and innovation: working together to improve health and social care for all.

Causes of Premature Mortality

Major causes of death in people with SMI include chronic physical medical conditions such as cardiovascular disease, respiratory disease, liver disease, diabetes, and hypertension.[8,9]

Poor Health

Smoking

Smoking prevalence for people with SMI registered with a GP is almost three times higher than the general population at 40.5%. Smoking increases the risk of asthma, chronic obstructive pulmonary disease (COPD) and other respiratory illnesses that may also contribute to a worsened prognosis if they contract COVID-19 or influenza.

It also contributes to a heightened risk of mortality from lung cancer.[10]

Physical Activity

People living with SMI are less likely than those without to do any moderate or vigorous physical activity.[11]

Healthy Weight Management and Good Nutrition

People living with SMI are more likely to have difficulties managing a healthy weight than the general population, and the gap is greatest among young people (aged 15-34).[12]

Infectious Diseases

Infectious diseases appear to contribute to an increased risk of death in people with SMI, with a 4- to 8-fold risk of death due to infection compared to the general population.[13]

COVID-19

The COVID-19: review of disparities in risks and outcomes found that people with SMI are more likely to be at risk of infection and poorer health outcomes from COVID-19, including mortality from the illness.

---

[8] John A et al (2018) 'Premature mortality among people with severe mental illness' Schizophrenia Research

[9] Office for Health Improvement and Disparities (2022) *Fingertips Public Health Data.* https://fingertips.phe.org.uk/search/Mental%20Health#page/1/gid/1/pat/15/ati/6/are/E12000002/iid/10602/age/208/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1 [Accessed 17 May 2023]

[10] Arffman et al . The impact of severe mental illness on lung cancer mortality of patients with lung cancer in Finland in 1990-2013: a register-based cohort study. Eur J Cancer. 2019 Sep;118:105-111. doi: 10.1016/j.ejca.2019.06.018. Epub 2019 Jul 19. PMID: 31326729 . The impact of severe mental illness on lung cancer mortality of patients with lung cancer in Finland in 1990-2013: a register-based cohort study - PubMed (nih.gov)

[11] Vancampfort D, et al. Sedentary behavior and physical activity levels in people with schizophrenia, bipolar disorder and major depressive disorder: a global systematic review and meta-analysis. World Psychiatry. 2017;16(3):308–15. https://pubmed.ncbi.nlm.nih.gov/28941119/

[12] PHE (2018) Severe mental illness (SMI) and physical health inequalities: briefing Severe mental illness (SMI) and physical health inequalities: briefing - GOV.UK (www.gov.uk)

[13] WHO (2015) Evidence on vulnerability of people with severe mental illness to flu Extracted from 'Meeting Report on WHO Headquarters, Nov 2015 Titled 'Excess Mortality in Persons with Severe Mental Disorders (SMD)'

Dental Health

People with SMI are much more likely to have poor dental health that the general population, including having higher levels of tooth decay and losing all their natural teeth.[14] Reasons for this include poor oral health, poor access to dental services, dry mouth caused by medication and specific dental phobias.[15,16,17] Strokes, coronary heart disease and respiratory diseases are all linked to poor dental health.[18,19,20]

Cancer

A recent large international study found people with mental illness are almost twice as likely to die from cancer as the general population, even though they are no more likely to develop the disease. Those with SMI are 18% more likely not to have participated in breast screening, 20% more likely not to have participated in cervical screening and 31% more likely not to have participated in bowel screening than those without SMI.[21]

The biggest inequalities in physical health compared with the general population are among people aged 15-34.[22] This is why it is important that physical health checks are offered to people with SMI of all ages.[23]

Digital and Health Literacy Inequalities

Digital inequalities mirror health inequalities. There are 12.6 million people in the UK who don't have basic digital skills and likely to be further disadvantaged by age, education, income, disability, or unemployment.[24]

---

[14] Kisely S et al Advanced dental disease in people with severe mental illness: systematic review and meta-analysis The British Journal of Psychiatry (2011) 199, 187–193. doi: 10.1192/bjp.bp.110.08169
[15] Bardow A, Nyvad B, Nauntofte B. Relationships between medication intake, complaints of dry mouth, salivary flow rate and composition, and the rate of tooth demineralization in situ. Arch Oral Biol 2001; 46: 413–23.
[16] Ramon T, Grinshpoon A, Zusman SP, Weizman A. Oral health and treatment needs of institutionalized chronic psychiatric patients in Israel. Eur Psychiatry 2003; 18: 101–5.
[17] Lewis S, Jagger RG, Treasure E. The oral health of psychiatric in-patients in South Wales. Spec Care Dentist 2001; 21: 182–6.
[18] Chapple IL. The impact of oral disease upon systemic health – symposium overview. J Dent 2009; 37: S568–71.
[19] Humphrey LL, Fu R, Buckley DI, Freeman M, Helfand M. Periodontal disease and coronary heart disease incidence: a systematic review and meta-analysis. J Gen Intern Med 2008; 23: 2079–86.
[20] Azarpazhooh A, Leake JL. Systematic review of the association between respiratory diseases and oral health. J Periodontol 2006; 77: 1465–82.

[21] Public Health England (2021) Severe mental illness (SMI): inequalities in cancer screening uptake report. 21 September 2021. https://www.gov.uk/government/publications/severe-mental-illness-inequalities-in-cancer-screening-uptake/severe-mental-illness-smi-inequalities-in-cancer-screening-uptake-report#contents [Accessed 17 May 2023].
[22] PHE (2018) Severe mental illness and physical health inequalities: briefing, https://www.gov.uk/government/publications/severe-mental-illness-severe mental illness -physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing (Accessed 09 June 2020)
[23] NHS England (2018). Improving physical healthcare for people living with severe mental illness in primary care: Guidance for CCGs
[24] Tinder Foundation (2016). Health and Digital: Reducing Inequalities, Improving Society: An evaluation of the Widening Digital Participation Programme

Seventy percent of people with SMI have low levels of health literacy.[25]

4. STRATEGIC DRIVERS, POLICY, AND GUIDANCE

Department of Health and Social Care White Paper (2021) Integration and innovation: working together to improve health and social care for all

The underlying principles of this white paper are:

