Inverclyde council

AGENDA ITEM NO: 7

NHS Greater Glasgow and Clyde

Report To	**Community Health & Care Partnership Sub Committee**	**Date:**	**24th April 2014**
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Subject:	**NHSGGC Director of Public Health Report 2013**		

1.0 PURPOSE

1.1 To provide the CHCP Sub Committee with a summary of the recently published Director of Public Health Report 2013 -Building Momentum for Change.

2.0 SUMMARY

2.1 The Director of Public Health for NHSGGC, Dr Linda de Caestecker produces a DPH report every 2 years.

2.2 This is the fourth biennial report by the Director of Public Health covering the period 2013 to 2015. It highlights the pivotal importance of poverty and disadvantage in shaping health at three key life stages (early years, adolescence and mature adults) and in two priority groups (Looked After and Accommodated Young People and Prisoners).

2.3 The report also includes a description of progress made since the previous DPH report: 'Keeping Health in Mind'.

2.4 The report concludes with a call for a collective movement for change based on the many recommendations and aspirations in the report and makes the case for a coherent response across the public systems.

3.0 RECOMMENDATIONS

3.1 That the Sub-Committee acknowledge the publication of the 2013 NHSGGC Director of Public Health Report Building Momentum for Change.

3.2 That the Sub-Committee support the recommendations for action by NHSGGC to reduce the adverse health impact of poverty and disadvantage.

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4.0 BACKGROUND

4.1 The Director of Public Health for NHSGGC has published a report on the health of the population of NHS Greater Glasgow and Clyde every two years. The first of these reports, "A Call to Debate: A Call to Action" (2007) presented information on health in west central Scotland around the themes from "Let Glasgow Flourish" (Hanlon et al 2006). These themes were:

- There are lessons to be learned from what is getting better
- Health inequalities are increasing
- Our least healthy communities are unlike our healthy communities in every way
- Significant changes are taking place in our population
- The obesity epidemic must be taken seriously
- Alcohol is an increasing problem
- Sustainability should be a more explicit consideration

4.2 Since 2007, two further reports have been published; "An unequal struggle for Health" in 2009 and "Keeping Health in Mind" in 2011. These reports provided more detail and progress on specific aspects of the original seven themes and then this current report explores the theme of inequalities in health in relation to poverty.

4.3 Many of the issues outlined in the previous reports remain public health challenges for Greater Glasgow and Clyde and its partners, and whilst this new report does not focus on them, there is a requirement to acknowledge that whilst good progress is being made, these issues should still be prioritised. One such important example is alcohol-related harm. There is evidence of a reduction in alcohol related mortality in some age groups but the level of harm caused by over consumption of alcohol to our population remains significant. There has been real progress in areas for action described in the three previous reports, including the use of alcohol brief interventions, influence on local licensing policies and national developments on access and price. However all community planning partnerships must continue to progress the priorities for action on alcohol described in previous reports.

4.4 The 2011 report "Keeping Health in Mind" focused on mental health. Again, there is a strong relationship with the issues in this current report. In the current financial climate there is stress about money, work and debt. Stress has a particular impact on both pregnant women and parents. The effects on their children can be life-long. Michael Marmot's report Fair Society, Healthy Lives suggests "To have any impact on health inequalities we need to address the social gradient in children's access to positive early experiences."

4.5 This 2013 report builds upon all the previous reports and is focused on poverty and health, recognising that human health is shaped by the many life circumstances, behaviours, environmental and cultural contexts that we encounter throughout our entire lives. Some of these factors are critical at particular points in the life course, with cumulative, additive and multiplicative impacts on subsequent health.

4.6 Given the vital importance of these life course influences, chapters 1-3 focus on the factors which powerfully shape future health at three key life stages of the early years, adolescence and older age and identify priorities for action in addressing these in a context of poverty and disadvantage.

4.7 The report also focuses on two specific population subgroups which merit individual chapters because these subgroups systematically face a greater risk of poverty and disadvantage, often as a result of life course factors.

The two subgroups explored in depth within this report, in common with other disadvantaged sections of the population, experience vulnerability at many levels. Not only do they have substantially increased health need (such as mental health, adverse lifestyle and addictions issues, with all their attendant health impact), they also have less personal resilience, weaker social support networks and, all too often, poor experience of statutory services which can appear incoherent to the service user.

4.8 The first of these subgroups are Looked After and Accommodated young people who are a particularly vulnerable group, with many failing to reach their full potential and going on to experience major problems in later life.

4.9 The second subgroup discussed in the report is the prison population, a substantial proportion of whom have experienced the formal care system.

5.0 REQUIRED ACTION

5.1 Appendix 1 attached outlines the actions contained within the report and acknowledges that many of these priorities are already being progressed by NHSGGC, local partnerships and also wider community planning partners.

5.2 Inverclyde CHCP will use this report to undertake a benchmarking exercise to ascertain current local progress against each of the identified areas for action.

