

Board official

NHS Greater Glasgow and Clyde

NHS BOARD MEETING

Director of Public Health

15th August 2017



Paper No: 17/38

Health Promoting Health Service Annual Evidence Submission (Year 2)

Recommendations:-

The Board is asked to:

- Agree this progress report, subject to minor amendments will be submitted to Scottish Government in Sept 17
- Support the actions outlined to sustain implementation for year 3.

Purpose of Paper:-

The paper is to provide NHSGGC progress report against the national Health Promoting Health Service Framework in advance of evidence submission 29th September 2017.

Key Issues to be considered:-

To note progress against Health Promoting Health Service Framework, areas of challenge and proposed process to finalise sign-off for final evidence submission in September 2017.

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 identified due to current limitations in data collection systems in relation to Breastfeeding and staff mental health and wellbeing.

Highlight the Corporate Plan priorities to which your paper relates:-

The Health Promoting Health Service framework contributes to preventing ill health and early intervention as well as tackling inequalities.

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8th August 2017

Tel – 0141 201 4782

Greater Glasgow and Clyde NHS Board

Board Meeting
15th August 2017

Board Paper No: 17/38

Director of Public Health

HEALTH PROMOTING HEALTH SERVICE: ACTION IN SECONDARY CARE SETTINGS CMO (2015) 19 YEAR 2

ANNUAL REPORT / EVIDENCE SUBMISSION 2016/17

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. Agree this progress report, subject to minor amendments will be submitted to Scottish Government in Sept 17
2. Support the actions outlined to sustain implementation for year 3.

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. New guidance was issued 9th October 2015 and the current report reflects year 2 progress for the period 1st Apr 2016 to 31st Mar 17. The submission deadline is 29th Sep 17. Feedback on the annual performance will be provided to each Board in February 2018.

The Health Promoting Health Service CMO letter (HPHS 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.

Evidence of progress against the framework for year 2 (16/17) of HPHS CMO letter (2015) 19 will be assessed against the following:

- 1) Progress on improvement recommendations from feedback received on previous year's submission (Section A)
- 2) Embedding health improvement into clinical practice (Section B)
- 3) Inequalities sensitive practice (Section C)
- 4) Mental health (Section D)
- 5) Innovative and Emerging Practice (Section E).

The Scottish Government has provided a bespoke template based on the areas for improvement highlighted in the year 1 feedback report.

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Following consideration by the Board, minor amendments to the submission can be made by the Acute Health Improvement Group and the Acute Senior Management Group will review the final submission ahead of the deadline at the end of September 2017.

2. Feedback from year 1 (2015/16) submission

Following submission of the 2015/16 evidence at the end of September, feedback was received in February 2017. Several areas of good practice were noted and included:

- The Board has demonstrated that clinical and medical leadership for health improvement has further progressed on previous years, and is provided through a combination of approaches within specific clinical areas.
- The extensive communication campaign to public and staff with regards to tobacco control.
- The Boards' contribution to several years of high performance of ABI delivery is welcomed. Progress and embedding is evident in priority settings with examples of good practice, pragmatic delivery and continuous improvement.
- The progress made following the learning from "Working Well Challenge Staff Health Research" which aimed to learn about the health needs of the NHS GGC workforce from routinely collected data. The extent of support provided around welfare for staff.
- Vulnerable women are clearly defined by the Board, and the significant fall in both the number and rate of terminations from 2014/15.
- The comprehensive range of partnership working with different sectors to enable uptake of physical activity opportunities.
- The range and depth of examples provided on money advice services and referrals delivered in a variety of settings, as well as having a governance system in place. Positive to see some actions demonstrating inequalities sensitive practice implemented in the hospital sector.

Several recommended areas for improvement were highlighted and are described in section 3 below.

3. Implementation Progress 2016/17

The current version of the full evidence submission is included in the appendix in draft format and will be finalised following any comments from Board members. The final version will be made available to Board members ahead of submission at end September.

