Oxford University Hospitals **NHS**

NHS Trust

Trust Board Meeting: Wednesday 11 September 2013

TB2013.110

Title	Development of a Public Health Strategy for OUH NHS Trust

Status	For approval
History	22 Aug 2013: Paper to Trust Management Executive meeting

Board Lead(s)	Andrew Stevens, Director of Planning and Information			
Key purpose	**Strategy**	Assurance	Policy	Performance

Executive Summary

1. Oxford University Hospitals NHS Trust (OUH) is the primary provider of acute health care services to the population of Oxfordshire, but it has the ability to play a much wider role in improving the health of this population.

2. The purpose of this paper is to seek the approval of the Trust Board to develop a public health strategy for 2014/15 for OUH, jointly with Oxfordshire County Council (OCC) – the responsible body for public health in the County.

3. OUH employs over 11,000 staff and has around 1 million patient contacts every year. The Trust is therefore ideally placed to promote healthy lifestyles and improve health at a population level.

   OUH is committed to working with partners to shift care out of hospital settings where appropriate. However, the economic climate and demographic change dictate that the growing demand for health care services is addressed.

   A public health strategy for OUH would demonstrate innovative commitment to improving the health of the population of the county and thereby also to reducing the demand on local health services through the prevention of ill health. It will strengthen links with OCC and build on strands of public health work already happening at OUH.

Recommendation

   The Trust Board is asked to consider and approve this proposal to develop a 1 year public health strategy for OUH, jointly with OCC, for 2014/15. Also to approve the submission of the suggested Statement of Intent to OCC Health Improvement Board.

Development of a public health strategy for Oxford University Hospitals NHS Trust

1. Purpose

1.1. The purpose of this paper is to seek the approval of the Board to develop a public health strategy for 2014/15 for Oxford University Hospitals NHS Trust (OUH), jointly with Oxfordshire County Council (OCC) - the responsible body for public health in Oxfordshire. Also to approve the submission of a Statement of Intent to develop this strategy to the OCC Health Improvement Board (the suggested statement is included as Appendix A to this paper).

2. Background

2.1. OUH is the primary provider of acute health care services in Oxfordshire, but it has the potential to play a much broader role in improving the health of this population.

2.2. Financial pressures on the NHS are predicted to grow at around 4% a year over the next decade, due to rising demand for health care to meet the needs of a growing and ageing population that is experiencing more chronic disease, and to the increasing costs of providing health care[1]. The economic climate dictates that a new approach is needed if the NHS is to remain sustainable, providing high quality health care free at the point of delivery.

2.3. In line with national policy ambitions, OUH is committed to working with partners to shift care out of hospital and into the community where this is appropriate for patients. However, the Trust also has an important role to play in addressing overall demand on the local health care system through the prevention of ill health. Increasing numbers of people are admitted to hospital with chronic diseases, which are in large part preventable through healthy lifestyles and behaviours.

2.4. With more than 11,000 staff and around 1 million patient contacts each year, OUH is ideally placed to promote healthy behaviours and improve health at the population level, and consultation on the Trust's strategy in its Integrated Business Plan stressed the organisation's role in the wider public health agenda.

2.5. The Department of Health has stated that hospitals have a responsibility to promote healthy behaviours, and are encouraging them to sign up to their Responsibility Deal, thereby committing to actions to improve public health.

3. Main paper content

3.1. The health challenges facing Oxfordshire, which are increasing demand for health care locally, are consistent with national patterns:
- an ageing population needing support to maintain their health and independence;
- inequalities in health, with discrepancies in life expectancy between the least and most deprived areas of 6 years in males and 3 years in females[2]; and
- a large burden of preventable disease, attributable to obesity, poor diets, low levels of physical activity, alcohol misuse, and smoking.

3.2. The OUH workforce is exposed to the same preventable risk factors for disease as the rest of the population, and if representative of the national population, around 7,000 staff will be overweight or obese, and more than 2,000 will be smokers. Priority

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[1] Roberts et al (2012) A decade of austerity? The funding pressures facing the NHS from 2010/11 to 2021/22. London: The Nuffield Trust.
[2] Association of Public Health Observatories (2012) *Health Profile 2012, Oxfordshire.* Public Health England.

health needs identified through the OUH staff survey include mental health and musculoskeletal health.

