NHS Greater Glasgow and Clyde

NHS BOARD MEETING

Emilia Crighton **28th June 2016** **Paper No: 16/26**

Health Promoting Health Service Annual Progress Report

Recommendations:-
The Board is asked to:

- Review progress against the HPHS actions as described as the basis for the forthcoming submission to Scottish Government in Sept 16
- Support the further identification of clinical leadership examples including the Chairman's Awards
- Contribute any further reflections on impact of HPHS
- Support the forward planning outlined to sustain implementation.

Purpose of Paper:-
The paper is to provide NHSGGC progress report against Health Promoting Health Service CMO 19 measures in advance of evidence submission 30th September 2016.

Key Issues to be considered:-
To note progress against Health Promoting Health Service Framework, risks of non compliance due to data collection systems and proposed process for sign-off of final evidence submission in September 2016.

Any Patient Safety /Patient Experience Issues:-
Increase focus on health improvement activities supports improved patient experience

Any Financial Implications from this Paper:-
No

Any Staffing Implications from this Paper:-
No

Any Equality Implications from this Paper:-
Actions are in line with principles of Fairer NHSGGC

Any Health Inequalities Implications from this Paper:-
The focus of HPHS implementation is to improve the health of patients and staff in hospital and mental health settings and so will impact positively on health inequalities.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-
Risks of non compliance due to limitations in data collection systems.

Highlight the Corporate Plan priorities to which your paper relates:-
The Health Promoting Health Service framework contributes to both preventing ill health and early intervention as well as tackling inequalities.

Anna Baxendale (0141 201 4989)
28th June 2016

Greater Glasgow and Clyde NHS Board

Board Meeting
28th June 2016 **Board Paper No: 16/26**

Director of Public Health

HEALTH PROMOTING HEALTH SERVICE: ACTION IN SECONDARY CARE SETTINGS
CMO (2015) 19

ANNUAL REPORT 2015/16

RECOMMENDATIONS:

The NHS Board is asked to receive the report from the Director of Public Health outlining progress on the requirements set out within the Health Promoting Health Service framework and to:

1. Review progress against the HPHS actions as described as the basis for the forthcoming submission to Scottish Government in Sept 16
2. Support the further identification of clinical leadership examples including the Chairman's Awards
3. Contribute any further reflections on impact of HPHS
4. Support the forward planning outlined to sustain implementation.

1. Context and Background

The Health Promoting Health Service: Action in Secondary Care Settings (CMO 2015 19 letter) aims to build on the concept that *"every healthcare contact is a health improvement opportunity",* recognising the important contribution that hospitals can make to promoting health and enabling wellbeing in patients, their families, visitors and staff.

NHSGGC are required to provide an annual report to the Scottish Government via NHS Health Scotland. The year 4 guidance was issued 9th October 2015 and the reporting period is for 1st Apr 2015 to 31st Mar 16, with a deadline of submission of 30th Sep 16. Feedback on the annual performance will be provided to each Board in October 2016.

In the letter, the Chief Medical Officer introduces a health promoting public services vision, with secondary care leading the way for other public service organisations to follow, with prevention at the heart of the policy.

2. Implementation Progress Year 4

The HPHS reporting template with additional guidance was released in February 2016, and requires action in relation to underpinning and enabling activity to support health improvement in the hospital setting.

The framework provides a focus on three key areas: Person-centred Care; Staff Health and Wellbeing; and Hospital Environment and requires submission of a standardised template outlining progress against 31 specific topic based actions with defined performance measures as well as a number of core actions including; governance arrangements; health related behaviour change training delivery; clinical leadership and innovation, and; assessment of impact.

This year there were an additional three areas of reporting: Managed Clinical Networks; Inequalities and person-centred care and Mental Health.

2.1 Completion of Reporting Template for Submission 30th September 2016

The evidence submission is being coordinated by the Health Improvement Team, Public Health ahead of the submission deadline. Notable areas of progress and areas for improvement are outlined within this paper to inform Board members of key issues ahead of the full submission. The Mental Health Partnership are reporting the Mental Health actions to governance groups in August.

Areas of risk of non compliance:
The following specific measures are challenging due to availability of data and limitations in data collection systems:

- numbers of smokers in acute services;
- numbers of people prescribed NRT, and;
- total number of staff referring to physical activity opportunities.

The available information is described in relation to the programme areas below.

2.2 Programme Progress and Planning

Strategic Actions
The HPHS 19 performance measures are included within the Acute Delivery Plan and reported routinely to the Acute Services Strategic Management Group. In addition, the HPHS requirements and submission are considered by: the Staff Health Strategy Group; Area Clinical Forum; and Acute Health Improvement and Inequalities Group, which steers programme delivery. The routine inclusion of HPHS content within Board delivery arrangements has resulted in local delivery plans for each acute entity which are subject to ongoing performance management.

