Trust Board Meeting: Wednesday 12 November 2014
TB2014.122

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<td>Status</td>
<td>For information</td>
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<tr>
<td>History</td>
<td>Public Health Strategy signed off by the Trust in March 2014</td>
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<th>Board Lead(s)</th>
<th>Andrew Stevens, Director of Planning and Information</th>
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<tr>
<td>Key purpose</td>
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## Executive Summary

1. The Trust Board approved the Public Health Strategy for Oxford University Hospitals NHS Trust (OUH) in March 2014, together with a 2014/15 Action Plan. The strategy sets out the approach OUH is taking to maintain and improve good health in the entire population it serves, and is jointly held with Oxfordshire County Council, the responsible body for public health in Oxfordshire.

2. This report describes progress made against the action plan in the 6 months to 30 September 2014, in the three priority themes:
   - Building capacity to promote healthy lifestyles to all patients, visitors, and staff
   - Developing a health promoting environment
   - Embedding population health approaches within OUH

3. This has been a very productive and positive period, which has seen the establishment and development of a population health approach at OUH. A Public Health Steering Committee has been set up to oversee and develop the work. This Committee includes representatives from across OUH and from a broad range of partner organisations.

4. Highlights of the period include the launch of an innovative drop-in health improvement advice centre at the John Radcliffe Hospital, and the development of good links and joint working with other key local organisations. This population approach by OUH has been widely welcomed by these organisations, as well as nationally by the Chief Executive of Public Health England.

5. **Recommendation**
   
   The Trust Board is asked to note this progress report.

1. **Purpose**
   1.1. The purpose of this paper is to update the Board on progress achieved against the OUH Public Health Strategy Action Plan for 2014/15.
   1.2. This paper documents progress achieved between 1 April 2014, the date the strategy came into operation, and 30 September 2014. An annual report will be presented in May 2015.

2. **Background**
   2.1. The strategy is held jointly with Oxfordshire County Council (OCC), the responsible body for public health in Oxfordshire. The strategy and its 2014/15 action plan were approved by the OUH Board and the Oxfordshire Health Improvement Board (on behalf of Oxfordshire Health and Wellbeing Board) in March 2014.
   2.2. The rationale for the strategy is that while OUH is the primary provider of acute health care services in Oxfordshire, it has the potential to play a much broader role in improving and maintaining the health of the entire population it serves, including those who are currently well. This population health approach will in this way contribute to addressing the current rising rates of demand on OUH services.
   2.3. The three overarching aims of the strategy are to:
      
      2.3.1. Build capacity to promote healthy lifestyles to patients, visitors, and staff at all opportunities;
      2.3.2. Develop a hospital environment that enables and promotes healthy behaviours;
      2.3.3. Embed population health approaches within OUH.

3. **Progress report: 1 April 2014 to 30 September 2014**

   (i) **Building capacity to promote healthy lifestyles to all patients, visitors, and staff**

   **Training staff to deliver brief health promotion advice**

   3.1. Valuable lessons have been learnt from evaluation of a Thames Valley-wide pilot to train staff in public service organisations to promote health to members of the public they are in contact with. These have shaped the approach taken to training OUH staff.
   3.2. The OUH Occupational Health and Wellbeing Promotion Specialist has continued to recruit staff ‘Health Champions’ and train them in brief health improvement advice.
   3.3. OUH is applying to become a training centre for delivery of Royal Society of Public Health ‘Understanding Health Improvement’ training. This will enable us to deliver externally-recognised training to OUH staff, and to those from other organisations.
   3.4. The public health team and Occupational Health and Wellbeing have identified existing fora for extending delivery of brief advice training. Opportunities have been identified through Band 5 and 6 preceptorship and leadership courses, and through inductions for Clinical Support Workers and apprentices. Sessions are currently being developed, with the intention that these be delivered by the course organisers for sustainability.
Providing information and support on improving health to patients, visitors, and staff

3.5. The innovative OUH ‘Here for Health’ Health Improvement Advice Centre was launched on 27 August, following recruitment of two members of staff. This 1-year pilot is jointly funded by the Oxford Radcliffe Charitable Fund and through the NHS England local area team CQUIN, and ethical approval is being sought for evaluation.

