Northumberland, Tyne and Wear NHS Foundation Trust

Trust Board

Meeting Date:	26 July 2017

Title and Author of Paper:

Physical Health and Wellbeing Strategy, incorporating the Food and Drink Strategy
Anne Moore, Group Nurse Director Specialist Care Group, Chair of Trust wide
Physical Health and Wellbeing Group

Executive Lead: Rajesh Nadkarni

Paper for Debate, Decision or Information:
Discussion and approval

Key Points to Note:

The NHS Five Year Forward view sets out a vision for the future of the NHS. It recognises that physical and mental health needs must be more closely linked. The Trust Physical Health and Wellbeing Strategy outlines the commitment to developing integrated models of care which are designed around the whole needs of our local populations and that there are significant benefits in aligning the approach to physical and mental health across the whole health care system. The strategy also highlights the importance of our relationship with key organisations e.g. the NTW North Durham STP footprint

The importance of Parity of Esteem is well recognised in NTW and the Trust Clinical Effectiveness strategy supports the Physical Health Strategy by outlining the evidence and interventions required to improve outcome for patients

Good progress is being made in addressing the physical health risks and reducing premature death for our patients in both mental health and disabilities, some of which is being achieved through the physical health Commissioning Quality and Innovation (CQUIN) framework. By using the LESTER cardio-metabolic tool and the RiO physical health monitoring form, we are beginning to address one of two key concerns in dealing effectively with lifestyle issues.

 Within the Strategy the first key concern is about helping patients with behaviour change, the second is that staff recognise the importance of the agenda, see it as their role and act to intervene when an opportunity arises.

The strategy outlines the principles of "Making Every Contact Count" approach which are about training and prompting staff to encourage conversations based on

behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques), empowering healthier lifestyle choices and exploring the wider social determinants that influence all of our health. This requires behaviour change from staff as well as organisational commitment to deliver primary and secondary preventative approaches. An example of this is reinforced by the collaborative work we have done across the North East with Public Health England to develop a regional Obesity Reduction strategy for children and adults in MH/LD services

The strategy also includes reference to the need for a high level of focus on early identification of the deteriorating patient and ensuring staff have the skills and support to the right response to medical conditions i.e. Diabetes management, infections and urgent physical healthcare needs. Our plans highlight the need to have greater understanding of the roles of GPs to continue the care and treatment interventions of patients once discharged from our care or in partnership through shared care arrangements

Such a comprehensive, consistent, and systematic approach to health and wellbeing concerns outlined in the NTW Physical Health and Wellbeing Strategy will require a senior level mandate and effective leadership to drive the required changes in attitude, culture and working practices.

Risks Highlighted:
Building capacity of Skills in Physical health screening and interventions
Pathway design requiring collaborative working with primary and secondary healthcare services
Lack of dedicated team to lead this priority

Does this affect any Board Assurance Framework/Corporate Risks:
Please state Yes or No YES
If Yes please outline

Mandated Physical Health CQUIN targets

Equal Opportunities, Legal and Other Implications:

Outcome Required / Recommendations:
To support the strategy and implementation plan

Link to Policies and Strategies:
Physical Health and Wellbeing Policy

A Strategy for
Improving the Physical Health and Wellbeing of People Receiving NTW Services

Executive Summary

Mental health patients suffer a far greater burden of morbidity and mortality than the general population. The gap in life expectancy between those with a serious mental illness (SMI) and the general population has been estimated to be between 13 and 30 years, meaning this group experiences the same life expectancy as the general population had in the 1950's. This is obviously a major factor in the health inequality experienced by those with mental illness. The causes for premature mortality and higher rates of death in the SMI group are primarily due to the high burden of cardiovascular disease, cancer, respiratory disease, diabetes and liver disease.

Many factors contribute to the poor physical health of people with SMI, but research consistently shows that these higher rates of physical ill health and premature mortality arise largely from treatable conditions associated with common modifiable risk factors which are more prevalent in people with mental illness. Four of the key modifiable risk factors are smoking, alcohol, diet and physical activity.

Over the last 60 years smoking prevalence and the toll of premature death and disability that smoking causes have fallen progressively in almost all sectors of society except those with mental illness. While rates of smoking for the general population are estimated to be around 16.9%,[1] those with serious mental illness experience prevalence of up to 70%. People with mental health problems have higher levels of alcohol misuse and those with SMI are at least three times as likely to be alcohol dependant as the general population. They also have more unhealthy diets and higher levels of obesity than the general population, and do less physical activity as a whole with approximately 60% having below average activity levels. The death, disability and inequality caused by these risk factors cannot be allowed to continue.

