Health Improvement and the 2010/11 Herefordshire Population Health Improvement Plan

Report for the Health and Wellbeing Partnership Board and Transition Report for the Herefordshire Health and Wellbeing Board

1. Introduction

This report has been prepared to inform members of the Health and Wellbeing Partnership Board and the new Herefordshire Health and Wellbeing Board regarding progress to date in relation to health improvement and on the development and implementation of local plans for improving the health of the local population.

The report looks at progress and achievements to date, identifies areas where work is continuing including areas where more work is needed and looks forward to the next steps that need to be taken in future years in order to achieve real improvements in population health and to reduce health inequalities affecting local people.

2. Background

In general, people in Herefordshire enjoy relatively good health. However, despite this, too many people suffer avoidable ill health or die prematurely from preventable conditions. In addition to the resulting unnecessary suffering for individuals and their families and carers, this also leads to unnecessary time off school or work and avoidable costs for society (for example, spending on health and social care, benefits payments, lost productivity for businesses).

During 2010/11 the Public Health Directorate has led on the development of a new Population Health Improvement Plan (HIP) for Herefordshire. At the beginning of this process, although a range of health improvement activities were in place, these were not coordinated and there were no strategic population health improvement plans in place locally from which the 2010/11 HIP could be developed. The process of developing a local HIP therefore had to start from scratch.

3. Overview of the 2010/11 Population Health Improvement Plan

3.1 Aim of the 2010/11 HIP

The aim of the HIP is to create a single strategic plan for improving population health and preventing avoidable illness and early death in Herefordshire by:

- identifying the top priority topic areas for population health improvement;
- bringing together and reviewing existing activity contributing to health improvement across a wide range of partner organisations;

- identifying new activity required to improve population health based on evidence of effectiveness and using a structured framework which addresses the wide range of underlying influences on health;
- identifying funding for existing and new activity;
- bringing existing and new activities together to form the basis from which longer-term plans for Population Health Improvement could be developed.

3.2 Contents of the 2010/11 HIP

The HIP identifies, and brings together into a single plan, nine priority areas which influence the main causes of avoidable illness and premature death in Herefordshire, namely:

- Smoking;
- Alcohol;
- Diet;
- Physical activity;
- Oral health;
- Infectious diseases;
- Sexual health, including teenage pregnancy;
- Accidents and injuries;
- Mental wellbeing.

Each section is structured to include the wide range of actions required to improve health using the following framework:

- Encouraging a healthy start in life;
- Reducing exposure to risk factors;
- Enforcement and ensuring a supportive environment;
- Inequalities;
- Advocacy;
- Early diagnosis and treatment.

Under each of these sections and their subheadings, the HIP brings together existing initiatives already being undertaken across the county and identifies new priorities areas for action.

3.3 The importance of the underlying wider determinants of health

Because of the fundamental influence of wider determinants such as socio-economic and environmental factors on population health, the 2010/11 HIP is not limited to health services and attempts to capture existing and proposed activity across a wide range of partner organisations. Where possible, the HIP also identifies how existing work is funded and sources of funding for new and proposed activities.

It is important to recognise that both the development and the implementation of the HIP has involved, and continues to require, joint working across a wide range of partners. Health is about much more than expecting individuals to adopt a more healthy lifestyle by giving them information or education. Whilst this has a role, we also need to make sure that people are encouraged and supported towards better

health by the community, their surroundings and environment in which they live and work. Crucially, it is important to recognise the role of the wider socio-economic and environmental determinants (the "causes of the causes") which underpin health and to work with partners who have influence over these determinants in order that action is taken to address them.

4. Progress to date

This section looks at recent achievements in population health improvement as a whole. It then reviews progress in relation to developing and implementing the 2010/11 HIP, looking in turn at what we have achieved to date, areas that we are still working on and areas where work hasn't progressed as much as we would have liked, but which are still priorities.