Section A: Progress on improvement recommendations from 2015/16

Area for improvement	Progress to date
<ul style="list-style-type: none">• Continue the measurement of impact of HPHS within any relevant strategic, or commissioning and implementation plans.	<p>HPHS objectives align with Acute Services plans and measures are reported routinely to the Acute Services Strategic Management Group. In addition, the HPHS requirements and submission are considered by both the Staff Health Strategy Group and the 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.</p> <p>The health improvement and inequalities scorecard was refined further for 2016/17 and targets set for each programme were disaggregated to each acute sector and directorate based on service activity figures. In addition, a series of baseline measures were developed to support monitoring of the Board's Equality Scheme. Quarterly progress, exceptions and actions for improvement are reported to the Acute Health Improvement and Inequalities Group and discussed in depth at sector level with local senior management team representatives.</p>

	<p>Impact of actions are evident through referrals to health improvement programmes and at end of year 2016/17:</p> <ul style="list-style-type: none"> • Total hospital based smoking referrals increased by 15% to 2282, compared to last year with a 13% increase on inpatient referrals to 1504. • Alcohol Brief Interventions have increased to 5270, a 3% increase compared to last year • Excellent progress in Food & Health with only 1 NHS unit and 5 external units still to achieve HLA+ compliance. • Physical activity referrals have increased to 1457, a 79% increase compared to last year • There has been a 5% increase in active travel participants compared to last year with 585 staff applying for the cycle to work scheme and 712 staff using NHS GGC annual ticket schemes for public transport. • There has been a 12% increase in numbers of hospital based staff trained in health behaviour change compared to last year. In total 1638 staff were trained including e-learning, classroom based and in-service training. Courses included generic health behaviour change and topic based sessions. • Financial Inclusion referrals have risen to 5036, a 19% increase compared to last year.
<ul style="list-style-type: none"> • Attrition rates for breastfeeding should be further explored, and the panel are keen to see progress reported in the coming year on the improvement projects. 	<ul style="list-style-type: none"> • There continue to be challenges with availability of a full range of breastfeeding statistics to support robust analysis. ISD data are routinely analysed but poor data collection at local level is being addressed through introduction of BadgerNet system in November 2017.
<ul style="list-style-type: none"> • Further consideration to be given into how routine enquiry can identify patients vulnerable to financial stress, homelessness or other social or environmental factors. 	<ul style="list-style-type: none"> • GGC has undertaken extensive work to encourage health staff to raise a range of social issues as part of routine care. Effective use of e-health and care planning documentation have supported staff to address issues such as financial inclusion, employability, gender based violence and carer support. • Tests of change across 18 clinical areas in acute are underway to identify, involve and support carers. Early findings have indicated the need for routine enquiry to be built into clinical documentation and a programme of workforce training to support implementation. • Routine enquiry for vulnerabilities e.g. employability is included within the Support & Information Service • The “Supporting people in and beyond hospital programme” is piloting the routine offer of personalised support planning in three clinical services: renal, lower limb amputation and physical disability care pathways.
<p>Boards are encouraged to consider a prevention approach to health and wellbeing, including effective</p>	<ul style="list-style-type: none"> • Occupational Health is using Swiss Codes to identify health trends within the staff group engaging with the OH service. • NHSGGC is providing support to staff who have caring responsibilities in line with the Carer Positive Employer Scheme. • Data on sickness absence due to stress/mental health related conditions have been analysed to identify directorates and staff groups with higher levels. This information has been circulated to

