

NHS Greater Glasgow & Clyde



NHS BOARD MEETING

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Paper No: 18/59

Public Health Strategy – update on Turning the Tide through Prevention

Recommendation:-

The Board is asked to note progress since it approved the Public Health Strategy, Turning the Tide through Prevention in August 2018.

Purpose of Paper:-

The Board's approved a Public Health Strategy in August 2018 and accepted that is an evolving strategy as it will be further developed in joint working with community planning partnerships and other stakeholders. It was agreed to bring back regular reports on engagement, monitoring and progress.

Key Issues to be considered:-

Any Patient Safety /Patient Experience Issues:-

Engagement with communities is a key aspect of the strategy.

Any Financial Implications from this Paper:-

None at present.

Any Staffing Implications from this Paper:-

None at present.

Any Equality Implications from this Paper:-

Importance of recognising the needs of high risk population groups for poor health.

Any Health Inequalities Implications from this Paper:-

A major strand of the strategy is addressing health inequalities.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-

No.

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

Development and implementation of a Public Health Strategy.

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Update on *Turning the Tide through Prevention*, the public health strategy of NHS Greater Glasgow and Clyde

Introduction

In August 2018, NHS Greater Glasgow and Clyde (NHSGGC) Board approved the adoption of a 10 year public health strategy for NHS GGC, *Turning the Tide through Prevention*. The aim of the strategy is to accelerate the improvement in healthy life expectancy (HLE) and life expectancy (LE) and narrow the gap in HLE/LE within Greater Glasgow and Clyde and between Greater Glasgow and Clyde and the rest of Scotland for both men and women by 2028. The strategy sets out six core programmes of work which relate directly to agreed national public health priorities. These six programmes comprise:

1. Understanding the needs of the population
2. Tackling the fundamental causes of poor health and of health inequalities and mitigate their effects
3. Applying a life-course approach, recognising the importance of early years and healthy ageing
4. Intervening on the intermediate causes of poor health and health inequalities
5. Improving the quality of services
6. Protecting the public's health

This paper updates the Board on progress in engaging with local partners and communities, specific actions in the strategy and development of a monitoring framework

Engagement

The strategy has been presented and discussed by a number of community planning partnerships with dates arranged for Renfrewshire and Inverclyde by the end of January 2019.

Health Improvement teams in HSCPs have been asked to report to the Public Health Implementation Group in December on local engagement plans and also on how the strategy is influencing local strategic plans

A Public Health Engagement Platform is being developed with is a dynamic vehicle to support engagement with third sector; communities and potentially individuals. This will take the form of a web-based forum which:

- presents accessible analysis of key public health issues (infographics);
- recognises existing good practice and case studies in local areas;
- reflects existing local and lived experience on key issues;
- creates the opportunity to stimulate debate and engagement on key themes contained within the wider Public Health Strategy.

This approach will be piloted to explore engagement in relation to the local priorities of mental health-specifically loneliness; physical activity and child poverty initially.

Whilst not an exhaustive approach, it is hoped that by highlighting a limited number of key themes using this approach a momentum can be generated by tapping into both NHSGGC social media and social media used by partner organisations/ public health experts etc

Have your say will include key engagement questions;

- What does this [theme / issue] mean to you and your community?
- What do you feel is working well and helpful for this (issue)

- What are the main challenges and what needs to change to improve this and who should be involved?
- What are you doing or involved in that is making a positive contribution – sharing case studies and good practice stories

Glasgow Public Health Summit

A Public Health Summit based on the strategy is being organised with Glasgow City Council at the end of January 2019, led by the Council Leader. The aim of the summit is to realise the ambitions of the Council plan by making public health considerations central to decisions and actions, thereby ensuring Glasgow develops as a city which enables all citizens to enjoy good health. It is intended that specific actions will be formulated at the summit to progress the aims of the strategy and these can then be progressed in partnership.

Progress on implementation

Priority areas for action in 2018/19 have been identified as part of the strategy and discussed at the recent Board away-day. Examples of progress are provided in this section on:

- Reduction of child poverty
- Promotion of mental well-being
- Development and implementation of a new Drugs and Alcohol Framework
- Implementation of the Vaccination Transformation Programme
- Health protection including HIV, Hepatitis C and HPV
- Prevention and management of Type 2 diabetes and gestational diabetes
- Maternal and Infant feeding as part of the review of health improvement programmes
- Smoking Cessation as part of the review of health improvement programmes
- Promoting equality and human rights

Reducing child poverty.

NHS has a new statutory duty to work with other community planning partners to maximise incomes for pregnant women and families with children.

