

## **Greater Glasgow and Clyde NHS Board**

**Board Meeting  
16 December 2014**

**Board Paper No: 14/63**

**Director of Public Health**

### **Update on Biennial Director of Public Health Report on population health in NHS Greater Glasgow and Clyde 2013-2015**

#### **RECOMMENDATIONS:**

The NHS Board is asked to note progress on the priorities for action identified in the Director of Public Health's report "Building Momentum for Change", published in 2013.

#### **Background**

The fourth biennial report of the Director of Public Health, 'Building Momentum for Change', covers the period 2013 to 2015. The report highlights the pivotal importance of poverty and disadvantage in shaping health at three key life stages (early years, adolescence and mature adults) and in two priority groups (Looked After and Accommodated Young People and Prisoners).

This is an update on progress on Priorities for Action. Most of this work is in progress and this report includes only examples of activity in key areas identified for action in the DPH report. The progress described includes innovative models of financial inclusion for families, work with local authorities on tackling poverty, mental health promotion for young people, the legacy of Keep Well, information on the needs of looked after children and young people and health improvement of offenders.

#### **Progress made against the Priorities for Action**

##### **1. Supporting our most disadvantaged families**

###### **a) Supporting front-line staff**

Supporting those in the front line of service delivery was a key priority to help the most disadvantaged families in the population. Training courses, both face to face and e-module have been produced by NHSGGC to support staff. It is recognised that all levels of staff in all settings may witness gender based violence or encounter patients who disclose gender based violence. To support them, a basic awareness e-module on gender-based violence was produced. Staff are also able to access an e-module training course on Human Trafficking and Child Sexual abuse via National Education Scotland. 168 staff have been trained on Human Trafficking from September 2013 until August 2014 and 637 staff in Child protection and domestic abuse in the period March to August 2014

A Gender Based Violence (GBV) Employee policy has been developed and a managers' guide produced to support awareness and implementation of the policy. GBV issues, including forced marriage and female genital mutilation have been incorporated into Adult Support and Protection training, child protection training and suicide prevention training. To date, 1,649 members of staff have received face to face training.

We identified that we had to improve engagement with frontline staff in delivering inequalities sensitive services to support them in building supportive, non-judgemental relationships with families.

“Caring to Ask” is a work stream that began as a pilot in the North-East sector. It was delivered in collaboration with the Corporate Inequalities Team and the Glasgow Centre for Population Health. Its focus is on Inequalities Sensitive Practice (ISP) - defined as a person centred approach and a relationship between practitioners and clients that responds to the life circumstances that affect people's health. A number of simple tools have been produced during 2013 and 2014 to support staff teams to build on this work. These include laminated cards with the 7Cs of Caring Conversations which are a set of storyboards with real examples of how appreciative inquiry questions can be used with patients and a set of positive practice pointers for use within teams.

The Board's Central Parenting Team has worked with NHS Education Scotland to test training modules for staff to help them engage more effectively with parents on discussions of parenting issues and support. The training was well evaluated and follow-up showed that staff were using the skills and approaches in the training.

## **b) Advocacy on poverty**

The report identified the need to strengthen senior leaders' involvement in advocacy and influence as a priority action.

To achieve this, Board officers are members of the Glasgow City Council Poverty Leadership Panel (PLP) and the NHS leads the Child Poverty Sub group in Glasgow City. Key areas of work include understanding the needs of and supporting lone parents, understanding the cost of the school day and investigating the level and impact of benefit sanctions. The DPH was also a member of the Poverty Truth Commission and part of its sub-group on the costs of being poor. The work of the [Poverty Truth Commission](#) has informed the action plan of the PLP. The DPH is a member of the [Renfrewshire Poverty Commission](#) whose work is on-going and will report in 2015.

The DPH is a member of the National Ministerial Child Poverty Action Group which develops the national child poverty strategy and action plan.

## **c) Financial Inclusion**

NHSGGC, working with local partners, has developed innovative new schemes to help people maximise their incomes by putting patients in touch with a team of money advice workers known as Income Maximisers. The team provides advice and help to families on how to get the most out of their income with the aim of improving their long-term health. They have also provided advice on reducing debt payments or help to change service tariffs, e.g. household gas or electricity payments. What was initially a project aimed at pregnant women and families with young children, Healthier Wealthier Children, has now expanded to provide the same support to people affected with a number of health issues.

Since 2011 over 27,000 people have been provided with a range of advice such as getting the most out of a household income, helping them register for benefits and to apply for one-off grants or loans.

A paper was submitted to NHS Health Scotland's Corporate Management Team (CMT) outlining a business case for NHS Health Scotland (HS) to embed the findings from Healthier Wealthier Children into mainstream NHS, early years and welfare benefits advice services in Scotland. Subsequently, the Early Years Team of Health Scotland is now taking this forward. This involves the following three objectives to take this learning forward within current national developments:

- Understanding of the impact of child poverty on healthy child development, and knowledge of financial inclusion systems for community based nurses, midwives, health visitors and early years staff to be included in the revision of training programmes underway by the Scottish Government
- A model for mitigating child poverty to be specified within local authorities' commissioning processes for financial inclusion services
- Build in learning to local Community Planning Partnerships and Health and Social Care Partnership development

NHSGGC are supporting Health Scotland with this work based on our local research and implementation of the Healthier Wealthier Children model.