This year, for the first time, the reporting measures include a strategic action in relation to Health and Social Care Partnerships and Integrated Joint Boards. The guidance aligns well with existing local health improvement priorities and initial discussions have taken place with Health Promotion Managers. There is potential added value in relation to inequalities, and these are to be further explored and developed over the coming year:

- Money advice
- Homelessness and housing support
- Carer's support.

In order to build capacity to support health improvement a total of 1674 acute staff have undertaken generic Health Behaviour Change training which has significantly contributed to workforce development in this setting. This includes specific training on alcohol, physical activity and tobacco and equates to a 48% increase on year 3 figures. A training package tailored to clinical areas and delivered in-service has been tested within the North Sector and has yielded a four-fold increase in referrals to money advice. This approach will be tested in other sectors this year.

Clinical Leadership and Innovation
Year on year the Board has successfully identified health improvement projects which evidence clinical leadership and examples will be sought in July for this year's submission through Area Clinical Forum, Chairman's Awards and Senior Management cascade. Board members are asked to support this process and where possible encourage input from colleagues.

In addition to clinical leadership, the following examples of innovative and emerging practice have also been identified for inclusion:

- Alcohol brief intervention delivery at the Brownlee Unit

- Development of community weight management service (acute pathways)
- Improving the cancer journey partnership programme with Glasgow City Council
- Stress in the workplace framework / Mindfulness Project
- Parent / Carer Needs Assessment and Care Planning at Royal Hospital for Children.

Further suggestions from Board members are welcomed.

Smoking

In line with the NHS Smoke-free policy, NHSGGC have continued to implement a communication plan with a range of activities delivered across all acute sites aimed at staff, patients and visitors. Each hospital site has developed an action plan reflecting local needs to support implementation of the policy. National No Smoking Day in March 2016 saw the official launch of Smokefree mental health sites. In April 16 GGCNHS Board approved the amendment of the policy to include the use of e-cigarettes on hospital grounds.

There are difficulties in obtaining cumulative data on the numbers of smokers in acute services however there has been an increase of 11% in the use of NRT patches in hospital to ameliorate nicotine withdrawal since 2014/15.

Almost 2000 (1979) referrals to smoking cessation have been made within hospital settings in 15/16, although this is slightly lower than the previous year. There has been a down-ward trend for hospital in-patient referrals over the past four years, and in keeping with similar trends in engagement with smoking cessation services across Scotland. This however is in contrast with significant rises in outpatient referrals. To understand the impact of these shifts in referral patterns and to explore actions for improvement, a review will be undertaken in 16/17.

Small tests of change have identified that clients who begin their quit attempt in hospital and are passed onto community services for support after discharge have a higher withdrawal/lost to follow up rate at the 4 week post quit stage when compared to continuation of hospital advisor support. This has now been taken forward to a full pilot at QUEH.

Alcohol

A significant Alcohol Brief Intervention work programme has been established and embedded in acute services over the last 5 years. Overall, acute ABI performance is very positive with over 5000 ABIs undertaken.

ABIs are embedded within the hospital acute assessment units and medical receiving wards, and ABIs continue to be promoted as part of the core work of acute alcohol and drug liaison nurse services. In addition, the inclusion of new alcohol screening admissions in maternity booking appointments has seen an increase in ABIs delivered in this setting.

Acute alcohol and drug liaison nurses continue to deliver alcohol screening and ABIs within oral maxillofacial outpatient clinics. The clinic has been operational for several years and enables a targeted approach to address health harms of excessive alcohol in primarily young men. ABIs are also delivered within an established alcohol and drug clinic supporting occupational health service. New initiatives commenced in 2016 at Alcohol Outpatients, Brownlee Unit, QEUH and Dental Hospital.

Alcohol screening and ABIs delivered opportunistically in GGC emergency departments and some minor injury units by the acute alcohol and drug liaison nurse service.

Maternity

NHSGGC has full UNICEF accreditation in all of its maternity and health visiting services. It is also progressing with implementation in its neonatal and children's' sites. The current policy for mothers admitted to acute services is under review. The draft policy complies fully with HPHS

requirements, .e.g. ensuring that procedures and drugs have as little impact on breastfeeding as possible, storage of milk and expressing facilities, and rooming in where possible.

Whilst steady improvements have been seen in Breastfeeding at birth and at discharge, there is variation across maternity units, with the Vale of Leven, Inverclyde and the Queen Elizabeth University Hospital achieving the lowest attrition rates. A PDSA approach to improvement is currently being tested to reduce breastfeeding attrition rates from birth to discharge, which continues to be challenging. A similar approach has already been applied to breast pump accessibility for breastfeeding mothers in the community and this has been effective in reducing attrition from hospital discharge to health visitor by 2%.