3.6. The public health team and the centre staff have engaged widely across OUH and community services, developing links for referrals to and onward from the service, and identifying opportunities for synergy and consistency in health promotion locally.

3.7. Over four weeks to 26 September, 121 individuals accessed the centre. Of these, 64 were staff, 35 patients, and 22 visitors to the hospital. Over this period, overall numbers have been rising, as have relative numbers of patients and visitors as staff are referring increasing numbers of patients to the service. Feedback to date has been highly positive from service users, referring clinicians, and external organisations.

Expand alcohol and smoking cessation services for patients

3.8. A discussion paper on reducing alcohol-related harm and service burden at OUH has been produced for presentation to the Clinical Governance Committee. Links have been made between the Here for Health Centre and the Emergency Department Community Safety Practitioner to ensure consistent advice and referral pathways.

3.9. The public health team and the Hospital Smoking Cessation Specialist are exploring increasing provision of information and nicotine-replacement therapy (NRT) to patients. An audit survey has been prepared to determine how widely inpatients are provided with information and offered NRT prior to and following admission.

Estimate the baseline burden of unhealthy behaviours in OUH staff, patients and visitors

3.10. Work has commenced using hospital and routine data to calculate the estimated prevalence of various lifestyle risk factors among OUH staff, patients and visitors.

(ii) Developing a health promoting environment

Enable healthier food choices and physical activity for staff, patients and visitors

3.11. Occupational Health and Wellbeing with the public health team surveyed staff about food provision at OUH. The survey received 2,355 responses, and identified clear demand for increased availability of healthier food choices, particularly outside core meal times and in locations not well served by restaurants. The results were presented to providers, who identified some simple changes they could make in line with demand expressed. Some of these changes have been noticed in restaurants since this.

3.12. The indoor and outdoor environment at OUH is being evaluated, starting at the John Radcliffe (JR) site, to assess opportunities for active travel and physical activity.

3.13. The public health team with Oxford City Council and are exploring the possibility of developing an all-weather fitness trail with outdoor gym equipment at the JR site.
Improving staff mental wellbeing

3.14. The Centre for Occupational Health and Wellbeing have convened a working group to develop a Trust policy on stress and mental wellbeing. This group includes Divisional Representatives and the public health team.

(iii) Embedding population health approaches within OUH

3.15. A Public Health Steering Committee has been established as a sub-committee of the Trust Management Executive. This includes representation from across divisions and staff groups at OUH, as well as key partner organisations, including Oxfordshire County Council, Oxford City Council, Oxfordshire Clinical Commissioning Group, Oxford Health NHSFT, the Academic Health Science Network, and University of Oxford.

3.16. A productive and stimulating first meeting was held in July, identifying synergies and opportunities for joint working across organisations to improve the health of the population. An Executive Working Group comprising the public health team, Occupational Health and Wellbeing, and Oxfordshire County Council meets in the interims between Committee meetings.

3.17. All OUH divisions have identified their own public health objectives in their business plans for the first time in 2014/15.

3.18. Work is underway to develop a business case for an internal OUH population health function, as to date this work has been led by public health specialty registrars on placement from the Oxford Deanery.

3.19. Population health priorities for OUH during 2015/16 are currently being developed, to build on the work to date.

4. Conclusion

4.1. This has been a productive and exciting period in developing a population health approach for OUH. Highlights include the launch of the Health Improvement Advice Centre, and the development of good links with local partner organisations. The work has been presented to the Chief Executive of Public Health England during a visit to Oxfordshire County Council, who praised the Trust for its innovation in this area.

4.2. Over the coming months, priorities will include furthering implementation of brief advice training; identification and development of opportunities to enhance the hospital environment to better promote health; and seeking sustainable funding for the health improvement advice centre and an internal population health function for OUH.

5. Recommendation to the Board

5.1. The Trust Board is asked to note this progress report.

Andrew Stevens, Director of Planning and Information

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