There is an evidence base on the need to tackle these issues in mental health patients and on how best to do this. We know that in the general population the effects of lifestyle modification on chronic disease outcomes are both large and consistent across multiple studies. One of the greatest challenges is the pessimism that exists about trying to promote behaviour change in this group, but we know that those suffering from mental illness recognise lifestyle issues are a problem, are concerned about their health, and are interested in trying to improve it – adults suffering from SMI are able to benefit from active health promotion and improvement interventions.

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[1] NICE Guidelines [PH48]: Smoking: acute, maternity and mental health services. 2013.
https://www.nice.org.uk/Guidance/PH48

There is some good work taking place to deal with these issues in Northumberland, Tyne and Wear NHS Foundation Trust (NTW). However, due to inconsistent implementation of best practice, patients in different geographical areas have different provision and access to support. We know that models based on referral to remote services are inefficient, so there is a need to rationalise and expand existing efforts to provide a consistent health and wellbeing approach which puts the patient at the centre, seeks to address the interaction of lifestyle issues, and is integrated into our core care activities, therefore begins when the patient first comes into contact with mental health services.

The importance of the parity of esteem is recognised in NTW and good progress is being made in addressing the physical health issue through the physical health Commissioning Quality and Innovation (CQUIN) framework.[2] By using the LESTER cardio-metabolic tool[3] and the RiO physical health monitoring form, we are beginning to address one of two key concerns in dealing effectively with lifestyle issues. If the first key concern is about helping patients with behaviour change, the second is that staff recognise the importance of the agenda, see it as their role and act to intervene when an opportunity arises. The principles of the "Making Every Contact Count"[4] approach are important here. This approach is about training and prompting staff to encourage conversations based on behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques), empowering healthier lifestyle choices and exploring the wider social determinants that influence all of our health. This requires behaviour change from staff and organisational commitment. The NHS Five Year Forward[5] view sets out a vision for the future of the NHS. It recognises that physical and mental health are closely linked. The Trust's Workforce Strategy[6] outlines its' commitment to developing integrated models of care which are designed around the whole needs of our local populations and that there are significant benefits in aligning the approach to physical and mental health.

Such a comprehensive, consistent, and systematic approach to health and wellbeing concerns outlined in the NTW Physical Health and Wellbeing Strategy will require a senior level mandate and effective leadership to drive the required changes in attitude, culture and working practices.

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[2] Commissioning for Quality and Innovation (CQUIN) 2016 NHS England
[3] Shiers DE, Rafi I, Cooper SJ, Holt RIG. 2014 update (with acknowledgement to the late Helen Lester for her contribution to the original 2012 version) Positive Cardio-metabolic Health Resource: an intervention framework for patients with psychosis and schizophrenia. 2014 update. Royal College of Psychiatrists, London.
[4] Making Every Contact Count. 2015. Available at: http://www.makingeverycontactcount.co.uk/
[5] The Five Year Forward View for Mental Health (2016): A report from the independent Mental Health Taskforce to the NHS in England. [Online] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf Accessed on: 05/09/16
[6] NTW Workforce Strategy 2015 – 2020

Content

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Appendix 1   **'No Health Without Mental Health'** (Royal College Of Psychiatrists, 2010)

Appendix 2   **'The Five Year Forward View For Mental Health'** (Mental Health Task Force, 2016)

Appendix 3   **'Confidential Inquiry Into Premature Deaths Of People With Learning Disabilities (CIPOLD) Executive Summary'** (Pauline Heslop, Peter Blair, Peter Fleming, Matt Hoghton, Anna Marriott, Lesley Russ, 2013)

Appendix 4   **'Report Of The National Audit Of Schizophrenia (NAS)'** (HQIP And The Royal College Of Psychiatrists, 2012)

Appendix 5   **'Independent Review Of Deaths Of People With A Learning Disability Or Mental Health Problem In Contact With Southern Health NHS Foundation Trust April 2011 To March 2015'** (Mazars LLP, 2015)

Appendix 6   **The Commissioning For Quality And Innovation** (NHS England, 2016)

Appendix 7   **Lester UK Adaptation: Positive Cardiometabolic Health Resource: An Intervention Framework For Patients With Psychosis And Schizophrenia. 2014 Update.** (Shiers DE, Rafi I, Cooper SJ, Holt RIG. 2014 Update (With Acknowledgement To The Late Helen Lester For Her Contribution To The Original 2012 Version) Royal College Of Psychiatrists, London, 2014)

Appendix 8   **'Marmot Review - Fair Society, Healthy Lives, The Marmot Review, Executive Summary'**. (Institute Of Health Equity, 2010).

