

Our Public Health Plan 2014 - 2017



Statements of partner support

Statement to come



Dr John Middleton
Director of Public Health



Statement to come

Dr Adrian Phillips
Director of Public Health

Our main deliverables

Objective 1

Objective: 80% of Trust staff to be trained in Making Every Contact Count and confident in making very brief interventions
Delivery deadline: October 2015
Expert lead: Doug Robertson
Responsible board member: Director of Organisational Development

Objective 4

Objective: All Trust sites to be smoke-free by 2018, supported by an extensive and effective programme of cessation advice and Nicotine Replacement Therapy for both staff and patients
Delivery deadline: October 2018
Expert lead: Hatam Abrusriwil
Responsible board member: Chief Nurse

Objective 2

Objective: For all pregnant women to receive carbon monoxide monitoring and, as required, intensive smoking cessation support
Delivery deadline: October 2015
Expert lead: Elaine Newell
Responsible board member: Chief Operating Officer

Objective 5

Objective: Reduce alcohol related admissions by at least a fifth against 2013-14 baseline, with a 50% increase in referrals from the Trust to partner alcohol support agencies by the end of 2015
Delivery deadline: October 2016
Expert lead: Ed Fogden
Responsible board member: Medical Director

Objective 3

Objective: All of our community nurses, and nurses working for others in the community, to be delivering audited asthma advice to prevent acute admissions and to improve self management habits
Delivery deadline: April 2016
Expert lead: Sandra Fitzpatrick
Responsible board member: Chief Operating Officer

Objective 6

Objective: The Trust can evidence that the food we serve and others serve on our sites actively and successfully promotes healthy choices, appropriate portions, and is consistent with nutritional advice
Delivery deadline: April 2016
Expert lead: Steve Clarke
Responsible board member: Chief Nurse



Our main deliverables

Objective 7

Objective: All new employees joining our Trust, and existing staff who choose to do so, will provide health data to us, which we will use to offer tailored support with risk issues including weight management, smoking, and alcohol consumption.

Delivery deadline: April 2015

Expert lead: Tamsin Radford

Responsible board member:
Director of Organisational Development

Objective 8

Objective: We will deliver our 'strand one' health promotion priorities, including extensive Nicotine Replacement Therapy for staff, gym facilities on our Sandwell site, and out of hours access for night-workers to healthy food options

Delivery deadline: April 2016

Expert lead: Jenny Wright

Responsible board member:
Director of Organisational Development

Objective 9

Objective: We will be recognised as a leader in workplace mental health provision and support for our teams. This will support our drive to cut sickness absence below 3%.

Delivery deadline: April 2016

Expert lead: Tamsin Radford

Responsible board member:
Director of Organisational Development

Objective 10

Objective: Our Trust is recognised as the youth employer of choice in our region, because we have doubled the number of apprenticeships we offer and have a work experience programme embedded in all local schools

Delivery deadline: October 2016

Expert lead: Jim Pollit

Responsible board member:
Director of Organisational Development

Objective 11

Objective: The Trust tackles the number one priority of local Health and Wellbeing Boards by delivering outstanding services for homeless people in partnership with the third sector and others - both as a care provider and as an employer

Delivery deadline: April 2016

Expert lead: Jo Wakeman / Jim Pollitt

Responsible board member:
Chief Executive

Objective 12

Objective: We will select our new hospital partner in accordance with our regeneration obligations, and will shift by at least 10% the proportion of type B goods and services purchased locally

Delivery deadline: April 2016

Expert lead: Jenny Marshall

Responsible board member: Director of Finance and Performance Management

Objective 13

Objective: We will deliver our sustainability action plan, which will cut landfill use by 5% and stabilise our energy usage at current levels, and therefore improve our NHS good corporate citizen assessment score by 10% or better

Delivery deadline: April 2017

Expert lead: Fran Silcocks

Responsible board member:
Director of Estates and New Hospitals

Contents

1	Why this matters to our organisation - an introduction	4
2	How this fits with our strategic objectives - a priority	6
3	Our current prevention initiatives	8
4	Our patients and their relatives	10
5	Our staff and their wellbeing	16
6	Our social responsibility	25
7	Governing the plan	30

Expert contributors



Dr Doug Robertson
Clinical Champion for Prevention



Dr Tamsin Radford
Occupational Health



Sandra Fitzpatrick
Head of Children Young People & Families



Jim Pollitt
Head of Learning & Development



1. Why this matters to our organisation - an introduction

Plans for 2014 - 2017

Last year the NHS celebrated her 65th birthday. Our Trust successfully embodies much that is great about our service. Yet we believe that our NHS has to adapt to meet the demographic and economic challenges of the next twenty years. If we do that, by becoming an institution focused on maintaining health as well as treating sickness, then we can look forward with confidence to reducing premature deaths and the limits of life-long ill health in our population.

These are big, long-term goals. And what we do in the short term needs to fit that vision. Our destination needs to drive each step we take. We know we cannot do this alone. So a talent for partnership, already evident within Right Care, Right Here, lies at the centre of this plan. Most importantly we need a partnership with the people we serve, as we try and ensure that they make choices that improve health. But we want to work with the third sector, with Local Authorities, with high street pharmacists and GPs, to do what we can to help them to tackle inequality in health provision and health outcome.

More than one and a half million times each year, someone has contact with our experts. We need to use those opportunities to support people to make choices and form habits that help them

to live long, and most importantly happy, lives. This is not a plan to lecture. This is a plan to connect those we see with those in our communities best able to help. Help to give up smoking.

To exercise more and eat well. To drink alcohol at most in moderation. To talk through and solve problems of poverty, poor housing, and unemployment.