6.0 CONCLUSIONS

6.1 Inverclyde CHCP welcomes the 2013 Director of Public Health Report and will report back to CHCP Sub Committee in 6 months regarding progress against the actions.

7.0 IMPLICATIONS

Finance

7.1 No finance implications.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

7.2 No specific legal implications.

Human Resources

7.3 No specific Human resources implications.

Equalities

7.4 The report focuses on some of our most vulnerable subpopulations who may experience discrimination.

Repopulation

7.5 No specific repopulation implications.

8.0 LIST OF BACKGROUND PAPERS

8.1 http://www.nhsggc.org.uk/content/default.asp?aType=178&page=S775

2013 Director of Public Health Report
Priorities for Action

Chapter 1: Supporting our most disadvantaged families

Priority 1: Fully support those at the front line of service delivery
We need to:
- Improve engagement with frontline staff in delivering inequalities sensitive services.
- Fully support staff to build supportive, non-judgemental relationships with families.
- Support those working with families with very young children to engage in professional reflective supervision and development, in recognition of the emotionally demanding nature of their work.

Priority 2: Strengthen involvement of senior leaders in advocacy and influence
We need to:
- Provide effective leadership and accountability in Community Planning Partnerships, promoting a bias for action on child poverty including action to improve health of pregnant mothers and employment opportunities for parents across government, public services, employers and the voluntary sector.
- Assess the Clinical Services Review, forthcoming strategic plans of new integration bodies and other major strategies for their impact on child poverty.
- Advocate for a comprehensive early education and child care strategy for Scotland.

Priority 3: Improve mutual clarity of partnership roles in effective delivery
We need to:
- Influence Community Planning Partnerships to define the degree of local autonomy for alleviation of child poverty, for example by adopting the living wage across all sectors and through procurement policies.

Priority 4: Strengthen evaluation, innovation and improvement activities
We need to:
- Improve the involvement of families in development of plans and services to ensure they reflect their experience of poverty and their needs.
- Ensure training, support and development of staff in reducing stigma and discrimination against those living in poverty.
- Encourage creative ways of organising mutual child care.
- Review and revise NHSGGC's Parenting Framework to reflect experience to date.
- Work with Community Planning Partnerships to plan an extension of the Healthier Wealthier Children model.
- Improve support for vulnerable families and fully engage with Triple P parenting programmes.

Chapter 2: The transitions of adolescence

Priority 1: Address the needs of young people who are exposed to persistent poverty
We need to:
- Influence local Community Planning partners to address the needs of young people who are exposed to persistent poverty.

- Increase the range of opportunities that will enable young people to improve their wellbeing and resilience.
- Support young people to develop the life skills necessary for future employment and/or positive destinations.

Priority 2: Develop clearer focus on youth health as a priority
We need to:
- Encourage local integrated children's services planning partnerships to adopt a clearer focus on youth health and adolescent well-being.
- Ensure that a stronger focus on youth health, including the implementation of the Mental Health Framework for Children and Young People, is subject to routine monitoring across NHSGGC.

Priority 3: Strengthen evaluation, innovation and improvement activities
We need to:
- Review youth health services in NHSGGC to adopt common service characteristics; acknowledging local needs but with core components, branding, referral routes and connectivity with the wider youth sector.
- Ensure that health services routinely accessed by young people demonstrate best practice as identified in 'Walk the Talk'.
- Learn from existing teen parenting support to extend reach and uptake for important groups.

Priority 4: Develop a robust youth health promotion programme
We need to:
- Develop a programme of joint work with health improvement, education and networking agencies such as Social Care Ideas Factory and local Councils for Voluntary Sector as well as individual third sector organisations to:
- Pilot a model of multi-agency social prescribing which identifies and supports vulnerable young people to access a range of asset building interventions and opportunities.
- Develop greater health focus within existing youth networks and agencies to enable and respond to this inter-agency referral.
- Develop a robust youth health promotion programme that addresses multiple risk taking behaviours through life skills for use within education and youth settings.
- Target health promotion programmes within schools or groups of young people with greatest health need, ensuring programmes are contextualised by social norms and reflect recognised peer influencers. Support the delivery of universal programmes through the consolidation of mainstream 'Curriculum for Excellence' delivery.
- Strengthen health promoting environments and ethos within individual schools and further education establishments.
- Support schools to develop stronger links with local youth sector organisations to enhance the range of non-curricular opportunities to build assets and strengthen pre-employability skills including the development of local directories.

Chapter 3: Promoting healthy ageing

Priority 1: Strengthen involvement of older adults in physical activity
We need to:
- Fully recognise the importance of physical activity participation as a major determinant of healthy ageing.

- Ensure that physical activity interventions actively encourage participation of adults across the life course, including those over 75 years of age.

Priority 2: Mainstream delivery of evidence based anticipatory care
We need to:

- Ensure that the strategic focus of Keep Well is more clearly focused on provision of systems to support integrated anticipatory care, particularly in NHSGGC's most disadvantaged communities with discontinuation of the current reliance on the cardiovascular 'health check' component.
- Deliver training to all staff in NHSGGC acute and primary care services to routinely raise the issue of money and employability.
- Extend delivery of the Chronic Disease Management Local Enhanced Service to encompass wider long term conditions and address multiple morbidity to support person centred care.