Appendix 9   **'Improving The Physical Health Of People With Mental Health Problems: Actions For Mental Health Nurses'** (DH, 2016)

Appendix 10   **Psychosis And Schizophrenia In Children And Young People: Recognition And Management CG155** (National Institute For Health And Care

Excellence, 2013, 2016)

This strategy is informed by various recent documents, which can be found within the Appendices section.

1. Introduction

People with Learning Disability or Mental Health problems are more likely to have significant health risks and develop serious physical health problems; they are often unable to access the physical healthcare they need, delivered in a way that is appropriate for them, and experience unnecessary health inequalities. People with severe mental illness (SMI) are particularly at risk, dying, on average, 15-20 years earlier than the general population; 2/3's of these deaths are from avoidable physical illnesses. Where people die earlier than expected, it is crucial that the right level of review or investigation is undertaken to learn from any mistakes and provide families and stakeholders with relevant information.

The impact of mental illness and co-morbidities on physical health puts our patients at a higher risk of cardio-metabolic disorders compared to the general population. This increased risk is contributed to by chaotic/sedentary lifestyles, non-engagement with health promotion activities, poor nutrition, social and housing issues or self-neglect and the side effects of psychotropic medications; these added risk factors can make our patients more vulnerable to serious and long term conditions such as cancer, lung disease, diabetes, cardiovascular disease (including stroke and raised Blood Pressure and cholesterol) and obesity. People with long term physical health conditions are also at greater risk of developing mental health problems such as depression, and suffer more complications from their physical health condition when they do. Since there are around 15 million people in England with a long term condition (LTC), this means that there are increasing numbers of people accessing NTW services with life limiting conditions such as Chronic Obstructive Pulmonary Disease (COPD). As most of these people will require palliative /end of life care as they approach their last years, months and days of life. It is imperative that NTW staff have an awareness of their responsibility in supporting their needs.

Life style factors may also increase susceptibility to infectious conditions, so the need to 'screen and intervene', referring on to appropriate agencies for effective management of the conditions, is vital.

The Commissioning Quality and Innovation (CQUIN) frameworks were developed to reward mental service providers on achieving quality improvement goals. The CQUIN 2016/17 indicator 3a – Cardio metabolic assessment and treatment for patients with psychoses, aims to ensure that patients with SMI have comprehensive cardio metabolic risk assessments, have access to the necessary treatments/interventions and the results are recorded in the patient's record and shared appropriately with the patient and the treating clinical teams. The cardio metabolic parameters based on the Lester Tool include smoking status, lifestyle (including exercise, diet alcohol and drugs), body

mass index, blood pressure, glucose regulation, blood lipids. This CQUIN builds on the 2015/2016 goals.

However, there is overwhelming evidence from the Marmot Review on health inequalities, that addressing lifestyle factors alone will not increase the life expectancy of people with mental health problems; it suggests that addressing underpinning health and wellbeing inequalities such as poor housing, social relationships, employment and resilience, means mental health services are able to improve health and wellbeing through assessing, referring, delivering and facilitating psychosocial, psychological and physical interventions.

The Mental Health Task Force and the Department of Health have recently published papers identifying key areas for implementation of health and wellbeing improvement activities; ambitious targets for the next 5 years include, that by 2020/21, NHS England should be assured that 280,000 more people living with SMI have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention.

In 2013, a 'Model for Healthcare within NTW Services' was developed, which outlined some key objectives:

- The National CQUIN, Safety Thermometer, incorporating prevalence reporting of the four harms i.e. Falls, Venous Thromboembolism (VTE) assessment and treatment, Pressure Ulcers and Urinary tract infections
- Anti-psychotic Prescribing Health checks
- Annual Physical Health Checks across all inpatient and community areas
- Early warning system (Modified Early Warning Score - MEWS) (since updated to NEWS – National Early Warning Score)
- Public Health including lifestyle issues, national screening programmes (i.e. Breast, Cervical, Bowel), and national immunisation and vaccination programmes
- Consideration of a Trust-wide Primary Medical Health Service to Inpatients
- Rolling out the End of life care pathway

Through the ongoing commitment and enthusiasm of staff, we have made huge strides in achieving these objectives:

In 2014-2015, NTW were involved in a pilot project run by 'NHS-IQ' to assess the impact of embedding the Lester Tool cardiometabolic resource into clinical practice, with positive outcomes; the project is undergoing further evaluation through NTW.

