



Date: Friday, 23 October 2015

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,
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HEALTH AND WELLBEING BOARD

TO FOLLOW REPORT (S)

4 PUBLIC QUESTION TIME (Pages 1 - 2)

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14.

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Questions from David Sandbach

Question 1 - Subject: Parity of Esteem

Would it be possible for health services in Shropshire to follow the model used in Bradford here in Shropshire?

Please see link to the Bradford case study.

http://www.nhs.uk/media/2484208/bradford_mental_illness_-_final_updated.pdf

Response

The Bradford model appears to provide an effective method to reducing disadvantages with regard to physical health checks for people with severe mental health illness. It is well known that poor mental health is associated with an increased risk of diseases such as cardiovascular disease, cancer and diabetes and therefore regular, quality physical health checks and access to physical health care services for people with severe mental health illness are essential (DH policies: No Health Without Mental Health 2011; Forward View into Action 2015/16).

The NICE clinical guideline on psychosis and schizophrenia in adults 111 recommends primary care utilise registers to monitor the physical health of patients with psychosis or schizophrenia. Furthermore, the NICE clinical guideline on bipolar disorder 112 recommends that patients with bipolar affective disorder have a physical health review, normally in primary care, performed at least annually, including the following health checks:

- weight or BMI, diet, nutritional status and level of physical activity
- cardiovascular status, including pulse and blood pressure
- metabolic status, including glycosylated haemoglobin (HbA1c) and blood lipid profile
- liver function
- renal and thyroid function, and calcium levels, for people taking long-term lithium.

In Shropshire, GP's currently undertake annual physical health checks for people who are recorded on the practice Mental Health register, as part of the Quality Outcomes Framework (QOF). Primary Care works collaboratively with local Mental Health services to ensure that the physical health needs of patients with severe mental health illness are assessed and treated appropriately.

Currently a standard template for the physical health check is not available for GP's across Shropshire to use and this has been recognised by the CCG. Joint work with partners is being undertaken to look at ways of improving the physical health of people with mental ill health, including through the use of improved information sharing; with the overall aim of developing a solution that is appropriate to meet the needs of people with mental ill health across Shropshire.

Question 2.

Will the delay in producing a Future Fit consultation document by the 23rd of December have any effect on the Health and Well Being Board's progress regarding their revised strategy?

Response

Future Fit is a vital component of creating sustainable services for Shropshire. The focus of the Health and Wellbeing Strategy is Prevention and Sustainability through health promotion, promoting independence, and promoting easy to access and joined up care. The HWBB is very keen to see the progression of NHS Future Fit, however, the Board recognises that creating long term health solutions is not going to be a quick process. With this in mind the HWB Strategy is a five year strategy and we anticipate working closely with Future Fit, Community Fit and all our partners to

deliver the vision of the strategy. While reducing health inequalities, improving health and wellbeing, and encouraging positive and healthy lifestyles will reduce the need for acute services in the long run, the development of programmes to support these initiatives are not in themselves dependent on NHS Future Fit.

The consultation currently underway will provide us important feedback from partners and the public regarding how we deliver the strategy and how we develop our action plan. The action planning process will involve working with hospital, care and community services and the public to find the processes, actions, and developments that prevent people from becoming ill and providing good sustainable, joined up services when they do. We recognise that while some actions can and will be delivered quickly, others will take time to develop and embed in the system.

So, in answer to your question, while the delay of the Future Fit decision is disappointing for the HWBB, the delivery of the strategy is on course and we will continue to work with all of our partners to progress the work and influence of the HWBB.