4.1 Key population outcome achievements

4.1.1 All Cause Mortality

Males: all cause mortality has dropped by 8.5% from baseline rate of 656.4 per 100,000 population (2006-08) to 600.8 per 100,000 population in 2009.

Females: all cause mortality has dropped by 3.8% from baseline rate of 430.3 per 100,000 population (2006-08) to 413.9 per 100,000 population in 2009.

4.1.2 Coronary Heart Disease

Coronary Heart Disease mortality has dropped by 7.8% from baseline rate of 79.2 per 100,000 population (2006-08) to 73.0 per 100,000 population in 2009.

4.1.3 Circulatory Diseases

Circulatory Diseases mortality has dropped by 3.9% from baseline rate of 61.8 per 100,000 population (2006-08) to 59.4 per 100,000 population in 2009.

4.1.4 Cancer

Cancer mortality has dropped by 0.6 % from baseline rate of 103.7 per 100,000 population (2006-08) to 103.1 per 100,000 population in 2009.

4.1.5 Land Transport Accidents

Land Transport Accidents mortality has dropped by 17.1% from baseline rate of 11.7 per 100,000 population (2006-08) to 9.7% per 100,000 population in 2009.

(NB; the rates are based on very small numbers, therefore significant drop should be interpreted cautiously. It may not be sustainable as only a few fatal accidents can avert the course of success.)

4.1.6 Life Expectancy at Birth

Male: Life Expectancy has increased by 0.6% from baseline of 78.1 years (2005-07) to 78.6 years in 2006-08.

Females: Life Expectancy has increased by 0.5% from baseline of 83 years (2005-07) to 83.4 years in 2006-08.

4.1.7 MMR Uptake

MMR Uptake rate has increased by 6.4% from 73.9% (in 2007-08) to 81.3% (in 2009-10).

4.1.8 Chlamydia Screening

Chlamydia screening uptake rate has increased by more than fivefold from 4.3% (in 2007-08) to 23.2% (in 2009-10).

4.2 Overall progress

4.2.1 Development of a written plan

During 2010/11 a "baseline" HIP was completed as planned. This has been an iterative process resulting in a "live" HIP document which will form a sound basis for future plans. This process has brought together existing initiatives and new ideas for action together into a structured plan covering the nine priority areas listed above.

4.2.2 Involving stakeholders

Work to develop and implement the HIP has involved and engaged a range of local partners. This process has helped to foster a greater shared understanding locally that health is everyone's business and that everyone has a part to play in working towards achieving good health and wellbeing for the whole population. Whilst the development of the HIP has been coordinated by Public Health, stakeholders have been involved both in its development and in work to implement it. For example, views were sought on all sections of the plan from a wide range of stakeholders at the Health and Wellbeing Conference held at the Point 4 centre in June 2010 and individual sections of the plan have been reviewed and/or received input and comments via a range of channels – for example, the Smoking Strategy Group and Dental Clinical Engagement Group were consulted about the Smoking and Oral Health sections respectively.

4.2.3 Action to improve health

It is widely recognised that improving health relies on action at a range of levels including changes to individual behaviour, community action, environmental improvements, policy and service development. Whilst this requires the coordinated, long-term efforts of a wide range people and partners, as individuals, communities, professionals, interest groups and organisations, considerable progress has been locally in developing the shared understanding and responsibility necessary for tackling the wider determinants influencing health. The joint work that has taken place to date on developing and implementing the HIP will provide a sound foundation for future partnership working for health.

4.2.4 Prioritisation

A prioritisation process has also been undertaken to identify priority areas for action within each section of the HIP (the methodology for this process took into account strategic priorities, evidence-base, inequalities and community engagement). This prioritisation process has identified 'best buys' and key target groups where efforts should be focused in order to achieve maximum population health gain including the regional QIPP priorities on alcohol and tobacco.

Activity in relation to different sections of the HIP has been prioritised throughout 2010/11. For example efforts to reduce smoking prevalence have been a high

priority because of the major impact of smoking on population health. This means that there has been more progress in implementing some sections (notably smoking, oral health, physical activity and diet) than in others (for example, accidents and mental wellbeing).

