

**Health and Wellbeing Board**  
**Meeting Date** 23rd May 2019

**Item Title: HWBB Joint Commissioning Report – Healthy Lives Update**

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**1.0 Summary**

1.1 This report provides updates for the Healthy Lives, Programme the Partnership Prevention Programme of the Health and Wellbeing Board.

1.2 It includes information about developments and partnership working for; Cardio-Vascular Disease (CVD) risk prevention, Physical Activity, Social Prescribing and the Shropshire Food Poverty Alliance. It also highlights specific identified risks from the Healthy Lives Risk Register, and describes the recent Patient Activation Measure (PAM) workshop.

**2.0 Recommendations**

That the Board notes the ongoing work and notes the risks to the Healthy Lives Programme as the prevention programme of the Health and Wellbeing Board.

**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 voluntary and community sector are working together proactively rather than in isolation, to reach Shropshire’s residents 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

## 4.0 Programme updates

### 4.1 Physical activity

#### 4.1.1 *Elevate*

The total number of referrals to these classes are 502. (449 reported at last meeting) 66% are self-referrals and 38% are partner referrals from sources such as; the Fall Team, Physiotherapy, GP practices, Social Prescribing, Community and Care Coordinators and Functional Fitness MOT events.

23 classes have started, and 12 classes (these are 20 week classes) have been completed.

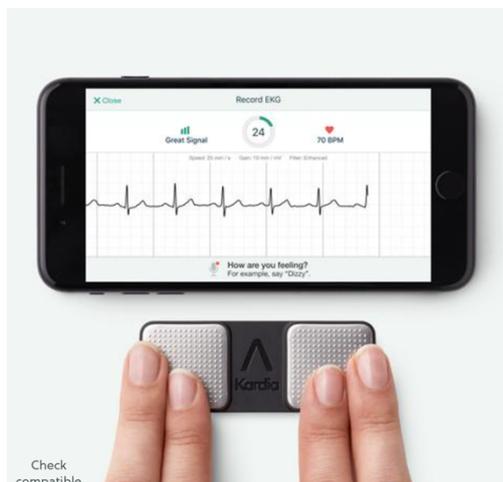
70% of participants assessed at 20 weeks showed a reduction in falls risk through improved physical function, as measured by the 'Timed Up and Go' Score.

#### 4.1.2 *Functional Fitness (FF) MOT events*

On behalf of Public Health, Shropshire RCC has held FF MOT events in Bishops Castle, Albrighton, Oswestry, Ludlow, Shrewsbury Town Centre and Harlescott. A total of 113 clients attended the six FF MOT events. Their ages ranged from 65 to 95.

30% of participants had below their age-average functional fitness test scores that indicate falls risk, such as 'Timed Up and Go' and 'Sit to Stand'. At a 3 month follow up, 25% of clients reported that they had joined an exercise class within six weeks of attending the FF MOT event and a further 23% said that they intended to start a new class. Further FF MT events are planned in Market Drayton and Craven Arms.

### 4.2 Cardio-Vascular Disease (CVD) risk prevention AliveCor Kardia Atrial Fibrillation (AF) testing



4.2.1 122 people have been screened to date in Shropshire Pharmacies. Further training is being planned and delivered, which will give greater opportunity for people to be screened countywide.

This has enabled people with abnormal readings to seek help earlier, rather than later, and is a good example of a public health 'upstream' approach.

4.2.2 The AF device is being used at some outlying Shropshire General Practices where there is an indication of a low observed prevalence of AF, compared with expected prevalence according to the National Cardiovascular Intelligence Network (**NCVIN**). Use of the device is supplementary to the NHS Health Check manual pulse check, and lets patients check their risk of AF. The onscreen visual heart rhythm display reinforces the value of cardiovascular health.

4.2.3 One AF device has been placed in a community setting in a small Shropshire rural town for people to use opportunistically in partnership with the NHS Health check lead from the local GP Practice. Staff training has been provided, including advice and guidance for those with an abnormal reading. Within a short period, abnormalities have already been detected.

### 4.3 Social Prescribing

4.3.1 There have been a total of 470 referrals to the service so far.

4.3.2 A Social Prescribing (SP) event with SP Advisors and the organisations providing SP interventions, was held on the 9<sup>th</sup> of April and attended by 19 people. This was a positive event which enabled networking, information sharing and building of working relationships.