The national CQUIN framework has helped to focus the needs of our patients in the community and within inpatient services, by requesting evidence relating to physical health monitoring and intervention.

The 'Safety Thermometer' four harms reports continue to be monitored.

The initiation of antipsychotics and associated health related monitoring is being recorded through RiO and letters being sent to inform the GP of their prescription.

MEWS became 'National Early Warning Score' in 2012; the training has been rolling out locally, through Clinical Nurse Managers, and through the national 'e-learning' package during the Advanced Physical Health Skills course.

A new sub-group of the Trust-wide Physical Health and Wellbeing Group has been developed to work on the public health and wellbeing programmes

NTW has launched the 'Deciding Right guidance' which is also embedded into the 'End of Life' care policy with a dedicated hyperlink to clinical network and associated documents.

Summary

Physical and mental health are inextricably linked; national and local drivers recognise the increased health risks for people who have mental health and learning disabilities and there is increasing commitment to putting healthcare for people with mental health problems and learning disabilities, on an equal footing with people with physical health problems.

NTW is committed to reducing unwarranted variation in health care access for *all* its patients, across all age groups, supporting individuals to live healthier lives, bringing their life expectancy in line with the rest of the population.

This Physical Health Strategy has been written using key activities as a foundation for implementation, along with those identified in the Positive Cardio-metabolic Health Resource, commonly known as the 'Lester Tool', and other key Trust priorities.

These activities can be broadly categorised as 'proactive', focussed on primary care and concentrating on physical health monitoring and public health interventions across an integrated physical health pathway, and 'reactive', focussed on the deteriorating patient, concentrating on early identification and intervention of the deteriorating patient.

2. Principles underlying this strategy

- Assessment, advice, information, medication, activities and support should be delivered with consideration to the needs of all NTW service users, and in particular, vulnerable communities such as older people, veterans, those with a learning disability, younger people, offenders and black and minority ethnic communities.
- Service users and carers should be informed and consulted in any of the processes influencing their physical health needs and involved in development of treatment programmes.
- Recovery model should inform the process of improving health
- Approach is to empower service users so that they can take responsibility for their own health.
- Development of robust clinical record systems on RiO for recording the assessment and implementation of health and wellbeing activities.

Lester Tool

The Lester UK Adaptation, or 'Lester Tool' is a cardio-metabolic resource which supports the recommendations in the National Institute for Health and Care Excellence (NICE) guidelines relating to monitoring physical health on psychosis and schizophrenia in adults. It reinforces the 'screen and intervene' approach recommended in the Marmot review, National Audit for Schizophrenia, CIPOLD enquiry and CQUIN documentation, for 6 key lifestyle and physical health monitoring activities: smoking status, lifestyle (including exercise, diet alcohol and drug misuse), body mass index and weight, blood pressure, glucose regulation and blood lipids.

Although developed for use in adults with psychosis or schizophrenia, a recent NHS-IQ project noted that it could be adapted for all service user groups using the appropriate NICE guidelines for intervention. With the aim of achieving true parity of esteem, NTW committed to the ongoing health improvement of *all* of our service users; all inpatient and community services continue to embed systems to ensure that *every* service user has physical assessments and treatments for the cardio-metabolic conditions that cause premature deaths, guided by the Lester Tool 2014.

3. Vision

Parity of esteem is a reality. NTW consistently puts the physical healthcare of people with mental health problems, including people with co-existing learning disabilities, on an equal footing with their mental healthcare.

Mental health clinicians have a range of skills and knowledge that help to identify the key risk factors that are known to adversely affect the physical health of people with mental health problems. Frontline mental health staff make every contact count; seizing upon opportunities to help people improve their physical health alongside their mental health, both in inpatient settings and in the community, by ensuring those with whom they have the most contact have their physical health needs met through early detection and access to evidence based care and interventions.

People with severe mental illness are no longer at particular risk of experiencing physical health ailments and experience of mortality and morbidity is on a par with the general population. Being in contact with mental health services ensures that people will have a physical health assessment, have their physical health monitored, or receive the information and support they need to adopt a healthier lifestyle.