One in six people who use our services are under 18. The research evidence is clear that helping families at a young age has health benefits throughout our lives. And good habits help those we love as well. We want to make sure that that work starts with the six thousand or more births we support every year. And carries on through childhood.

Our Trust is a very large employer, and many of our people live locally. We spend more than £80m a year on goods and services, and many of those are bought locally and sustain employment. We know that the number one role that we can play in local health is by helping with work. The next few years will see turbulence in public service jobs, inevitably. But this plan commits us to work with those we employ to ensure that they too have access to the best health advice and that the difficult jobs we do are balanced by support from their peers and their employer.

Plans of this type can be often just words. That is why it is significant that we are governing this manifesto through our Board. A committee of the Board, led by our Chairman, will hold the executive to account for delivery, and we will report on progress through our annual general meeting and public yearly reports.

We want to become, in time, renowned as the best integrated care organisation

in the NHS. Put simply, we cannot do that unless we succeed in becoming a Trust embedded in our local communities, not just as somewhere to be treated, but someone to be trusted - with your health. Thank you for taking time to read about our promises and for considering what you might do to help us to deliver them over the next three years.



Richard Samuda
Chairman



Toby Lewis
Chief Executive

2. How this fits with our strategic objectives - a priority

The Trust serves over half a million people. One and a half million times each year we have contact with a patient, at home, in school, in a clinic or as an inpatient. The health of the people we serve matters. And the scale of what we offer and time we spend with patients gives us a unique opportunity to help influence behaviour. This strategy is about the behaviour of staff, of the organisation and the behaviours that create healthier life choices in local communities.

The Public Health strategy for the Trust is just a part of long term efforts to improve wellbeing in Sandwell and in Birmingham. The two health and wellbeing boards have well defined priorities. And Local Authorities have new responsibilities alongside Public Health England to turn ideas into implemented realities to tackle obesity, smoking, excessive drinking, and poor diet. No single organisation can do this alone, and we will be as successful at our Trust as the partnerships we build to get it done.

We do not have lots of strategy documents in the organisation. During 2014 we will refresh our long-term plans for care in 2020 at Sandwell and West Birmingham. These plans will be ambitious but build on all that has been achieved in the last decade. Our six strategic objectives remain extant and inter-dependent. An effective organisation delivering safe, high quality care, wherever possible closer to home. xxxxxxxxxx.







Every one of those aims is aided or is required to secure the promises for three years of transformation which we believe this plan can

deliver. We will have more effective teams if we are fully staffed. That depends on our reputation and support we provide to employees, some of which is outlined in Chapter x. Effective teams lie at the heart of safe care. Yet we know that very often our NHS treats the disease and yet misses the opportunity to help the whole person whose health we are caring for. Our intentions to cut smoking rates in parents-to-be, or fight childhood obesity, or intervene in problem drinking, or use rehabilitation from one episode of ill-health to change lifestyles - all of these commitments challenge that paradigm. We cannot do that specialty by specialty. We have to use the scale, breadth and expertise of our Trust to join up care: To help us become renowned as the best integrated care organisation in the NHS.

This strategy is connected to others we have and some we plan. It links to patient's experience of care and our intention to change outpatient services. It depends on our IT plans. The regeneration goals we have are transformed if the Midland Metropolitan Hospital proceeds. A provider with a reputation for acute care has not adopted public health as a 'bolt-on' enthusiasm. It is already part of what we sometimes do well. We want it to be part of what we do consistently well.

Three years is not enough to change the demand for ill health care in thirty years time. But it is sufficient to make a meaningful start to influence those we see and those who work to see them well.

Our strategic objectives

 <p>Safe, High Quality Care</p> <p>We will provide the highest quality clinical care. We will achieve the goals for safety, clinical effectiveness and patient experience set out in our quality strategy</p> <p>Rationale: This is the minimum patients are entitled to and come to expect</p>	 <p>Accessible and Responsive</p> <p>We will provide services that are quick and convenient to use and responsive to individual needs. They will be accessible to all ages and demographics. Patients will be fully involved in their design</p> <p>Rationale: Our market assessment shows that we need to make services more accessible and responsive to meet the demands of our patients and commissioners and to maintain our position. Services that meet the needs of individual patients are likely to result in improved health outcomes</p>	 <p>Care Closer to Home</p> <p>Working in partnership with primary and social care we will deliver an increasing range of seamless and integrated services across hospital and community settings</p> <p>Rationale: We need to provide a wider range of community based treatment and prevention services to ensure a sustainable health economy and to help achieve our objective to build a new, smaller hospital</p>	 <p>Good use of resources</p> <p>We will make good use of public money.</p> <p>On a set of key measures we will be among the most efficient Trusts of our size and type</p> <p>Rationale: Funding constraints mean that we have to increase our efficiency very considerably</p>	 <p>21st Century Infrastructure</p> <p>We will ensure our services are provided from buildings fit for 21st Century health care</p> <p>Rationale: A significant proportion of our estate is sub optimal. Areas of the estate do not fully meet patient needs and expectations and does not support an effective use of workforce</p>	 <p>An effective organisation</p> <p>An engaged and effective NHS organisation will underpin all we do. We will become a Foundation Trust at the earliest opportunity. We will develop our workforce, promote education, training and research, and make good use of technologies. We will make the most effective use of technology to drive improvements in quality and efficiency</p> <p>Rationale: Effective governance and excellent staff engagement is at the heart of a successful organisation. Becoming a Foundation Trust will help achieve these aims</p>
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3. Our current prevention initiatives

The need for engagement with prevention to mitigate rising NHS costs was identified in the Wanless report (2004), and further developed by NICE (2007). Prevention, Health and Wellbeing and Health Inequalities are now key national and regional priorities for the NHS. Although health has improved for many people, there are still major inequalities in health in England. The scale of the problem is highlighted in the Marmot Review, 'Fair Society, Healthy Lives' (2010), which suggests that these inequalities have significant human and economic costs, are mostly avoidable and that the role and impact of ill health prevention must be strengthened.

