

WIRRAL HEALTH & WELLBEING BOARD

Meeting Date	8 July 2015	Agenda Item	
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Report Title	Health & Wellbeing Strategy
Responsible Board Member	Director of Public Health

Link To HWB Function	Board development		
	JSNA/JHWS		✓
	Health and social care integrated commissioning or provision		
Equality Impact Assessment Required & Attached	Yes	No	✓
Purpose	For approval	To note	To assure

Summary of Paper			
Financial Implications	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£	£	£
Risks and Preventive Measures	n/a		
Details of Any Public/Patient/ Service User Engagement	n/a		
Recommendations/ Next Steps	<p>1. Health & Wellbeing Board members are asked to give comments on the proposed outline of the new Health & Wellbeing Strategy</p> <p>2. If agreed, the priorities should be worked up to provide a more detailed picture of our aspirations over the next 5-10 years.</p>		

Report History		
Submitted to:	Date:	Summary of outcome:
n/a		

Publish On Website	Yes	✓	Private Business	Yes	
	No			No	✓

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Wirral Health & Wellbeing Strategy

Background

1. As outlined in previous reports to the Health & Wellbeing Board, a new Wirral Health & Wellbeing Strategy is required. At the previous formal meeting of the Board, the overarching vision for the strategy was agreed, together with the key principles. It was agreed that a small group should be formed to help to shape the priorities that the Strategy will incorporate. The Strategy is still in development, but this paper provides an update on progress, and the next steps that will be taken.

Progress update

2. A development session of the Board was held on 26 May 2015. At the session the following strategic aims were discussed:
3. That:
 - We want to make Wirral a place where people are not disadvantaged by where they live, who they are or the circumstances they were born into
 - We do not want any child in Wirral to live in poverty
 - We will support Wirral residents to do as much as possible to keep themselves healthy, manage their own health as much as possible, and live long, fulfilling lives
 - We want people to receive the right support, at the right time, in the right place
4. Six areas for focus were put forward that had the following in common:
 - They are all areas that require significant local improvement
 - They are all areas where effective joint action could bring significant benefits to large numbers of our population
 - They are all areas where effective joint action could result in significant savings for our local economy
5. The six areas for action discussed at the session were: alcohol, employment, childhood poverty, respiratory disease (including smoking), hypertension and the implementation of a new model of care.
6. After discussion, it was agreed these areas needed further work, and re-shaping. The discussion identified a need to think further about what should be included in the children's priority, the need to include mental health within the priorities, and older people. It was agreed that further work would be done to scope out and refine our priorities. A draft outline of a possible Strategy framework is attached as Appendix 1 for comment.

Next steps & timescales

- To undertake the additional work on the priorities by September 2015
- To develop a first draft of the Health & Wellbeing Strategy by October 2015

Recommendations

- To note the report and provide comments

Appendix 1: Draft framework for discussion

NARRATIVE FOR HWB

“Health is a resource for everyday life”

(WHO definition of health)

Health is something that when we're younger is often taken for granted. As we get older it becomes more important; we see the impact health has on those we know and love, and ultimately on ourselves. The hope that many people would have is that the years of life lived in poor health will be short. The idea of health as a resource is an important one. Being healthy should enable us to achieve our goals in life; rather than being a goal in itself, and many factors influence our ability to be healthy.

On Wirral we see very varying experiences of health. Over the past ten years, the number of years that an average person might be expected to live has increased. Unfortunately we have not seen the years lived in healthy life increase in the same way. On average, men start to experience poor health at around 60 years of age, and for women at 62 years of age. This means that people may be living many years with health problems that restrict their enjoyment of life into older age.

We know that in the next 15 years the numbers of people aged 65 and over will increase to a third of our local population and that our over 85 year olds are similarly increasing rapidly. This is a very positive thing in itself, but if quality of life is not great during those years, then the impact on people, their families and services is significant.

Our children and young people in the Borough achieve a great deal, many in spite of very difficult circumstances. But an unacceptable number of them live in poverty, or are in care. There is compelling evidence that a child's experiences in the early years have a major impact on their health and life chances.

The amount of money we have to put into public services such as Healthcare, Education and Police is shrinking. We will simply have much less to invest in services that support people who are unwell or unable to support themselves. This all means that we have two important priorities: to keep people healthy for as long as possible; and to make sure that those who do need our help and support receive this in the best way possible.

Our Health & Wellbeing Board will lead this work, taking action on a number of fronts:

We are keen to see people empowered at different stages of their lives: getting the very best start in life through to enjoying their older age. This is not a case of doing things to people – we need to do this with our communities – to respond to ***what matters to you***.

