positive about integrated healthcare

Nottinghamshire Healthcare NHS
NHS Foundation Trust

NOTTINGHAMSHIRE HEALTHCARE NHS TRUST

A Strategic Public Health Framework for Nottinghamshire Healthcare NHS Trust

Improving the health of the public and reducing inequality through the work of the Trust

1. Introduction

The role of the health service remains a vital component in improving health[1]. It remains true that early intervention is key in overcoming the huge challenges of an ageing population and limited resources[2]. Whilst much of the formal responsibility for preventative health has passed from the NHS to local government[3], the NHS remains key in adding life to years and years to life[4]. In addition, the Trust has a key role to play in contributing to the health of the public in many ways[5]. The government has signalled a strong approach to improving and planning mental and physical health[6], and there is a recognition that far greater emphasis needs to be placed by the system on addressing mental and physical health issues together[7].

The trust is a major employer, a strong corporate citizen, a provider of care to many of the most vulnerable members of our society, a major centre for research and innovation, and a *positive* organisation proud of its patient and carer engagement and focus. It is ideally placed to take a major role in contributing to public health and in many areas already makes huge contributions in excellent and exceptional ways.

This paper proposes a strategic framework for public health that allows the Trust to recognise and embrace existing work and future opportunities to enhance this contribution and help lead the healthcare sector in demonstrating and championing how a public health approach can benefit our patients and communities. The choice of workstreams is designed to both provide an umbrella strategy for some existing work and also drive themes for detailed management under this framework. It is not fully inclusive of all the work we do but designed to focus in areas for particular development or with particularly important public health benefits going forwards or that may not be highlighted in other frameworks.

2. The domains of public health

The public health outcomes framework identifies four domains that describe how action to improve public health can be considered:

- Wider determinants – affecting upstream causes of ill health (improving education, employment, sense of community, access to services, housing, reducing poverty, violence, stigma, poor lifestyle opportunities)
- Health Improvement - helping people make healthy behavioural choices - for patients and for staff
- Health protection – keeping people safe from infection, poor environment and injury
- Healthcare Public Health – making our services accessible to all and benefitting the most possible number of people in need with the resources we have

3. The population of Nottinghamshire

Each council produces a Joint Strategic Needs Assessment for its population. This traditionally is prepared by public health specialists within the council and uses a wide range of information from national and local sources. The population we serve is extensive and diverse – ranging from significant areas of deprivation in Nottingham City and Mansfield, rural isolation and poverty, through to more suburban and mixed economies. There are areas of great diversity and mobility and places with highly stable indigenous populations.

Around half of all mental health and a significant amount of physical health status is programmed by the time young people reach their teenage years - a focus and understanding on children is therefore vital. There are 180,000 children in the county and 80,000 in the city. The City is very deprived and has the health and social care needs associated with that position. The county area is average for England but also holds pockets of deprivation that are both urban and rural: each with different needs and solutions. The health challenges facing Nottingham and Nottinghamshire increase demand for physical and mental healthcare and are consistent with national patterns:

- A wide range of challenges to children attaining their full potential
- an ageing population with increasingly complex morbidity, needing support to maintain their health and independence;
- a wide range of possible health technologies but limited resources
- inequalities in health, with discrepancies in life expectancy between the least and most deprived areas of up to 10 years in males and females, and between the general population and those with enduring severe mental illness of over 15 years
- many communities, groups and individuals without a strong sense of community and belonging in society
- a large burden of preventable adult disease, attributable to obesity, poor diets, low levels of physical activity, alcohol misuse, and smoking

4. Our populations in the Trust

4.1. Patients

The Trust provided health care to 142,000 different individuals in 2013/14, undertaking over 1.5 million individual contacts. Many of our patients are amongst the most vulnerable in the local communities and we have a substantial opportunity to help improve health and some of its wider determinants in those patients, accepting that in many cases, the quality of treatment provided is only one among many determinants of the outcome of that treatment. Improved health behaviours in patients will maximise the long-term outcomes of their treatment and can contribute to preventing them from returning to community or hospital healthcare settings.

4.2. Staff

Our workforce is exposed to the same preventable risk factors for disease as the rest of the population, and if representative of the national population, of our 9000 staff, around 5,700 (64%) staff will be overweight or obese, and more than 2,200 (25%) will be smokers. Some 6% of men and 2% of women are estimated to drink alcohol in a way that significantly harms their health: in our Trust that translates to around 135 men and 140 women at any one time.

A healthy workforce is essential to a successful hospital, through reduced sick leave and also more broadly. Staff health affects patient experience, patient safety, and clinical outcomes. So improving staff health improves patients' health. Acting to help staff improve their own health

behaviour will also promote those attitudes and beliefs to help them deliver health improvement messages to patients and visitors.