The cost of health inequalities can be measured in human terms, years of life (preventable, total and active life lost); and in economic terms, by the cost to the economy of additional illness. If everyone in England had the same death rates as the most advantaged, people who are currently dying prematurely as a result of health inequalities would, in total, have enjoyed between 1.3 and 2.5 million extra years of life. They would, in addition, have had a further 2.8 million years free of limiting illness or disability. It is estimated that inequality in illness accounts for productivity losses of £31-33 billion per year, lost taxes and higher welfare payments in the range of £20-32 billion per year, and additional NHS healthcare costs associated with inequality are well in excess of £5.5 billion per year (Marmot Review, 2010).

These themes were adopted in the Public Health Outcomes Framework for England 2013-2016 (2012, DH). Key areas identified by the Chief Medical Officer for England in her recent report (DH 2012), using the WHO Health risk toolkit

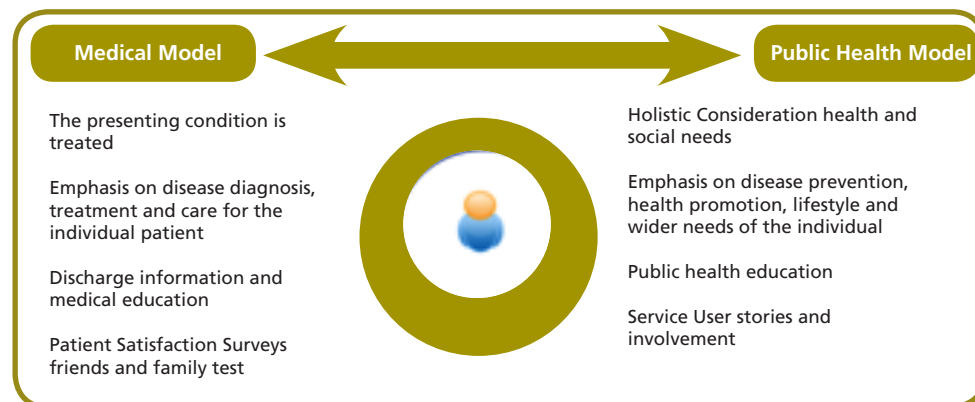
(WHO 2009) are:

- tobacco use
- harmful alcohol use
- high blood pressure
- high cholesterol
- overweight & obesity
- physical inactivity
- illicit drug use
- low fruit & vegetable intake
- occupational risks
- sexual health risks

We strive to treat patients safely and effectively, efficiently, and to a high standard. However, many of the diseases we deal with are determined by the choices made by individuals: particularly around smoking, alcohol consumption, diet and exercise. We see people with long term conditions every day, often with their families, and may be able to engage with those who do not access other parts of the health care system.

Locally we have been successfully addressing many issues concerning acute provision and national targets, but falling behind in areas that are affected by lifestyle choices. The link between lifestyles and ill health need to be better communicated to our population to engage them individually in investing in their own future.

It makes sense to reduce the number of people requiring our interventions by addressing the causes not the consequences of poor health. We need to address both the habits already established and the social determinants of poor health in our community.



Hospitals generally have a high prestige with their patients and interact with them at a point where they may be amenable to behavioural change (WHO HPH 2007). The Health Promoting Hospitals Network has developed over the last 20 years from a project by WHO Europe into a self-sustaining organisation of around 1000 hospitals and integrated care organisations worldwide. "A health promoting hospital does not only provide high quality comprehensive medical and nursing services, but also develops a corporate identity that embraces the aims of health promotion, develops a health promoting organizational structure and culture, including active, participatory roles for patients and all members of staff, develops itself into a health promoting physical environment, and actively cooperates with its community"

In aspiring to establish the principles of a health promoting hospital, the Midlands and East

Strategic Health Authority (SHA) from 2011 required commissioning organisations to take an evidence-based, health promoting approach in dealings with providers: this is reflected locally in CQUINs around prevention (currently involving venous thromboembolism, smoking, and identifying excessive alcohol consumption). We have systems delivering the CQUIN targets in these areas, but the SHA has developed further initiatives with providers, including 'Making Every Contact Count (MECC)'. The role of a Clinical Champion for Prevention for each acute Trust was funded by the SHA and appointed to in SWBH in September 2012, to establish the features of a health promoting hospital. This approach has allowed the Trust to develop a more consistent approach to Public Health, with this strategy an important marker of how important we hold the principles of full engagement in all aspects of public health.



4. Our patients and their relatives



Children

Summary

Research shows that the largest influences on health are the physical, social and economic environments into which people are born. Habits established during childhood and adolescence influence a person's health for life. Successive reviews demonstrate the economic and social value of prevention and early intervention programmes.

Child mortality locally is similar to the England average, but smoking in pregnancy is higher at a rate of 15.8% than the England average rate of 13.6%. One third of children are living in poverty. This reflects families receiving tax credits: out of work or on very low incomes. In 2011, there were 171 children under 5 years registered with a learning difficulty and at least one other disability. In addition, there were 1,022 children recorded as having an active statement of special education need. Children of school age in Sandwell have higher than average levels of obesity. 11% of children in reception and 26% of children in year 6 are classified as obese. One in ten children aged five to sixteen have a clinically significant mental health problem.