Food and Health

NHS GGC continues to implement the Board's Retail Policy, including Healthcare Retail Standards and have increased provision and availability of healthier food for staff, visitors and patients. The move to the QEUH required existing NHS cafes with Healthy Living Award Plus (HLA+) to reapply and there is one outstanding application to progress in order to have full compliance.

60% of external café providers have achieved the healthy living award. The remaining 7 are actively engaged in applications and should comply in advance of 31 March 2017 deadline.

The national Healthcare Retail Standard include criteria, informed by NHSGGC Retail Policy therefore compliance by Retailers will fulfil requirements for both initiatives. The QEUH has worked with Health Scotland as an early implementer of the standards and is benchmarking availability of healthy food choices in NHS settings. Initial audit suggests outstanding areas of compliance with both retailers at QEUH.

Meal, drink and snack vending are routinely monitored with high levels of compliance achieved across the organisation.

Staff Health and Wellbeing

NHSGGC remains committed to the Staff Health Strategy and Healthy Working Lives Award and has retained Gold status. The Staff Health Strategy is currently under review. Staff across the organisation have been supported to engage with opportunities and develop skills to adopt a healthy lifestyle. This has been achieved via programmes such as staff immunisations and Active Staff as well as regular health promotion initiatives e.g. Quit and Win; Active Staff; Pedometer Challenge; Healthy Weight Challenge and Weigh-in at Work; and, the Six Books Challenge.

Under the auspices of the NHSGGC Staff Health Strategy Governance Group, a Stress in the Workplace sub group was established in 2015 to develop a multi faceted approach to support the implementation of the Mental Health and Wellbeing Policy. A one stop shop of resources and tools is being created on the new HR Portal, linking together elements of Staff Governance, Equalities and Health Improvement. An online Resilience toolkit is available for all staff and a Mindfulness pilot is underway.

Reproductive Health

For a number of years, sexual and reproductive health services, along with termination services have worked together to reduce the overall termination rate, earlier gestation stage and repeat terminations. Much of this work has centred on the provision of LARC, across contraception services generally, and specifically at the time of termination, and on improving timely access to services.

The HPHS reproductive health actions have focused the work on ensuring the LARC activity is reaching key groups. Opportunities to extent the availability of LARC are currently being developed for consideration by the Board Medical Director.

Physical Activity and Active Travel
Physical activity pathways are now established within clinical services such as Cardiac Rehabilitation, Stroke Rehabilitation, Falls Rehabilitation, Pulmonary Rehabilitation, Oncology and Weight Management Services. This work has also progressed into 13 Mental Health in-patient areas with further action in year 5 planned to support staff in these areas.

A review of physical activity referrals and services has been completed and a single point of access telephone line; electronic referral systems and promotional materials have been developed to make the process easier for clinical staff to refer patients. The development of a new database will ensure that further data analysis and outcome tracking will be available in the future.

Through NHS GGC partnership working with the Green Exercise Partnership, Gartnavel campus has been refurbished and improved with the installation of new pathways, viewpoints, signage, outdoor seating areas and growing spaces. The continuation of the Active Travel Framework in all acute sites, including specific data on schemes such as: cycle-friendly employer; cycle to work scheme; and public transport offers for staff will be submitted. The promotion of active travel, where appropriate, has also been communicated to hospital patients and visitors.

In order to capitalise on Glasgow hosting the 2014 Commonwealth Games, Health Improvement submitted a successful funding application to the Endowment Committee with the aim of delivering a staff physical activity programme. The Active Staff programme commenced in January 2014 and contained 5 elements, one to one behavioural support, on-site opportunities, local opportunities, workplace physical activity champions and corporate challenges. Due to the success of the first phase a second bid to the Endowments Committee was successful in November 2015. This phase which commenced on 1st January 2016 will aim to consolidate the success to date as well as develop the following initiatives:

- Implementation of a staff salary deduction scheme to local authority leisure providers:
  - This scheme was successfully launched across 8 local authority providers, thus providing over 90% of staff with discounted access to the leisure provider they reside in. Currently ~1800 staff participating in this scheme.
- Glasgow's Mass Automated Cycle Hire Scheme Expansion:
  - Bike hire stations have been installed at Queen Elizabeth University Hospital and Gartnavel General Hospital to make the scheme more accessible to staff. Discussions are currently underway with the operator to provide approx 250 staff with free 30 minute ride per hire for staff based at GGH / QEUH / GRI.

Managed Clinical Networks
The HPHS specific requirements for Managed Clinical Networks (MCNs) has been linked into MCN planning cycles reinforcing the MCN role in improving the health of those living with LTC's.