We hope to keep people well for as long as possible by reducing the levels of the main risk factors that can lead to poor health– alcohol, tobacco, high blood pressure, mental health

We will have to reshape health & social care: providing high quality integrated care and reducing the need for emergency admissions to hospital

To achieve these aims we are producing four key plans:

- A positive start to life
- A healthy older age

- Keeping people well
- Supporting vulnerable people

Each of these plans will be produced with our communities so that we understand better what matters, and to recognise that we should be at the edges of people's lives, not at the centre of them. From that insight we will focus our actions to make a real difference.

A positive start to life

[what is (are) the issue(s) on Wirral]

[what do we want things to look like in 5 years – what are our ambitions?]

[what are the actions that we feel are a priority]

For each priority action:

Outcome

Activities/what can we do to get there

Measurements [stepped 5 year timeline]

Who will take responsibility

[Family poverty/children ready for school/children ready for work/feel safe and are safe etc]

A healthy older age

[what is (are) the issue(s) on Wirral]

[what do we want things to look like in 5 years – what are our ambitions?]

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For each priority action:

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Measurements [stepped 5 year timeline]

Who will take responsibility

OP strategy – could be wide ranging potentially include [will probably need to extract from this – include things like dementia? – this will also be a Borough strategy]

- Age friendly neighbourhoods
- Feeling safe at home and in the community
- Tackling loneliness and isolation
- Promoting Age Equality
- Increasing community capacity and involvement
- Access to good housing and a positive home life
- Enhancing Health and Wellbeing (physical and emotional health)
- Encouraging employment and economic activity
- Developing intergenerational work
- Creating dementia friendly communities
- Maximising income and spending power
- Creating positive support for carers

Keeping people well

[what is (are) the issue(s) on Wirral]

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[what are the actions that we feel are a priority]

For each priority action:

Outcome

Activities/what can we do to get there

Measurements [stepped 5 year timeline]

Who will take responsibility

Alcohol

Tobacco

Blood pressure

Priority area: High Blood Pressure (Hypertension)

<p>What are the issues for Wirral?</p>	<ul style="list-style-type: none"> • An estimated 40-45,000 adults in Wirral currently have high blood pressure but are not aware of it • High blood pressure is the 2nd biggest risk factor for premature death and disability (after smoking) • Those from the most deprived areas are 30% more likely to have high blood pressure • High blood pressure is largely preventable • High blood pressure is estimated to cost our local economy £13 million each year • There are large local variations in detection and treatment of high blood pressure
<p>What do we want things to look like in 5 years – what are our ambitions?</p>	<ul style="list-style-type: none"> • 75% of adults aware of their blood pressure, what it means and how to get it checked • High levels of public awareness of how to prevent high blood pressure • 10,000 more local people identified with high blood pressure and treated accordingly • GPs in Wirral treating and controlling to best practice guidelines
<p><u>What are the priority actions?</u></p> <p><i>NOTE: The actions identified here are based on national recommendations and would need to be built upon with indepth local work.</i></p> <p><i>NOTE: The overall programme would be led by PH in conjunction with the CCG (with a HWB board member champion),</i></p>	
<p>A) <u>PREVENTION</u></p> <p>A1) Reduce population salt intake</p> <p>A2) Reduce levels of overweight/obesity, focussing on focus on low income households and deprived areas.</p> <p>A3) Maximise impact of behaviour change interventions on diet, physical activity, alcohol, and smoking</p>	
<p><u>ALL PARTNERS</u></p>	<ul style="list-style-type: none"> • Raise awareness of local options for lifestyle support • Engage with ‘Making Every Contact Count’ • Include promotion of healthy lifestyle within any procurement or service designed

	<ul style="list-style-type: none"> • Identify opportunities to support employee health and wellbeing • Ensure that all frontline staff undergo training to enable them to offer brief healthy lifestyle interventions
Council and elected members	<ul style="list-style-type: none"> • Continue to create a living environment that promotes healthier lifestyles • Ensure appropriate commissioning of lifestyle support services • Commission social care services that integrate prevention and lifestyle modification as part of all pathways • Ensure provision (via PH) of training on brief lifestyle interventions
CCG	<ul style="list-style-type: none"> • Commission services that integrate prevention and lifestyle modification as part of all clinical care pathways
Healthcare providers	<ul style="list-style-type: none"> • Ensure that all front-line staff receive basic training in lifestyle risk factor interventions • Ensure provision of high-quality lifestyle advice/brief interventions
Voluntary & Community Sector	<ul style="list-style-type: none"> • Integrate prevention messages into all areas of activity • Identify opportunities for promoting healthier lifestyles within the community • Advise on increasing engagement of wider community
Individuals & families	<ul style="list-style-type: none"> • Make positive changes to their own health, and support friends and family to do the same (e.g. maintain a healthy weight, maintaining a salt intake below 6g/day, increasing physical activity)
<p>B) <u>DETECTION</u></p> <p>B1) Promote leadership, engagement and education on detection of high blood pressure</p> <p>B2) Run local ‘Know Your Numbers’ campaign</p> <p>B3) Improve uptake of the NHS Health Check programme</p> <p>B4) Increase local options for testing blood pressure</p>	
<u>ALL PARTNERS</u>	<ul style="list-style-type: none"> • Promote local awareness-raising campaign (owned by the HWBB) • Promote the importance of regular testing & avenues to achieve this • Support data/information sharing to ensure that blood pressure readings (no matter where tested) are logged on patient