Our patients are supported to live healthy lives, and are empowered to make real progress towards ensuring their life expectancy is in line with the rest of the population. Access to the physical healthcare they need is timely and comprehensive, resulting in the elimination of unnecessary health inequalities.

The strategy will be supported by a detailed implementation plan and will be subject to yearly review with a refresh at three years to ensure the long term vision is effectively supported at this point. Through this work NTW will not only contributes to saving lives, but further develop a reputation for public health excellence which adds value to the services we provide, is rare among providers and maximises NTW's status as a provider of both physical and mental health services.

In summary, the strategy will:

- Promote access to health improvement initiatives in the community and develop stepping stones to make this access easier
- Embed the provision of health promotion within specialist mental health services so that they are health promoting
- Integrate the needs of this group within:
    - Primary care and general practice
    - Non-NHS agencies who deliver health related initiatives
- Develop links and relationships between different providers
- Develop the capacity and skills of staff so that they are able to deliver effectively to this target group, within both NHS and non NHS settings.

Key Points:
- **To prioritise and improve the physical health of people with mental health ill health or learning disability.**
    - Health care and non-health care organisations will make physical health needs of people with mental health problems and a Learning Disability a priority

    - Developments will take into consideration what is currently being provided and what the gaps and needs are

- **To reduce inequalities in health between people with severe mental illness (SMI) and the general population.**

- **To promote ease of access to health improvements schemes.**
  Service users should have easy access to a range of health improvement interventions so that they have choice and there are clear mechanisms to enable their participation, with appropriate reasonable adjustments made

- **To develop links between physical health and mental health for the general population.**
    - Poor mental health should be prevented and good mental health promoted by raising awareness within the general population about the links between physical health and mental health

These aims will be achieved through:

- **Establishing attention to the needs of people of people with mental health problems or a learning disability within all health improvement policy and practice.**

  Action: targeting the physical health and wellbeing of people with mental health problems and learning disability, will be an integral part of all health improvement strategies and activities, e.g.
  Smoking
  Obesity,

Diet, BMI, Weight
Exercise / Activity
Alcohol and Substance Misuse
Blood Pressure
Sexual and Reproductive Health
Dental and Oral Care
Medicine Optimisation
Reducing Falls
Glucose Regulation
Blood Lipids

- **Establishing health assessment programmes and referral into health improvement initiatives.**

- **Establishing monitoring processes to ensure those of applicable gender / age / diagnosis have access to national screening programmes.**

  Breast screening
  Cervical screening
  Bowel cancer screening
  Diabetic Eye screening (where appropriate)
  Abdominal Aortic Aneurysm

- **Establishing effective interventions to improve the physical health of people with mental health problems and learning disability.**

- **Establishing responses to the physical health needs of people with mental health problems and learning disability within:**
  - **Specialist mental, primary care and general practice services**
  - **Non-NHS organisations**

- **Establishing links and support between specialist mental health services and health improvement initiatives.**

- **Reducing the negative impact of medication on physical health.**

- **Developing the capacity of workforce, with appropriate skills and experience, to meet the physical health and wellbeing needs of people with mental health problems or a learning disability.**

- **Maintaining and expanding the role of Physical Health Link Workers and Health Champions across the Trust.**

- **Developing the IT infrastructure to support and evidence high quality clinical monitoring and interventions.**

4. What we can do?

- NTW services will have protocols and procedures to identify, monitor and review physical health / medical needs and make appropriate responses *'don't just screen, intervene'* (Lester Tool cardio metabolic Health Resource, 2014)

- NTW services will provide access to information, advice and support on physical health needs and have appropriate mechanisms for referral to health improving activities

- All services will provide a health promoting environment

- Service users discharged from an inpatient stay should have continuity of support for physical health needs.

- Clear mechanisms and support will be in place between mental health services and health improvement initiatives to enable the participation, ease of access and choice to people using mental health services, e.g., referral pathways and protocols

- Service Level Agreements (SLA) reviewed to ensure health screening and health promotion services are available and used

- Development of and access to, information in a range of formats

- Clinical health care staff will be adequately informed and trained to incorporate physical health assessment, development and management into their work

- Build on working relationships with GP and Acute service providers to ensure timely and appropriate sharing of information relating to physical health and wellbeing monitoring, in order to prevent duplication of activities, but also identify those at risk of 'falling through the net'

- Support and information should be provided to carers for their own physical well being and signposted to appropriate organisations.