<p>interventions and impact. The collection of data for a range of measures/ indicators, including wellbeing indicators and not just staff sickness absence rates, may be helpful.</p> <ul style="list-style-type: none"> • A wealth of activities and support for mental health and wellbeing in staff is provided. The identification and embedding of performance measures would help to demonstrate the impact of these practices. 	<p>the Heads of People and Change with the intention of focused work within these areas and use of the HSE stress risk assessment. The Staff Health Strategy has identified key actions relating to stress and mental health and the Board has committed to a 12 month programme of staff awareness activities to improve this. The HSE stress risk assessments combined with the IMatter programme will continue to identify workplace stressors and departmental action plans will be implemented.</p> <ul style="list-style-type: none"> • Activity is underway to consider the implications of the ‘working longer’ agenda and the impact on our staff. Measures will be put in place to support our staff who will be retiring later. • The Staff Health Strategy includes actions to support staff who have caring responsibilities, recognition of those in financial hardship and supporting the Equality and Diversity agendas • The Board has retained the Gold HWL Award and the Employee Health and Wellbeing survey has been completed and actions plans being progressed • Indicators/measures for mental health and wellbeing of staff are to be further developed.
<ul style="list-style-type: none"> • Implementation and impact of the reviewed Mental Health Services Policy to be demonstrated next year. 	<ul style="list-style-type: none"> • A physical healthcare needs assessment and an analysis of PsyCIS data (clinical information relating to people with a diagnosis of psychosis) have been undertaken with mental health services to inform policy development • The new policy will launch in 2017 after a short consultation period. In parallel to the revision of the existing policy, the implementation group has maintained a workplan with a number of actions linked to the policy. • The ‘Physical Health Challenges in Mental Health Practice Bulletin’ has been developed and is issued quarterly to a growing number of subscribers. http://www.nhsggc.org.uk/about-us/professional-support-sites/library-network/keeping-up-to-date/our-current-awareness-bulletins/physical-health-challenges-in-mental-health-practice-bulletin/ • A substantial programme of training on Physical Healthcare in Mental Health was initiated in July 17 to support the revised policy. • The content for patient documentation has been largely agreed as part of the revised physical healthcare policy.

Section B: Embedding health improvement into clinical practice

There are a wide range of health improvement programmes that can demonstrate progress in this area as evidenced within the health improvement and inequalities scorecard and additionally, through a developing programme of projects:

Programme	Progress
SmokeFree Services	<ul style="list-style-type: none"> ▪ Smoking cessation referrals up 15% on total referrals last year; 13% increase on inpatient referrals. ▪ Smoking referrals are generated from a wide range of services in acute

	<p>settings, historically focused mainly in inpatient areas, but latterly broadening to outpatient areas.</p> <ul style="list-style-type: none"> Smoking in pregnancy pathways are well established from maternity services. Referral pathways have been developed and agreed with the Family Nurse Partnership teams in NHS Greater Glasgow and Clyde.
Weight Management	<p>The redesigned Glasgow and Clyde Weight Management Service went live on 27 July 2016. There was a 5% increase on total referrals from the previous comparable period from 2015/2016. Of those referred, 28% were triaged to the new Community arm of the weight management service (in partnership with Weight Watchers).</p> <p>Weight management referrals are generated by:</p> <ul style="list-style-type: none"> Secondary care clinics - 14% Primary care - 77% Self referral - 9% <p>Further pathways are in development to allow other health professionals to refer into the service including Specialist Nurses and Allied Health Professionals (Physiotherapists, Podiatrists, Dietitians, Occupational Therapists).</p>
Physical Activity	<p>Physical activity referrals have increased by 79% since 2015/16. Progress has been made with oncology, cardiac, falls, respiratory, rheumatology and stroke services. There has also been an increase from physiotherapy colleagues across acute services. Areas for future development include paediatrics and orthopaedics.</p>
Alcohol brief interventions	<p>ABIs have increased by 3% since 2015/16, especially via ED, maternity, oral maxillofacial and medical assessment units.</p>
Supporting staff with health improvement skills and practice	<p>There has been a 12% increase in numbers of staff trained in Health Related Behaviour Change this year when compared to last. The training provides staff with an awareness of the wider determinants of health, understanding when health behaviour change is relevant, how to raise these issues with patients and where to find details of services to which to refer or signpost people. Both the one hour and four hour courses evaluate well, and the impact of this training can be seen in the increase this year in appropriate referrals generated to health improvement programmes.</p> <p>A more intensive focus has been taken in North Sector using a programme of in-service one hour briefings and ongoing coaching in practice with clinical teams at Stobhill, Lightburn and Glasgow Royal Infirmary. Since the project began in 2015, 387 staff have been trained. Compared to 2015/16 there has been:</p> <ul style="list-style-type: none"> 26% increase in smoking cessation referrals from inpatient areas to 471 referrals 16% increase in smoking cessation referrals from outpatient areas to 177 referrals 24% increase in financial inclusion referrals to 568 referrals.
Supporting People in and Beyond Hospital Programme	<p><u>Supporting improved health literacy through our Support and Information Services.</u></p> <ul style="list-style-type: none"> A total of 6389 people have attended the Support and Information Services in 2016/17 with the following levels of support provided: <ul style="list-style-type: none"> > Resolving issue within 5 minutes (n=3137) > Sourcing, explaining and providing self management and condition-specific information (n=1277) > Talking through needs and developing a support plan (complex cases, n=1975).