Our plan is to use the life course of local children from our first contact at birth, through our universal and specialist children's services, and the Child Development work that we do to tackle the damage of smoking, the impact of poorly-managed asthma, and create the opportunity to have better physical and mental health

Now

Early Life

- Smoking cessation advice is offered to all pregnant women.
- Health visitors and midwifery teams through every contact counts send referrals to stop smoking or reduce the risk of second hand smoke where people do not want to stop
- We deliver the healthy child programme (HCP) public health outcomes for children and the Family Nurse Partnership Programme
- Work with community partners to refer cases of domestic abuse

2017

Early Life

- For all pregnant women to receive carbon monoxide monitoring and an intensive smoking cessation programme
- To ensure all community staff are trained in MECC and all contacts with children and families give rise to Health Promotion interventions
- Development of a well-being centre on the Trust site to bring together health promotion services
- To extend the family partnership to encompass all vulnerable mothers
- Delivery of partnership approaches that 'think family' to promote healthy lifestyles

Now

Child Health

- Delivery of immunisations through the current school health nursing contract
- Promotion and health education campaigns delivered in the community
- Integrated asthma pathway in SWBH

2017

Child Health

- Public health practitioners aim to reduce the level of health inequalities through targeted intervention for the most vulnerable and disadvantaged.
- Fully engage practice nurses and school health nurses in audited asthma pathways to prevent acute admissions and improve self-management
- Development of an immunisations service to include needle phobias and travel immunisations

Now

Alcohol

- The monthly alcohol pathways group, led by Ed Fogden, is well-attended with a broad membership.
- There is a CQUIN in place around an electronic assessment tool ('Think Alcohol'). The target of 80% has been achieved.
- There are teams from the local specialist alcohol agencies on our acute sites.
- There is no formal electronic referral system.

2017

Alcohol

- To have a comprehensive clinical pathway for management of intoxication in our Emergency Departments. For all alcohol related attendances, and those screened as harmful drinkers to have Very Brief Advice before discharge.
- immediate electronic referral to alcohol services and increase referral to alcohol services by 50% by the end of 2015
- Increase referral to alcohol services by 50%
- Reduce alcohol-related admissions by 20%

Now

Physical Activity & Diet

- Lifestyle referral to local providers (My Time Health in Sandwell, Health Exchange in Birmingham) is made through a single referral number.
- There is no formal activity programme.
- There have been some healthy eating days in the cafeterias.
- There is no policy covering franchised food outlets or vending machines.

2017

Physical Activity & Diet

- With improved signage, we will encourage stair rather than lift use for patients and visitors.
- To ensure screening for physical activity lead to Very Brief Advice and health trainer referral if appropriate.
- The cafeterias, concessions and vending machines will have menus and price differentials which favour healthy choices.



Hermaline's Story

When high cholesterol threatened Hermilyn's health she took immediate action to change her lifestyle by making small changes to her diet. She said: "I want to keep my heart healthy, so I cut out saturated fat, cut down on fatty food and don't eat anything fried. My health is important to me so I got some health promotion advice to see how I could change my diet, while still enjoying some of the foods I like. I feel I've made a real change and while I do regress sometimes, I always come back to my new regime and feel so much better for it. It is amazing how much better you can feel by making small changes every day."

Adults

Summary

We will ensure that all our contacts with patients, relatives, carers, and the general public will include an element of evidence-based health promotion. There are benefits in smoking cessation, alcohol reduction and improved physical activity which can be demonstrated in the short, medium and long term for individuals and groups.

This includes outpatient visits, planned interventions, ambulatory care attendances, emergency admissions and rehabilitation visits with any of our staff We will overhaul our clinical pathways, so that explicit prevention assessment and interventions are included in all care processes.

Our evidence based screening and early treatment programmes (such as opportunistic vaccination) will be maintained and increased by agreement with our commissioners.

We will make use of external health trainers but ensure the training of all our staff that interact with patients to help with health promoting messages.

We will make use of an engaged staff to provide advice and support to patients and visitors, but provide easy access to lifestyle advice, smoking cessation and alcohol support organisations as required.



Now	2017
<p>Overall health promotion</p> <ul style="list-style-type: none">• We have a structured assessment tool as part of the clerking document. We encourage clinicians to ask about healthy behaviours, and make referrals as appropriate.	<p>Overall health promotion</p> <ul style="list-style-type: none">• All clinical and at least 80% of all staff will be trained in 'Making Every Contact Count', and on giving Very Brief Advice on health risks.• We will have an integrated electronic referral system for all aspects of health promotion to external agencies.• We will have an in-house health trainer service identifying patients who attend would benefit from interventions after discharge and offering these to them and their families.• All clinical pathways will have an explicit prevention step which is evidence based.
Now	2017
<p>Smoking</p> <ul style="list-style-type: none">• A smoking group, led by Dr Abusriwil is in conjunction with local public health departments.• The Trust has a No Smoking Policy which means it is smoke free apart from minimal provision of designated smoking shelters.• Around 1000 (15%) of the Trust workforce are trained in Very Brief Advice on smoking.• Patients, visitors and staff have access to off-site smoking cessation support.• We have a CQUIN for smoking cessation, targeting high risk outpatients and inpatients which we have achieved.• An electronic referral system is in place which is planned to be upgraded in the near future.	<p>Smoking</p> <ul style="list-style-type: none">• All Trust sites will be completely smoke free by the end of 2018.• An integrated referral and education system will be in place for smoking cessation.• Patients and relatives will be able to access immediate smoking cessation help on attendance.• We will be active prescribers of nicotine replacement therapy to inpatients in our care.

5. Our staff and their wellbeing

Summary

The Trust's Health and Wellbeing strategy is now 4 years old and has matured from the initial implementation of national guidance towards the provision of a focused programme still based on national guidance but supplemented with employee feedback, sickness statistics and evaluation of the health needs of the Trust's workforce. It forms a fundamental part of the Trust's long term approach to employee sickness absence as well as being an essential element of the Trust's Public Health agenda.

