

WEST HERTFORDSHIRE HOSPITALS NHS TRUST

PUBLIC HEALTH STRATEGY ~ 2008-2010

“Promoting Healthier Lifestyles”

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1. Introduction

Whilst it is readily acknowledged that the provision of secondary healthcare is primarily the core business of West Hertfordshire Hospitals NHS Trust, it also has the opportunity and therefore a clear responsibility to promote the health of its staff and the communities it serves. Whilst it is accepted that generally health promotion is integral to the care being delivered here, this is the first time the Trust has proactively planned how it will continue to promote the health of its patients, staff and the wider community. By having a Public Health Strategy in place, the Trust can provide assurance to the local community of its ongoing commitment to Public Health.

This Strategy also seeks to detail how the Trust will work in partnership with other key stakeholders, who have responsibility for Public Health thereby, ensuring a focused collaborative approach to Health Promotion in west Hertfordshire.

2. Rationale for Developing the Strategy

The Department of Health NHS Improvement Plan (2004) set out priorities until 2008 and supports the ongoing commitment to a 10-year process of reform. It emphasised that it will increasingly become a service that places health and well being at its core. This has been reflected in the recently published new Public Service Agreements (PSA) 2007 targets agreed between the Department of Health (DH) and the Treasury, ensuring that there is a stronger emphasis on overall health.

The primary influence in the production of this Strategy stems from the Department of Health's (DH) *White Paper Choosing Health: Making Healthy Choices Easier* (2004).

The Strategy identifies six priorities for action:

- Reducing obesity and improving diet and nutrition
- Improving sexual health
- Improving mental health
- Reducing the numbers of people who smoke
- Increasing exercise
- Encouraging and supporting sensible drinking

The subsequent Delivery Plan *Choosing Health: Making Healthier Choices Easier* (2005) outlines the key steps to be taken by the Department of Health and the NHS over the next three years in order to deliver the White Paper nationally and locally. The annexes contained within the Delivery Plan summarise the arguments for taking action on each priority area along with the key interventions most likely to improve health. They also suggest National, Regional and Local Actions alongside the organisation or body responsible for leading their implementation.

2.1 National Overall Objective and Targets:

The Delivery Summaries' overarching objectives are:

- To improve the health of the population
- By 2010 increase life expectancy at birth in England to 78.6 years for men and 82.5 years for women

And the under-pinning specific targets are to:

- Substantially reduce mortality rates by 2010

- Reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth
- Tackle the underlying determinants of ill health and health inequalities

The wider determinants of health, such as poverty, housing, employment and education also contribute directly to the DH's objective.

2.2 Why is Public Health Important to the Trust?

Public Health in Hospitals is not just about access to treatment but how to stop people needing treatment in the first place. NHS Hospitals consume over half the total NHS budget and treat 25% of the population as inpatients or outpatients every year.

Hospital based health professionals are powerful messengers who can give expert advice at a time when patients and their families may be most receptive. Brief advice offered during routine consultations is effective and targeting advice at a time when patients are already concerned about their health could be more effective than at any other time. As influential opinion leaders, health professionals have an important and yet often-unharnessed role as advocates for health and disease prevention.

"The front-line Public Health function of the NHS is the envy of many other countries in the world. It is important that it continues to be fully supported and developed."

**Sir Liam Donaldson
Chief Medical Officer
On the State of Public Health, 2007**

3. Developing the Strategy

West Hertfordshire Hospitals NHS Trust is committed to improving the health and lives of its local community.

The Trust has completed a baseline assessment of Public Health activity as part of its May 2007 declaration against the Standards for Better Health, and although it was felt there was insufficient assurance to the Board it was surprised by how much Public Health work it is already doing. This is supported by the outcome of the Trust profile cross checking by the Healthcare Commission procedure in relation to Standards, C22a & c and C23.

In developing this Strategy, reference has been made to *West Hertfordshire Primary Care Trust Annual Public Health Report 2007* and the key messages from its analysis of the region's healthcare needs.

