



Health Promoting Health Service Project 2003-2004

REPORT SUMMARY

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HEALTH PROMOTING HEALTH SERVICE REPORT SUMMARY

OVERVIEW

This report summary presents an overview of the activity and outcomes from the Health Promoting Health Service Framework project that was developed over a 12 month period during 2003 and 2004. The project built on successful work that had already been progressed within the Forensic Directorate in Glasgow, and supported the development of activity in pilot sites in the 3 Sectors of the Mental Health Service.

The Mental Health Services Public Health Implementation Group secured funding for the project from NHS Health Scotland, which allowed the recruitment of a half time project worker to progress this activity. Activity was progressed in 4 areas, across 3 sites, over and above the ongoing forensic directorate activity.

The main strands of activity associated with the project included the design and delivery of health improvement needs assessment and benchmarking tools, the delivery of health improvement training to staff and the development of local health improvement activities in pilot sites across the Sectors. Specific outcomes from the project included:

- Development of an innovative mental health / public health benchmarking tool for HPHS Impact Sites
- Development and delivery of a needs assessment tool for HPHS Impact Sites
- Development of a health improvement good practice database. This data base is available within the shared folders on the e-mail system.
- Increased awareness of health improvement issues throughout the Service
- Advice and support to not only HPHS Impact Sites but to staff interested in health improvement
- Development of networking with other HPHS sites as well as other agencies involved with health improvement
- Development and delivery of standardised HPHS Framework 1 day awareness training to staff with a keen interest in health improvement
- Development of sustained health improvement activity.

Importantly, the project evidenced practice change, particularly within the longer stay mental health services population.

BACKGROUND TO PROJECT

The health status of those of us who live and work in the Greater Glasgow area has consistently lagged behind those of our neighbouring cities and countries, despite numerous campaigns to reverse this trend. An example of this was when the Shettleston Constituency was described in the media as being comparable to a third world country in terms of the health of its population. The Scottish Executive has identified improving health as a priority area for the NHS in Scotland.

Health Improvement has been defined by the World Health Organisation (WHO) as 'the process of enabling people to increase control over and to improve their health'. WHO's declaration proposed to promote health was enshrined in the Ottawa Charter (1989) and further developed in the Jakarta Declaration (1997). The main aim of health

improvement is to enhance positive health, while preventing ill health, acknowledge that health encompasses physical, mental, societal, spiritual and emotional health. Identifying these aspects helps raise awareness of the complexity of the concept of health and supports a movement towards a holistic non-medical approach.

The Health Education Board for Scotland (now NHS Health Scotland) developed a framework following an initial pilot in 1999 to help NHS Organisations, and latterly voluntary organisations, to integrate health improvement into their strategic and operational policies. This framework was called the Health Promoting Health Service Framework (HPHS). This initiative presented a strategy for health services to engage with staff, users and carers, to develop health improvement initiatives in the healthcare setting and in local communities. The HPHS Framework recognised that while the framework's primary duty was to provide services for patients, as a service we also have a responsibility to maintain and improve the health of our communities and employees. The Framework was built on the White Papers 'Designed to Care' (1997) and 'Towards a Healthier Scotland' (1999), and was endorsed in Nursing for Health (2001). This reflected initiatives such as the Scotland's Health at Work (SHAW) Award Scheme. The HPHS Framework is designed to integrate health improvement into the fabric of our Mental Health Service and throughout the health system in Greater Glasgow.

The HPHS Framework described a number of key objectives. These were

- To ensure health improvement is an integral and sustainable part of the health service delivery and organisational development.
- To identify areas of standard setting and to encourage evidence based practice and quality health improvement.
- To encourage communication and collaboration between different health settings and professions
- To provide a structure to support partnership working
- To provide a structure for developing health improvement service specifications and contractual arrangements.
- To identify how the health service can incorporate 'Health for All' principles in its approach to health improvement and patient care.

THE HPHS FRAMEWORK IN MENTAL HEALTH SERVICES IN GLASGOW

Within Mental Health Services in Glasgow, the Public Health Implementation Group secured funding through NHS Health Scotland to recruit a project worker to progress the HPHS Framework. This funding enabled the recruitment of a half time project worker for a period of 12months.