The evidence of the success of this strategy moving forward will be in our ability to shift the focus from our employees considering that their individual health and wellbeing is a personal option, to one where they understand and accept that it is an obligation for them to maximise their wellbeing in order to be able to fulfil their employment obligations to the highest possible standard. This might include them agreeing to receive immunisations recommended for their area of work, actively participating in health surveillance where it is recommended and conducting or complying with risk assessments designed to ensure their safety and wellbeing at work. It will also include an increase in what the organisation in turn offers them to support their wellbeing.

Previous employee Health and Wellbeing work has received good feedback locally and nationally including being cited as a gold standard by NHS Employers in late 2012. In 2013 however the work of providing Health and Wellbeing to employees began to naturally align with the work of the Prevention champion in promoting Public Health topics to patients and our wider community.

Thus the Health and Wellbeing committee and the Prevention steering group merged in 2013 and one co-ordinator now works on several key issues across employees and patients. This has allowed progress to continue on the "big issues". Excellent progress can be seen by the results of the recent NHS Employers national audit of compliance with NICE guidelines on these issues where the Trust as an employer ranks well above average in every area other than promoting smoking cessation.

It is recognised however that there are some health and wellbeing issues which are entirely employee specific and it is very important for the employees and the wider needs of the Trust that these are not neglected. Therefore employee Health and Wellbeing from 2014 will have two strands; the first aligning with the work of the prevention Champion to tackle the big health issues in employees and patients, and the second using Trust generated data to base a more responsive strand of work addressing trends and issues specifically affecting employees.

Summary

Healthcare employees have in many studies been shown to be poor at looking after their own health. However healthcare employers have long since recognised the impact of this on their ability to look after their patients, with statistics like patient MRSA infection rates being linked to employee absence. There is now a move to shift the emphasis for this group of employees nationally, from Health and Wellbeing being just a personal choice, to it being a responsibility of their health care roles. We as a Trust are keen for all employees to maximise their health and address their health behaviour, not just for their own benefit, nor for the acknowledged benefits of lower employee absence, but to improve patient care.

In December 2008 NICE provided guidance on promoting good health and preventing and treating ill health and most UK Trusts are audited regularly on how they apply certain of these standards to employees by the Health and Work development unit, a branch of the Royal College of Physicians. The audited standards which have always underpinned HWB activity for employees in the Trust are as follows -

- Obesity (joint clinical and public health guideline)
- Physical Activity and the Environment
- Smoking cessation
- Physical activity in the workplace
- Mental Health and the workplace

NICE's guidance is also in tune with other important guidance such as the Boorman Report- Health and Wellbeing an NHS Review and Healthy lives, healthy people: our strategy for public health in England - A white paper published in November 2010 which sets out the Government's long-term vision for the future of public health in England. Even the recent Francis report into the failings at Mid Staffordshire NHS Trust mentions issues of employee health and wellbeing as being contributory to failings in patient care.

Over the last year then two distinct strands of Health and wellbeing work have emerged which have given rise to a new strategy for 2014-17. This aims to use all of the health promotion work and resources available throughout the Trust with combined working, while maintaining a needs based approach and continuing to support the wider Workforce agenda, particularly attendance management and work related ill health.

Strand One – Health promotion

This strand of work runs throughout the year and recognises that the “big issues” facing patients and employees who are largely locally based are the same and that local resources can be shared. As well as those areas subject to NICE guidance for employers, areas such as alcohol services, sexual health and drug use are also obvious areas for joint working.

It is recognised that the patient agenda is likely to take some time to become fully active whereas the employee group is smaller and easier to tackle and will benefit from previous initiatives. We have therefore included both a “baseline” aim which we are committed to achieving for staff in 2014 as well as “aspirational” aims which we will be working towards with the wider joint group and which will be achieved over the period 2014-17.

Each aim will be tackled as previously – with an individual project plan, SMART objectives and analysis. These are beyond the scope of this strategy but will be presented to and monitored by the committee.

Now

- We are aware of the smoking habits of around 10% of anonymously surveyed employees and that nursing and facilities are areas where lots of employees smoke.
- Employees are permitted to smoke on the hospital sites and are not permitted to attend smoking cessation during work hours.
- There are smoking shelters which employees can use with patients.
- They have to fund their own nicotine replacement therapy.
- While there is advertising and signposting to smoking cessation services this is not targeted at smokers.
- Data is difficult to obtain from smoking cessation clinics as there are a number which employees use and their data is not identifiable so we can not judge the effectiveness of the intervention.

2017

- While the move to this is occurring employees will have had advice and information about the change and the availability of help posted across a variety of communications media including the smoking shelters themselves.
- Occupational health will have developed their computer systems with the provider to enable recording of smoking status in each employee who attends an appointment.
- We will hold smoking data on all new starters which will be requested pre-placement.
- Where a new or existing employee smokes they will receive targeted information about smoking and a clear pathway to smoking cessation services.
- The Trust will support smoking cessation during work-time and will evaluate nicotine replacement therapy for employees after 2013/14 pilot concludes.

Obesity

Now

- A survey of 10% employees showed that a quarter has a weight problem. There are more problems in administration and nursing roles.
- Various weight management groups including Slimwell and Weight Watchers have run at one or both sites but have failed due to difficulty for staff accessing the groups at times when they are available.
- A small group is currently running successfully and health trainers are also providing this service
- Data is difficult to generate due to the use of outside providers
- A healthy cooking group is proving popular but on a small scale
- While there has been some progress towards providing healthier food to employees such as salad bars and making the healthy option cheapest in the canteen, there are still a wide range of unhealthy options made convenient for employees especially out of hours with vending machines and small outlets providing chocolate and crisps.