Relevant key messages from the *West Hertfordshire Primary Care Trust Annual Public Health Report 2007* are as follows:

- Smoking is the single greatest cause of premature illness and early death
- Demands on sexual health services are increasing
- Overall, child health in Hertfordshire is good, although obesity rates are of concern
- Levels of alcohol-related illness are rising
- The population of older and elderly people will grow over coming years and this will have an impact on both health and social care services
- Accidents, in particular falls, are a major health problem in this age group

This Strategy also acknowledges the key priorities of the *Local Area Agreement for Hertfordshire (2007)* especially to the Children and Young People and the Healthier Communities and Older People blocks.

4. Underpinning the Strategy

Wherever possible, work undertaken by the Trust will demonstrate that it is in line with available, relevant national guidance. One of the three areas for which National Institute of Health and Clinical Effectiveness (NICE) produces guidance is Public Health – (For further details see <http://guidance.nice.org.uk/topic/publichealth>) - on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector.

Accordingly, this Strategy is also supported by the implementation and monitoring of the following:

4.1 National Institute for Health and Clinical Excellence

This is a range of DH documentation that includes National Institute for Health and Clinical Excellence (NICE) guidelines on specific clinical areas and where Trust compliance is also required:

For example:

Jul-04	Clinical guideline	CG16	Self-harm
Nov-04	Clinical guideline	CG21	Falls
Dec-04	Clinical guideline	CG23	Depression
Feb-05	Clinical guideline	CG25	Violence
Mar-05	Clinical guideline	CG26	Post-traumatic stress disorder (PTSD)
Sep-05	Clinical guideline	CG29	Pressure ulcer management
Nov-05	Clinical guideline	CG31	Obsessive-compulsive disorder (OCD)
Feb-06	Clinical guideline	CG32	Nutrition support in adults
Jul-06	Clinical guideline	CG38	Bipolar disorder

Dec-06	Clinical guideline	CG43	Obesity
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4.2 **National Service Frameworks (NSFs) and National Plans**

NSFs and National Plans are long-term strategies for improving a specific area. They identify national standards and interventions based on evidence and best practice.

The key NSFs and National Plans for Public Health Core Standards are:

- NSF for Diabetes (1999)
- NSF for Mental Health (1999)
- National Teenage Pregnancy Strategy (1999)
- NHS Cancer Plan (2000)
- NSF for Coronary Heart Disease (2000)
- NSF for Older People (2001)
- NSF for Children (2004)
- Better Prevention, Better Services, Better Sexual Health: the National Strategy for Sexual Health and HIV (2001b)

5. **West Hertfordshire Health Profile**

In deciding upon which areas of Public Health this Trust will focus on, it has taken account of the regional epidemiological profiles available to us. On analysis of the various health profiles that cover West Hertfordshire it can be seen that the overall profile for the population that this Trust serves is generally consistent across the patch.

- The total population served by the Trust is in the region of 529,000. The population density is over three times that of England with 45% of the population living in the major towns (population size >40,000) of Watford (c 91,000), Hemel Hempstead (c82, 000) and St Albans (c64, 000). While the population increase for England between the years 1981 and 2004 was 7%, the equivalent figure for West Hertfordshire was 4.9%
- The level of statutorily homeless households is higher than the England average. The rate of reported violent crime is lower than the England average. GCSE achievement is higher than the England average
- Teenage Pregnancy rates are lower than the England average
- Estimated smoking rates and the proportion of adults who are obese are below the England average. Even so, 1 adult in 5 smokes, and 1 in 6 is obese
- For men and women, life expectancy has increased and is higher than the England average. However, men from the most deprived fifth of areas die more than 5 years earlier than those from the least deprived fifth
- The rate of road injuries and deaths is higher than the England average
- Fewer people than average consider themselves to be in 'poor health'. Over 6,000 in Hertsmere and St. Albans are recorded as having diabetes

Further epidemiological information can be found within the West Hertfordshire PCT Public Health Report www.wherts-pct.nhs.uk/Documents/publications/annualreports/publichealth/WestHertsAPHR07.pdf

6. Strategy Aim & Objectives

The Trust aims to take a positive approach towards influencing and making an effective contribution to the local Public Health Strategy led by our primary care partners and aims to do the following:

- To promote a greater understanding of the wider determinants of health
- To encourage health promoting practice in wards/clinics and all areas of the hospital and grounds
- To create a healthy place to work and be
- To develop community partnerships

Trust Objectives:

- To ensure the Trust develops its health promoting culture
- To make every encounter with patients count as a health promoting opportunity
- To provide the opportunity for both staff and patients to have a health promotion needs assessment
- To develop and support new initiatives to improve the health of staff and service users
- To make prevention a priority for service and disease management
- To develop an infrastructure to support the trust becoming a health promoting environment that is realistic and achievable for patients, public and staff
- To develop partnership working with appropriate external stakeholders

Whilst priority will be given to work in the areas given special mention in the White Paper '*Choosing Health*' (2004), other Public Health areas that will be addressed fall out of the *West Hertfordshire PCT Public Health Strategy, Local Area Agreement (2007)* and from the information derived from the various epidemiological profiles across west Hertfordshire.

The Trust will consequently focus on the following areas of Public Health:

1. Smoking Cessation
2. Food, Nutrition & Obesity
3. Sexual Health
4. Substance Misuse (incl. Alcohol Misuse)
5. Children & Young People
6. Older People
7. Homelessness
8. Reducing Inequalities in Health
9. Improving Mental Health and Well-being

7. The Trusts' Public Health Strategy

7.1 Smoking Cessation

Whilst there is an obvious association between smoking prevalence and social class, smoking per se is the single greatest cause of inequalities in health, preventable illness and early death in the UK causing 120,000 deaths every year. Exposure to second hand smoke can increase the risk of cancer, heart disease and respiratory problems and smoking is a major cause of inequalities in health. The evidence of harm is overwhelming but more than 1 in 5 adults in west Hertfordshire continue to smoke. Action is needed to create and embed a smoke free environment, to help more smokers quit and to reduce the number of people starting to smoke. Young people are less likely to start smoking if their workplace is smoke free.

TARGETS

- Introduce more rigorous policing of the Trusts existing No Smoking Policy
- Explore and implement a wider range of smoking cessation interventions that will benefit the health of patients, visitors and staff
- Identify and implement initiatives that result in an increase in referrals to local smoking cessation services

7.2 Food, Nutrition & Obesity

Poor diet is one of the biggest contributors to ill health, accounting for around 30% of cancer and over 50% of cardiovascular disease (coronary heart disease (CHD), stroke and other circulatory diseases). Each year CHD and cancer are responsible for around 66% of all deaths in the UK. Poor diet is also a key factor in the development of major chronic diseases such as diabetes, obesity and osteoporosis.

The principal dietary factors contributing to the major diseases are:

- Too much saturated and total fat
- Too much sugar
- Too much salt
- Insufficient fruit and vegetables
- Insufficient dietary fibre
- Several factors contribute to people's inability to consume a healthy diet including:
 - The cost of healthier food (often due to limited demand)
 - Manufacturing and cooking processes which unnecessarily increase fat, salt and sugar levels
 - Limited availability of healthy in outlets outside the home

Obesity shortens life by 9 years and causes around 9,000 early deaths every year in the UK. Being overweight increases the risk of heart disease, some cancers and type 2 diabetes. The World Health Organisation has declared being overweight as one of the top five health risks in developed countries. Reducing calorie intake and increasing physical activity will lead to weight loss but are easier said than done. Many of our lifestyle choices including diet and exercise are based on short-term convenience rather than long-term health.

TARGETS

- Explore and implement a wide range of interventions and controls for weight management for both patients and staff.
- Ensure a increase in breastfeeding rates for new mothers

7.3 Physical Activity

The Department of Health recommends that adults should take 30 minutes of physical exercise on at least 5 days a week. Not doing enough physical activity can increase the risk of heart disease, colon cancer, type 2 diabetes and mental health problems.

TARGETS

- Explore and implement a range of brief interventions promoting physical activity for all staff and patients.

7.4 **Substance Misuse (incl. Alcohol Misuse)**

A three-year Government Action Plan to reduce drug-related deaths was introduced in 2001 and was supported by implementation of the Government's wider drugs Strategy.

Unfortunately, following consecutive falls in the number of drug-related deaths each year, recent data show that the level of overdose deaths, as well as rates of blood-borne virus infections among drug misusers, have begun to rise again.