4.3.3 Mental health referrals are currently the most common reason for opportunistic referral to Social Prescribing, with risk of loneliness and isolation the second highest. Advisors have reported that the mental health referrals they are receiving are becoming more complex and challenging. As the

criteria for Social Prescribing referral is low level mental health difficulty and anxiety, this is worth the Board noting in terms of availability of mental health support for people.

#### 4.4 Shropshire Food Poverty Alliance

4.4.1 £10,000 of surplus grant funding was identified, and agreed to be transferred to the Shropshire Food Poverty Alliance through the Healthy Lives Steering Group. This will be used as a means for the Alliance to implement their Action Plan. A Memorandum of Understanding (MOU) has been agreed and signed, and reporting on progress will come back to the Steering Group.

### 5.0 Healthy Lives Risks

5.1 The Healthy Lives Programme Risk Register is regularly reviewed. At the last Healthy Lives Steering Group meeting, risks identified included:

- 5.1.1 Savings to the future Public Health budget and a proposed restructure are likely to result in changes to the design and delivery of the Healthy Lives programme. Discussions with partners are continuing to ensure the programme keeps moving forward.
- 5.1.2 Implementation of the Shropshire All-Age Carers Strategy needs to progress with a greater understanding of the support that will be of most value to carers. The council plans to undertake a deep dive review of the current support for carers with the involvement of partners and carers. The Implementation of the Dementia Strategy has been affected by a long term vacancy in the Dementia Lead officer role. This post has now been recruited to.
- 5.1.3 Shropshire's Social Prescribing (SP) programme is a priority for the system and is currently delivered through 11 GP practices, receiving referrals from a number of agencies. The local authority has committed to the long term support of the infrastructure of the programme including leadership, data gathering, directories, contracting with the voluntary and community sector and lead advisor. Discussions have begun with Shropshire CCG and GPs in the county regarding the potential for bringing together the current SP model with the opportunity the new Primary Care Networks will have to access funding for SP Link Workers to ensure that the model can grow and develop across the county. Integral to the model will be continued joint working across the system with primary care and the voluntary and community sector, amongst many other local partners –
- 5.1.4 Ensuring close links between Healthy Lives activity and links to Shropshire Care Closer to Home (SCCtH) is important, particularly in Phase 2 of the programme. The Phase 2 pilot implementation will start in June 2019 and the operational leads are including Healthy Lives leads in their discussions about each local pilot.

### 6.0 Patient Activation Measure (PAM) workshop held 28/03/19

- 6.1 NHS England is working with partners to understand how patient activation can lead to more personalised care. 'Patient activation' describes the knowledge, skills and confidence a person has in managing their own health and care. Evidence shows that when people are supported to become more activated, they benefit from better health outcomes, improved experiences of care and fewer unplanned care admissions<sup>1</sup>.
- 6.2 The PAM tool is already being used with patients referred for Social Prescribing in Shropshire, who have long term conditions, i.e. CVD and pre-diabetes.
- 6.3 Shropshire has successfully obtained 3,500 licences, and a desire to use these collaboratively across the system, resulted in a multi-agency workshop in March 2019.
- 6.4 There was good representation across services including; Shropshire CCG, SaTH, GPs, the Voluntary and Community Sector, Adult Social Care and Public Health in Shropshire Council. The context of PAM was presented, and three discussion groups answered three questions; which patient groups would it be useful for? Where could this tool be used? and how will we implement it across the system?
- 6.5 Outcomes of the workshop were as follows:
  - Agreed formation of a small project group to implement PAM into 8 x GP Practices as a pilot. The group will have representatives from; Shropshire CCG, Shropshire Community Health Trust, Shropshire Council Public Health and the Voluntary and Community Sector

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<sup>1</sup> <https://www.england.nhs.uk/ourwork/patient-participation/self-care/patient-activation/>

- The Project Group updates will be provided by a representative/s at the Healthy Lives Steering Group meeting
- A PAM interest group for those who attended the workshop, and those who expressed interest but were unable to attend, has been created electronically, so everyone is kept in the loop with PAM developments.

## 7.0 Conclusions

7.1 Excellent work is continuing through the Healthy Lives Prevention Programme, but the HWBB are asked to note the risks identified in 5.0 and continue to support the Programme.

## 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.

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