3.3.   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[3]. Improving staff health thereby also improves patients' health. Helping staff improve their own health behaviour will also enable and empower them to deliver health improvement messages to patients and visitors.

3.4.   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 hospital.

3.5.   The Trust's reach for promoting healthy behaviours and preventing ill health is very wide, extending to the families of staff, patients, and visitors, plus the local community, in which it has a prominent position. The potential for an impact on the health of the community is therefore high.

Developments to date

3.6.   Various strands of public health activity, described below, are currently on-going at OUH. An overarching public health strategy for the Trust would help to draw these together where appropriate and ensure activities are complementary and synergistic. The various groups would all be involved in the development of the strategy and in its delivery. OUH currently has a small team of public health registrars on placement, working under the Director for Planning and Information.

3.7.   OUH has engaged with OCC on public health, and contributed to the development of their County-wide Health and Wellbeing Strategy. OUH shares OCC's strategic objective of improved health and wellbeing for the people of Oxfordshire, and is committed to partnership working across the county. Jointly producing a public health strategy for OUH with OCC will ensure that the strategy is complementary to ongoing public health programmes throughout the county.

3.8.   OUH has an internal Health and Wellbeing Board (HWB) and a Centre for Occupational Health and Wellbeing which have a health and wellbeing strategy for staff. We are proposing to develop a broader OUH public health strategy, which encompasses staff, patients, visitors, as well as the wider community over the longer-term. The HWB will be key to the delivery of this overarching strategy and will be closely involved throughout its development.

3.9.   OUH is currently piloting Making Every Contact Counts (MECC) schemes at the Nuffield Orthopaedic Centre musculoskeletal unit and the Horton maternity unit. MECC is a national initiative to train frontline staff to deliver brief interventions to patients and visitors to promote healthy behaviour change and signpost to appropriate local services. In doing this, the scheme also empowers staff to make positive changes to their own behaviour.

3.10. The Health for Healthcare (H4H) group is a bottom-up organisation of junior doctors, physiotherapists and nursing staff, currently engaged in stand-alone activities aimed at improving health for staff, patients and visitors. The Deputy Medical Director is the senior representative for this group.

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[3] Department of Health (2009) *NHS Health and Well-being. Final Report*. London: DH.

Proposed next steps

3.11. With the approval of the Board, we will take forward the development of a 1 year public health strategy for OUH. We would aim to produce an initial strategy for 2014/15 which builds on much of the work already underway at OUH. Once in place, we propose to develop a long-term strategy with mid- and long-term objectives. This long-term strategy will be developed through wide consultation with stakeholders during 2014/15.

3.12. Following approval of the Board, the next steps in the development of the 2014/15 OUH public health strategy will be:

Sep 2013	Submission of a Statement of Intent to develop an OUH public health strategy to both the OCC Health Improvement Board (part of the OCC HWB) and the OUH HWB, to formalise initial discussions, and gain the commitment of OCC to jointly develop and implement the strategy. The proposed Statement is included as Appendix A to this paper for the Board's approval.
Sep 2013	Development of a draft OUH public health strategy for 2014/15 that builds on on-going work at the Trust. This will be informed by scoping work already completed, and by initial discussions with partners to date.
Sep-Oct 2013	Consultation and development with key internal and external partners, including: OUH HWB, OCC Department of Public Health, OUH Trust Management Executive Team, plus wider interested hospital/ health groups.
Jan 2013	Submission of the proposed 2014/15 strategy to the OUH Board for consideration.
23 Jan 2013	If approved by the Board, submission of the proposed 2014/15 strategy to the OCC Health Improvement Board.
Jan-Mar 2014	Planning and implementation, including development of an evaluation plan and baseline data collection.
Apr 2014	Commencement of OUH public health strategy

3.13. One objective of the 2014/15 strategy will be the development of a longer-term public health strategy for OUH. This will be a 12 month process, involving identification, with key partners, of a long-list of potential priorities and aims for 2015/16, the mid-term (3-5 year), and long-term (10 year). This will then be taken through an extensive consultation process including key internal and external partners listed above, plus wide public consultation through patient groups, community groups, OUH members and the OUH website. A comprehensive list of the types of themes and interventions that a public health strategy could incorporate is included as Appendix B.