In 2005, 1,506 drug users died in England from 'overdose' or poisoning, drug abuse or drug dependence. Around 15% of these deaths occur in people after release from prison. In addition, injecting drug users have a high risk of contracting blood-borne virus infections, particularly hepatitis C. The Health Protection Agency (HPA) estimated for 2006* that almost half of current injecting drug users have contracted hepatitis C infection.

These drug deaths are an enormous waste of young lives. Blood-borne virus infections can cause chronic poor health and can lead to serious disease and to premature death. The Government is determined to reduce the tragic effects suffered by drug misusers and their friends and families (Department of Health, 2007).

Alcohol use costs the NHS up to £3 billion a year on hospital services. This constitutes 12% of the total NHS expenditure (Royal Collage of Physicians 2001). Many dependent drinkers continually experience poor mental and physical health and endure ongoing social problems as a direct consequence of not being able to access appropriate alcohol treatment services.

'With most hospital detoxes, you get dried out and then kicked out. They cost quite a lot of money. They give you a breather from your drinking, but you come out as ignorant about the issues as when you went in' (Focus Group; Turning Point)

TARGETS

- Explore the feasibility of expanding the current brief intervention service by in the Trust by Turning Point.
- Where relevant to the Acute Trust, implementation of the Department of Health led health promotion campaign, including work on hepatitis B.

7.5 **Sexually Transmitted Infections (STIs)**

Sexual health in the UK has deteriorated over the last 12 years, with large increases in many STIs. Between 1995 and 2004, the diagnosis of chlamydia in GUM clinics has more than tripled and gonorrhoea has over doubled. In addition, the incidence of HIV has also tripled. Overall, the number of STIs and other conditions diagnosed in GUM clinics in the UK increased by 3% between 2004–2005 (NICE, 2007)

Greater availability and increased sensitivity of tests and increased awareness of the services available may account for some of this rise. However, it may also reflect significant changes in people's knowledge, attitudes and patterns of sexual behaviour. The second 'National survey of sexual attitudes and lifestyles' (NATSAL 2000) finds that since 1990, first intercourse is taking place at a younger age, a greater proportion of people have multiple partners, and a greater proportion of men report having had a same sex partner (NICE, 2007)

Risky sexual behaviour may be influenced by a number of factors:

- Low self-esteem
- Lack of skills (for example, in using condoms)

- Lack of negotiation skills (for example, to say 'no' to sex without condoms)
- Lack of knowledge about the risks of different sexual behaviours
- Availability of resources, such as condoms or sexual health services
- Peer pressure
- Attitudes (and prejudices) of society, which may affect access to services
- A reduction in the under 18 conception rate by 50% by 2010, as part of a broader Strategy to improve sexual health
- All patients contacting GUM clinics to be offered an appointment within 48 hours by 2008
- A decrease in the rate of new diagnoses of gonorrhoea
- An increase in the percentage of people aged 15–24 accepting Chlamydia screening by 2007.

(NICE 2007)

The Government set out a number of sexual health targets in the Public Health white paper 'Choosing Health' (DH 2004). These form part of a public service agreement (PSA) with the Department of Health (DH) and include:

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- Lack of knowledge about the risks of different sexual behaviours
- Availability of resources, such as condoms or sexual health services
- Peer pressure
- Attitudes (and prejudices) of society, which may affect access to services

TARGETS

- Extend availability of long-term hormonal contraception
- Contribute to the Chlamydia screening programme where it is not currently possible to introduce a GUM service
- Continue to advocate for an integrated GUM/contraception service in Hemel Hempstead, ideally by developing the already existing contraceptive service.
- Implement initiatives to help reduce the number of teenage pregnancies in west Hertfordshire

7.6 Children & Young People

Intended outcome: improvements in the health, well-being and quality of life for disadvantaged children...and their families, by tackling factors affecting health, promoting lifestyles and improving access to health and support services

One quarter of Hertfordshire residents are children with about 260,000 of the population being in the 0-19 age range. Every Local Authority has a statutory duty to work with key partners to draw up an integrated plan, based on the *Every Child Matters* (2003) outcomes and *Working together to safeguard children* (2006). Of particular relevance is “children and young people recognize the dangers of misuse of drugs and alcohol and are protected from their effects i.e. reduction in the percentage of child smokers and alcohol consumption.”