- A population health approach, where local health and care systems do not just offer treatments and interventions, but support people to stay healthy.
  - Integration within the NHS (between different NHS organisations) and integration between the NHS and local government (and wider partners).
  - Place based approaches to meet local needs, leaving decisions to local systems and leaders

[25] Clausen, W., Watanabe-Galloway, S., Bill Baerentzen, M. *et al.* (2016) Health Literacy Among People with Severe Mental Illness. *Community Ment Health J* **52,** 399–405 (2016) https://link.springer.com/content/pdf/10.1007/s10597-015-9951-8.pdf

Quality and Outcomes Framework (QOF)

The Quality and Outcomes Framework (QOF) specifies a physical health check within the last 12 months should be undertaken for patients on the SMI register. This physical health check recommends recording:

- Alcohol consumption
- Body Mass Index
- Blood Pressure
- Full lipid profile including TC:HDL and QRISK
- Blood Glucose regulation (HbA1c)
- Smoking status

A new metric (MH021) has been introduced in 2023/24 for delivery of all 6 elements of the physical health check.

NHS Long Term Plan (2019)

1) **Physical health checks** – by 2023/24, the NHS will ensure that at least 390,000 people living with SMI have their physical health needs met.
2) **New and integrated models** of primary and community mental health care will support adults and older adults with SMI. A new community-based offer will support local areas to redesign and reorganise core community mental health teams to move towards a new place-based, multi-disciplinary services across health and social care and aligned with Primary Care Networks.
3) **Smoking cessation** - a new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of mental health and learning disability services.
4) **Social Prescribing** - the range of support available to people will widen, diversify, and become more accessible. Link workers within Primary Care Networks will work with people to develop tailored plans and connect them to local groups and support services to facilitate improved mental and physical health outcomes.

The Care Act (2014)

The Care Act sets out the duty of Local Authorities to promote people's wellbeing, including physical and mental health and emotional wellbeing and participation in work, training and education, recreation, and suitability of living accommodation. It also sets out the importance of promoting integration of care and support with health services.

NHS Outcomes Framework (NHSOF)

The 5 domains of the NHSOF are:

- Preventing people from dying prematurely; by reducing avoidable deaths
- Enhancing quality of life for people with long-term conditions; by supporting people with long-term conditions to live a normal a life as possible
- Helping people to recover from episodes of ill health or following injury; and where possible prevent ill health or injury
- Ensuring that people have a positive experience of care, including patients, service users and carers
- Treating and caring for people in a safe environment and protecting them from avoidable harm; by delivering quality of care to deliver better health outcomes

Undertaking annual physical health checks for people with SMI helps contribute to all these domains by identifying and treating a range of physical health conditions; and thereby reducing avoidable deaths and improving physical health outcomes.

5. INTEGRATED CARE BOARDS

Role and Functions

A key function of ICB's in supporting the delivery of physical health checks for people with SMI will be to:

1. support integration including improving the interface between Primary Care, Secondary Care, Local Authority and VCFSE sector
2. develop a local plan to improve the physical health of people with SMI, including the delivery of the annual physical health checks,
3. improve the link to community-based support services including VCFSC sector following the physical health check
4. ensure system wide adoption
5. provide quality improvement, assurance and leadership

Physical Health Severe Mental Illness Checklist

Introduction

The physical health SMI checklist has been created for ICB leads to support continuous improvement of the physical health SMI service offer and most importantly improve outcomes for service users. The checklist is a tool to support quality improvement and action planning.

It is designed as a simple checklist to aid improvement activity: to identify key actions needed to ensure that practice is meeting the national standards required to deliver quality services.

Scope/Intended Audience

The checklist has been developed for use by those leading service development and delivery at an ICB and place level e.g., physical health SMI clinical leads, programme leads and lead commissioners responsible for programme delivery.

The scope however should not be limited to these individuals and could be widened to include delivery partners in Secondary Care, Local Authority and VCFSE sector. The checklist has been designed to embrace the spirit of collaborative working and therefore needs to be viewed as a partnership and collaborative activity between system partners, together with experts by experience.

Purpose of the checklist

To provide a framework to support physical health and SMI leads (up to or at ICB level) to identify high impact actions through the discovery of any gaps/barriers and best practice that would support the development of improvement and delivery plans.

Limitations

The checklist is not exhaustive and should be a framework to support continuous improvement that can be added to in the spirit of continuous development, learning and improvement.

The checklist's primary purpose is to support improvement and should not be seen as an assurance tool but should contribute to the establishment of assurance in relation to the delivery of physical health SMI checklists and interventions.

Checklist for Integrated Care Boards in Establishing Effective Physical Health - SMI Checks

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
The Commissioner Landscape Across the Integrated Care Boards		
There is a comprehensive model or models planned or in place for physical health checks and follow-on interventions that address the various delivery challenges		
System Governance and Leadership		
There is a clear governance structure that includes all system partners in the oversight of strategy, planning and delivery		
There is an explicit target to reduce premature mortality in the SMI population by a specific value, within a specific time period, using the premature mortality data within the Office for Health Improvement and Disparities (OHID) Public Health Outcome Framework (PHOF) SMI mortality indicators (section 10)		
There is an organigram that shows Leadership structure within the ICB specific to physical health and SMI		
There is evidence of collaborative relationships with partner organisations e.g., Mental Health Trusts, Local Authority, VCFSE sector, patient, and carer voices around the agenda of physical health checks for SMI		
The ICB System partnership for Physical Health and SMI is representative of all key partner organisations and experts by experience, and there is shared ownership		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
There is an effective link between the ICB, Primary Care and Mental Health Trusts with shared ownership to improve the position		
Commissioning and Finances		