2017

- All employees joining the Trust and seen in Occupational Health will be screened for weight problems and receive personalised information on how to access help.
- The Trust will have formed a partnership with at least one weight services provider enabling services to be offered at a discounted rate and enabling data on success of weight loss to be fed back to the Trust in an anonymised form.
- Local taxi drivers will be leading the success of the local public health agenda following a project running 2013-14 enabling them to access a health trainer for free. When they return in 2017 for their 3 year check up their health behaviours will have improved and the project can be expanded to other local occupational groups.
- The canteens will offer predominantly health options at reasonable prices with calorie or other content information prominently displayed for all choices.
- Out of hours employees will still have access to healthy choices of food
- Vending machines and outlets will provide healthy choices.





Physical Activity

Now	2017
<ul style="list-style-type: none">• There are a number of options for exercise which run on site, such as zumba and walking groups and these are popular• There is an onsite gym at City which has had an uncertain future• It is hazardous for staff to cycle between sites or to cycle/walk work due to local road networks and areas of high crime• Stairs at both sites are on the whole uninviting and some are difficult to locate and/or poorly lit• Corporate memberships of local gyms are available at discounted rates by are not supplemented by the Trust• Blood pressure screening is done bi-annually	<ul style="list-style-type: none">• There will be exercise facilities on Sandwell site which will form the hub for health and wellbeing activity• Safe walking and cycling routes will be highlighted following joint working with Sustrans (local sustainable transport company) and the use of these will have increased following promotion by dedicated sustrans representative on site• Stairs will be brighter and attractive, perhaps with local art work or poster illustrating Health and Wellbeing topics and successes• If external gym /swimming pool are still required the Trust will have evaluated the possibility of subsidising this.• All new employees will receive information on the exercise facilities and schemes during their Trust induction.• Blood pressure screening events will be better targeted and more frequent.• It will be customary for any employee who has been off on long term sick to participate in a physical rehabilitation / maintenance programme using on site facilities as this will have shown a protective effect when analysed.

Mental Health

Now	2017
<ul style="list-style-type: none">• Employees with mental health problems or stress can access counselling support (cognitive behavioural therapy)• There are departmental and individual stress risk assessments carried out but as yet no evaluation of the impact of these.• There is some training for managers in how to deal with mental health problems which is mainly available via the Trade Unions• The Trust is a signatory of the Mindful Employer charter• Complementary therapies are provided at a cost• The number of employees seen in occupational health with a mental health diagnosis is reported quarterly by Group to the Health and Safety committee and examined quarterly as part of strand two with output data from the counselling service.	<ul style="list-style-type: none">• Employees will be able to access more forms of psychological support by developing partnerships with the local Mental Health Trust.• Counselling provision will be extended so that the maximum wait for employees is two weeks• All managers will be offered training in mental health issues that may affect their employees. This training will be designed by SWNH and we will be a recognised leader in this provision, sharing it with other organisations.• Appropriate complementary therapies will be available to employees on site on prescription along with exercise.



Long term sickness absence

Now	2017
<p>It is recognised that there are many factors associated with sickness absence and there are more detailed sickness absence plans in place to address it which are beyond the scope of this strategy document.</p> <p>However -</p> <ul style="list-style-type: none">• In 2013 the Trust's sickness absence rates are still over 4%• There is a high level of musculoskeletal and mental health issues among the long term sick in particular• There is significant sickness associated with Trust investigatory and disciplinary procedures• There is no mental health training regularly available to managers when undergoing an investigation• Health and Wellbeing training will be mandatory for employees	<ul style="list-style-type: none">• We will have no higher than 3% sickness absence (2% long term and 1% short term)• We will have a rate of work related illness that has fallen year on year• will have mental health training within the Trust for managers• We will have developed a range of short interventions to support particular groups of employees at difficult times – e.g. when undergoing an investigation• Health and Wellbeing training will be mandatory for employees <p>ADDITIONAL AIMS</p> <ul style="list-style-type: none">• We will be working with local social care organisations and community links to provide advice and support for employees with carer responsibilities which might affect their wellbeing and their attendance.• We will have screened all new starters and all employees referred to occupational health for alcohol and drug use and provide individual alcohol support using our own in-house expertise and awareness events in risk areas.• Our own treatment services will be aware of employee referrals and make every effort to prioritise them where this does not adversely affect emergency or clinically urgent care for others.• In order to ensure that all of our existing employees understand their responsibilities with respect to their health and wellbeing we will be working closely with our Communications Department and HR Department to develop a clear communications strategy.

Health response

This strand of work recognises that unlike some of the bigger issues facing the local and national population, there are some reliable and useful data sources that can help identify more specialist areas of health problems facing healthcare practitioners. Also this strand recognises that these specific problems are often a cause of absenteeism, presenteeism, performance issues and considerable distress to the organisation's most valuable resource – its employees. These issues may not be as closely in alignment with the local public health agenda as strand one issues but are as important to tackle and keep as high profile within the organisation.

Aims

The aims for 2014 will be to continue structured review of data including from the following sources to identify and target key issues

- NICE / NHS employer guidance / research
- Group sickness absence
- ESR sickness absence data trends
- Health and Safety accidents / incidents
- Feedback from previous HWB events / initiatives
- Equality and diversity figures from Occupational Health and Wellbeing and Health and Wellbeing initiatives
- Hot topics / survey monkey feedback
- Manager / employee/ HR requests and feedback
- BDMA counselling data
- Physiotherapy data
- Infection control data
- Occupational Health divisional outcome data and DNAs

There is a data presentation schedule where each of these will be looked at monthly by a sub group comprising of the OH consultant, the HWB / prevention coordinator and an HR manager looking at each of these regularly. Trends or exceptions will then determine the main targeted priority interventions for each month as well as feeding monthly into the sickness plan for the Trust which will be a live document.

