



Health and Wellbeing Board Meeting Date 17<sup>th</sup> January 2019

Item Title: HWBB Joint Commissioning Report - Healthy Lives Update

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## 1.0 Summary

This report provides updates for 'Healthy Lives,' the partnership prevention programme of the Health and Wellbeing Board. It provides context about the Healthy Lives programme, describes and demonstrates current activity taking place in four of the programme areas which are; Healthy Conversations/ Make Every Contact Count (MECC), Musculoskeletal (MSK) and Physical Activity, Diabetes and Cardio-Vascular Disease (CVD) and Social Prescribing. It also gives project management updates and opportunities for progression of the Programme.

### 2.0 Recommendations

That the Board notes these updates, and continues to support the programme.

# **REPORT**

### 3.0 Background

- 3.1 'Healthy Lives' is the name of the prevention programme of the Health and Wellbeing Board. Partners across health, social care and the community and voluntary sector are working proactively, together, rather than in isolation, to reach Shropshire people before their health or condition develops or gets worse.
- 3.2 Healthy Lives is a proactive and reactive programme, where these partner organisations are combining to innovate, make the best use of their human and monetary resources, and individual knowledge and expertise to help make a difference to Shropshire people. Evidence base is used for in all Healthy Lives work. Figure 1 illustrates some of the main partners.



Fig. 1 Examples of Healthy Lives Partners for illustrative purposes.

3.3 Healthy Lives links back to communities and neighbourhoods. The impact of loneliness on health and wellbeing is now well documented. The campaign to end loneliness¹ reports there are 1.2 million chronically lonely older people in the UK. An Action for Children survey found that 43% of 17 – 25 year olds who used their service had experienced problems with loneliness, and a study by The Co-op and the British Red Cross revealed over 9 million people in the UK across all adult age, are either always or often lonely. Social Prescribing is one of the programmes which is actively helping to tackle this issue, and its roll-out countywide, as well as a pilot for Children and Young people will start to show impact on positive health and wellbeing outcomes. This is measured through tools used in Social Prescribing such as Measure Yourself Concerns and Wellbeing (MYCAW) and De Jong Gierveld loneliness scales.

## 4.0 Current activity taking place in four programme areas:

## 4.1 Healthy Conversations/ Make Every Contact Count (MECC) Plus

4.1.1 Evidence-based behaviour change training has been developed by Public Health as a key part of Shropshire's Healthy Lives Programme which brings together the work of Shropshire Council and wider local healthcare systems to support people to stay well in their community.

Healthy Lives encompasses Making Every Contact Count (MECC)<sup>2</sup> and Social Prescribing and supports front-line staff in their valuable role as an extended Public Health workforce.

4.1.2 Three levels of Healthy Conversations/MECC plus training has been developed:

# Healthy (Effective) Conversations Training (Level 1

This level supports candidates to deliver brief opportunistic advice to those they come into contact with in their day to day role. The course brings together key Public Health insights and essential health messages and explains the principles of Making Every Contact Count (MECC). The training supports candidates to confidently incorporate these within their role as an aid to effective signposting. Social Prescribing is explained and candidates are introduced to basic behaviour change skills to enhance everyday contacts with those they support.

### Using Behaviour Change Skills within Client Support (Level 2)

This level is designed for those who support clients beyond signposting and who will benefit from enhancing existing communication and listening skills through motivational interviewing. The evidence and theory behind effective behaviour change is explained. Motivation, ambivalence as a barrier to change and resistance are all explored. Candidates are introduced to core skills to enhance client support and are introduced to Social Prescribing as an effective behaviour change model.

### Supporting a Behaviour Change Approach and Skills in Client Support (Level 3)

This level is designed for those with service management responsibilities including supporting staff to embed a behaviour change approach within client support. Motivational Interviewing as an effective behaviour change approach is explained and its key principles and core skills are summarised. The course examines the wider principles of service delivery including monitoring and evaluation of outcomes and explores supervision and support as a framework for those either new to or experienced in embedding a behavioural change approach within client support.

4.1.3 Ninety-one (91) learners have received level 1 and 2 training to date. This includes teams from Adult Social Care and Community Physiotherapists. Further training is booked at the beginning of this year for teams from the Fire and Rescue Service, Housing and First Point of Contact, (FPOC) who will receive this training together.