4.3 Smoking

4.3.1 Achievements to date

- Implementation of a new hub and spoke model for the Stop Smoking Service. This has involved a changed role for the Stop Smoking Team (Specialist Stop Smoking Service) which now focuses primarily on providing training and support for a network of Stop Smoking providers across the county along with specialist stop smoking advice for smokers with more complex needs and for groups of quitters.
- New management arrangements have been put in place for the Specialist Stop Smoking Team.
- A Service Specification for the Specialist Stop Smoking Service has been developed.
- Continued development of a network of trained Stop Smoking advisers across the county in GPs practices, pharmacies, HALO leisure centres.
- Implementation of stop smoking database within the "hub".
- Stop Smoking providers trained in HALO leisure centres across the county.
- Service Level Agreements agreed with HALO and pharmacies.
- Inclusion of brief intervention for smoking within the 2011/12 CQUIN.
- Pilot completed for provision of Stop Smoking advice in a local dental practice and development of an SLA for this new service provider.
- Development of a workplace-based stop smoking pilot scheme with local employer Amey Herefordshire, as part of the national Healthy Places, Healthy Lives programme.
- Training provided for staff in brief intervention, including HHT and community health staff as part of 2010/11 CQUIN.
- Established a multi-agency Smoking Strategy (Tobacco Alliance) Group.
- During 2010/11 the Specialist Stop Smoking Service has trained 187 people to be able to provide brief interventions for stop smoking (compared to 0 in 2008/09 and 2009/10) and 105 people to be able to provide Stop Smoking Advice (compared to an average of 43/year between 2004/05 and 2009/10) (see appendix 1).

4.3.2 Ongoing areas of work

- Continuing development of a network of trained Stop Smoking advisers across the county in GPs practices, pharmacies, HALO leisure centres.
- Roll-out of database to "spoke" providers.
- Promotion of new "hub and spoke" model.
- Develop and implement local communications/social marketing plans based on national campaigns eg Quit Kit, No Smoking Day.
- Further roll-out of workplace-based stop smoking.
- Implement a Local Enhanced Service to increase provision of smoking cessation services in primary care (GP LES).

- Further movement towards formal commissioner/provider relationship with Specialist Stop Smoking Service.
- Development of further capacity in brief intervention in range of settings/providers including secondary care.
- Implementation PGD and staff training for varenicline.

4.3.3 Priority areas where progress has not yet been made

- Develop further workplace-based smoking cessation activities, building on the Healthy Places, Healthy Lives pilot including within NHSH and HC.
- Delivery of smoking prevention and cessation interventions for children and young people.

4.4 Alcohol-related harm to health

4.4.1 Achievements to date

- Inclusion of Identification and Brief Advice (brief intervention for alcohol) in 2011/12 CQUIN.
- Training programme established for IBA. An update on numbers of staff trained in IBA will be available in June 2011.

4.4.2 Ongoing areas of work

- Develop primary care LES for alcohol services and service model for Level 2 primary care based alcohol service.
- Increase capacity and provision of structured brief interventions (IBA) on alcohol in primary and secondary care and in locality settings.
- Provision of advice and treatment for harmful alcohol consumption, ensuring adequate capacity within existing specialist alcohol services to meet additional demand resulting from the structured brief interventions.
- Case management of frequent admissions due to alcohol.
- Undertake a needs assessment/service review of specialist alcohol services.
- Alcohol liaison nurse to identify and manage patients frequently admitted to hospital due to alcohol (including providing family support) – supported by new alcohol admissions database.

4.4.3 Priority areas where progress has not yet been made

- Develop a service specification for the delivery of IBA in secondary care.
- Building on existing good practice in the delivery of social marketing interventions for young people.
- Evaluate the impact of existing social marketing campaigns and look to identify future funding opportunities.

