ABM University Health Board	
5th April 2018 Quality and Safety Committee Agenda item: 3.2	
Subject	**Staying Healthy Update (Health Care Standard 1.1)**
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1.0 Situation

The purpose of the report is to:

1. Update the committee on key quality and/or safety issues related to public health services;
2. Inform the committee of actions to improve or mitigate against issues identified;
3. Alert the committee of risks to quality and safety associated with these services.

2.0 Background

Service pressures have continued to impact on public health services delivery due to the lack of hospital staff time to support services within the hospital settings. An outbreak of measles linked to Cardiff City centre in February has reinforced efforts to increase MMR (Measles, Mumps, Rubella) uptake in underimmunised children. Further details are given in each section below.

3.0 Assessment

3.1 Tobacco Control

3.1.1 ABM Cessation Services

Safe and effective care:
ABM Cessation Services Steering group established and reports to Quality and Safety Forum. Group addressing collective service issues within the Quality and Safety agenda; and in line with Help me quit service integration.

3.1.2 Hospital Cessation Service

Workforce, Impact:
Service continues to run without a clinical lead. Managerial support role being covered by cessation practitioner. Unlikely that service changes/improvements can be progressed without a clinical lead. Issues being taken forward within the Neath Delivery Unit.

Effective Care:
Inpatient referrals remain low so are not meeting NICE (National Institute of Clinical Excellence) quality recommendations for inpatient referral to specialist service. Practitioners conduct ward rounds to raise awareness, and exploring alternative ways to increase referrals -such as ward smoking champions.

Equality:
Service unable to offer support to mental health patients due to staff capacity and lack of relevant training, both due to lack of funding.

3.1.3 Level 3 community pharmacy cessation service

Workforce, Safe and Effective Care:
Lack of staff capacity within Primary Care and Community Services Unit had resulted in a delay in service development and quality improvements. Agreement from Primary Care Forum in January to increase the staffing resource within the Unit to support the community pharmacy contract, and address outstanding quality and safety issues. Action plan in place

3.1.4 Stop Smoking Wales
Impact:
Telephone support for cessation has increased, resulting in problems with recording CO (carbon monoxide) validation quit attempt at 4 weeks. New telephone pilot being trailled for 6 months where client is required to pick up their discharge pack from advisor and be CO validated

3.1.5 Smoking cessation Pregnant women
Effective Care:
NHS Wales National Improvement Programme 2017/18 in progress, expectation that all Health Boards establish specialist maternal smoking services; service unable to be established in ABMU due to financial constraints. ABMU maternal smoking working group convened to drive alternative improvements in cessation support provided to pregnant smokers, including staff training, pathway development and referral and attrition in ABM cessation services.

3.1.6 ABM UHB Smoke-Free Hospitals
Effective Care:
Smoking on hospital grounds continues to be a widespread issue. Smoke free working groups in Princess of Wales and Neath Delivery Units have not met this period.

Recommendations – Tobacco Control:

- Note the progress made and actions in place

3.2 Healthy Eating, Physical Activity and Obesity
There has been no progress on the adults' or children's obesity pathways since last submission.

Individual/Timely Care:
ABMU HB is the second highest prescriber in Wales of medication used for weight management (e.g. Orlistat).

Workforce:
Nutrition and Dietetics Service has limited capacity to support delivery of Weight Management Services for adults and do not have any capacity to support the delivery of a service for children.

3.2.1 Safe Care/Effective Care:

- There are no tier 2 or 3 services for children and young people and as such the management of obese children is risk managed individually, by Health Visiting and Primary Care.

- The tier 3 Service for Adults is currently in developmental phase and funded for one session per week. Current capacity does not meet estimated population need. Issues regarding the tier 3 adults' service include limited funding, lack of capacity, the need for a review of the existing model in order to establish impact on health outcomes and ensure adherence to the All Wales Service Specification, NICE guidance and pre-surgical model for bariatric surgery.

Recommendations - Healthy Eating, Physical Activity and Obesity

- Pharmacology support should be reviewed by auditing compliance with guidance about management of patients on Orlistat.

- Consideration needs to be given to how to provide effective care to children and young people who meet criteria for tier 2 or 3 services.

3.3 Immunisation

The NHS Wales Delivery Framework has a 95% target for 5 year old children to receive 2 doses of the MMR vaccine and the NHS Confederation has a National Improvement Programme 17/18;

- Prompt follow-up by named Health visitors of children who do not attend for immunisation in response to multiple invitations.
- GPs actively invite all eligible 2 and 3 year olds for the nasal spray
- Ensure all antenatal clinics have arrangements in place to offer influenza and pertussis vaccines to the mother to protect the baby if not already vaccinated in primary care in a timely way.

Timely Care:
A local audit has shown some children have missed 18 or more immunisation appointments. The Strategic Immunisation Group (SIG) agreed that the number of appointments offered would be reduced to 4 appointments for that vaccine. A missed appointment pathway developed by HVs will have steps to look at reasons for non-attendance and will also strengthen the procudures that HV's are expected to follow

after a child misses an appointment. The pathway is being currently rolled across the Health Board area.