5. How does a public health approach help patients and the Trust?

In addition to reinforcing the role of the trust in improving health through healthcare, the Framework also identifies how this approach and input can support the Trust in the widest possible way in continuing to support the highest quality healthcare possible (CQC), our potential for development (Foundation Trust opportunities and Monitor) and our research and innovation strengths (University, Department of Health, NHS England)

- Contribution to NHS, Social Care, and Public Health Outcomes frameworks
- Supporting High Quality Foundation Trust performance
- Enhancing CQC results

6. Why a framework and why now?

- We are already doing a great deal and we should celebrate this
- A framework allows us to see if there are gaps in what we could achieve
- We should encourage debate in our staff and patients about what public health priorities the Trust should pursue
- The Trust is a major and important organisation and can harness and strengthen wider community work, and help develop and facilitate communities and individuals to build sustainable public health actions
- Our staff have many skills in public health approaches that others outside the Trust can benefit from
- Early intervention, integrated care, and Childrens and Young Peoples Community Health Services will soon be predominantly commissioned by Local Authority colleagues. It is vital our overall strategy takes account of the direction and focus on Health and Well-Being Strategies and outcomes frameworks

7. A Public Health framework

Using a mix of the various ways of describing public health, we can begin to see a complex matrix that brings together the elements of quality care

- Outcomes Frameworks
    - Public health
    - NHS
    - Social Care
- CQC and Monitor inspection domains reflecting Safety and Patient Experience

Our challenge is to describe these so we can identify strengths and weaknesses in our work with populations, and our potential to enhance the public health role of the Trust.

8. Mapping what are we already doing

8.1. Internal actions

Health protection

Infection control policy and practice, staff and patients: vaccinations Influenza, Hep B, others as required, Blood Borne Viruses, Infection control for staff, personal protective equipment, Staff sickness policy, Needle-stick policy, Other occupational hazards policy (eg dermatitis)

Health improvement

Individual opportunities

Staff health and wellbeing strategies, Patient health and well-being, Smoking cessation support, Healthy diets, Physical exercise and reducing unhealthy weight, others

Leadership - development of Health & Well-Being Champions

A 'health promoting trust'

Sickness policies, Occupational health support, Good mental health in the workplace, Mindfulness, Anti-bullying, Equality and diversity

Healthcare Public Health

Making Every Contact Count (MECC) currently mainly psychological inputs

Equality of access for all our patients – measuring, identifying and acting

Targeting of vulnerable groups to support better health for all – proactive work

Prioritising what we do and for whom

'right care right time right place'

Reducing clinical variation

Maximising evidence-based care

8.2. External and Partnership

- Health and Well-being strategies
- Engagement with City and County council Health and Well-being Strategies and Mental Health Strategies
- Active participant in Suicide Prevention Strategies with key lead roles
- Linking our own 'Children and Young People Strategy' with Council Children's Plans
- Sustainability strategies
- Prevent strategy
- Others

9. Areas of Focus

The Trust Board strongly supported developing a public health strategic framework across the Trust. We already have an extensive range of actions that already represent a strong public health focus. Initial discussions with colleagues internally and externally have highlighted a number of areas for particular focus. We have been able to draw up an initial list of these areas to signal our direction of travel. These are:

9.1. Early intervention and prevention

Utilise the Childrens and Young Peoples strategy, CAMHS strategy, our children services, work of our Early intervention in Psychosis and our IAPT services to help provide a real population level effective intervention to enhance primary and secondary prevention that can be measured and developed

9.2. 'Making Every Contact Count'

Continue to develop and pursue brief interventions training and basic physical and mental health skills for front line staff to integrate skills in each division for staff

development and patient benefit especially around effective prevention interventions. This links to our staff as public health practitioners (below)

9.3. Patient health

Public Health Guidance work on Smoking cessation

Improving National Screening Programme uptake in our patients (Cancer and Diabetic retinopathy)

Physical healthcare in severe mental illness, in secure environments (Prison Healthchecks, CVD risk assessment in our secure hospitals) initiatives

Enhanced physical healthcare in patient with enduring severe mental illness ('Physform' work)

9.4. Staff Health and Human Resources: our Public Health Responsibility Deal

Smoking cessation support for staff

Mental Health and Well-being

9.5. Our staff as public health practitioners

Mapping our existing skill sets (which are extensive within our Community nursing and allied health staff), who already work as a major public health practitioner workforce. Our vision is to both enhance those skills through shared training especially around added psychological skills, and also to share those skills with our mental health workforce for patient benefit. This also links to the developing Health Visitor development plan.

9.6. Partnerships for Health

Utilise our FT freedoms to build new and innovative partnerships with other provides so together we may offer better 'population health' interventions. An example of this might be the use of IAPT approaches in a much wider range of long term conditions and lifestyle states (such as morbid obesity)

9.7. Health individual healthcare settings

Work to identify how our many individual settings (including Forensic and Offender Health sites and smaller community settings) can work on their own tailored actions to promote population health.

9.8. Wider Determinants

Mental well-being. We are already partners in the Health and Well-Being Boards in City and County, We will develop and strengthen our defined role in the City and County Suicide Prevention strategy and Mental Well-Being Strategy including work on Housing and Health.

Tobacco: We are also signed up to the Nottinghamshire-wide Tobacco Declaration.