There is evidence of much greater (3x) social return on investment from referrals into money advice services from health service than high-street walk-ins, with estimates of £30 for every £1 invested for the former compared with £9 for every £1 for the latter. This increased return is partially due to the association of ill-health and long term conditions with deprivation. In addition a recent study undertaken by London School of Economics found household income to be a causal factor in a child's development with consequences for future health-related behaviours. If we want to prevent future need for acute health care we need to take action to reduce poverty and income inequality.

Work in progress includes:

- Schools engagement and work experience programmes to promote NHS careers particularly in deprived communities
- NHSGGC employment access programmes and foundation apprenticeship pilot programme with promotion to those further from the labour market.
- Continued use of buying power to achieve community benefits, building on success of QEUH project –through which 64% of contracts went to small and medium size businesses, 500+ jobs, 100+ apprenticeships and 200+ work experience placements were created.
- Actions to address recommendations from staff money worries research by promotion of services offered by NHS support and information services such as debt and fuel cost management, in-work benefit entitlement.

- Refresh of the Healthier, Wealthier Children a programme of routine social health enquiry by universal women and children's services staff and clear referral pathway into money advice services e.g. establishment of consistent financial wellbeing assessment points in antenatal pathway and development of an electronic referral pathway for health visitors into money advice services.
- Work with Citizen's Advice Scotland to co-ordinate Healthier Wealthier Children with the nationally funded family financial health check.
- Undertake research to understand any cost-related barriers to engaging with antenatal care.

Promoting Mental Wellbeing

Specific development areas in this area include developing and implementing a range of training programmes, such as mental health awareness sessions, mental health first aid, self-harm awareness and skills interventions, and suicide prevention training. For example, Greater Glasgow and Clyde partners have led the development and delivery of the "What's the Harm" training course on self-harm, a major and rising public health challenge. There have been more than 1500 colleagues from multiple disciplines trained in the Board area over the last two years and demand and delivery are continuing. In the child and youth sphere development work is progressing with multiple partners, including schools, youth service providers and voluntary sector services in utilising digital resources to promote youth mental health.

There are a range of initiatives being progressed in Health and Care Partnerships and associated Community Planning Partnerships. These include the example of "welcome home boxes" for older patients as they are discharged from hospital in Inverclyde, which is a partnership with Compassionate Inverclyde and local communities, including young people. In Renfrewshire, a multi-partner Anti-Stigma alliance is progressing the agenda of reducing stigma and discrimination. As part of the Clyde Gateway Partnership programme in East Glasgow, connections have been made between local schools and Child and Adolescent Mental Health services to improve access and consultation between CAMHS and education staff. There will be learning in this test of new ways of working for other areas.

Development of a new drugs and alcohol prevention framework

This work has commenced with a literature review of new evidence on what works in prevention with a timescale to complete the framework by the end of March 2019. This refreshed drug and alcohol prevention framework will be accompanied by development of a range of tools and resources to supply delivery of evidence-based prevention programmes across the Board area, building on the new Scottish Drug and Alcohol Strategy, launched in November. Allied actions already underway include implementation of a new model of schools-based intervention – "Multiple Risk" which combines a risk and resilience approach for pupils and teachers, rather than being only substance-focused, also a range of alcohol-related campaign developments, including awareness work related to the new national safer drinking guidance and work with parents in the perinatal area. Work also continues to deliver Alcohol Brief Interventions, working towards to total annual target of 13,000 delivered

Implementation of the Vaccination Transformation Programme

The transformation of the pre-school immunisation is almost complete in all HSCP areas and planning is well progressed for the pregnancy 'flu and pertussis and the pre-school 'flu programmes. During the transition to the new model of community clinics for pre-school immunisation, high levels of uptake have been maintained.

Suitable models of delivery are being costed and identified for other aspects of the three year programme including travel advice and vaccination, adult 'flu vaccination (under 65 and over 65) and shingles and pneumococcal vaccination. Fit for purpose IT solutions for patient recall, recording and reporting are essential for the success of the VTP. Our immunisation coordinator and immunisation programme manager are contributing to the national work in this area.

Health Protection

HIV and HCV are significant public health problems associated with morbidity, mortality and significant costs to the NHS. There are effective treatments available and while only hepatitis C treatment is curative, treatment of both conditions prevents further transmission of infection. The main focus of the programme is to ensure optimal alignment of services, targeted at those most at risk to prevent new infections and enable those with infection to lead longer, healthier lives, through early detection and treatment.

Progress is being made in responding to the outbreak of HIV in people who inject drugs with a reduction in new cases in this year. Maintaining identified cases on treatment and optimising testing to identify all other cases is essential and outreach nurses and joint work with pharmacies are proving to be effective models.

Hepatitis C treatment has increased since 2015, when highly effective new drugs were introduced. The cost of these drugs has now fallen substantially. In Scotland we are now moving from prioritised treatment (to reduce hepatitis C-related liver failure) to hepatitis C elimination. Work is progressing to develop capacity for case finding and re-engagement.