Risks

3.14. Although OUH currently has public health registrars on placement, this resource is not guaranteed over the longer-term. Producing the strategy jointly with OCC will ensure external support through the Director of Public Health for Oxfordshire and their team, but internal resource with the appropriate specialist skills will need to be developed over the coming 12 months to ensure the delivery, evaluation, and long-term sustainability of the strategy.

3.15. While the OUH Health and Wellbeing team will be key to the delivery of the staff-facing aspects of the strategy, the structure for delivery of public and patient aspects will have to be determined and developed. An internal public health resource will be key to this.

4. Conclusion

4.1. OUH has an important role to play in the improving the health of the population of Oxfordshire, which is broader than provision of acute health care services. A public health strategy for OUH would demonstrate innovative commitment to improving the health of the population of the county and thereby also to reducing demand on local health services.

4.2. In jointly developing and owning the strategy with OCC, links between the two organisations will be strengthened. Joint ownership will also provide external support and help ensure that the OUH public health strategy complements the wider health and wellbeing strategy for Oxfordshire.

4.3. Several areas of public health activity are already happening in OUH. An overarching public health strategy for the Trust would build on and provide a link for these strands of work.

4.4. This paper recommends that the Board considers and approves the proposal to develop a 1 year 2014/15 public health strategy for OUH, and submission of a Statement of Intent to do this to OCC Health Improvement Board (suggested statement included as Appendix A to this paper).

5. Recommendation

5.1 The Trust Board is asked to approve this proposal to develop a 1 year public health strategy for OUH, jointly with OCC, for 2014/15 and to approve the submission of the suggested Statement of Intent to OCC Health Improvement Board.

Andrew Stevens
Director of Planning and Information

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14 August 2013

Appendices:

A. Draft Statement of Intent to develop a public strategy for OUH

> Proposed for submission to OUH and OCC Health and Wellbeing Boards

B. Public Health Framework

> A list of potential themes and interventions which a long-term public health strategy for OUH could include

APPENDIX A: Draft Statement of Intent to develop a public strategy for OUH

Development and implementation of a Joint Public Health Strategy between Oxford University Hospitals NHS Trust and Oxfordshire County Council

Statement of intent for discussion at Oxfordshire County Council Health Improvement Board

The Oxford University Hospitals NHS Trust (OUH) is the primary provider of acute clinical services to the population of Oxfordshire. OUH employs over 11,000 people, the majority of whom live in the county, and it has approximately one million contacts with patients every year.

OUH seek to develop a Joint Public Health Strategy with Oxfordshire County Council (OCC) to improve the health of OUH employees and the health of the patients, families and communities they serve. OUH wish for the development and implementation of this joint strategy to be accountable to the OCC Health Improvement Board, to whom OUH and OCC will periodically report performance against pre-set targets.

It is intended that the Joint Public Health Strategy for 2014/15 will be written and agreed by January 2014, and one objective of this will be to jointly develop a longer-term strategy from 2015/16 which will include short-term (1 year), medium-term (3-5 year), and long-term (10 year) goals.

Oxford University Hospitals NHS Trust, August 2013

APPENDIX B: Public Health Framework

Wider potential scope of public health in an acute trust

A living document consisting of a comprehensive contents list of interventions that may improve the health of acute hospital trust staff and the population they serve (tailored to OUH). From this, specific locally relevant objectives for an OUH public health strategy can be developed and agreed. This list is not-exhaustive and can be progressively added to.

Internal facing interventions predominantly affect the staff of the trust, and external facing interventions affect patients, visitors, and the wider community.