9.9. Research

In our Institute of Mental Health, we have an internationally renown resource. There is much descriptive epidemiology and interventional research to be done on public mental health and the many aspects of combined mental and physical health in people with enduring severe mental illness. Some of this is beginning to be identified through CLARHC but we want to use this strategy to stimulate ideas and encourage translation into active successful research for patient benefit.

9.10 Demonstrating Equality through Health Equity Audit.

We have an active Equality and Diversity Committee. It already considers workforce and service delivery issues along equity lines. There is much more analysis we could do to assess our own ability to provide equitable access to services for all clients, through more extensive Health Equity Audit. This will combine with similar responsibilities for health commissioners and data from Council JSNA's.

10 Public Health Champions and steering group

We are developing a steering group to develop the workstreams outlined above and act as a focus for external discussion with partners and the Health and Well-Being boards. We have identified colleagues who will help take this forward across the Trust and will also identify additional colleagues as we develop the work.

Board Champion	Sheila Wright (Deputy Trust Chair)
Trust Lead	Dr Chris Packham (Associate Medical Director)
Forensic	Louise Bussell (Associate Nursing Director), Eddie Alder (Senior Matron, Offender Health), Dr Chris Clarke (Associate Medical Director)
Health Partnerships	Peter Hunt (Children and Young People Lead), Michelle Bateman
	Dr Raian Sheik (Clinical Director, Mansfield and Ashfield)
Local Services	Sandra Crawford (Associate Nursing Director) Annie Clarke, Senior Matron Physical Health), Dr Richard Welfare (Clinical Director)
Learning and Development	Julian Eve (Director)
Human Resources	Clare Teeney (Director)
Involvement Centres	Jonathan Wright (Deputy Lead)

11. Next steps

1. Develop with local council champions and public health teams to enhance this framework
2. Work with the National Public Health Provider Network (and Public Health England and NHS England who support it) to share and support best practice nationally
3. Develop a timed action plan (by end January 2016) with outputs and reporting process back to the Trust

12. Summary

This work is designed to ensure the Trust plays the maximum possible part in improving the health of the public and reducing inequality through its work within the local Health and Social Care communities and identifies areas of particular importance in achieving the aims of our Public Health Strategy

Chris Packham Updated 10.12.2015

Acknowlegements

To colleagues in each division who have already commented and contributed to the Framework

The work of colleagues in individual Trusts, especially in Oxford and Leeds, and the national Public Health in Provider network under Sir Muir Gray's leadership who constructed material used in the full report (including appendices) is acknowledged with thanks

References

1 Fair Society, Health Lives Feb 2010. The Marmot Review UCL London

2 Securing Good Health for the Whole Population Feb 2004 Derek Wanless HMSO London.

3 *Health and Social Care Act 2012, c.7*. Available at: http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted (Accessed: 29.10. 2014).

4 NHS outcomes framework 2014/15 Available at https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015 (Accessed 29.10.2014)

5 Public Health Outcomes framework 2013-16. Available at https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency Accessed 29.10.2014)

6 No Health without Mental Health 2011. Available at https://www.gov.uk/government/publications/the-mental-health-strategy-for-england accessed 29.10.2014)

7 Whole-person care: from rhetoric to reality. Achieving parity between mental and physical health. Occasional paper OP88 March 2013 R C Psychiatry. London.

Outline Action Plan Summary

	WORKSTREAM	how delivered	how measured	progress and review timescales	comments
1	Early intervention and prevention	childrens and young peoples strategy	project milestones	as per CYP strategy	
2	MECC	brief interventions training smoking, alcohol, exercise diet, mindfulness and well-being	training uptake	review 31.3.2016	challenging requires training integration between divisions
3	Patient health	smoke free		5.4.2016	
		screening		31.12.2015	
		Cardio-metabolic physform		audit 31.11.2015	
		secure environments CVD risk monitoring		annual audit	
4	Staff health	smoke-free programme	smoke free project	5.4.2016	
		mental well being	staff survey and ons wellbeing measure	November 2015 baseline	
5	Staff as practitioners	public health roles of community staff	to be developed	existing training strategies of HVs and DNs.	need to develop professional links with this role internally and also commissioned activity requirements
6	Developing public health provider partnerships	*Business development Eg* IAPT, Liaison	vanguard business development	Ongoing Trust business	Need to identify health improvement links
7	Health settings	individual prison healthcare units	to be developed	to be developed	requires NOMS and MOJ buy in
8	**Wider determinants**	**CITY AND COUNTY HEALTH AND WELL BEING STRATEGIES**	**Separate metrics**	**LOCAL AUTHORITY TIMESCALES**	FOR DISCUSSION WITH INDIVIDUAL BOARDS
9	Research and development	more accurate routine data	EPR NTPS	31.12.2015	
plus	OUTCOMES	outcome data	clinical effectiveness committee staff survey	31.3.2016 31.12.2015	
plus	INTELLIGENT DATA	better knowledge	library services development	31.3.2016	PROVIDE UPDATE LINKED TO CCG CONTRACTS
plus	ELECTRONIC SYSTEMS		EPR	31.3.2016	
plus	RESEARCH	primary research	CLAHRC	31.3.2016	FUTHER DEVELOPMENT NEEDED