Planning is progressing for the extension of HPV vaccination in schools for boys and for the implementation of HPV testing in cervical screening.

Prevention and Management of Type 2 Diabetes

NHSGGC has successfully submitted a funding proposal to Scottish Government for development of a local delivery plan for the Diabetes (Type 2) Prevention Framework. The key elements of the programme are:

- Increased proportion of referral pathways for patients at risk of diabetes/pre diabetes including support to engage with services including community weight management services
- Integration of Weight Management Services within Diabetes care pathways
- Support for healthy weight gain/ healthy eating intervention for pregnant/ post partum women
- The adoption of a revised Gestational Diabetes Mellitus pathway with post partum weight management support
- A more effective approach Supported Self Care Intervention comprising weight management; diabetes education and lifestyle maintenance support over 12 months
- A phased approach to case finding and weight management intervention for Patients with Diabetes
- Expansion of the Weight Management Service to incorporate Low Energy Liquid Diet intervention for target patient groups

Improving Maternal and Infant feeding outcomes

A review of support for breastfeeding and early infant nutrition has been completed and improvement plans are being developed with HSCPs and Maternity teams. These include;

- Maximisation of antenatal shared care to provide infant feeding support as part of the universal pathway with a focus on vulnerable mothers
- Increased multi disciplinary labour ward support to establish breastfeeding
- Improving links amongst maternity services with community support networks and third sector support
- Provision of tiered specialist support for mothers with high levels of complexity in postnatal wards linking to community midwifery and health visiting services
- Ensuring an increasingly confident and skilled workforce able to address common feeding problems within routine care
- Successful applications for Programme for Government Breast feeding funding to support innovation to:
 - Adopt a whole system approach within Clyde using improvement methodology to reduce attrition
 - Enhanced support for vulnerable breastfeeding mothers in East Dunbartonshire
 - Co-production and service design with South Asian and Polish mothers in Glasgow City
 - Piloting of a community breast pump scheme in Glasgow City
 - Expansion of Maternity Care Assistant capacity in post labour wards to support breastfeeding mothers
- Developing a mainstream approach to management of faltering growth and early childhood obesity with child and family teams

Optimising Smoking Cessation

The review of smoking cessation services, Quit Your Way (QYW) has been undertaken with streamlined management arrangements through Public Health and Glasgow City HSCP. Responsibility for strategic development has been simplified with the integration of pharmacy, community, prison, mental health, hospital and maternity service strands.

During this period the Smokefree Teams exceeded the National Standard for 12 week quits in 40% most deprived communities (reported Sept 2018); remain on track with performance at Q1 2018/19; achieved implementation of Smokefree prisons across 3 HMP GGC locations; launched the Financial Incentives initiative within QYW Pregnancy Service; and increased Varenicline prescribing to 91% of GGC pharmacies.

Equality and Human Rights

- NHSGGC recently consulted on the British Sign Language Act with more than 100 Deaf people across 10 events and published a 5 year action plan to make information accessible to the Deaf community.
- An Audiology Patient Reference Group has been established in partnership with our Audiology services. Eight hundred questionnaires were given out to all patients over a 4 week period. There was a 94% return rate and results are being fed back to the Reference Group and the service to understand and improve the patient's experience of the service.
- Training on hidden bias has been developed and delivered to 120 staff with a planned session in April for the senior management cohort.
- Approximately 500 staff attended training on telephone interpreting to support the review of interpreting service. The training covered the function of the interpreting service, how to access, demonstration of telephone interpreting and all the related resources.

- Following work by Public Health on preventing gender based violence, West Dunbartonshire HSCP and Community Planning Partnership have taken a proactive approach by changing housing policy to protect and support women and children by moving the offender to temporary accommodation. Often it is the women and children who are moved with the consequent detrimental impact to their health and wellbeing.
- An e-module for practice staff on housing has been developed in collaboration with Health Scotland to encourage staff to ask questions about people's housing situation and to know where to refer people for support.
- Data linkage between Glasgow HSCP homelessness information and NHS GGC health data has been established and the analysis will be made available from summer 2019 to enable us to understand how we can better prevent and mitigate homelessness for people using our services.

Development of a Monitoring Framework

A logic model has been developed to articulate the pathways between actions/inputs, impacts and outcomes that could inform a monitoring framework (shown in Figure 1). Next steps involve directorate colleagues working together to develop a process for the six programmes set out in the strategy so that key staff involved in delivery of each these programmes can identify their outcomes and appropriate SMART measures/indicators to evidence these for each programme. This work will be complete by mid -December 2018.

These measures/indicators will be augmented, where appropriate, with high level population health indicators of progress and headline targets for specific outcomes, building on data from [Understanding Glasgow](#) .

A fully developed draft monitoring framework will be presented to the Public Health Standing Committee for discussion in January 2019.