The commissioning arrangements are clear and transparently understood, i.e.:
• There is an identified lead commissioner in each Place-based Partnership Team
• There is a service specification for a model and delivery of physical health checks for people with SMI that complies with the Adult Mental Health framework and the specification:
  • has been reviewed in the last 2 years
  • has been co-produced with stakeholders, patients and carers
  • includes expected activity levels of physical health checks and follow-on interventions
  • includes requirements about workforce planning, training and development
  • includes information sharing/partnership working
  • includes quality metrics
  • includes outcome measures		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
The system leadership understand: a) Where ICB or place baseline funding investment been spent b) Where other partners commission services to support the post-health check intervention e.g., Local Authority funding for stop smoking services c) Whether these services adequately cater to the needs of people with SMI		
Specific investments have been made by the ICB and other partners to maximise opportunities for new workforce to support delivery, e.g., Additional Roles Reimbursement scheme posts orientated to Primary Care Networks For example: a) There is a clear service specification and investment envelope underpins the workforce requirements and quality performance outputs b) A specific workforce model has been commissioned from Primary Care Networks and Secondary Care Mental Health Trust has been commissioned to deliver physical health checks and interventions across the ICB footprint		
Health Impact Assessments, Health Equity Assessments and the OHID Health Equity Assessment Tool (HEAT) are utilised to better understand the needs of the local population, including those with protected characteristics,		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
and enable effective targeting to ensure take up of physical health checks for those with SMI (section 10)		
Data Analysis and Flows: Understanding Local Need		
The ICB has a clear understanding of the prevalence and need of the local populations and agreed priorities for action		
The ICB have a clear understanding of what people with SMI are dying from and corresponding treatment pathways have been prioritised for review and improvement		
Clear processes are in place in each Place Based Partnership Team for the recording of activity related to physical health checks and follow up interventions, delineated by protected characteristics such as age, gender, ethnicity and deprivation (Index of Multiple Deprivation (IMD))		
Processes and permissions are in place in each Place Based Partnership Team for the sharing of secondary care data with Primary Care for activity related to physical health checks and follow up interventions for people with SMI that occurs within secondary care		
Processes and permissions are in place in each Place Based Partnership Team for the sharing of primary care data with secondary care for activity related to any physical health checks and follow up interventions for SMI patients that occurs within primary care (where the patient is also under secondary care)		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
Processes and permissions are in place in each Place Based Partnership Team for the sharing of required information between primary/secondary care, Local Authority and VCFSE sector who may be supporting part of the pathway		
Reports / dashboard are in place to enable each GP practice to track their practice: • which patients have had which physical health checks (either in primary or secondary care) • which eligible patients have received the appropriate follow up intervention (either in primary or secondary care)		
Patient level reports /dashboards are in place that enable secondary care providers to track for their cohort of patients: • which patients have had which physical health checks (either in primary or secondary care) • which eligible patients have received the appropriate follow up intervention (either primary or secondary care)		
Data Submissions		
Each Place Based Partnership Team understands their gaps in General Practice Extraction Service sign up and a plan to reach maximal sign up within a reasonable timeframe		
Each Place Based Partnership Team has a process for the validation and reconciliation of their General Practice		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
Extraction Service and Strategic Data Collection Service submissions		
Physical Health Checks		
Performance dashboards are in place that enable each Place Based Partnership Team to view summary percentage reports per practice for: • which patients have had which physical health checks (either in primary or secondary care) • which eligible patients have received the appropriate follow up intervention (either in primary or secondary care)		
The ICB has access data on practice level performance for physical health checks for SMI, and place performance delineated by age, gender, ethnicity, and deprivation (IMD)		
A robust system is in place to address any performance issues relating to low performance of physical health checks		
The analysis of performance data by commissioners/ ICB includes: a) stratification of the data by certain demographics to understand gaps – geography, Mental Health condition and protected characteristics including age, gender, ethnicity, and deprivation (IMD) b) monitoring onward referrals as a result of physical health checks and outcomes of these interventions		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
c) identifying the gaps for targeted improvement activity d) identifying areas of success and effective practice that can be shared		
Interventions		
All specifications for physical health checks and the services that provide treatment and support ensure that providers use culturally appropriate ways to promote access and deliver interventions, e.g., access to interpreters, resources in multiple languages		
The ICB has a strategy and plans for digital inclusion and addressing digital poverty		
The ICB has worked with key partners to develop pathways into community-based services (for example VCFSE sector, Local Authority, Secondary Mental Health Services, Community lifestyle services, welfare services and social prescribing		
Service User Experience		
There is a clearly understood patient journey including: a) entry into the system b) experience of physical health checks c) movement from physical health checks in Primary Care to brief interventions offered in Primary Care and referral on to community-based services		
Pathways are commissioned across the ICB that meet the requirements of the community mental health framework		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
in supporting all people with SMI to access interventions to support their physical health, including but not limited to: • Stop smoking services • Weight management services • Drug and alcohol services • Physical activity programmes • Cancer screening • Cardiac monitoring including regular ECGs • Oral health and dental services • Sexual health services • Immunisation programmes • Social prescribing services • Welfare advice and support		
Service user and carer feedback, reflecting the protected characteristics of the cohort, is regularly collected, and analysed to understand what is most valued and what is frustrating to service users		
Service users and carers are involved in the co-production of: a) any Health Impact Assessments (HIA) or Health Equity Assessments (HEAs) b) resources and information relating to physical health checks for SMI c) physical health checks for SMI interventions d) pathways following physical health checks		

Key Lines of Inquiry	**1. Fully** **2. Partially** **3. Limited** **4. No**	**Any additional comments**
The main barriers and enablers to accessing physical health checks and interventions are understood and action is taken accordingly		
There is an active programme of service improvement projects / initiatives		
TOTAL		

6. GPS, COMMUNITY PHARMACISTS AND PRIMARY CARE TEAMS

Role and Function

Primary care teams are responsible for carrying out annual physical health check and follow-up care for:

- People with SMI who are not in contact with secondary mental health services, including:
- People whose care has always been solely in Primary Care
- People who have been discharged from Secondary Care back to Primary Care
- People with SMI who have been in contact with secondary care mental health teams (with shared care arrangements in place) for more than 12 months and / or whose condition has stabilised[26]

All adults on the SMI register should receive the full list of recommended physical health check at least annually (NICE clinical guidelines **CG185** and **CG178**).

Physical health checks may be undertaken more frequently as required:

- for the purposes of monitoring specific antipsychotics or other medications (local policies and procedures may apply according to local Drug and Therapeutic Monitoring Committee); or
- where a significant physical illness or risk of a physical illness has already been identified (NICE clinical guideline **CG120**)

The recommended physical health check goes beyond the Quality and Outcomes Framework targets for people with SMI and aligns to the NHS Health Check. However, unlike the NHS Health Check it should be offered annually to all age groups (rather than every 5 years to people aged 40-74). In addition to the NHS Health Check, the physical health check for people with SMI should include relevant national screening and immunisation programmes, as recommended by NHS England and OHID, medicines reconciliation, and additional general physical health enquiry into sexual health, oral health, and substance misuse.[18]

Effective Primary Care Teams offer a multi-disciplinary approach to improving physical healthcare for people with SMI in recognition of the need to deliver a holistic approach to care planning and follow-up. Primary Care Teams should collaborate across service users, carers, GPs, practice nurses, pharmacists, healthcare assistants, care navigators, social prescribers, health coaches, and peer supporters. GP practice leads should advocate for people with SMI as part of their representation on Primary Care Networks and new community models for mental health.