Priority 3: Improve coherence of services for older people and their informal carers
We need to:

- Develop a single point of access to health, social care and community service information for staff, patients and public in each local CH(C)P area.

Chapter 4: "Getting it Right" for looked after and accommodated children and young people

Priority 1: Build our knowledge of the health needs of LACYP
There is a lack of locally based information on the health needs of LACYP. The forthcoming health and wellbeing survey will enhance this knowledge and will be a key resource in strengthening our understanding of this vulnerable group.
We need to:

- Fully utilise the data collected in the survey.
- Provide reports and tailored analyses to inform service planning and delivery, outlining any policy implications.
- Ensure the findings are widely disseminated through presentations, seminars and workshops with our partners.
- Use the knowledge gained to stimulate further research.

Priority 2: Improve our local Intelligence gathering: ScotPHN needs assessments have highlighted our lack of knowledge of the health of LACYP
We need to:

- Develop a local electronic core data set from the routine physical and mental health assessments of LACYP.
- Agree local codes for child health systems to include looked after status.
- Develop links between Local Authority and NHS datasets, possibly through Safe Haven using the child's CHI number as a secondary identifier. This would require that all local authorities record the CHI number for every child. The CHI number is key to this as LACYP often change address and surnames.

Priority 3: Improve health surveillance across the NHS Board area
The implementation of EMIS Web and TrakCare systems will improve integrated patient records management. The LAC nursing and CAMHS teams play a vital role in ensuring health needs assessments and mental health screening are carried out and recorded and data are used for individuals' care and for service planning and evaluation.

We need to:
- Work with our local authority, care service partners and the LAC nursing team to carry out health needs assessments as outlined in CEL16.
- Agree the use of specific tools (e.g. CORE10 DAS SDQ) to assess mental health needs and ensure referral to appropriate services.
- Monitor health care pathways.

Priority 4: Develop mechanisms for sharing information: NHSGGC works closely with our partners from statutory and third sector agencies
We need to:
- Embed the GIRFEC approach in our approach to working with partners.
- Engage with all agencies involved with LACYP ensuring our links are robust.
- Utilise second tier organisations such as SCIF and GCVS.
- Ensure there are effective links between our own health improvement and specialist children's services.

Priority 5: Promote early interventions
Early intervention is important for LACYP as they experience some of the worst health outcomes of any population group. All agencies and staff involved with LACYP must understand the dangers of smoking and exposure to second-hand smoking. They must make every effort to support LACYP to avoid smoking and to encourage young people to access support to quit smoking.
We need to:
- Learn best practice from ongoing projects e.g. the collaborative health promotion work undertaken in the Kibble Centre in Renfrewshire and board wide training in smoking brief interventions.
- Ensure smoking prevention and cessation is prioritised for all LACYP.
- Provide training to care staff to enable them to deliver brief interventions in smoking cessation.

Priority 6: Kinship carers require financial, practical and emotional support
There has been a substantial increase in the number of LACYP in kinship care in recent years, which is expected to rise further.
We need to:
- Get the views of kinship carers and foster carers on the parenting support that would be of most value as the NHSGGC parenting framework is being revised.
- Raise awareness of the importance of 'One Good Adult' for LACYP with our statutory and third sector partners.

Support parenting programmes for both parents and carers.

Chapter 5: Improving health in NHSGGC's prison settings

Priority 1: Develop a 'whole prison' approach to health improvement
We need to:
- Implement and evaluate the agreed programme of service development and health improvement objectives in Low Moss, Barlinnie and Greenock Prisons between 2013 and 2015.

Priority 2: Reduce potential for adverse impact of imprisonment on the health of prisoners and their families
We need to:

- Work with partners including the Community Justice Authorities, Scottish Prison Service, nationally funded project by Sacro and Wise group to promote health in through-care and social inclusion of those leaving prison.
- Support prisoners' families, alongside Families Outside, by increasing their access to support services and parenting programmes in the community. Also increasing the number of health and parenting programmes for those in prison and by developing practitioners' training.
- Evidence based-parenting programmes should be more widely available in Barlinnie, Greenock and Low Moss prisons, building on the successful use of Triple P in Barlinnie and linked to enablement of family contact.

Priority 3: Ensure that the needs of specific subgroups of prisoners are understood and met

We need to:

- Work with partners to address the physical health, mental health and addictions needs of female offenders and their families within the new national prison service in NHSGGC and through the new Community Justice Centre, in line with recommendations from the Commission on Women Offenders (2012).
- Focus on providing evidence-based supports to those with alcohol addiction, as prison provides an opportunity to support abstinence. This includes alcohol screening and brief interventions.
- Ensure consistent approaches to BBV vaccination, testing and treatment are in place across local prisons, reduce the number of undiagnosed HCV infections, and increase the proportion of diagnosed cases accessing in-reach treatment.