4.5 Healthy diet and physical activity

4.5.1 Achievements to date

- Launch of local Change for Life programme.
- Pilot of NHS Health Checks programme in local GP practices implemented.
- Local implementation of national Healthy Start programme.
- Completion of a number of MEND and post-MEND programmes for overweight children. Further data numbers completing MEND programmes will be available shortly.

4.5.2 Ongoing areas of work

- Continued promotion and roll-out of Healthy Start.
- Implementation of Start4Life and the Unicef Baby Friendly initiative.
- Build on local Change4Life programme including promotion of Ten Top Tips.
- Evaluation of interventions to manage and support children who are overweight and obese to lose weight, including MEND programme.
- Increase opportunities for physical activity including opportunities for walking, cycling and dancing.
- Increase the provision of lifestyle coaching support through development and implementation of a new Health Trainer service specification.
- Development of obesity care pathway to identify, manage and support people who are overweight or obese.
- Development of a children's obesity care pathway.
- Evaluation of pilot of NHS Health Checks programme.
- Roll-out of NHS Health Checks - depending on outcome of evaluation.

4.5.3 Priority areas where progress has not yet been made

- Launch the middle-age strand of Change4Life.
- Increase workforce capacity to deliver healthy lifestyle advice and support.
- Develop further local social marketing plans based on C4L.
- Develop care pathways to increase physical activity for those identified as at low/medium or high risk of cardiovascular disease from the NHS Health Checks programme, based on the Let's Get Moving programme.

4.6 Oral Health

4.6.1 Achievements to date

- Implementation of Herefordshire "Brushing for Life" programme (fluoride toothpaste/toothbrush distribution to pre-school children, delivered by Health Visitors). As at February 2011, 1,597 B4L packs had been issued to local preschool children.
- Implementation started of school-based supervised toothbrushing programme for nursery and reception children. 878 children in 13 local schools are now taking part in this programme with 2 schools due to join the scheme once training has been completed (as at March 2011).
- Work with local dental practices to increase the use of fluoride varnish
- Completion of training programme in oral health and the application of fluoride varnish for a cohort of local dental nurses.
- Provision of educational update for dental team staff as part of the local post-graduate programme.

4.6.2 Ongoing areas of work

- Further roll-out of the school-based supervised toothbrushing programme for nursery and reception children.
- Continue work with local dental practices to increase the use of fluoride varnish.
- Establish mechanism for ongoing provision of Brushing for Life programme and supervised school-based toothbrushing programmes.

4.6.3 Priority areas where progress has not yet been made

- Establish mechanism for ongoing monitoring of prevention in practice including provision of fluoride varnish as part of routine contract monitoring.
- Promote key oral health messages via communication/social marketing campaigns.
- Increase awareness of oral cancer.
- Explore options for provision of general health improvement, eg stop smoking within dental practices.

4.7 Infectious diseases

4.7.1 Achievements to date

- Roll-out of local MMR catch-up programme that led to increase of MMR uptake by 6.4% from 73.9% (in 2007-08) to 81.3% (in 2009-10).
- Launch of the Nurse-led immunisation service 6 month pilot in October 2010.
- Implementation of HPV Immunisation programme in September 2008.
- Implementation of Swine Flu vaccination programme in September 2009.
- Development of Pandemic flu plan and management of a) swine flu outbreak in 2009 and b) sharp rise in the flu cases in January 2011.
- Launch a local campaign to increase flu vaccine uptake in December 2010 that led to an uptake rate of 74% (provisional data) in individuals aged 65 and over against set target of 70%.
- Development and implementation of Herefordshire Health Care Associated Infection Strategy 2011-14.
- Development and implementation of Norovirus Toolkit. This ensures the effective and prompt management of diarrhoea and vomiting cases in the community reducing pressure on secondary care.
- Validation of the Infectious Disease Outbreak Plan through a multiagency table-top exercise in February 2011.
- Further information on progress in relation to childhood immunisations will be available in April 2011.