## **2. The Transition of adolescence**

An innovative project, 'We got 99', has been developed by NHSGGC, together with partners Snook, Young Scot and the Mental Health Foundation to understand young people use of social media and how this can be used to promote mental health and wellbeing. Young people themselves have developed web and social media resources to promote mental health.

NHSGGC with partners have now received a grant from the EU CHEST fund to support this digital innovation further. The focus of this project, which will run for 12 months from January 2015, is to develop further digital approaches to youth mental health and will support young people aged between 13-21 years. Young people will be actively involved throughout this development which will produce an interactive web-portal for wellbeing. A resource toolkit will be devised for youth workers, school staff and other youth-related workers to use to help young people better and guide

them to appropriate information, including better use of digital assets. This will be shared across Europe when complete.

### **3. Promoting Health Ageing**

We have incorporated training on Brief interventions on Physical activity into the core Health Related Behaviour Change training and we are now encouraging staff working with older people as well as primary care staff to access this training. We are able to monitor the impact partially through referrals to Live Active and Vitality physical activity programmes.

With the disinvestment from Keep Well, we are working with primary care teams to maximise the legacy from the programme. The Anticipatory Care toolkit has been adapted for use in the Chronic Disease Management (CDM) programme to optimise engagement in health improvement, deliver patient centred consultations and support sustained behaviour change. The evaluation of the use of the toolkit was very positive. Financial inclusion and employability routine enquiry and referral pathways are now embedded in the primary care CDM Local Enhanced Service clinical template.

NHSGGC is one of the three health board areas in Scotland that is an early adopter site for House of Care. The aim of this initiative is to develop and test a model of person-centred care for patients with multi-morbidity. This will lead to coordinated support for people with Type 2 diabetes and coronary heart disease to adapt and self manage. We are currently seeking expressions of interest from GP practice and secondary care teams to start the programme in April 2015.

The NHS Health Improvement Service Directory has been developed further to include wider public health services including voluntary organisations, self-help groups and older people's community services and will be relaunched in April 2015.

### **4. 'Getting it right' for looked after children and young people (LACYP)**

The priorities for action in the report are to build on knowledge of the health needs of LACYP and improve local health surveillance across the NHS Board.

We are achieving this in a number of ways. Firstly the work on the next health and wellbeing survey is underway and reports will be available for dissemination in early summer 2015. This knowledge will be a key resource in strengthening our understanding of this vulnerable group and inform further work.

To improve our local intelligence gathering and health surveillance across the board area, a mental health needs assessment has been carried out across approximately 1,000 of the LACYP population in Glasgow City. This report will be available early in 2015 and will provide us with a local electronic core dataset and improve health surveillance across the NHS Board area.

Promotion of early interventions is important with the LACYP population as they experience the worst health outcomes of any population group. Work has begun with care placements in Renfrewshire CHP and Glasgow City CHP to reduce the risk of LAC coming into contact with environmental tobacco smoke.

## **5. Improving health in NHSGGC's prison service**

An ongoing programme of service development and health improvement has been implemented in each prison in GGC. This includes a smoking cessation programme, anticipatory care system and physical activity initiatives.

NHSGGC has funded a Health Improvement post for prisons to lead on a programme of health reviews for vulnerable prisoners across the three prisons.

Triple P (Positive Parenting Programme) is being delivered in HMP Barlinnie enhanced by a wider range of initiatives to strengthen family bonds such as family reading schemes. This work is led by Glasgow Life. The other prisons in NHSGGC are taking forward parenting initiatives and we will be building these into their prison health improvement plans in 2015.

In line with the recommendations from the Commission on Women Offenders (2012), NHSGGC has supported the establishment of health promotion interventions in the new Women's Justice Centre (Tomorrow's Women) in Glasgow. The courses are well received; and have helped take forward user involvement. NHS staff have been seconded into the core team to provide a holistic model.

Each of the three prisons within NHSGGC has a nurse post funded by the ADPs. These nurses provide support and treatment to prisoners with problem drinking. Alcohol Brief Intervention (ABI) training has also been rolled out to other staff working within this environment.

To ensure that consistent approaches to BBV vaccination, testing and treatment are in place across local prison; to reduce the number of undiagnosed HCV infections and increase the proportion of diagnosed cases accessing in-reach testing, two nurses will be employed in the 1<sup>st</sup> quarter of 2015. There will also be a support worker to supervise testing. These staff will support the in-reach Infectious Diseases Consultant from Gartnavel General Hospital. The aim is to test all at risk prisoners and support them to treatment where required.

### **Conclusions**

Progress has been made in all of the priorities for action described in the most recent DPH report. Further updates will be provided in the 2015 DPH report.