Project aims and objectives

The overall aim of the project was to implement the HPHS Framework in the Primary Care Division's Mental Health Services, focusing on 4 impact sites for development and evaluation. The project also aimed to provide a link and support to those health promotion projects that were currently on-going through integrating new areas into the HPHS Framework by encouraging their sustainability and participation. The Public Health Implementation Group acted as steering group for the project, while the overall

lead for the project was the Sector Nurse – South. The specific objectives for the project were:

- Identify pilot sites to test the HPHS framework, including the identification of local ‘champions’ to support this activity
- Deliver training and support to the HPHS ‘champions’
- Design and deliver a health improvement needs benchmarking exercise within the identified pilot sites
- Support the pilot sites to develop areas of health improvement activity
- Increase general awareness of the HPHS framework and health improvement activity within mental health services
- Develop a database of best practice associated with health improvement activity in local mental health services
- Develop national/international links with other HPHS sites.

Identification of impact sites

The impact sites were identified through discussion with Sector Management Teams and with the support of the members of the PHIG. The original aim was to identify in-patient acute and long stay areas, and also a community area to target as impact sites. This was over and above the existing activity within forensic services in Glasgow. The sites that participated in the project (along with dates of entering the project) were:

- **Ward 2 Leverdale Hospital** (Long stay/rehabilitation) - 25th August 2003
- **Orchard 3 Ruchill Hospital** (Long stay) - 25th October 2003
- **Riverside Resource Centre** (Adult community) - 25th October 2003.

Rutherford House at Gartnavel Royal Hospital was also selected to participate in the project, but due to competing service pressures, they did not participate.

Identification of ‘champions’

‘Champions’ were identified from each site, who’s role would consist of directly supporting and monitoring local HPHS activity, and acting as a point of contact for the HPHS facilitator.

Addressing training needs

All of the impact areas received background information about the HPHS Framework prior to commencing HPHS associated activity. None of the selected HPHS Champions had any formal health promotion training, but it was felt necessary that they attended formalised training to support their role. A six-day course, entitled, ‘An Introduction to Health Promotion’ was delivered to all of the Champions, a model of training that fitted with the approach suggested by the National HPHS Steering Group. This training allowed the Champions to learn more about the theory, background and the tools to develop and implement their HPHS projects, as well as providing useful networking opportunities. All three Champions attended this training, as well as an additional nurse from the Orchards at Ruchill.

Over and above this six day training for the 'champions', a training need was identified for other care staff from the impact sites who had not been part of the six-day course, and also for some staff from other areas who were not directly involved in the project, but were keen to learn more about health improvement in general.. To meet this need, a local one day training programme was developed and delivered by the HPHS Facilitator.

Localised Training

To support the delivery of local training, a bid for training money was submitted to the Divisional Clinical training Group. This was met with a positive response. The funding supported the delivery of this training to six staff who had regularly participated in health improvement activities. The localised training was adapted from the standardised National HPHS Training Pack and Glasgow Mental Health Services was only the second regional area in Scotland to deliver this training.

The localised training programme evaluated positively, and a copy of the programme and the evaluation is contained in full report.

Database of best practice

At the outset of the project, a number of presentations were made to Sector Management Teams on the role of the HPHS Facilitator, and the expected outcomes from the HPHS project. It was evident through this contact that no one was fully aware of all the health improvement activity in their areas. There was knowledge of pockets of good practice throughout the Mental Health Services, but seldom was this shared to other members of staff with a similar interest. With support from the clinical audit department and Public Health Implementation Group, the HPHS Facilitator designed a questionnaire that would help identify who was currently involved with health promotion activity, and what the scope of that activity was. It was intended that this database would support the sharing of good health promotion practice, aid networking opportunities, and encourage joint working across clinical areas.

In total, 37 areas responded and registered their health improvement activity. This represented a diversity of activity across the service ranging from health and well being clinics to smoking cessation. This information is available on the shared drive of the Division's e-mail system, within the 'Health Improvement – MH' folder. This is covered in detail in the full report.

