NORFOLK & WAVENEY MENTAL HEALTH PARTNERSHIP NHS TRUST

PUBLIC HEALTH STRATEGY 2007/09

1.0 Vision, Strategy and Purpose

1.1 Vision of the Trust – The Trust has set out its vision in the Integrated Business Plan (2006) written in preparation for the Foundation Trust application. The Trust intends to be recognised as a centre of excellence in mental health care that enhances the wellbeing of the communities it is a part of. We will do this through the delivery of services that help people stay well and that treat, support and care for people when they are ill, to enable them to get on with living their lives.

1.2 The Trust has developed a number of values, which inform and guide all aspects of the Trust's work. In the context of this Public Health Strategy, the important values are:

- Seeing people in the context of their whole lives
- Being an accessible, proactive and responsive organisation
- Being a good corporate citizen.

1.3 In preparation for becoming a NHS Foundation Trust, the Trust has set a series of high-level strategic objectives. One such objective is that which endeavours to improve the mental health of local communities by providing accessible, timely and effective services that are diverse and culturally sensitive.

1.4 The Trust acknowledges that in order to deliver the vision and values, and achieve its strategic objectives, it is necessary to play an important role towards improving the public health of the communities it serves. This strategy outlines how the Trust will contribute towards achieving that aim.

2.0 Background

2.1 The classic definition of public health is "the science and art of promoting health, prolonging life and preventing ill health through organised efforts of society" (Acheson report 1987).

2.2 Public health constitutes an important domain within the Core Standards as set out by the Healthcare Commission. The Standards are set out as 22(a), (b) and (c), and 23.

2.3 Core Standard C22(a) and (c) state "Healthcare organisations promote, protect and demonstrably the health of the community served, and narrow health inequalities by:

a) co-operating with each other and with local authorities and other organisations;

b) making an appropriate and effective contribution to local partnership arrangements, including local strategic partnerships and crime and disorder reduction partnerships.

2.4 Core Standard B22(c) states "Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring the local Director of Public Health's annual report informs their policies and practices."

2.5 Core Standard C23(c) states "Healthcare organisations of systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks, and National Plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

2.6 The central plank of Trust strategy in respect of public health is to ensure that as a minimum, the Healthcare Commission's Core Standards are fully complied with. **Further however, the Trust will seek to cooperate and collaborate with our partner organisations with the aim of enhancing the mental health and wellbeing of the wider community.** The principal theme that will guide the Trust's actions is that of **Wholelife** which emphasises the importance of social capital and inclusion.

3.0 Other Policy Context

3.1 Human Rights Framework - The Human Rights Act 1988 came into force in full in 2000. It incorporates into domestic law the European Convention on Human Rights (ECHR), to which the UK has been committed since 1951. The Act makes it unlawful for any public authority to act in a way that contravenes the ECHR. NHS and NHS Foundation Trusts fall under the category of public authorities.

The Trust will discharge its obligations to Human Rights law by ensuring that any action taken, at both the public health and individual service user levels, is fully compatible with a Convention right.

3.2 Patient Safety - Patient safety will be the core of the services we provide, in line with the recommendations made in *Safety First : A Report for Patients, Clinicians and Healthcare Managers (DoH 2006).* **We will ensure, and demonstrate, that patient safety remains an integral part of routine clinical practice.**

3.3 Preparation for the Influenza Pandemic - It is widely viewed that it is a question of "when" and not "if" a great influenza pandemic occurs, following the severe worldwide epidemic of 1919, and the extensive but milder epidemic of 1957. High levels of sickness absence of staff members during the pandemic will pose a serious challenge for the Trust. An effective response depends upon adequate emergency planning and, that healthcare professionals understand what is expected of them. **Emergency planning will continue to form a key plank of the Trust's Public Health Strategy.**

3.4 Becoming Smoke Free - The introduction of the Health Act 2006 was a significant milestone for the Trust. This legislation places an obligation on authorities and organisations to ensure that all enclosed public spaces and work places became smoke free from 1 July 2007. This is very popular legislation - a survey carried out a few days before the legislation came into force showed that 77% of adults agreed with the new law **(2006 Annual Report of the Chief Medical Officer)**.

Rates of cigarette smoking are particularly high within mental health service user groups (Lawn & Pols 2005). **The Trust will continue to work to reduce the high level of unacceptable morbidity and mortality associated with cigarette smoking in service user groups.**

3.5 Hospital Acquired Infections - For instance some outbreaks of MRSA and C.difficile are a cause of much suffering and death among NHS service users. Additionally, when outbreaks occur the reputation of NHS organisations is severely damaged and public confidence can be quickly lost. Hospital acquired infections are not solely a problem for Acute Trusts. Mental Health has had its own share of such scandals (e.g. Stanley Royd Hospital). Mental Health service users are particularly vulnerable because of inadvertent consequences of lifestyle and high rates of associated somatic morbidity. The Trust's policies relating to infection prevention and control are designed to protect service users, healthcare professionals and the wider public (Ref. Duty 1a Inspection guide for hygiene code, Healthcare Commission 2007). **All health professionals and managers will ensure that the Trust's Infection Control Policies and Protocols are strictly adhered to.**

3.6 Obesity - Obesity is a major cause of disease and early death. It is considered to exist currently in epidemic form within the UK *(Forsight : Tackling Obesities : Future Choices 2007)* which predicts that unless current trends are curtailed, the majority of UK citizens will be obese by 2050. (Note - one of the report authors is Professor Kopelman of the UEA).