Key documents

Implementing NICE PH guidance for the workplace – NICE, 2012
Workplace Wellbeing Charter – Dame Carol Black, 2011
NHS Health and Well-being. Final Report – Steve Boorman, 2009
Working for a healthier tomorrow – Dame Carol Black, 2008
Standards for Health Promotion in Hospitals – WHO Europe, 2004

Abbreviations

OH   Centre for Occupational Health and Wellbeing
H4H   Health for Healthcare
    Bottom-up organisation consisting of junior doctors, physiotherapists, and nursing staff. Currently engaged in stand-alone activities relating to improving health for staff, patients and visitors.

Coding for internal facing policy:

Underlined: Initiatives currently/historically in place (OUH/H4H/other (OUH unless stated otherwise) – these do not imply anything re sustainability or degree of implementation/ effectiveness of the intervention)

Italics: Other potential initiatives (from NICE recommendations or examples from other organisations – unknown if in place at OUH)

1. Internal

1.1 Health protection

    1.12 Vaccinations

        Influenza, Hep B, others as required

    1.13 EPP and BBVs

    1.14 Infection control for staff, personal protective equipment

    1.15 Staff sickness policy

    1.16 Needle-stick policy

    1.17 Other occupational hazards policy (eg dermatitis)

1.2 Health promotion

    1.21 Health behaviours/ multi-theme

        Development of H&WB Champions

Training people in brief interventions for alcohol, smoking, nutrition, physical activity (e.g. RSPH qualifications in *Understanding Health Improvement* and *Brief Interventions*)
Education and promotion – posters, induction, newsletter, e-newsletter, trust website, intranet
Employee health checks
Healthy Hospital Day (OUH, H4H)
Annual generic health promotion events

1.21 Mental health

Stress and mental wellbeing policy
Staff awareness of rights/expectations
Identification of mental ill-health/awareness training
Stress management/risk workshops (aimed initially at managers)
Counselling training (OUHT staff have access to counselling)
Managerial training and support for mental ill-health
Flexible working
Equality of opportunity (part time staff, shift workers, migrant workers)

1.22 Musculoskeletal health

Fast track physiotherapy service
Manual handling training
Workplace ergonomic aids

1.23 Obesity

External weight management programme
OUH referral to dietician
Estates and building design

1.24 Nutrition

Catering operation group to oversee the management of catering in the trust
Sign up to Healthy Food Mark
Free fruit available on the ward to staff and patients (H4H)
Healthy eating options in staff canteen/vending machines
Restaurant user group
Catering facilities, vending machines, hospital canteens/shops offering healthy choices as the 'norm' at affordable prices (health product, prominent placement, affordable price, health promotion)
Pricing policy on fruit and veg

1.25 Physical activity

Annual rounders competition, plus rounders equipment available to borrow
Installation of outdoor table tennis tables outside OHWB department
Lunchtime walking clubs
Workplace cycle purchase schemes
Swimming classes for beginners
OCC bike hire
Footpaths/cycle lanes
Power walking
On site Pilates
Health walks
OUHT travel plan and access to parking permits to encourage PA

Provide sufficient staff showers and lockers
Staff gym/discounts for OUH staff for local gyms
Access to bike maintenance (free labour for staff)
Fitness trails in hospital grounds
Incentives for active travel through travel expenses

1.26 Alcohol

Workplace staff drug and alcohol policy
In-hours alcohol services and signposting,

1.27 Smoking

In-hours staff smoking cessation services and signposting
Commitment to smoke-free hospital site

1.28 Sexual health

Signposting to sexual health services
Access to condoms

1.29 Flexible work/NHS T&Cs

Childcare vouchers, on-site crèche, flexible working

1.3 Health surveillance and health intelligence

1.31 Staff surveys

NHS staff survey and needs assessment based on this
OHWB department designed staff survey
Counselling reports

1.32 Sickness absence

Support for long-term sickness absence, rehabilitation, staggered return
Hot-spot analysis of staff sickness absence

1.33 Cost data

1.34 NHS smartcard

For storing electronic staff record data (NHS Lincolnshire example)