[26] NHS England. (2018). Improving physical healthcare for people living with severe mental illness in primary care Guidance for CCGs. improving-physical-health-care-for-severe mental illness -in-primary-care.pdf (england.nhs.uk)

Physical Health Severe Mental Illness Checklist

Introduction

The physical health SMI checklist has been created for Primary Care to support continuous improvement of the physical health and SMI service offer and most importantly improve outcomes for service users.

It is designed as a simple checklist to aid improvement activity: to identify key actions needed to ensure that practice is meeting the national standards required to deliver quality services.

Scope/Intended Audience

The checklist has been developed for use by those leading service development and delivery at general practice and community pharmacy level where locally agreed, including GPs, pharmacists, and practice managers.

The scope however should not be limited to these individuals and could be widened to include delivery partners in Mental Health Trusts, Local Authority and the VCFSE sector. The checklist has been designed to embrace the spirit of collaborative working and therefore needs to be viewed as a partnership and collaborative activity between system partners.

Purpose of the Document

To provide a framework to support physical health and SMI leads at practice level to identify high impact actions through the discovery of any gaps/barriers and best practice. The aim would be to develop an improvement and delivery plan.

Limitations

The checklist is not exhaustive and should be seen as a framework to support continuous improvement that can be added to in the spirit of continuous development, learning and improvement.

The checklist's primary purpose is to support improvement and should not be seen as an assurance tool but should contribute to the establishment of assurance in relation to the delivery of physical health SMI checklists and interventions.

Checklist for Primary Care to Implement Effective Physical Health – SMI Checks

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
Governance and Leadership		
There is a dedicated mental health and health check lead within the GP practice or community pharmacy where locally agreed		
Data – Better Understanding the People on your SMI Register		
The practice maintains a SMI register that is regularly cleansed/validated and includes full data on protected characteristics		
People on the SMI register have been risk stratified, identifying those in need of most intensive support based on the clinical risks to their physical health (using physical health diagnoses, QRISK3 scores and/or Primrose A scores as indicators) and their level of engagement in monitoring/treatment		
The practice knows the number of patients on their SMI register needing physical health checks to meet the 60% target as a minimum		
The practice has a plan and performance oversight process in place to monitor delivery of the upper threshold (90%) of all the physical health in SMI Quality and Outcomes Framework incentives		
The practice knows the % of its patients on the SMI register who have been offered a health check in the last 12 months		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
The practice knows which population groups on the SMI register are least likely to attend for their annual physical health check		
The practice knows the % of its patients on the SMI register who have had a full health check in the last 12 months		
The practice knows the % of its patients on the SMI register that have had a partial health check in the last 12 months		
The practice knows the % of patients on the SMI register that have had each of the 6 core components as part of the QOF, in the last 12 months, i.e.: 1. weight, BMI, waist circumference, nutritional status and diet) 2. blood pressure and pulse check (diastolic and systolic blood pressure recording or diastolic and systolic blood pressure + pulse rate) 3. a full blood lipid profile: total cholesterol, triglycerides, HDL, non-HDL, LDL, TC:HDL and QRISK 4. HbA1c - blood glucose test regulation 5. alcohol consumption 6. smoking status and tobacco use		
The practice knows the % of patients on the SMI register that have had further components as part of the QOF, in the last 12 months, i.e.:		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
• medicines review. • assessed nutritional status, diet, physical activity • an assessment of use of illicit substance/non prescribed drugs (substance misuse status)		
The practice knows the % of patients on the SMI register that have had elements of a comprehensive health assessment (outside of QOF) in the last 12 months i.e.: • an assessment of oral health and access to dental care • an assessment of participation in appropriate national screening and immunisation programmes • general enquiry into sexual health • relevant follow up interventions where indicated		
Engagement with Patients Registered with SMI		
The practice or community pharmacy where locally agreed uses data to engage with and target those population groups on your SMI register who are least likely to take up the offer of a physical health check		
The practice or pharmacy where locally agreed knows the barriers and facilitators are to enable people to take up their physical health check		
The practice or community pharmacy where locally agreed, has a plan for prioritising equity of access by protected characteristics		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
The practice or community pharmacy where locally agreed has co-producing culturally appropriate services to suit the needs of people		
Physical Health Checks		
A system in place to ensure that everyone who is eligible for a physical health check is offered one		
A variety of communication methods are used to reach the people cohort who are eligible for a physical health check, including non-English speakers		
A system is in place that follows up those who do not take up the offer of the physical health check		
Information for those on the SMI register on physical health checks is available in a range of formats		
Text messaging is used to invite/remind people of their physical health checks		
The practice or community pharmacy where locally agreed, has a robust system for recording completed physical health checks using a structured template e.g., the Bradford template		
The ASSIST-Lite screening tool for alcohol is embedded into the local electronic patient record system to drive screening and reporting		
The ASSIST-Lite screening tool for substance misuse embedded into the local electronic patient record system to drive screening and reporting		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
Offer of Brief Interventions		
The Making Every Contact Count framework is used to offer brief interventions relating to: • Alcohol • Drug misuse • Diet • Physical Activity • Stop smoking • Lowering blood pressure • Weight management • Oral health • Screening programmes • Immunisations • Welfare advice and support • Social prescribing		
Offers of interventions and interventions delivered are recorded in patient records		
Pathways into Community Services for those Identified as Requiring Support via their Physical Health Check		
Following a physical health check, there is a clear pathway, for people on the SMI register, into relevant community services, i.e. • Social prescribing provision • Stop smoking services • Alcohol and drug misuse services • Weight management services		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
• Physical activity services including exercise on referral schemes • Dental services • Sexual health services • Immunisation services		
Pathways into Acute/Specialist Services for those Identified as Requiring Support via their Physical Health Check		
Following a physical health check, there is a clear pathway for people on the SMI register into relevant specialist services and people are supported to access: a) Cancer screening programmes (breast, bowel, cervical) b) Specialist consultant led services, e.g., cardiology, endocrinology c) LTC clinics e.g., diabetes, asthma, and COPD annual reviews		
Staff Training		
Practice or pharmacy staff access training to support them to work with people with SMI, e.g., Making Every Contact Count training and training to support interventions related to smoking and alcohol. APHC staff training around engagement with people living with a diagnosis of SMI and supporting adoption of healthier lifestyle where possible		
TOTAL		