- action will be taken to reduce the negative impact of psychotropic medication on physical health:

  - Service user and NTW practitioner should be informed about the impact of medication on physical health
  - Service users and where appropriate, carers, will be active participants in the planning and development of their treatment and care packages. This requires a comprehensive package of information to be given to them, detailing both diagnostic and pharmacological information.
  - There will be a systematic package of monitoring and assessment of Physical Health for example; blood pressure, weight, side effects, together with blood tests for liver function and blood glucose, blood lipids and ECG examination, as well as lifestyle factors such as smoking status.

- Routine monitoring and medication reviews to assess the impact psychotropic medications can have on physical health. Monitoring plans and schedules will be in place to ensure that any side effects are identified and a management plan developed to reduce their occurrence.
- Prescription of medication should take into consideration the vulnerabilities of individual service users, for example weight gain and have in place access to weight management advice or referral to weight management programmes.
- A principle of good practice in long-term antipsychotic therapy is that for those people who derive a benefit from medication, it should be prescribed at the lowest possible dose needed to achieve the optimal therapeutic effect, that is, relapse prevention. It often takes time to find the medication and dose which is effective at controlling symptoms and suits the individual.

- Health promotion programmes will be developed to target people with mental health problems or a learning disability, including reasonable adjustments required for accessibility

- **Clinical Records**

  - NTW is about to embark on a Trust-wide upgrade to version 7 RiO, which will have added functionality for clinical recording. The Core Physical Health Monitoring record was updated last year in order to better evidence ongoing health and wellbeing plans required resulting from health and wellbeing screening. This record will be reviewed and updated further following consultation with clinical, performance and IT staff in order for it, and associated documents and hyperlinks to be robust and appropriate.

  - Suggest that yearly health check and specific condition tests are performance linked on clinical dashboards so that the timeliness of such screening can be managed. It could also include standardised checklists of expected health checks e.g. frequency of smear tests, annual flu vaccines. This could assist with data retrieval for CQUIN targets.

  - Training with clinicians will be required to embed systems, delivered through the Training and Development Department, and supported by Modern Matron, Nurse Consultant, Nurse Practitioner and 'Train the Trainer' cascades.

5. Links to Websites
Marmot review - Fair Society, Healthy Lives, The Marmot Review, Executive Summary. 2010.
www.instituteofhealthequity.org/projects/fair-societyhealthy-lives-the-marmot-review

National Institute for Health and Care Excellence:

www.nice.org.uk/guidance/cg178

www.nice.org.uk/guidance/cg155
www.nice.org.uk/guidance/qs80

Food and Drink Strategy

Applies to:	Staff, Service Users, Visitors using Café Facilities in NTW Patient Feeding			
Lead Officer	Anne Moore Group Nurse Director – Specialist Care Services/ Director of Infection, Prevention and Control			
Author(s)	Susan Scroggins, Facilities Manager Nairne Shaw, Advanced Dietitian			
Ratified by	Trust Board			
Date Ratified	2017			
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Version number	V01			
Review and Amendment Log	Version	Type of Change	Date	Description of Change
	V01	New	16	New Document

Draft July 2017

Food and Drink Strategy

Foreword

This Food and Drink Strategy seeks to outline our objectives for the future to provide safe, nutritious and high quality food and drink to our service users, staff and visitors.

We recognise that access to food and drink are the two fundamental needs to sustain life and as a healthcare provider we must ensure that we support these basic needs consistently for all our service users and staff. It is accepted that the provision of nutritious food and easily accessible fruit and drinks not only sustains life but also contributes to the recovery process for our service users. Access to food and drink in relaxing surroundings is also important when considering the health and wellbeing of our staff.

In 2014 the Department of Health published "The Hospital Food Standards Panel`s Report on Standards for Food and Drink in NHS Hospitals" (Department of Health 2014). The aim of the report is to improve food and drink across the NHS so that everyone who eats and drinks in hospitals has a healthier meal experience.

Our strategy will focus on four key areas:

1. The nutrition and hydration needs of service users;

2. Healthier eating across hospital for our service users and staff.

3. Food Service to patients;

4. Sustainable procurement of food and Catering Services.

Introduction

Our strategy aims to capture how Northumberland, Tyne and Wear NHS Foundation Trust's (the Trust / NTW) will address nutritional care for service users, deliver healthier food which is appropriate for the whole hospital community and embed sustainability into its service. It will also pay close attention to the end-quality of food and drink served, so that everyone receives a meal they enjoy.

