

## Health and Wellbeing Board

Meeting Date: 4<sup>th</sup> July 2019

### HWBB Joint Commissioning Report – Healthy Lives Update

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## 1. Summary

1.1 This report provides updates for 'Healthy Lives,' 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) prevention, Social Prescribing, Healthy Conversations training and Carers.

## 2. Recommendations

2.1 That the Board notes and supports the ongoing work.

## 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.

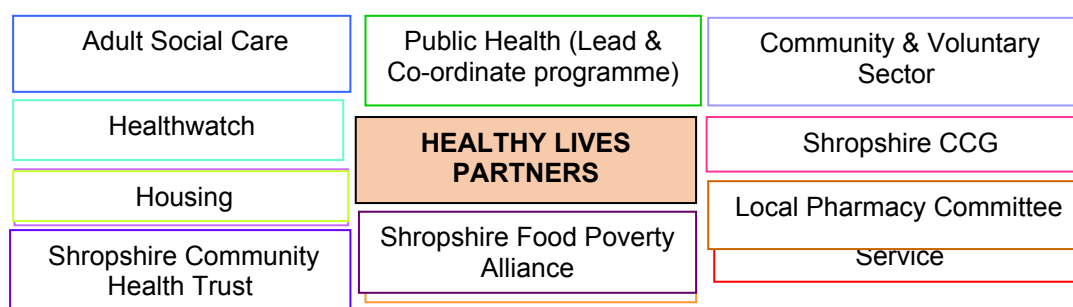


Fig. 1 Examples of Healthy Lives Partners for illustrative purposes

## 4.0 Programme updates

#### **4.1 Cardio-Vascular Disease (CVD) risk prevention - Use of AliveCor Kardia Atrial Fibrillation (AF) testing device in the community - Enterprise House, Bishops Castle.**

4.1.1 This is an excellent example of prevention activity and normalising self-care within a community setting. In a six week period between mid-April and end of May 2019, 80 individuals received an AliveCor Kardia AF test. Most were aged 60+, but some were in their 40's. Result were:

- 3 abnormal readings, indicative of AF
- 2 unclassified, because heart bpm was consistently outside the detection range of the device (below 50bpm and over 100)
- 75 were normal; no AF detected.

4.1.2 Staff training was provided, including advice and guidance for those with an abnormal reading.

4.1.3 Staff were asked about any concerns they had with getting involved in a "health" service. They felt they trusted their manager - "if our boss felt it was feasible and appropriate then it would be. We also knew that if we had concerns we'd be able to raise them." And said "We're open to trying new things, and to learning by doing." Also knowing they had the backing of the GP Practice was reassuring.

4.1.4 After 6 weeks, staff were asked how they felt the project was going. Initial concerns about confidentiality were allayed. Everyone asked for the test to be done by a member of staff, and they found that people were happy to share their own results with others. One group encouraged their friend to visit their GP when their result was abnormal.

Staff have made it clear that they are not experts, or clinical but found people were happy with their layperson's explanation of AF and risk of stroke; "We have the AF leaflet we can refer to."

4.1.5 Word of mouth brought in most people, far more than their promotional posters. People came on the recommendation of others "So-and-so said I should come in for the test."

4.1.6 People who have had normal readings (no AF detected) have been reassured: "That's good, I can forget about that for a while then." They have also asked if /when they can come back for a test again.

4.1.7 Key elements of success were reported by staff to be; "We are well-rooted in the community. People are already at ease with us, so we are trusted with all sorts of things." "We were able to do it informally, either as people dropped in especially for the test, or offering it to them when they had come for other reasons."

4.1.8 The simplicity, opportunistic nature, and not needing to make an appointment to do the test was seen as beneficial. More crucially, the words of a member of staff sums up how they felt; "It's quite an achievement, those three people, it's people we know from our community and we've help stop them having a stroke."

#### **4.2 Social Prescribing**

4.2.1 500 Referrals have now been made by partners across the health, social care and voluntary and community sector.

4.2.2 Figure 2 shows the age spread of referrals. Most fall in to the 50+ age group, with age group 60 to 69 years being the highest. Trends are showing that younger people being seen have increased. (Under 50 years)

4.2.3 Figure 3 shows the most common reason for referral (excluding patients who have been identified by their GP practice as being at risk of Cardio Vascular Disease (CVD) or pre-diabetes through audits). The most common reasons are mental health difficulties, lifestyle risk factors and loneliness and isolation. Patients may be referred for one or more of the reasons shown.

4.2.4 Figure 4 shows currently, more females (59%) than males are being referred for Social Prescribing. The offer of the service is equal, and this does not cause concern but continues to be monitored.

4.2.5 Overall trends show an increase in those aged 50 and under being referred, but complexity is increasing, particularly in terms of mental health. (This was raised at the May Health & Wellbeing Board meeting, and cited in the accompanying Healthy Lives report).