7. MENTAL HEALTH TRUSTS

Role and Function

Mental Health Trusts are responsible for carrying out annual physical health check and follow-up care for:

a) People with SMI who have been under their care for less than 12 months and/or whose condition has not stabilised and/or are inpatients.[27]

Carrying out annual physical health check by Mental Health Trusts will contribute to the minimum target of 60% by undertaking 10% of the SMI health check target.

All adults on the SMI register should receive the full list of recommended physical health check at least annually (NICE clinical guidelines **CG185** and **CG178**).

Physical health checks may be undertaken more frequently as required:

- for the purposes of monitoring specific antipsychotics or other medications (local policies and procedures may apply according to local Drug and Therapeutic Monitoring Committee); or
- where a significant physical illness or risk of a physical illness has already been identified (NICE clinical guideline **CG120**).

The recommended physical health check goes beyond the Quality and Outcomes Framework targets for people with SMI and aligns to the NHS Health Check. However, unlike the NHS Health Check it should be offered annually to all age groups (rather than every 5 years to people aged 40-74). In addition to the NHS Health Check, the physical health check for people with SMI should include relevant national screening and immunisation programmes, as recommended by NHS England and OHID, medicines reconciliation, and additional general physical health enquiry into sexual health, oral health, and substance misuse.

Effective mental health teams offer a multi-disciplinary approach to improving physical healthcare for people with SMI in recognition of the need to deliver a holistic approach to care planning and follow-up. Mental Health Trusts should collaborate across service users, carers, GPs, practice nurses, pharmacists, healthcare assistants, care navigators, social prescribers, health coaches, and peer supporters. Mental Health teams should advocate for people with SMI as part of their representation on Primary Care Networks and new community models for mental health.

[27] NHS England. (2018). Improving physical healthcare for people living with severe mental illness in primary care Guidance for CCGs. improving-physical-health-care-for-severe mental illness -in-primary-care.pdf (england.nhs.uk)

Physical Health Severe Mental Illness Checklist

Introduction

The physical health SMI checklist has been created for Mental Health Trusts to support continuous improvement of the physical health and SMI service offer and most importantly improve outcomes for service users.

It is designed as a simple checklist to aid improvement activity: to identify key actions needed to ensure that practice is meeting the national standards required to deliver quality services.

Scope/Intended Audience

The checklist has been developed for use by those leading service development and delivery within Mental Health Trusts.

The scope however should not be limited to these individuals and could be widened to include delivery partners in GP Practices, Pharmacies, Local Authority and the VCFSE sector. The checklist has been designed to embrace the spirit of collaborative working and therefore needs to be viewed as a partnership and collaborative activity between system partners.

Purpose of the Document

To provide a framework to support physical health and SMI leads within Mental Health Trusts to identify high impact actions through the discovery of any gaps/barriers and best practice. The aim would be to develop an improvement and delivery plan.

Limitations

The checklist is not exhaustive and should be seen as a framework to support continuous improvement that can be added to in the spirit of continuous development, learning and improvement.

The checklist's primary purpose is to support improvement and should not be seen as an assurance tool but should contribute to the establishment of assurance in relation to the delivery of physical health SMI checklists and interventions.

Checklist for Mental Health Trusts to Implement Effective Physical Health - SMI Checks