	<ul style="list-style-type: none"> records • Offer workplace blood pressure testing to staff
Council and elected members	<ul style="list-style-type: none"> • Work with partners to lead a local ‘Know Your Numbers’ campaign (via PH) • Ensure effective provision of NHS Health Check programme (via PH) • Collaborate with NHS and wider partners to deliver targeted additional testing (via PH)
CCG	<ul style="list-style-type: none"> • Promote clinical leadership, engagement and education on detection of high blood pressure in primary care • Consider the case for investment in enhanced community pharmacy services to provide better support for blood pressure management • Ensure provision of training for clinical staff to refresh skills on accurate blood pressure testing and effective results communication
General practice <i>LMC?</i> <i>Pharmacies?</i> <i>Other providers?</i>	<ul style="list-style-type: none"> • Ensure systematic approaches to detect high blood pressure (e.g. auditing records for unresolved high blood pressure readings and high risk adults to follow-up, supported by call and recall) • Improve uptake of the NHS Health Check • Identify opportunities to test patients according to best practice guidelines
Voluntary & Community Sector	<ul style="list-style-type: none"> • Provide insight into under-served communities • Identify opportunities for provision of alternative testing options
Individuals & families	<ul style="list-style-type: none"> • Learn about blood pressure and what different readings mean • Identify options for getting regular blood pressure testing (including home-testing) • ‘Spread the word’ to friends, families, neighbours
C) <u>TREATMENT</u> C1) Bring clinical practice closer to treatment guidelines C2) Support adherence to drug therapy and lifestyle change	
<u>ALL PARTNERS</u>	<ul style="list-style-type: none"> • Consider how to support general practice in achieving good levels of control • Identify opportunities for supporting individuals to adhere to lifestyle changes and/or medications

Council and elected members	<ul style="list-style-type: none"> • Work directly with local communities, neighbourhoods, and primary care to ensure that initiatives are accessible to those who need them most, and deliver sustainable programmes that work with community assets to deliver effective long-term results
Healthcare commissioners	<ul style="list-style-type: none"> • Promote and support clinical leadership for improvement by GPs, nurses and pharmacists • Consider the case for local investment in enhanced community pharmacy services to provide better support for blood pressure management • Support spread of good practice in primary care
General practice <i>LMC?</i> <i>Pharmacies?</i> <i>Other providers?</i>	<ul style="list-style-type: none"> • Ensure that key clinical staff are adequately trained in blood pressure control guidelines • Undertake regular practice-level audit of blood pressure control levels • Identify ways to further support patients with adherence to medication
Voluntary & Community Sector	<ul style="list-style-type: none"> • Support the dissemination of patient information materials and sources of advice and support to those managing/monitoring their own high blood pressure, particularly ensuring these are accessible and comprehensible to a diverse audience
Individuals and families	<ul style="list-style-type: none"> • Adhere to recommended lifestyle changes and /or medication prescribed • Self-monitor blood pressure levels regularly to assess success in managing the condition, raising any major changes or difficulties with a clinician • Identify and seek support for any barriers encountered to adherence with drug therapy or lifestyle changes

What would be the ‘added value’ of the HWBB?

- Champion the priority area wherever possible, including lobbying for national action (e.g. salt added to food)
- Ensure proportionate investment of resources into priority area
- Maximise partner input and impact
- Identify and facilitate opportunities for creating efficiencies within the action plan
- Break down barriers preventing agreed action taking place
- Ensure progress is made towards agreed goals
- Seek assurance that services and interventions are accessible and appropriate to those at higher risk and those in deprived areas

Supporting vulnerable people

[what is (are) the issue(s) on Wirral]

[what do we want things to look like in 5 years – what are our ambitions?]

[what are the actions that we feel are a priority]

For each priority action:

Outcome

Activities/what can we do to get there

Measurements [stepped 5 year timeline]

Who will take responsibility

Integrated care

Planned care

Unplanned care

Healthy workforce?