There are three areas of focus aligned with HPHS within the multi-morbidity MCN delivery plan 2015-18: *'Health Promoting Managed Clinical Networks':*

- enabling healthy lives through embedding routine enquiry, raising the issue, and referral to health improvement and support services into care pathways;
- supporting self management for those living with long term conditions including the provision of high quality information and education resources, and;
- delivery of person-centred care through e.g. the early adopter House of Care programme which is operating across primary and secondary care pathways for both diabetes and coronary heart disease.

A Long Term Conditions Information Pathway has been developed which links patient education, supported self-care information and development of the Health and Wellbeing services directory to clinical care pathways.

Inequalities and Person-centred Care
NHS Greater Glasgow and Clyde Policy Statement on Financial Inclusion, Employability and the Recession recognises that despite a range of national policies which address poverty and inequality there is additional links associated with welfare reform, austerity and public / 3rd sector budget pressures which are likely to make things worse for people living within NHSGGC. The statement actively supports work in financial inclusion and employability partnerships.

NHSGGC links with a range of services to address money worries for patients and their carers. Last year 4,233 referrals to money advice were made by NHS Staff from a variety of disciplines and settings including Nurses, Doctors, Occupational Therapists, Dietitians and Physiotherapists. A survey of frontline staff indicated the need for training to support staff to increase confidence and raise the issue of money worries and in response to this an E Module has been developed on the Learn Pro system.

NHS GGC provide Money Advice Services and referral pathways in a variety of settings including Children's Services, Adult hospitals in Glasgow City, Inverclyde and West Dumbartonshire and targeted services in Hep C, HIV clinics and the Spinal Unit. Further work to expand services in Partnership with local providers will continue in year 5.

2.3 Evidence of Impact and Forward Planning

Boards were asked to provide a reflection on the impact of HPHS since 2012 together with a forward plan for sustaining implementation of HPHS and inequalities focus within hospital settings as part of the submission. Over the coming months health improvement will work with Acute SMG members to refine a response to these areas.

Initial content has been derived following discussions with NHSGGC Board Champion; NHSGGC topic leads and colleagues on the national HPHS network.

a) Evidence of the impact of strategic actions, including assessment of impact across person-centred care; staff health and wellbeing and hospital environment.
   - NHS GGC has continued to support delivery of actions associated with HPHS requirements and has provided input into the national ministerial group, the champions group and network to share learning and influence direction of travel
   - Regular reporting of HPHS measures to Acute SMG and AHIIG has created a clear focus on required actions such as workforce development and development of support pathways for financial inclusion
   - The required actions have often chimed well with the Boards existing direction of travel in relation to health improvement and inequalities and as such, have enhanced the work that was ongoing in relation to smoking, physical activity, breastfeeding, inequalities and alcohol; often stretching our efforts. In some areas the required actions have challenged us to focus on areas we might not have otherwise considered within a hospital such as reproductive health.
   - The staff health and wellbeing streams continue to be a priority for the Board and moving beyond the compliance with Healthy Working Lives towards stress at work and good work approaches have been welcomed.
   - With regards to hospital environment, the smoke free grounds policy and national campaign and the launch of the Healthcare Retail Standards have supported NHS GGC plans.
   - The active engagement from Mental Health services has strengthened the focus on physical health

b) Forward plan for sustaining implementation of HPHS and inequalities focus in hospital settings.
   - Embed HPHS into local delivery plans for Acute Services in order to:
     > Develop health improvement & inequalities practice in clinical areas

    - Improve understanding and identification of patient needs and mainstreaming of our core functions, eHealth and care models
    - Establish routine enquiry and individual needs assessment within care planning with a focus on our most vulnerable populations/people experiencing complex clinical and social circumstances.
- Continue existing arrangements with Acute HIIG and Mental Health Partnership coordinating annual submission for acute and mental health services, respectively, and progress discussions with HSCP colleagues in due course.
- Extend and further develop the scope of clinical leadership projects
- Develop an HPHS communication plan to allow greater understanding of concept of 'teachable moments' and their application in hospital settings, and raise profile of health improvement and inequalities in acute clinical settings
- Expand the health improvement training programmes in acute/mental health recognising capacity to release staff is an ongoing challenge. Further work will be undertaken to combine training and develop e-module options where appropriate

3. Conclusions

Content for the year 4 submission will be finalised ahead of submission at the end of Sept 16. This will demonstrate NHSGGC's continued progress across both the strategic and topic specific actions. There has been significant improvement in workforce development and the hospital environment. Initial progress has been made in relation to the newly added actions: Managed Clinical Networks, Inequalities & Person Centred Care and Mental Health.

Submission is required by 30th September 2016 and Board members will be provided with a link to the final draft prior to submission.