Now that children’s services have been re-integrated within the Trust remit, the Trust will take all offered opportunities to work, on a multi-agency basis

TARGETS

- Implement recommendations from the National Service Framework for Children
- Ensure compliance is maintained with Core Standard C2 of the Standard for Better Health (2007) and 3.2 of the National Health Service Litigation Authority’s Level 1 standards (2007).
- Improve children’s health and development by encouraging, for example healthy eating and exercise.
- Ensure appropriate external referral where expertise e.g. on substance misuse lies outside the Trust
- Act as above e.g. children with mental health problems can be referred to the Child & Adolescent Mental Health Services

7.7 Older People

In England, we now live in an ageing society. Since the early 1930s the number of people aged over 65 has more than doubled and today a fifth of the population is over 60. Between 1995 and 2025 the number of people over the age of 80 is set to increase by almost a half and the number of people over 90 will double.

Older people want to enjoy good health and remain independent for as long as possible. As people get older remaining independent often depends on health and social care services being effective enough to support them. The *National Service Framework for Older People* (2001) provides a ten year programme of action linking services to independence and promote good health, specialised services for key conditions, and culture change so that all older people and their carers are always treated with respect, dignity and fairness. The Intended outcome will be for older people to feel safer, living independently in their own homes with appropriate support and experiencing a better quality of life with less disabling health problems (DH, 2001).

TARGETS

- Implementation of the National Service Framework - for Older People
- Development and implementation of Falls Strategy
- Implementation of National Osteoporosis Society PC Strategy
- Encourage medication review by pharmacists when older people are admitted to hospital to ensure optimal pharmaceutical care with reduction of polypharmacy
- The Trust meets standard 3.3 of the NHSLA Risk Management Standard at Level 1 (2007)

7.8 Homelessness

West Hertfordshire Primary Care Trust in line with the Local Area Agreement (2007) aims to prevent homelessness, where possible, and to support into independent living those vulnerable young people (aged 16-25 yrs) who are homeless. They also to facilitate young people's personal well being, ensure safety and enable young people to make a contribution to society. They will achieve this by integrating commissioning, funding, service provision and systems with all partners in Hertfordshire, developing new accommodation and ensuring a cross agency approach on homeless prevention initiatives. WHHT aims to support this aim through the initiatives outlined in its targets detailed under Point 7.4 above.

7.9 Reducing Inequalities In Health

The Standard for Better Health (HC, 2007) Core standard C7e states that the “healthcare organisation challenges discrimination and respects human rights”. It also has a duty to promote equality, “including by publishing information required by statute, in accordance with the general and specific duties of the Race Relations Act 1976 (as amended), the Code of Practice on the duty to promote race equality (Commission for Racial Equality 2002), the code of practice on the duty to promote disability equality (Disability Rights Commission, 2005), the Disability Discrimination Act 2005, the Equality Act 2006 and the Gender Equality Duty Code of Practice (Equal Opportunities Commission, November 2006)” (HC, 2007).

It is argued that need for organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate under-representation of minority groups should also be addressed if the workforce is to be representative of the community it serves. It is required under Standards for Better Health that staff from minority groups are offered opportunities for personal development to address under-representation in senior roles.

TARGETS

- The Trust meets Core Standard C7e and C8b of the Standards for Better Health as described above.
- The Trust consequently ensures all Equalities Impact Assessments are prospectively undertaken upon review of all Trust Policies, on the production or review of patient information and in relation to all consultations on all future services reconfigurations.
- The Trust promotes equality by publishing information by statute in accordance with the general and specific duties in relation to that described above.

7.10 Improving Mental Health

The NHSLA Risk Management 3.10 requires the organisation to have approved documentation, which describes the process for managing the risks associated with work-related stress.

TARGETS

- The Trust meets NHSLA Standard 3.10 as described above.

8. Strategy Implementation

The Trust will work with its PCT and local Government colleagues ensuring commitment to driving forward common objectives in relation to its shared public health agenda. The Trust will therefore ensure appropriate representation regularly attends local strategic partnership forums based in each district/borough council and also the crime and disorder reduction partnerships based on similar communities.