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
Governance and Leadership		
There is a dedicated mental health and health check lead within the Mental Health Trust		
Data – Better Understanding the People on your SMI Register		
The Mental Health Trust provides relevant data to GP Practices to maintain their SMI registers		
People eligible for SMI physical health checks have been risk stratified, identifying those in need of most intensive support based on the clinical risks to their physical health (using physical health diagnoses, QRISK3 scores and/or Primrose A scores as indicators) and their level of engagement in monitoring/treatment		
The Mental Health Trust knows the number of people with SMI who have been under their care for less than 12 months and / or whose condition has not stabilised/ and/or are in-patients who have been offered a health check		
The Mental Health Trust has a plan and performance oversight process in place to support delivery of the minimum 60% SMI health check target		
The Mental Health Trust knows the % of patients, under its care, eligible for a SMI physical health check have been offered a health check		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
The Mental Health Trust knows which population groups eligible for a SMI physical health check are least likely to attend for their physical health check		
The Mental Health Trust knows the % of patients, under its care eligible for a SMI physical health check who have had a full health check in the last 12 months		
The Mental Health Trust knows the % of patients, under its care, eligible for a SMI physical health check that have had a partial health check in the last 12 months		
The Mental Health Trust knows the % of patients, under its care, eligible for a SMI physical health check that have had each of the 6 core components as part of the QOF, in the last 12 months, i.e.: 1. weight, BMI, waist circumference, nutritional status and diet 2. blood pressure and pulse check (diastolic and systolic blood pressure recording or diastolic and systolic blood pressure + pulse rate) 3. a full blood lipid profile: total cholesterol, triglycerides, HDL, non-HDL, LDL, TC:HDL and QRISK measurement or QRISK® measurement 4. HbA1c - blood glucose test regulation HbA1c 5. alcohol consumption 6. smoking status and tobacco use		
The Mental Health Trust knows the % of patients, under its care, eligible for a SMI physical health check that		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
have had further components as part of the QOF, in the last 12 months, i.e.: • medicines review. • assessed nutritional status, diet, physical activity • an assessment of use of illicit substance/non prescribed drugs (substance misuse status)		
The Mental Health Trust knows the % of patients, under its care, eligible for a SMI physical health check that have had elements of a comprehensive health assessment (outside of QOF) in the last 12 months i.e.: • an assessment of oral health and access to dental care • an assessment of participation in appropriate national screening and immunisation programmes • general enquiry into sexual health • relevant follow up interventions where indicated		
Engagement with Patients Registered with SMI		
The Mental Health Trust uses data to engage with and target those population groups eligible for SMI physical health checks who are least likely to take up the offer		
The Mental Health Trust knows the barriers and facilitators are to enable people to take up their physical health check		
The Mental Health Trust has a plan for prioritising equity of access by protected characteristics		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
The Mental Health Trust has co-producing culturally appropriate services to suit the needs of people		
Physical Health Checks		
A system in place to ensure that everyone who is eligible for a physical health check is offered one		
A variety of communication methods are used in order to reach your patient cohort who are eligible for a physical health check, including non-English speakers		
A system is in place that follows up those who do not take up the offer of the health check		
Information for those eligible for SMI physical health checks is available in a range of formats		
Text messaging is used as part of the process to invite/remind people of their physical health checks		
The Mental Health Trusts has a robust system for recording completed physical health checks using a structured template e.g., the Bradford template and sharing data with Primary Care		
The ASSIST-Lite screening tool for alcohol is embedded into the local electronic patient record system to drive screening and reporting		
The ASSIST-Lite screening tool for substance misuse embedded into the local electronic patient record system to drive screening and reporting		
Offer of Brief Interventions		
The Making Every Contact Count framework is used to		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
offer brief interventions relating to: • Alcohol • Drug misuse • Diet • Physical Activity • Stop smoking • Lowering blood pressure • Weight management • Oral health • Screening programmes • Immunisations • Welfare advice and support • Social prescribing		
Offers of interventions and interventions delivered are recorded in patient records		
Pathways into Community Services for those Identified as Requiring Support via their Physical Health Check		
Following a severe mental health physical health check, there is a clear pathway for patients into relevant community services, i.e. a. Social prescribing provision b. Stop Smoking services c. Alcohol and drug misuse services d. Weight management services e. Physical activity services including exercise on referral schemes f. Dental services		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
g. Sexual health services h. Immunisation services		
Pathways into Primary Care to Access Acute/Specialist Services for those Identified as Requiring Support via their Physical Health Check		
Following a SMI physical health check, there is a clear pathway from Mental Health Trusts to Primary Care for patients to access relevant physical health		
Staff Training		
Mental Health Trust staff access training to support them to address physical health of people in their care and supporting adoption of healthier lifestyle where possible e.g., Making Every Contact Count training and training to support interventions related to smoking and alcohol and supporting adoption of healthier lifestyle where possible		
Mental Health Trust staff provide training to Local Authority staff providing post-check interventions and those working in commissioned services e.g., stop smoking services, weight management services regarding the impacts of anti-psychotic medication and the importance of sharing health outcomes to optimise patient care		
TOTAL		

8. LOCAL AUTHORITIES

Role and Functions

People with SMI experience a higher prevalence of physical co-morbidities and multi-morbidities and therefore there is a need for integrated and holistic care delivery which considers their mental and physical health needs.[28,29] The role of Local Authorities is to improve access to evidence-based public health interventions and improve outcomes for people with SMI in order to reduce risk factors that lead to poorer physical health and increase inequalities. As per the NICE concordant interventions,[30] appropriate evidence-based physical care interventions should be provided for all physical health risks or conditions identified during the assessment. See Appendix B for relevant NICE guidance.

Health improvement and welfare services commissioned by Local Authorities play a key role in this integrated and holistic approach, ensuring that people with SMI can access services and experience improved outcomes in stopping smoking, support with drug or alcohol misuse, weight management support, increased activity levels and access welfare advice e.g., benefit support, housing.

The role of Local Authorities as part of a system-wide approach to improving the physical health of those with SMI is to understand the needs of their local population and advocate for these needs at a system-level; ensure that commissioning of services is co-produced with residents with SMI; to monitor access to services for those with SMI; and to tailor services based on the latest evidence base to achieve improved outcomes.

Physical Health SMI Checklist

Introduction

The physical health SMI checklist has been created for local authority public health leads and commissioners to support continuous improvement of the physical health SMI service offer and most importantly improve outcomes for local people with SMI. The physical health check for people with SMI will potentially identify areas where people might need additional support, including welfare advice, support to stop smoking, support with drug or alcohol misuse, weight management support, enabling people to increase physical activity levels. Services need to be equitable, inclusive, and co-produced. Pathways to these services following a physical health check need to be effective, to ensure outcomes for people with SMI are improved.

[28] Bahorik AL et al (2017) . 'Severe mental illness and medical comorbidities: Findings from an integrated healthcare system' Journal of Psychosomatic Research: volume 100, pages 25 to 45

[29] NHS Digital (2018) . 'National Diabetes Audit, 2016 to 17 Report 1: Care Processes and Treatment Targets (Severe Mental Illness - Supplementary Information)'

[30] NHSE (2018) Improving physical healthcare for people living with severe mental illness in primary care Guidance for CCGs https://www.england.nhs.uk/wp-content/uploads/2018/02/improving-physical-health-care-for-severe mental illness -in-primary-care.pdf

It is designed as a simple checklist to aid improvement activity to identify key actions needed to:

1) support and improve the physical health check programme for people with SMI delivered by Primary Care
2) improve the quality of the pathways to a range of health improvement interventions and services including stop smoking services, substance misuse services, physical activity, weight management programmes and welfare advice.
3) identify key actions needed to reduce inequalities in access and improve outcomes for people with SMI who access improvement services and programmes
4) Support exchange of information on post-health check intervention outcomes with Primary Care and Mental Health Trusts e.g., smoking cessation

Scope/Intended Audience

The checklist has been developed for use by those delivering public mental health programmes within the local authority. Those leading on public health and/or mental health programmes and by those addressing health inequalities programmes across Local Authorities e.g., physical health and SMI programme leads and lead commissioners for stop smoking services, substance misuse services, physical activity, weight management programmes and welfare services e.g., CAB.

The checklist has been designed to embrace the spirit of collaborative working and therefore needs to be viewed as a partnership and collaborative activity between system partners for example your local ICB, Primary Care Networks, Mental Health services and the VCFSE sector where appropriate.

Purpose of the Document

The purpose of this document is to provide a framework to identify high impact actions through the identification of any gaps/barriers and propose best practice that would support the development of local improvement and delivery plans to improve outcomes for residents with SMI.

Limitations

The checklist is not exhaustive and should be seen as a framework to support continuous improvement, learning and development.

