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Health Inequalities—Case Study

July 2024, Humber Centre Primary Care

Identifying the issue

There are significant health inequalities for those living with severe mental illness, learning disabilities and/or autism when compared to the general population; average life expectancy is 15-20 years shorter. The higher rates of obesity found in these groups poses a particularly significant physical health inequality, with an increased risk of several chronic diseases (Managing a healthy weight in adult secure services – practice guidance Developed through the Adult Secure Clinical Reference Group (NHS England and NHS Improvement) – Managing a Healthy Weight Task and Finish Group February 2021).

The Humber Centre is a medium secure inpatient unit, that supports patients with histories of SMI especially psychosis, violence and complex trauma. All patients at the Humber Centre are detained under the Mental Health Act (1983). Public Health England's report on obesity in secure settings shows the prevalence of obesity in patients in secure care is two to three times higher than the general population. The causes of obesity for patients in the Humber Centre are complex and many, including eating habits, reduced physical activity levels as well as the physical effects of pharmacological treatment interventions (NICE CG189: Obesity: Identification, assessment, and management 2022). The patient population at The Humber Centre face additional barriers to improving their physical health; histories of substance use and addictions, experiences of living in deprivation, communication barriers, low levels of health literacy, fluctuations in capacity to consent and follow treatment, negative past experiences of healthcare, low self-esteem and motivation.

Over the years, a robust and well-structured MDT approach to health promotion has been developed, alongside individualised health improvement programs, addressing the matter of high levels of obesity (BMI > 30) in the Humber Centre patient population. This however remains a challenge for the primary care team. The sequalae of deteriorating obesity levels - namely cardiovascular disease, diabetes, hypertension, and musculoskeletal disorders - represent a very real risk and likely consequence for the obese patient within the service.

Making the Change

What initially began as a physical health facility known as 'the health garage' many years ago, evolved into a dedicated Primary Care service within the Humber Centre. The team are all passionate about the work they do in addressing health inequalities, and have been integral to developing the service to where it is today. The Primary Care Team offers a variety of clinics, including; Asthma, Hypertension, COPD and Spirometry. There is a podiatrist who visits once a month and they offer diabetic retinal screening.

The team implemented the key elements of the Primary Care Service and My Health Framework of Care Provision. The Primary Care service now has a GP for 1 day per week, a Nursing Team (including Advanced Practitioner), a Pharmacist and 2 Medicines Management Technicians (3 of the team can prescribe), a 1 year pilot for a Physiotherapist and Physical Health Improvement Practitioners, which is a unique service to the Humber Centre, being the first of its kind in the region. The Physical Health Improvement Practitioners have all had specialist training and are all qualified to Chartered Institute of Management of Sport and Physical Activity (CIMSPA) Standards.

The team led on the development of the "My Health" documentation, which included electronic and patient-held physical health improvement care plans. A 12 week SMART Programme was developed by the team which has received significant uptake from patients, who have achieved positive health outcomes. The team have also worked in a variety of ways to engage the patient population, for example market stall events where they have offered; smoothie making, healthy snack ideas, guess your heart age.

The team have delivered on a number of QI Projects and Research Projects, which have further supported the service developments and expansions to meet the needs of the patient population. The service will soon be launching the Humber Centre dedicated Weight Management Service. The service will be made up of a multidisciplinary health team, which will also include patient representation. Patient representation will promote patient inclusivity, thereby encouraging ownership, and increasing engagement with the service.

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Impact

- Implementing the Primary care service model and the “My health” approach has improved access to timely and wide-ranging healthcare for the inpatient population at the Humber Centre. The first year delivery saw 10 out of 12 pre-diabetic patients no longer pre-diabetic.
- Following the Covid pandemic and subsequent impact upon patients lifestyles (increasingly sedentary and change of eating habits), new figures are below (Jan 2024):

Data Set	England percentage of population	Humber Centre & Pine View percentage patient population
BMI 25-30 Overweight	38%	15.5%
BMI > 30 Obese	26%	57%
BMI > 40 morbidly obese	3%	10%
Pre-diabetes	11.1%	9.8%
Type 2 diabetes	7%	21.5%

- Subsequently, and in response to the increased rate of diabetes and obesity, a formal Forensic Services Obesity and Weight Management Care Pathway (clinically-led by Primary Care but MDT in nature) has been launched.

Learning

- The service has been noted as innovative, there is only one other comparable service in the country which has a dedicated Primary Care service for forensic inpatients.
- The team feel the have had autonomy to explore and propose new models, with support and guidance from Senior Management.
- Recruitment of broadly skilled, well-experienced leaders and continued training of staff has been key to developing a high quality and dynamic service provision.

Feedback

“you understood me and talked to me”

“I received the help that I needed from the physio, thank you”

“talked to me properly, never grumpy and didn't make me depressed”

“you did the blood test real well … spot on!”

Next Steps

- The team have now recruited a new Dietician post, who will join the Obesity and Weight Management Care Pathway, as well as supporting patients’ nutritional and dietetic needs.
- They would like to drive forward work to reduce the incidence of diabetes, and reduce obesity and weight related problems.
- Working with the ICB to procure the provision of Dentistry for forensic inpatients.
- The Physical Health Improvement Practitioners (new role) will be refining their service offer, now they have completed their qualification.
- Undertake a review of the 1 year pilot of the Physiotherapist and consider how this is embedded.
- Further training of ward staff and PH champions to support culture change.