This strategy will be underpinned by a number of significant work plans, some of which are already in place, which seek to deliver the standards recommended in the Hospital Food Standards Panel Report.

With a wider social responsibility, and as a major purchaser and provider of food and catering services, we have the opportunity to put sustainability at the heart of our work. The Trusts strategic ambition consists of reducing waste, embedding high standards of food purchase and service and reducing our carbon footprint.

The Need for Change

Our diet significantly affects our health. This is true for both over nutrition and under nutrition. Hospital food has a number of challenges to meet, it needs to complement patients care and enhance their stay, it should help staff and visitors choose a healthier lifestyle and it should support our economy and protect our environment.

The Nutrition and Hydration needs of Patients

Malnutrition is frequently unrecognised and untreated. The British Association of Parenteral and Enteral Nutrition estimated that 18-20% of patients admitted to mental health units are at risk of malnutrition (BAPEN 2012). The public health and social care expenditure associated with malnutrition in adults and children in England in 2011–12, (identified using the 'Malnutrition Universal Screening Tool' ('MUST')), was estimated to be £19.6 billion, or about 15% of the total expenditure on health and social care (Elia, 2015)

Patients with severe mental illness are more likely to die on average 20 years earlier than the general population and are more likely to have poor physical health (DoH, 2011). In England around 67% of men and 57% of women are overweight and obese and some studies indicate this may be as high as 80% in people with severe mental illness (SMI) (HSCIC, 2014, Bradshaw & Mairs, 2014). Therefore every opportunity should be taken to educate and support patients, staff, families and carers to make healthier choices to reduce the risk and effects of overweight and obesity.

It is recognised that the nutritional needs of the inpatient population within NTW is varied and it is important that all nutritional requirements are considered and achieved to the highest standard. The Trust's Nutrition Policy – NTW(O)27 details the Trust standards for nutrition and hydration. This policy is audited annually to monitor compliance. The Malnutrition Universal Screening Tool (MUST) is a validated tool used by hospitals to highlight those patients who may be at risk of malnutrition and is recommended by The National Institute for Health and Clinical Excellence (NICE, 2006) and BAPEN. NICE recommends that all patients should be screened on admission. The Trust use an adapted version of MUST tool in order to highlight those at risk of malnutrition while using the screening opportunity to identify those with any other nutritional concern such as overweight and / or obesity.

Nutrition screening training has been made mandatory for all qualified nursing staff and is also recommended for support staff. Face-to-face training on the use of the nutrition screening tool is provided on a regular basis by the Trust-wide Dietetics Service or via e-learning. The nutrition screening tool prompts nursing staff to ensure that appropriate and personalised care plans are considered for those at nutritional risk. Additional training has been provided by the dietetics service on wards or areas where more specialised and specific training has been required. Staff are supported by an online 'nutrition file', available on the Trust's Intranet, which contains up to date and evidence based information which they can use to support patients to meet their nutritional needs.

The Trust embraces all the recommendations made by expert national bodies by meeting the 10 Key Characteristics of Good Nutritional Care (Nutritional Alliance). These are:

1. Everyone using healthcare and care services is screened to identify those who are malnourished or at risk of becoming malnourished.

2. Everyone using care services has a personal care support plan and where possible has had a personal input, to identify their nutritional care and fluid needs and how they are met.

3. The care provider must include specific guidance on food and beverage services and nutritional care in its service delivery and accountability arrangements.

4. People using care services are involved in the planning and monitoring arrangements for food service and beverage/drinks provision.

5. An environment conducive to people enjoying their meals and being able to safely consume their food and drinks is maintained (NB this can be known as `Protected Mealtimes`)

6. All staff/volunteers have the appropriate skills and competencies needed to ensure that the nutritional and fluid needs of people using care services are met. All staff/volunteers receive regular training on nutritional care and management.

7. Facilities and services are designed to be flexible and centred on the needs of the people using them.

8. The care providing organisation has a policy for food service and nutritional care, which is centred on the needs of the people using the service. Performance in delivering that care effectively is managed in-line with local governance and regulatory frameworks.

9. Food service and nutritional care is delivered safely.

10. Everyone working in the organisation values the contribution of people using the service and all others in the successful delivery of nutritional care

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Where appropriate, wards have implemented a protected Meal Times Practice Guidance Notes – NP-PGN-01 in order to support patients to have the best opportunity to ensure they are meeting their nutritional needs without interruption.