1.35 Facilities use

Audit of canteen purchases
Audit of active travel/stair use
Audit of use of OH services
Evaluation of uptake of brief intervention courses

1.36 Other internal and external assessment

Bi-annual NICE public health workplace guidance audit
Workplace Wellbeing Charter Self-Assessment Standards

1.4 Cross sector themes and ideas

1.41 Research

Utilise link with Universities - research into physical activity/ nutrition/ public health/ behaviour change

1.42 Transport infrastructure

Organisation travel plan with public health as a driving theme

1.43 Sustainability

<u>Link with transport policies</u>
<u>Ward based recycling</u>
Make recycling the default for all trust areas
Promotion of reducing electricity use (turning off computers/ screens/ lights/ reduce printing etc)
Teleconference/Skype where possible to avoid unnecessary travel
Promote working from home for staff groups where this is possible

1.44 Organisational values

Make link in organisational values between patient outcomes and staff H&WB
H&WB of staff in induction and job plan of all managerial staff/staff appraisals, including discussion of health champions

1.45 Other trust sector areas for benefit – recruitment and retention, quality and productivity, capacity and capability of the workforce, efficiency savings

2. External

2.1 Health protection

2.12 Infection control, policies surrounding outbreaks etc.

2.13 Advice to visitors surrounding infectious diseases

2.14 Notify statutorily notifiable infections to Thames Valley Public Health England Centre in order to carry out public health actions

2.25 OUH provision of screening services

2.26 OUH provision of sexual health services

2.2 Health promotion

Health promotion days (OUH/H4H), with links to external national events (e.g. No Smoking Day, Alcohol Awareness Week etc…)
MECC and brief intervention training (2.24)

2.21 Obesity

Brief interventions in all clinical areas

2.22 Physical activity

Information/education for patients and visitors
Estates/infrastructure designed around active travel/PA
Highlighting use of stairs rather than lifts

2.23 Nutrition

As per internal facing regarding canteens/shops and vending machines
Encourage labelling of healthy food
Appropriate nutrition to patients
Free fruit on wards (H4H)
Breastfeeding promotion

2.24 MECC/brief interventions

Staff training in brief interventions inc. train the trainer models for sustainability

2.25 Alcohol

Alcohol advisor in A&E
Signposting to alcohol services

2.26 Smoking

NRT prescribing to patients
Enforcement and example setting for no-smoking hospital sites
Brief interventions and signposting to smoking cessation services

2.3 Health surveillance and health intelligence

2.31 Evaluation of MECC/brief interventions

Process and outcome framework being developed/in place

2.32 ICT/outbreak surveillance

2.33 Facilities use

Audit of food purchasing at canteens
Audit of stairs use/active travel

2.4 Cross sector themes and ideas

2.41 Transport and environment

Development of active travel routes
Cycle parking
Bus connections
OCC cycle hire scheme
Access to green space

2.42 Sustainability

Recycling facilities in all areas
Reducing unnecessary patient journeys
Reduce printing
Sustainability and public health in all capital/estates projects

2.43 Research

Improve links between University research units investigating public health
and patients/visitors

2.44 Employment generation

Encourage local people to work at trust
Youth access/apprenticeship schemes
Skills development with links to local educational institutions

2.45 Local education

Using staff to outreach to local schools and communities for health promotion
activities and to enable access to careers in the NHS
Share Trust public health knowledge locally, regionally, and nationally

2.46 Goods and services procurement

Source supplies locally from businesses that pay staff a living wage to promote local employment and reduce carbon through small transport distances

2.47 Partnership working with Oxford Health and Oxfordshire County Council

Particularly demonstrate how OUH can link with Joint Health and Wellbeing Strategy priorities. Specific priorities which strongly tie-in are - priority 1: all children have a healthy start in life and stay healthy into adulthood; priority 5: living and working well; priority 6: support for older people; priority 7: improving quality and value for money in the Health and Social Care system; priorities 8-10: health improvement

2.48 Partnership working with Oxford Universities – students, academics, teachers

2.49 Promotion of strategy and demonstrable commitment on website, newsletter, posters etc.