Outcomes

As previously during the employee Health and Wellbeing work the aims from both strands will be accompanied with a detailed annual implementation plan including SMART objectives. Achievement against these will be reported as a standing agenda item at the health improvement committee as well as annually to Trust Board and to a sub group of the clinical leadership executive.

Feedback

Standardised feedback forms with Equality and Diversity data monitoring forms will continue to be used for each event or initiative and analysed and used to modify future events. In addition where confidentiality allows, we will aim to collect data on the effectiveness of our interventions.

Summary

Overall this two stranded project will be aiming to deliver a happier healthier workforce who can safely and consistently care for their patients and an organisation with a national reputation for its integrated approach to Health promotion.



6. Our social responsibility

Sustainability Summary

Environmental sustainability is making sure that we meet the needs of today, without compromising the ability of future generations to meet needs to their own. This means stabilising, and then reducing, our impact on the environment (including reducing our carbon emissions) is essential.

The Trust is committed to implementing a high standard of sustainable development. We recognise that doing this will move us towards a low carbon organisation with positive impacts on health, expenditure, and efficiency.

Now

- Creating a Carbon Management Plan to set targets and establish viable projects
- Producing a Sustainability and Environment Policy to embed sustainability into the Trust Creating a network of over 100 Sustainability Champions to help monitor and improve environmental performance
- Promoting more active and sustainable travel (e.g. through providing cycle shelters, Cycle to Work Scheme, cycle training)
- Setting up a waste recycling scheme to significantly reduce the amount of waste sent to landfill
- Completing the NHS Good Corporate Citizenship self-assessment to monitor progress
- Implemented a number of technical projects to reduce energy consumption, including boiler replacements, installing LED lighting and controls, fitting solar panels, installing IT shutdown software

2017

- To improve the current use of alternative (i.e. more sustainable and healthy) modes of transport (e.g. cycling, walking) to work and between our hospital sites. We aspire to increase the usage of alternative modes of travel by 10-20% through promotional activities and by providing suitable facilities
- To increase the number of Sustainability Champions across the Trust by 40%
- To improve on our NHS Good Corporate Citizenship assessment overall performance score by 5%
- To reduce the amount of waste sent to landfill by increasing the amount of waste we recycle by 5%
- To stabilise the Trusts increasing energy demand through installing new technology and engaging staff

Learning and Development Summary

Recognised as one of the largest employers in the region, and a strategic partner in the long-term economic wellbeing of the region, Sandwell & West Birmingham Hospitals NHS Trust is dedicated to helping tackle unemployment and social deprivation in its area of operational responsibility.

The Trust also needs to maintain a talented and skilled workforce, and the recruitment of staff from the local community plays a fundamental part of this process. With the loss of many highly qualified and experienced staff through retirement and/or career moves over the next few years the Trust recognises the importance of maintaining its future workforce from within the community that it serves.

Launched in February 2013, this community based 'one-stop-shop' provides access to training, development and employment opportunities for local people. Working closely with some high-profile partners such as Sandwell Metropolitan Borough Council, Birmingham City Council and Job Centre Plus to deliver this service, the Trust is able to support those with an active interest in, and wishing to pursue a career within the health sector.

Clients have an opportunity to discover what working life is like in the healthcare sector by being offered a range of flexible work options – the Trust prides itself on its work experience programme, placements are of high quality and cover all of the working disciplines that the Trust has to offer. Further programmes include a highly impressive apprenticeship schemes which actively encourage young people to apply.

Learning Works

Now	2017
<ul style="list-style-type: none">• Deliver 100 apprenticeships within the Trust• Introduce traineeships to the Trust• Work with schools to deliver work experience programmes• Deliver a more enhanced Job Club.• Provide more work placements for the unemployed.	<ul style="list-style-type: none">• Consistently delivering apprenticeships within the Trust and across the 6 other Black Country NHS Trusts• Continue to provide Traineeships for young people in partnership with the other Black Country and Birmingham NHS Trusts.• Be a leading business partner with Job Centre Plus supporting the employment of local people into employment within this Trust and other local NHS employers.• Support our work experience students from 2014/15 and 16 in there career choice or employment.• Support the development of the Learning Works model across the West Midlands.

Homeless Accommodation Project Summary

The Trust Board has agreed that some of the Trusts accommodation blocks located in Hallam Street can be used for accommodating homeless young people on apprenticeships within the Trust. Progress has been made around the employment of homeless young people in order to dispel any myths surrounding employability. We currently employ a number of people from this group on apprenticeships.

SWBHT will be able to take the programme to a higher level by offering apprenticeship opportunities with interim accommodation. It is hoped that this unique and ambitious programme will help in the reduction of homelessness amongst the younger generation due to the provision of training, education and employment opportunities.

The benefits of this programme are huge. The health and wellbeing of the participants will be addressed, local authorities could see a reduction in the need for homeless care provision and in benefit claims from this client group due to many of the apprentices achieving full employed status.

Now	2017
<ul style="list-style-type: none">• Issue a contract for the refurbishment of the building• Award a contract to a homelessness charity for the management of the accommodation block• Issue a 5 year lease on the building.• Recruit 27 homeless young people onto apprenticeships within the trust.	<ul style="list-style-type: none">• Continued recruitment of homeless young people onto this programme in our Trust and other NHS Trusts in the area.• A proven model of delivery that has been adopted across the West Midlands.• More accommodation made available in partner Trusts.



Green House Project Summary

To bring the greenhouses on the City Hospital site back into use as a community growing project which can then provide the opportunity for:-

- Apprenticeship, skills and training in horticulture.
- Setting up a social enterprise.
- Flowers/plants for enhancing the City Hospital site.
- Community involvement/ Support to local community growing projects.
- Patient rehabilitation/therapy.