The Dietetics Service works closely with the Catering Service to ensure that the meals provided by the Trust meet Patient-Led Assessment of the Care Environment (PLACE) requirements and government healthy eating guidelines. The menus provided by the catering service have been analysed by a dietitian and healthy options which comply with lower fat and salt guidelines, have been highlighted on the hospital menus to ensure that patients are able to make informed choices regarding their meals. Catering and Dietetics Services work together to identify appropriate menu options based on feedback received from patients and staff.

The NTW Dietetics Service are currently working in conjunction with Health Education North East to produce a local obesity strategy. This strategy, which is in the final stages of production, highlights the scale of the obesity problem nationally and locally and suggests resources which are available to people in the local area to support the reduction of obesity in people with SMI.

Healthier Eating for the whole Hospital Community, especially Staff

As outlined above, the Trust considers the provision of good quality food and drink to service users, staff and visitors to be a priority
We are proud to have high standards of Food Hygiene and as such achieve 5* ratings across the hospital sites. These are awarded by the Environmental Health Officers following an inspection, to verify the safe and hygienic practises are maintained and the staff involved in the process are well trained and valued

The Facilities team work closely with stakeholders and dietitians to ensure that high standards are achieved and best practice implemented consistently.

Service User Catering Services

The hospital menus have been analysed and agreed between the Catering and Dietetics Services. The healthy choice options within the menu have been highlighted in order to support patients to make an informed choice about their meals.

The Trust have developed a Healthy Eating at Work Policy - V03 - NTW(O)39, which highlights the importance of healthy eating and emphasises that the workplace is an ideal venue to promote a healthy lifestyle. The Policy highlights that the Trust will work towards identification and promotion of healthy choices and the 5 a day message within Trust cafés as outlined in NICE Obesity guidance (2006). This promotion of healthy choices also relates to vending facilities and functions / working lunches.

The Trust endeavour to focus on the quality of food service at ward level, as a poor food service can ruin good food at this last stage of the food chain. The Trust have

developed guidelines for providing a safe and enjoyable meal experience to our patients. "Play your part in the Magnificent Seven". The guidelines are a tool to assist ward level staff; nurses, clinicians, therapists, dietitians and caterers. This standard is audited by the Catering Team on a monthly basis, and reports back to the Trust-wide Food and Nutrition Group.

The Magnificent Seven

The standard covers the following topics:-

1. Meal Ordering

2. Preparing yourself to serve food

3. Protected Meal Times

4. Preparing the Environment

5. Meal Presentation

6. The Dining Room Experience

7. Communication

Retail Catering Services

Our retail catering services will adopt the Government Buying Standards for Food within all the Trust's Cafés and Shops, together with Healthier and More Sustainable Catering-Nutrition Principles (Public Health England).

Adopting these guidelines will ensure that healthier eating is encouraged whilst still providing customer choice. To ensure the effective implementation of healthier eating principles our customers will be provided with sufficient information about the food and drink they consume to allow informed choices to be made.

The Dietetic Service is working closely with Catering Services in Trust shops to promote the opportunity for the purchase of healthier snack choices. Government buying standards will be used when purchasing shop stock to encourage healthier choices for snacks and drinks. These standards, which target savoury snacks confectionary and sugar sweetened beverages includes selling items in single serve portions.

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Sustainable Procurement of Food and Catering Services

Government Buying Standards for Food (Department of Environment, Food and Rural Affairs 2014) will be adopted to underpin the procurement of food and catering services as required.

The Trust aims to buy from suppliers who apply the standards detailed within the Government Buying Standard, for Food and Catering Services.

Where possible Food and Food Products will be sourced locally.

The Trust aims to examine the different types of waste, establishing ways of reducing waste.

Monitoring and Review of the Food and Drink Strategy

This strategy will be monitored and reviewed by the Trust Wide Food and Nutrition Group, work plans will be agreed and reviewed at quarterly held meetings.

The Trust will monitor nutritional practice across all services including annual auditing of the Trust nutrition policy.

The Magnificent 7 standards are audited by the Catering Team on a monthly basis, and reports back to the Trust-wide Food and Nutrition Group.

Patient Feedback will also be sought through regular surveys, PALS officers and patient advocates and "Points of You".

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- NTW(O)39 - Healthy Eating at Work Policy;

- NTW(O)27 - Nutrition Policy;

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