The primary purpose of the checklist is to support improvement and it should not be seen as an assurance tool but should contribute to the establishment of assurance in relation to the delivery of interventions that will improve physical health of local people with SMI.

Checklist of Key Actions for Local Authorities to Improve the Physical Health of Residents With SMI

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
The Commissioner Landscape Across the Local Authority		
There is specific reference to people with SMI in the following Local Authority health improvement services and programmes: • stop smoking services, • substance misuse services • physical activity programmes • weight management programmes • welfare advice services		
System Governance and Leadership		
The Local Authority is part of the Integrated Care Partnership governance structure for the physical health check programme for local people with SMI		
Improving the physical health of people with SMI is included in local strategies and plans i.e., Health Inequalities Strategy, Public Mental Health Strategy, Health and Wellbeing Board Strategy, Place Strategy		
There is a clear internal governance structure in place within the Local Authority with oversight of planned activity to improve outcomes for people with SMI		
There is an explicit target to reduce premature mortality in the SMI population by a specific value, within a specific time period		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
There is a Senior Leader or Champion within the Local Authority for improving the physical health of people with SMI		
There is collaboration internally and with external partner organisations e.g., Adult Social Care, the VCFSE sector, voices of lived experience and carers		
There are explicit links with GP Practices, Community Pharmacies, Mental Health Trusts, Primary Care Networks, and social prescribing to support interventions following the physical health check for people with SMI		
Commissioning and Finances		

The commissioning arrangements are clear and transparently understood. For example:
• There is an identified lead officer for improving the physical health of people with SMI in the Local Authority
• All relevant contracts include access and completion data for people with a SMI. All specifications relevant to improving the physical health of people with SMI
  • have been reviewed in the last 2 years
  • have been co-produced with stakeholders, experts by experience and carers
  • include data on referrals from Primary Care following a physical health check		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
• include activity levels of interventions • include requirements about workforce planning and development • include info sharing/partnership working • include quality metrics • Include outcomes		
Commissioners understand whether these services adequately cater to the needs of people with SMI		
Local Authority commissioners understand what the main barriers and facilitators are to accessing physical health checks and specifically the subsequent interventions		
Relevant services and programmes that would improve outcomes have been prioritised for review and improvement		
Data Analysis and Flows: Understanding Local Need		
Health Impact Assessments, Health Equity Assessments and the Office for Health Improvement and Disparities (OHID) Health Equity Assessment Tool (HEAT) are utilised to better understand the needs of the local population, including those with protected characteristics, and enable effective targeting to ensure take up of physical health checks for those with SMI (section 10)		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
Health Impact Assessments, Health Equity Assessments and the OHID HEAT tool are used to agreed priorities for action		
The Local Authority commissioners have a clear understanding around the causes of death for people with SMI		
Local Authority consults with people with SMI and their carers to understand what helps and hinders them to improve their physical health		
Pathways		
The Local Authority works with key partners, people with lived experience and their carers to develop pathways into community-based services		
Pathways have been developed and commissioned across the Local Authority that meet the requirements of the community mental health framework in supporting all people with SMI to access interventions to support their physical health, including but not limited to: • Stop smoking services • Weight management programmes • Drug and alcohol services • Physical activity programmes • Welfare advice services		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
Interventions		
All service specifications ensure staff access training to support them to deliver Making Every Contact Count approaches and Identification and Brief Advice for a range of health improvement areas i.e., Substance Misuse services deliver Smoking Cessation Identification and Brief Advice and the impact of anti-psychotic medication		
All service specifications that help improve the physical health of people with SMI ensure that providers use culturally appropriate ways to promote access and deliver interventions i.e., access to interpreters, resources in multiple languages		
Providers use a variety of communication methods and different languages to reach all people with SMI who have been referred to local health improvement and welfare advice services		
The Local Authority has information for people in a variety of formats and languages about how they can improve their physical health		
The Local Authority considers people with SMI in its digital poverty strategy and plans for digital inclusion		
Service User Experience		
The experience of people with SMI and their carers is fully understood, including: 1. Their experience of accessing services		

Key Lines of Inquiry	1. Fully 2. Partially 3. Limited 4. No	Any additional comments
2. Their experience of accessing the available health improvement and welfare advice services		
Service user feedback, reflects the protected characteristics of the cohort, is regularly collected, and analysed to understand what is most valued and what is frustrating to service users		
People with SMI and their carers are involved in the co-production of: 1. any Health Impact Assessments (HIA) or Health Equity Assessments (HEAs) 2. resources and information relating to improving the physical health for people with SMI for residents, their family and staff 3. pathways 4. interventions and programmes		
TOTAL		

9. GLOSSARY OF TERMS

Health Equity Assessment Tool (HEAT) in public health and health care to:

1. address health inequalities and equity-related to a programme of work or service
2. identify what action can be taken to reduce health inequalities and promote equality and inclusion

Health Impact Assessment (HIA) is a tool to assess how a proposed decision will affect the health of a population and whether vulnerable populations are more likely to be impacted or whether the health impacts are distributed evenly within the population.

Identification and brief advice aims to identify and influence people who are drinking above the UK chief medical officers' low risk guidelines. Identify those individuals whose health-behaviours might impact negatively on their health, now or in the future e.g., smoking, drinking too much, and to deliver simple, structured advice aimed at reducing this risk.

Integrated Care Boards (ICBs) are partnerships that bring together providers and commissioners of NHS services across a geographical area with Local Authorities and other local partners to collectively plan health and care services to meet the needs of their population. The central aim of ICBs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care.

Making Every Contact Count (MECC) is an evidence-based approach to improving people's health and wellbeing by helping them change their behaviour.

Primary Care (PC) is the first point of contact for health care for most people. It is mainly provided by GPs (General Practitioners).

Place Based Teams commission the best services for their people and population. They buy services for their local community from any service provider that meets NHS standards and costs – these could be NHS hospitals, social enterprises, the VCFSE sector or private sector providers.

The **General Practice Extraction Service** collects information for a wide range of purposes, including providing GP payments.

QRISK score will measure low, moderate, or high risk of developing cardiovascular disease in the next 10 years.

Quality and Outcomes Framework (QOF) is a set of measures that are agreed as part of the General Practice contract. Each measure has points attached that are given to GP practices based on how they are doing against these measures.