This Strategy will be implemented through two work streams; (i) staff side through the Director of Human Resources and (ii) patient side through the Associate Director of Integrated Governance. The Trust's Public Health Forum will be used as the primary mechanism for assessing progress, via a rolling programme of regular quarterly meetings with the Divisions. Progress will be reported to the Clinical Standards Executive and on to the Trust Board. The Public Health Forum will produce an action plan which will be used to record progress against the targets outlined above. Additionally, evidence of implementation will be collated and stored with the Trust's evidence library on the Trust Risk Management Database, Datix. This evidence will be used to support compliance with the Trust's obligations to meet the Core Standards, 22a & c and 23 of the Standards for Better Health.

The Strategy will be reviewed and updated regularly in line with changing requirements in both primary and secondary care.

In line with the requirements of the Standards for Better Health, Core Standard 23 Element 1, progress against the resultant action plan described above will also be supported by measuring and monitoring of the following data about the Trust's patients and services. This data will be shared with the Trust's patients, commissioners and other external stakeholders to further influence needs assessments and strategic planning to improve the health of the community served:

Priority area	Data to be collected, analysed and shared*
Encouraging sensible drinking of alcohol	<ul style="list-style-type: none">▪ Number of patients referred to 'Turning Point' Trust based Drug & Alcohol Intervention Service for alcohol dependency▪ Effectiveness in referral through the monitoring of future of readmissions
Encouraging people to stop smoking and providing a smokefree environment	<ul style="list-style-type: none">▪ Number of Trust referrals of patients to PCT Smoking Cessation Services▪ Number of Trust referrals of staff identified through Occupational Health to Smoking Cessation Services▪ Percentage of all mothers delivered who are smokers
Promoting opportunities for healthy eating	<ul style="list-style-type: none">▪ Number of overweight patients referred to PCT Dietician Service▪ Number of identified overweight children referred to PCT Dietician Service▪ Percentage of mothers known to initiate breast feeding▪ Percentage of mothers known not to initiate breast feeding▪ Percentage of new mothers breast feeding
Increasing physical activity	<ul style="list-style-type: none">▪ Number of patients provided with advice on physical activity

* These are suggested areas for data collection but may be subject to change as necessary.

Reducing drug misuse	<ul style="list-style-type: none"> Number of patients referred to 'Turning Point' Trust based Drug & Alcohol Intervention Service for drug dependency
Improving mental health and wellbeing	<ul style="list-style-type: none"> Number of staff provided with Occupational Health counselling services Number of patients identified within Trust as requiring referral to Mental Health Services (HPT)
Promoting sexual health	<ul style="list-style-type: none"> Number of patients within the Trust referred to Genitourinary Medicine Service
Preventing unintentional injuries	<ul style="list-style-type: none"> Percentage of patients who have had a falls risk assessment undertaken Number of staff and patients accidents occurring within the Trust and lessons learnt

9. **Cultural Changes**

A culture change is necessary particularly where health professionals tend to be focused on their specialties and sub specialties and forget the wider picture. Simply introducing a Public Health Strategy irrespective of how simple the health messages are will not guarantee success.

Next steps

- Public Health will become integral to the Trusts strategic development, business planning and service development activities, reflected in aims and values
- Key people (Executives, Non-Executives, clinical and non-clinical opinion leaders) will act as Public Health champions. The Trust has already appointed Executive and Non-Executive leads for Public Health
- Patients will be educated to become Public Health champions
- The Trust will implement the "small change, big difference" campaign to encourage a degree of lifestyle change in every employee
- Health promotion interventions will be captured through clinical coding and influence their inclusion in Payment by Results
- Attitudes towards and the practice of healthy living will be explored through a lifestyle survey of our staff
- Communication with partners regarding patients will improve to enable all stakeholders to support the patients in making changes

10. **Conclusion**

This Strategy offers the Trust the opportunity to have in place one overarching document with the main objective being to improve the Public Health of the community it serves.

This Strategy sets out the plan for the next 2 years to actively improve Public Health in the communities that the Trust serves. This Strategy has been developed with input from our PCT colleagues ensuring that it captured their key priorities at the outset and secures their commitment towards continuing to have an interest in it for the future.

Successful implementation of the Strategy should also result in the following outcomes:

- Positive health and lifestyle impact on patients and staff
- Trust compliance with the core Standards for Better Health
- Compliance with the various NSF's and NICE Guidance relevant to Public Health

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