Now

- Identify a suitable education partner to support the project
- Find funding to support the regeneration of the greenhouses and surrounding area
- Assess the Rowley Regis Hospital site for inclusion in the project.
- Develop links with 'The Inner City Garden' charity to help support the project
- Identify potential students.

2017

- A fully integrated education programme that includes all partners delivering fully accredited horticultural training programmes.
- A supply of locally grown produce for sale or use within the hospital estate.
- Local residents involved in the project
- Increased awareness and promotion healthy eating.
- Site being used for patient rehabilitation/therapy.

Health Futures University Technical College Summary

As a high-profile health sector organisation SWBH NHS Trust are working in partnership with the University of Wolverhampton and 23 other employers to support a Health Futures University Technical College (UTC). The partnership aims to develop a unique learning experience for young people interested in following health career pathways – for example paramedic services, nursing, medicine, informatics, pathology, pharmacy, corporate services, allied health professions, and lab-based health sciences. The UTC will open in 2015 and will support some six hundred 14 – 19 year old students.

Now

- Established pathways linking school to college to Health Sector.
- Support the curriculum development project group
- Continue to support the recruitment project group

2017

- Our Trust becomes one of the top youth employers and trainers in the region.
- The UTC becomes our future workforce development centre.

Procurement Summary

The Trust is working with Neighbourhood Regeneration Advisors from the Centre for Local Economic Strategy (CLES) and Sandwell Council regarding local sourcing of products and services.

Measuring the Trust's ability procure from local businesses is going to be central to this study.

The main obstacles are as below on the Pareto graph. Section A is the "vital few" – i.e. the 80% of the spend that accounts for 20% of the items we procure. Since these are high value items, they must be procured via an EU compliant framework or contract. (Any areas of spend that are over £111,676 during the life of the contract - not per annum and does not include VAT) – as such these have to be advertised to the European community.

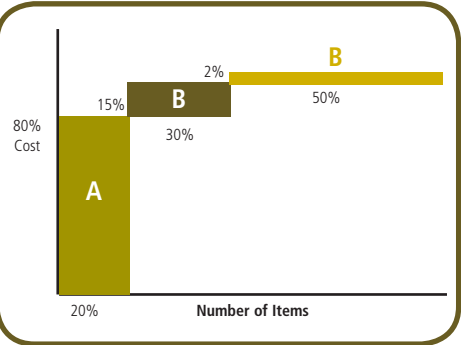
Section C is the "trivial many" and is the vast bulk of products that we buy that account for a very small proportion of the spend. We have daily deliveries from NHS Supply Chain (an articulated lorry and trailer) – all of these products are shipped in bulk to Alfreton and broken down into cages for the 700 odd different locations throughout the Trust at City and Sandwell General. All products supplied by NHSSC are on contracts and are therefore compliant.

Section B which fits into neither category is the area where we could better use local suppliers. We are currently trialling PETO – a system that allows local suppliers to upload their catalogues and for price comparisons to be made in order to achieve value for money. This is the area of spend that CLES is looking into to ascertain whether there are opportunities to spend locally.

The report will give us a greater understanding of our spend and whether any areas can be best served by sourcing locally. We also have supply2health and supply2gov where opportunities are offered for local suppliers to bid for work.

2017

- We have agreed regeneration objectives associated with the Council's Plan for the Windmill Estate and our intention to construct a new hospital. These will be included in the procurement of the new building and the evaluation of bidders.
- We will shift the balance of who we buy from to preference local suppliers in Section B. A 10% shift from our current arrangement will be targetted.



7. Governing the plan

Arguably what is most important about this strategy is not that we want to make change happen. It is that, for the very first time, we are accepting that obligation as a core part of what our leadership is held to account to do.

The Trust is structured across seven clinical groups, supported by seven corporate directorates. Each of those, and the clinical directorates beneath them, are led by clinicians and by professional managers. For this strategy to be delivered, the subject experts who have contributed ideas to this campaign, will be joined by the people who manage services and who are responsible for our employees and the things that we buy from local firms.

Trust Board Committee on Public Health, Community Development and Equality: Chaired by Richard Samuda, Chairman

This committee of the full board will hold the executive and clinical teams to account for their success in consistently executing changes. In 2014-15 and 2015-16 it will focus on whether we are taking the actions and having the impact set out in this plan. The committee will trust the sufficiency of our response to need and not be satisfied with some improvement.

Clinical Leadership Executive Committee on Public Health, Community Development and Equality: Chaired by Toby Lewis, Chief Executive

Here the clinical groups are represented and help the professional experts to agree strategies which will be implementable. This is where we will take corrective action if we are off-track. And aim to identify which teams are making most progress with this agenda, and how that best practice is spread. This body will also marshal our sustainability efforts.

Health and Wellbeing Delivery Group: Chaired by Tamsin Radford

Overseeing the impact of our occupational health effort. This group will trust whether the quantity of our efforts is sufficient. Are reaching the majority of our employees? Or are we offering more and more to the same enthusiasts?

Making Every Contact Count Delivery Group: Chaired by Doug Robertson

Our patient facing offer, specifically for adults, pivots from our ability to generate a lot of conversations with patients about lifestyle. This will take ingenuity to maximise the opportunities and motivation to ensure all of our staff have the skills and determination to intervene.

The Trust contributes actively the Right Care, Right Here Regeneration sub-group.



**“Putting
resources into
social programmes
is not expenditure.
It is investment.”**

Luiz Lula da Silva ‘Lula’
President of Brazil 2003-2011

We will provide information on our progress through our website. And in our annual reports. If you want information about our plans or progress please contact anyone named in this report. You can email our Chief Executive through tobylewis@nhs.net or contact our Communication Team either:

- by email vanya.rogers@nhs.net
- on twitter [@SWBHnhs](https://twitter.com/SWBHnhs)
- through facebook.com/SWBHnhs