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The framework requires that routine enquiry for vulnerability is built into patient care so that those at risk of poverty or inequality attain the best possible health outcomes. The framework also asks that efforts are made in priority settings: paediatrics, maternity, neurology, cancer, cardiology, mental health, respiratory, HIV and Hepatitis C. Financial Inclusion referrals have increased by 19% since 2015/16, and by 74% since end of year position in 2014/15. Referrals are received from a wide range of acute services including stroke, cardiology, oncology, spinal, paediatrics, maternity, neurology, HIV.

In addition, the Supporting People in & beyond Hospital Programme has developed projects focusing on personalised support planning. Within the Royal Hospital for Children a partnership project with Glasgow Children's Charity and the STV Appeal has provided intensive support planning with 178 families in need in 2016/17. This work has ensured that 106 families have access to emergency funds through the STV Appeal. Needs identified include emotional concerns, family and relationship concerns and concerns about own physical health and wellbeing in addition to a high level of practical concerns. Support pathways are in place to community and third sector organisations in addition to those already co-hosted within the Family Support & Information Service. Further projects testing the approach with adult care pathways are planned for 2017/18:

- People undergoing lower limb amputation, QEUH
- People attending for renal dialysis, IRH
- People attending PDRU, QEUH.

Section D: Mental Health

The mental health services Physical Health Care policy is under development and will support assessment of physical health on admission and a core element of care planning. In preparation for the policy a tailored health improvement and chronic disease management training programme is underway (as described in Section A above).

Section E: Innovative and Emerging Practice

NHSGGC will submit the following examples of innovative or emerging practice:

- Development of an exemplar model for health improvement training delivery
- Development of the adult weight management service
- Redesign of the physical activity referral pathways
- Parent/Carer needs assessment project within Royal Hospital for Children.

4. Areas requiring further development

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

- Analysis of breastfeeding attrition rates using local data will be addressed through the introduction of the BadgerNet system in November 2017.
- Indicators/measures for mental health and wellbeing of staff are under further development and discussion with national colleagues.
- Monitoring arrangements to measure the impact of the Physical Healthcare Policy in Mental Health Services will commence following implementation in Autumn 2017.

5. Sustaining Implementation

The action required to sustain the implementation of HPHS and the inequalities focus (A Fairer NHSGGC) in hospital settings for year 3, 2017/18 is summarised below:

- Continue to embed HPHS measures 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 workplans for acute and mental health services.

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- Further deliver the health improvement training programmes in acute/mental health combining face to face training; coaching and e-module options where appropriate recognising capacity to release staff is an ongoing challenge.
- Develop the Supporting People in and beyond Hospital Programme to support greater understanding of the concept of 'teachable moments' and their application in hospital settings.
- Continue to raise the profile of health improvement and inequalities in acute clinical settings, and equip staff with knowledge and skills to embed health improvement principles and referral into clinical practice.

6. Conclusions

NHSGGC continues to make progress on actions required in the HPHS framework. Content for the year 2 evidence submission, subject to approval, will be submitted in the format required to Scottish Government ahead of the deadline at end of September 17.

Submission is required by 29th September 2017 and Board members will be provided with a link to the final draft prior to submission.