Rates of obesity are high in mental health service users, particularly those who receive a diagnosis of schizophrenia, and who are prescribed antipsychotic medication. **Addressing the somatic aspects of serious mental illness will continue to form a central element in individual Care Plans. The Trust acknowledges that it should act, as an NHS employer, in a way consistent with what is expected in terms of being a role model for the prevention of obesity.**

3.7 The Effects of Violence, Crime and Accidents on Public Health – It is an uncomfortable fact but there is overwhelming evidence to show that there is a link between mental disorder and violent behaviour. Fortunately, serious acts of violence perpetrated by mental health service users are uncommon events. However, when such an incident happens, the depth of public concern aroused is great. The management of public risk is therefore a public health issue. **Trust services will continue to strive to deliver the highest standards possible in respect of risk management, and interventions in this regard will be informed by the established evidence base. The Trust**

will continue to discharge its responsibilities and participate in partnership risk reduction programmes (eg MAPPA).

Substance misuse and the drinking of alcohol at a level or pattern that cause harm are also strongly associated with crime and other forms of antisocial behaviour. The provision of good and safe care for service user groups with a history of substance misuse can also have a significant impact on the risk posed to the community by blood-borne viruses. Trust services therefore, have a considerable contribution to make towards the wider NHS targets in relation to sexual health and for instance, universal immunisation for Hepatitis B. **We will endeavour to ensure that that the reduction in the risk of secondary harm to others will be a major consideration when people with alcohol and substance misuse related problems are offered treatment.**

Hazardous behaviours are associated with mental disorders and can also arise as a consequence of treatment prescribed for service users. Perhaps the example par excellence is the risk that is associated with driving (Fitness to Drive DVLA guidelines and regulations). **The reduction of secondary harm arising out of accidents and hazardous behaviour will be reinforced through individual care plans.**

4.0 Demography

4.1 The DoH describes the East of England as largely rural but with many urban areas (www.dh.gov.uk/en/Aboutus/MinistersandDepartmentLeaders/ChiefMedical Officer - accessed November 2007). The population is diverse, expanding and aging. The population growth is due to inward migration to specific parts of the region, and all of Norfolk and Suffolk's local authorise have had an overall population increase, despite having more deaths than births.

4.2 This picture, which was reported in 2003, may have been modified recently by the influx of Eastern European migrants into the area (personal observation). A changing demographic pattern poses a key challenge for the Trust.

4.3 The predicted changing pattern of demography across the communities currently served by the Trust to the year 2011 is reported in detail in the *Integrated Business Plan (2006).* The high level findings are that a 10% increase, at least, in the 80 plus age band can be expected over the next five years, particularly in Breckland. Similarly, for the age group 65-79 years, the average increase is 43% with the largest rise predicted for South Norfolk. The increase in adults of working age is much smaller - an average 2.6%; although the predicted figure within Norwich is 9.2%. Numbers of under 15 year olds are expected to actually decrease with the exception of Norwich.

4.4 In addition to absolute population counts, indices of deprivation and morbidity are available are being reported in the report of the Service Evaluation Panel (currently out for consultation).

4.5 **All services within the Trust will ensure that recognised demographic data is routinely used when interpreting performance management information and when planning for future service developments.**

5.0 Prevention

5.1 There is a role for preventative interventions at the primary, secondary and tertiary levels within the field of mental health. Examples include early therapeutic intervention in psychosis (secondary and tertiary) and raising the profile of mental health awareness and wellbeing within schools (primary). The primary prevention of some forms of dementia is a particular area where our specialist services, working with primary care, can make a useful contribution.

5.2 **We will endeavour to contribute towards preventative programmes by working closely with our commissioners**.

6.0 Framework for Delivery

6.1 This strategy will be delivered through the Trust's existing governance structures. Attention to the strategy will be provided within services and localities as well as at the Service Governance Sub-committee. **The Public Health Strategy will be an agenda item on locality/service governance groups**.

6.2 The strategy will be referred to during discussions and negotiations with commissioners. **There is an aspiration that the strategy will be reflected in the type of service commissioned by our commissioning agencies.**

6.3 The implementation of the strategy will be monitored and subject to systematic audit.

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January 2008