The framework includes:

1. management of some of the most common chronic conditions, for example asthma and diabetes
2. management of major public health concerns, for example smoking and obesity
3. providing preventative services such as screening or blood pressure checks

The **Strategic Data Collection Service** is a secure data collection system used by health and social care organisations to submit data.

10. FURTHER RESOURCES

Bradford Template

The Bradford Template, is an example of an annual physical health for people with a SMI. It includes questions about alcohol, drugs and smoking behaviour, blood pressure, body mass index, blood test for diabetes, cholesterol, and cervical screening if appropriate.

Centre for Mental Health

- Commission for Equality in Mental Health | Centre for Mental Health
- Experiences of weight management among people with SMI https://www.centreformentalhealth.org.uk/publications/more-number
- Experiences of smoking cessation support among people with SMI https://www.centreformentalhealth.org.uk/publications/time-quit

Equally Well

Equally Well resource section including:

- The Leicestershire Physical Health Register – Case Study
- Top tips for building effective engagement between people, communities, and health services
- Mental health-friendly health check resources for health and social care professionals

Local Government Association

- Mental health How do you know your council is doing all it can to improve mental health?

Office for Health Improvement & Disparities (OHID)

- Improving physical healthcare for people living with SMI in primary care.
- Prevention Concordat for Better Mental Health - GOV.UK (www.gov.uk)
- Health Equity Assessment Tool (HEAT) - GOV.UK (www.gov.uk)
- https://fingertips.phe.org.uk/search/Mental%20Health#page/1/gid/1/pat/15/ati/6/are/E12000002/iid/10602/age/208/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

NHS England

Improving the physical health of people with mental health problems: Actions for mental health nurses is a resource for mental health nurses to address 8 keys areas of physical health of people with mental health problems. They are actions on

- Support to quit smoking
- Tackling obesity
- Improving physical activity levels
- Reducing alcohol and substance misuse

- Sexual and reproductive health
- Medicine optimisation
- Dental and oral health
- Reducing falls
- JRA_Physical_Health_revised.pdf (publishing.service.gov.uk)

Royal College of Psychiatrists

- Advancing Mental Health Equalities (AMHE) resource to support commissioners and providers to tackle mental health inequalities in their local areas

Yorkshire and the Humber Clinical Network

Has an e-Learning for Health online training package https://portal.e-lfh.org.uk/Component/Details/707252 aimed at Primary Care colleagues to:

1. Raise awareness of the importance of a full physical health check for people with SMI
2. Provide them with the confidence to take positive action to reach this hard-to-reach population and in undertaking a full physical health check

11. APPENDICES

Appendix A – Physical Heath in Severe Mental Illness Excel Checklist Integrated Care Boards, Primary Care, Mental Health Trusts, and Local Authorities

Appendix%20A%20PH%20SMI%20Checkli

Appendix B - NICE Guidelines and Quality Standards

The following NICE guidelines and standards are relevant for improving the physical health care of people with SMI.

Core NICE Guidelines and Quality Standards addressing the physical health needs of those living with SMI:

a. Psychosis and schizophrenia in adults: prevention and management. [**NICE CG178**].
b. Psychosis and schizophrenia in adults [**NICE QS80**].
c. Bipolar disorder: assessment and management [**NICE CG185**].
d. Bipolar disorder in adults [**NICE QS95**].
e. Bipolar disorder, psychosis and schizophrenia in children and young people [**NICE QS102**].
f. Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings [NICECG120]
g. Coexisting severe mental illness (psychosis) and substance misuse: community health and social care settings [**NICE NG58**]
h. Smoking: acute, maternity, and mental health services. Public health guideline [**NICE PH48**]

Relevant NICE clinical guidance to deliver interventions for presence or raised risk of cardio-metabolic disease identified during physical health assessments:

a. Obesity prevention NICE CG43
b. Lipid modification [NICE CG181]
c. Hypertension in adults: diagnosis and management [NICE CG127]
d. Physical activity: brief advice for adults in primary care [NICE PH44]
e. Prevention and treatment for Type 2 diabetes [NICE PH38 and NICE NG28]
f. Diagnosis and management for Type 1 diabetes [NICE NG17, NG18 and NG19]

Relevant NICE clinical guidance to deliver interventions for smoking, alcohol, or substance use:

a. Smoking: harm reduction. [**NICE PH45**]

b. Smoking: harm reduction [**NICE QS92**]
c. Smoking cessation through pharmacotherapies, intensive behavioural support, and methods such as carbon monoxide monitoring (NICE Public Health Guideline PH 48).
d. Alcohol-use disorders: prevention [**NICE PH24**]
e. Alcohol-use disorders: diagnosis and clinical management of alcohol-related physical complications [**NICE CG100**]
f. Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence [**NICE CG115**]
g. Drug misuse in over 16s: psychosocial interventions [**NICE CG51**]
h. Drug misuse in over 16s: opioid detoxification [**NICE CG52**]

Co-Authors

Sarah Brennan (NHSE)
Simon Bristow (NHSE)
Julie Daneshyar (OHID)
Helen Garnham (OHID)
Laura Hodgson (OHID)
Jo McCullagh (NHSE)
Annie Murray (OHID)

Contributors

Shizana Arshad (Centre for Mental Health & Equally Well UK)
Emma Bailey (Centre for Mental Health & Equally Well UK)
Dr Wendy Burn (Royal College of Psychiatrists & Equally Well UK)
Fleur Carney (Healthier Lancashire and South Cumbria)
Zohra Dempsey (Blackpool Council Public Health Team)
Vicki Dodds (NHSE)
Nichola Gambles (OHID)
Kevin James (Equally Well UK)
Corrine Harvey (OHID)
Gabbi Hasham (Rethink Mental Illness & Equally Well UK)
Dr Nicholas Hicks (Cobic Consultant on behalf of NHSE/I)
Amanda Lomas (Fylde Coast Place Based Partnership)
Marsha McAdam (Chair of the Equally Well UK Expert by Experience Group and Co-chair of GM Borderline Personality Disorder Working Group)
Kate O' Hagan (OHID)
Lucy Schonegevel (Rethink)
Paula Sheriff (NHSE)
Lewis Smith-Connell (OHID)
Dr Dolly Sud (Leicestershire Partnership NHS Trust)
Nicolas Ventosa (OHID)
Amanda Upton (NHSE)