<sup>&</sup>lt;sup>1</sup> https://www.campaigntoendloneliness.org/the-facts-on-loneliness/

<sup>&</sup>lt;sup>2</sup> MECC is an evidence based behaviour change approach, which uses the day to day interaction that organisations and individuals have with other people, to engage in opportunistic health conversations which can support positive changes to their physical and mental health and wellbeing. MECC plus (which is called Healthy Conversations in Shropshire) takes this a step further and includes conversations which include debt and housing.

## 4.2 Physical Activity

### 4.2.1 Elevate - Strength, balance, everyday life

There has been huge interest and community demand for this programme, which is being delivered by Energize and funded through the Improved Better Care Fund (IBCF). 308 referrals have been made so far, of which more than 156 were self-referrals.

The evidence based programme is delivered by local experience instructors in Postural Stability Instruction (PSI). The sessions build on core strength i.e. strengthening muscles to maintain strength and balance, rather than becoming muscular and is aimed at those aged 65+ who are a bit unsteady on their feet, and at risk of falling, rather than frail.

The programme is active in Ludlow, Shrewsbury, Bishops Castle, Oswestry and Ellesmere, with demand for an extra 5 classes in Shrewsbury. Energize are now developing an 'insight' document.

### 4.2.2 Cancer recovery

The Lingen Davies grant funded 'Get Active Feel Good' programme led by Public Health is being extended beyond the current hospital sites to provide access in community settings. The programme provides support to people living with and beyond cancer to improve their health and wellbeing through physical activity. Get Active Feel Good is now open to GP referral and is a registered healthy Lives Social Prescribing intervention

# Musculoskeletal (MSK)

4.2.3 A strong partnership is being developed between the Healthy Lives programme and physiotherapy. Community Physiotherapists are starting to refer their patients to Social Prescribing, and a number of staff have received level 2 Healthy Conversations training.

## 4.3 Diabetes and Cardio-Vascular Disease (CVD)

## 4.3.1 Atrial Fibrillation (AF) pilot

It is estimated that there are 10,014 people with undiagnosed AF in Shropshire. (Shropshire CCG: 2017) As a form of early intervention, and using a preventative approach, these devices are being used for opportunistic screening in 7 pharmacies and 3 GP Practices to detect AF early, and thus reduce stroke risk. Those with abnormal readings screened in pharmacies, are referred to their GP and offered a 'Healthy Lives' programme intervention. These could include; Help2Quit for smoking, Help2Slim for weight management or support through social prescribing for a community based activity such as exercise with a social base.

69 people have been screened so far in pharmacy settings, and training is being provided for primary care staff in GP Practices for use of the devices within the NHS Health check.

## 4.3.2 Audits

CVD and diabetes risk audits have been completed in 4 GP practices. This is linked to social prescribing and Help2Slim.

### 4.4 Social Prescribing

- 4.4.1 340 referrals have been made to date and 12 GP practices are now involved. The main reasons for referral are currently; people at risk of loneliness and isolation, lifestyle risk factors and mental health difficulties.
- 4.4.2 Housing staff will be able to refer their clients to Social Prescribing within the next few weeks, and Community Physiotherapists have just started referring their patients to the service. Discussions are taking place with the Drug and Alcohol Action Team, to progress referral.

### 5.0 Project management

5.1 In terms of project management for Healthy Lives, the following documents have been updated and agreed with all partners:

- Risk Register
- Action Plan
- Metrics reviewed

### 6.0 Opportunities for progression of the Healthy Lives Programme

- 6.1 Opportunities are always being actively identified to progress the Healthy Lives Programme. These currently include;
  - Using the measurement tool 'Patient Activation Measure' (PAM) across the system
  - Connecting to, and linking with Shropshire Care Closer to Home
  - Creating Children & Young People's Social Prescribing
  - Continuing to support the work of the Food Poverty Strategy
  - Use of music and culture to support mental health
  - Taking forward discussions to connect to the prevention element of cancer strategy.

#### 7.0 Conclusions

7.1 The Healthy Lives Programme is progressing well, and moving at pace. Partners are working hard collaboratively to ensure the work continues.

## 8.0 Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

There are no Human Rights, Environmental Consequences, Community or Equality issues identified with the provision of these updates.

## 9.0 Financial Implications

There are no financial implications that need to be considered with this update.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder)
Cllr Lee Chapman
Portfolio Holder for Adult Services, Health and Housing
Local Member
Appendices