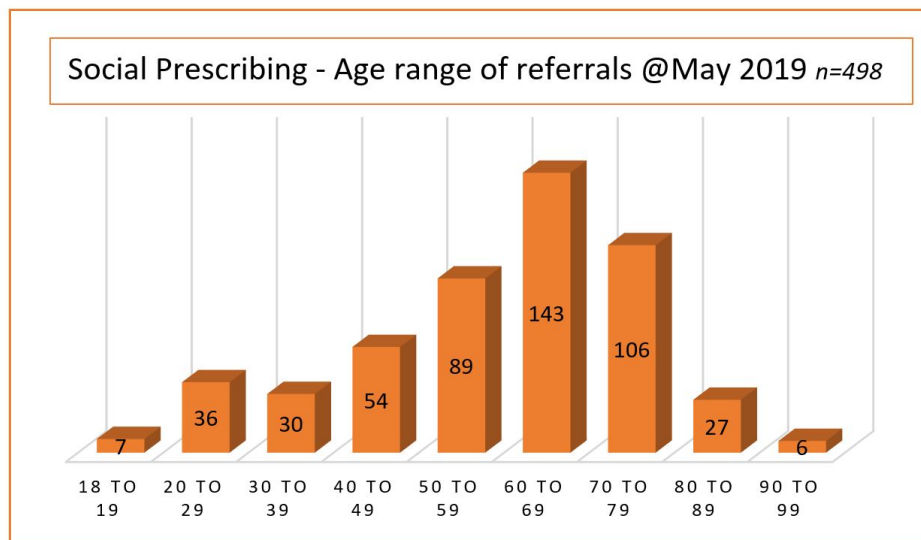


Figure 2 - (Data source, Shropshire Council)

#### Referral reason (excluding GP Practice pre-diabetes and CVD audits)

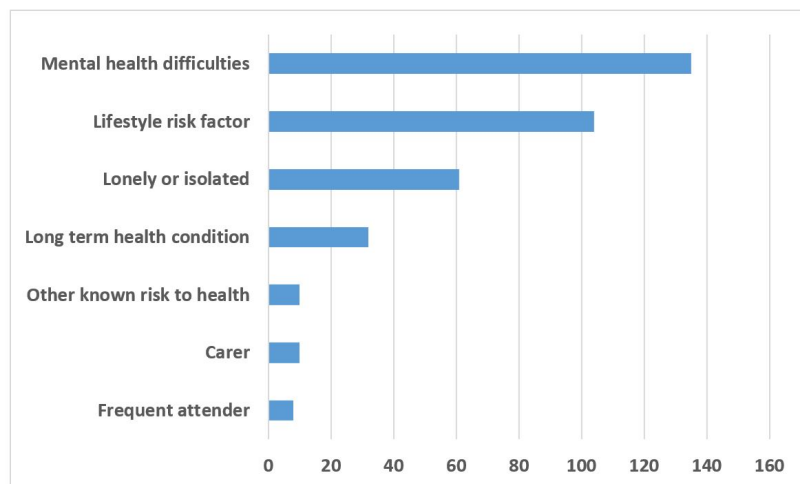


Figure 3 (Data source, Shropshire Council)

#### Gender of referrals made



Figure 4 (Data source, Shropshire Council)

4.2.6 Impact measurement includes; Phase 1 and the upcoming phase 2 independent evaluation reports, reduction in Measure Yourself Concerns and Wellbeing (MYCAW) scores, Patient Activation Measure (PAM) scores and through capturing people's own words.

What was the most important thing about this service?  
"Helping me reach my goals and not judging me, but most of all treating me as a person and not a number."

"Well, I can't thank them enough for what they did for me."

"The initial appointment with the advisor has changed my life. I am now fitter and have lost 2 stone in weight. I feel more energetic and healthier."

4.2.7 Social Prescribing is progressing well, and close links to the emerging Primary Care Networks (PCN's) continues.

### **4.3 *Healthy Conversations training***

4.3.1 63 library staff across the county have had Healthy Conversations training, which has been well received. Further training for Voluntary and Community Sector staff is taking place during June 2019.

### **4.4 Carers**

4.4.1 A 'Taking the Pressure out of Caring' workshop for Young Adult Carers (16-25 years) will be held in August in Telford. This is a joint workshop with Telford & Wrekin, and a further workshop will be held in Shropshire in the autumn.

4.4.2 A review of the Carers Strategy and Action Plan is underway, and at the last Partnership Board meeting, the need to identify leads for priorities which were still amber or red was agreed. Partner organisations will be approached to commit to actions which they would be best suited to progress through their strategic influence or expertise for example.

## **5.0 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. However the HWBB are asked to note the risks identified in the May 2019 paper, and continue to support the Programme.

## **6.0 Financial Implications**

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

## **7.0 Additional Information**

## **8.0 Conclusions**

Excellent work is continuing through the Healthy Lives Prevention Programme

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