In ABMU influenza immunisation uptake is higher in 2018 compared to the same time last season for those

- aged 65 years and older - 67.9% compared to 64.6% with 75,320 vaccinated compared to 71, 256 (2016/17)
- 6m to 64 years at risk - 45.9% compared to 43.3% with 30,183 vaccinated compared to 28, 261
- 2 year olds 51.5% compared to 46.3%
- 3 year olds 45.2% compared to 41.5%

Equality and Safe Care:
Welsh Govemment minister raised issue of immunisation arrangements for home schooled children. A National Enhanced Service is in place with general practices but registration of home schooling status with Local authority is voluntary. Issue has been raised on DATIX. In 2015, Swansea and Bridgend had approximately 170 5-16 year olds home educated pupils. Issue to be taken to the Safeguarding Committee.

An MMR pilot in a Swansea cluster for 5-18 year olds is being organised in the Easter holidays with the school nurse immunisation team using practice data to catch any underimmunised children. There is still a risk of a measles outbreak for those not fully unimmunised in our HB.There were six confirmed cases thought to have been exposed in Cardiff City Centre in February by an unknown highly infectious source.

Workforce:
Point of delivery audit 2017 for vaccination of pregnant women against influenza and pertussis is above 80% in the women surveyed but there is no specific national target. Midwifery is exploring the costs of midwives vaccinating any women not already vaccinated in primary care ,. As this is new to their role, additional staffing resource will be needed to free up time for the midwives to vaccinate so women and their babies are not put at risk if not vaccinted in primary care.

Recommendations – Immunisations

- Note the progress made and actions in place

4.0 Healthy Cities including Early Years Focus

The focus is based on evidence that improving a young child's developmental outcomes pre-school, improves life chances and closes the gap in readiness for school between advantaged and disadvantaged groups. A pilot project, using a social prescribing model for one early years worker in a Swansea primary care cluster, requires a more sustainable model to continue.

Individual/Timely Care:
Over 106 referrals in under a year with 336 beneficiaries. Key issues identified are parental and child mental health issues, behaviour and lack of routines.

Equality:

The early year's worker is meeting unmet need identified by primary care workforce in areas outside of Flying Start by providing a 12 week intervention to enable parents to manage the child and their own issues.

Workforce:
Three networks have put funding forward from April 2018 to extend pilot but will be a triage system with two workers in place so model will change to being more clinic based with an option for home visit as needed and renamed as the Primary Care Children's Wellbeing Team. Formal evaluation being explored with Swansea University.

Recommendation
The Committee is asked to note progress and actions in place

Appendix 1

Quality & Safety Committee
Staying Healthy Reporting

Focus: The committee's focus is on all aspects aimed at ensuring the quality and safety of healthcare, including activities traditionally referred to as 'clinical governance'

Overarching NHS driver is to ensure core values are enacted with particular reference to:
Putting quality and safety above all else: providing high value evidence based care for our patients at all times i.e. *"doing the right thing, in the right way, in the right place, at the right time and with the right staff".*

Focus for reporting	**Things to consider**
Safe Care	Are we providing safe care? How do we know? What are the issues or concerns e.g. accidents, incidents, near misses, not meeting safety standards for service delivery etc.
Effective Care	Are we meeting required standards of effective care? How do we know? E.g. NICE or other effectiveness or quality standards for service delivery, evidence based approaches adopted?
Individual Care	• Are we improving user experience? How do we know? • Do we engage, consult and listen to our population? How is this then used to improve and deliver services? What about feedback from patients/end users, complaints / compliments?
Workforce	Are staff encouraged and enabled to improve the services they deliver? Do staff have the right skills/competency to deliver; do they have access to appropriate CPD and skills development? Are there concerns regarding the workforce's (directly managed or in the wider system/providers) ability to deliver?
Equality	Are we providing accessible and equitable services? How do we know? We need to consider both the issue of health inequalities and how different population groups might be differentially impacted / benefitting from the service but also access/equity from the perspective of the 9 protected characteristics (Equality Act 2010). Do we undertake some form of HIIAs and HEAs? Do we understand geographical and social disparities in our populations and their effects on access to and/or effectiveness of services?
Impact *(not about performance)*	Are we improving population health and/or wellbeing, as it relates to quality & safety? *N.B. This is not about performance against targets or benchmarked comparators.* This is about what impact, if any, are elements related to quality and safety affecting/impacting on outcomes e.g. lack of staffing means a lower uptake rate of imms/vacs or failure to adhere to best practice/evidence base has led to...? Is it likely to change in the near future?
Timely Care	Are people receiving the care they need in a timely manner? How do we know? E.g. waiting times, delays in service delivery etc.
Other	Are any of the issues noted above likely to change in the near future? What are your predictions? What action could/should/is being taken by whom, to address areas of concern and by when?