NEEDS ASSESSMENT AND BENCHMARKING ACTIVITY

Needs assessment

The development of a health improvement needs assessment and benchmarking tool was central to the activity of the HPHS project. These tools were needed to capture existing health improvement activity, enable the measuring of a baseline of health improvement activity, and also identify areas for development through the HPHS Framework.

The needs assessment tool was developed by the Public Health Implementation Group (PHIG) with a view to capturing existing health improvement activity, to identify who was

involved in this, how outcomes were being monitored and what resources were required to sustain this activity. Health needs assessment is an important initial phase in health promotion planning as it supports the identification of what a patient or ward population group needs to enable them to be healthier. This was completed within the pilot sites identified by the PHIG and the HPHS Facilitator.

Benchmarking

The HPHS Facilitator undertook a review of existing health improvement benchmarking tools that were in use nationally and internationally. Despite contact with services nationally and internationally, it was evident that no such tool existed. To support the development of this tool, a review of literature was undertaken, as well as a series of visits to other areas that were also progressing the HPHS framework nationally. The HPHS Facilitator also linked in with departments such as the Health Promotion Department at Greater Glasgow NHS. The Primary Care Division Clinical Audit Department were also recruited to support the development of the benchmarking tool.

The benchmarking tool was divided into 8 areas. These were:

1	Physical Health Care	5	Drugs and Alcohol
2	Gender Based Health Care	6	Smoking
3	Nutrition	7	Spiritual Care
4	Patient Activity	8	Staff Health

The benchmarking exercise was completed during October 2003 in 9 clinical areas, in order to provide a broader picture of activity rather than that which was being undertaken in the identified impact sites. These areas were:

- Ward 2 in the South Sector
- Wards 5, 6, Boulevard, Whitehouse and Campsie in the Forensic Directorate
- Orchards 1, 2 and 3 in the North/East Sector
- Riverside Resource Centre in the West Sector.

WHAT HAS THE HPHS FRAMEWORK ACHIEVED?

The HPHS Framework project was successful in achieving a number of outcomes at organisational as well as clinical level. Although the project was limited in terms of time, developments associated with the project were clearly demonstrated. Specific examples of this included:

- The development of a pro-active Health Improvement Group in Mental Health
- Development of a mental health / public health benchmarking tool for Impact Sites
- Development of a needs assessment tool for Impact Sites
- Development and identifying areas of good practice database
- Increased HPHS as well as Health Improvement awareness throughout the Division
- HPHS enabled advice and support to not only Impact Sites but to staff interested in health improvement
- Allowed networking with other HPHS sites as well as other agencies involved with health improvement

- Delivered standardised HPHS Framework 1 day awareness training to staff with a keen interest in health improvement
- Development of sustained health improvement activity at clinical level.

The project was successful in identifying potential development areas for service in relation to the results gleaned from the health improvement benchmarking exercise. The results of the exercise represent a baseline that can be used in the future to measure change against health improvement orientated service developments.

RECOMMENDATIONS/NEXT STEPS

It is important that health improvement activity is seen as part of the core business of mental health care, and not just an activity that is supported through a specific project. There are examples of where this is happening in the city, such as within the Forensic Directorate or at Riverside Resource Centre. To enable this, a series of recommendations have been by the Public Health Implementation Group. These are:

- To roll out the health improvement benchmarking tool across the Service to provide a broader indication of service development and staff development needs. The staff development need should be fed into the joint learning plan.
- To consider developing a rolling programme of health improvement awareness and education for all clinical staff groups.
- To include health improvement awareness in clinically based induction programmes.
- To introduce formal health needs assessment/screening as part of the admission/assessment process and at periodic care reviews. This should be linked to ongoing work associated with the implementation of the ICP.
- To further develop the availability of IT based resources for health staff. This should include the development of a health improvement link on the Division's intranet system.
- To consider investing in a specific Mental Health Public Health Practitioner role to provide dedicated, ring fenced support to the mental health community.
- To liaise with local Higher Education Providers to ensure that health improvement is a theme that runs through pre registration preparation for mental health practitioners.