4.7.2 Ongoing areas of work

- Evaluation of the Nurse-led immunisation service pilot to inform future commissioning of this service.
- Establishing outreach vaccinations service to deliver vaccinations in a range of settings.
- Undertaking work to increase vaccination uptake rates in traveller communities, working with the county council Travellers' Service.
- Locally enhanced national campaigns to promote respiratory hygiene.
- Promotion of hand hygiene campaign.
- Provision of infection prevention and control service in nursing and residential care homes.
- Infection Control Audits across primary care.
- Review of pandemic flu plan.

4.7.3 Priority areas where progress has not yet been made

- n/a

4.8 Sexual health, including teenage pregnancy

4.8.1 Achievements to date

- Completion of Sexual Health Needs Assessment and development of sexual health strategy.
- Expansion of Chlamydia Screening programme to involve a third sector organisation. This led to more than fivefold increase uptake from 4.3% (in 2007-08) to 23.2% (in 2009-10).

4.8.2 Ongoing areas of work

- Developing a new sexual health service model employing a tiered approach.
- Implement a Local Enhanced Service to deliver Chlamydia screening through the GP walk-in centre.
- Implement a Local Enhanced Service to increase the provision of Long-Acting Reversible Contraception (LARC) in primary care.
- Review and revise the sexual health service specification in line with the recommendations from the sexual health needs assessment, including development of new service specification for specialist sexual health service in line with National strategy and local context.

4.8.3 Priority areas where progress has not yet been made

- Undertake a social marketing campaign to increase uptake of LARC and Chlamydia screening.

4.9 Accidents and injuries

4.9.1 Achievements to date

- Reduction in road traffic deaths at Herefordshire level.
- Falls strategy completed and new service commissioned.
- Accidents and injuries partnership group convened involving representation from a wide range of agencies.

4.9.2 Ongoing areas of work

- Develop an accidents and injuries action plan supported by needs analysis
- To link with the Maximising Independence workstream to ensure the Falls Strategy is implemented and links to reablement, telecare and risk stratification to prevent increases in fractured neck of femur.
- Resolution of performance issues with new falls service.
- Use of A&E data systems to identify accident hot-spots.

4.9.3 Priority areas where progress has not yet been made

- Evaluation of current interventions to reduce accidents and injuries.
- Implementation of evidence based interventions in schools.

4.10 Mental wellbeing

4.10.1 Achievements to date

- In depth review of deaths from suicide in recent years completed providing enhanced local understanding and no local evidence of specific pattern.
- Local roll out of the acclaimed Triple P (Positive Parenting Programme) supporting mental wellbeing from early children through parenting.

- A process of engaging with stakeholders and initiating local discussions on mental "wellbeing" has been started through the Health and Wellbeing Conference in June 2010.
- However, this is an area in which there has been limited progress to date.

4.10.2 Ongoing areas of work

- A shared understanding of mental "wellbeing" and the difference between mental health and mental wellbeing has been established between the Staying Healthy and Mental Health/Learning Disability workstreams.

4.10.3 Priority areas where progress has not yet been made

- This is an area for further development.

5. What priorities have we identified for 2011/12 – 2012/13?

It is important that local plans for health improvement are updated in line with local needs and in the context of local and national policy.

The following key issues are highlighted in the 2010 JSNA and remain priorities for 2011/12 onwards:

- smoking remains the single most important cause of avoidable ill-heath and premature death;
- rates of alcohol-related hospital admissions are increasing;
- obesity is emerging as a major contributing factor to poor health, disability and premature death. Herefordshire has a higher rate of obesity amongst adults than England generally and it is particularly concerning that more than one in four 11 year-old children are overweight or obese.

These priorities need to be reflected in the updated plans for 2011/12 onwards.

In addition, since the 2010/11 HIP was developed, fundamental changes to public services, including to the delivery of health services, local services and public health have been introduced including the NHS and the Public Health White Papers.[1, 2] Some of the funding streams identified in the 2010/11 HIP have been reduced or withdrawn. The impact of these changes and the current financial challenges will need to be considered in the development of the future HIP.

5.1 Priorities identified from the 2010/11 HIP

The following priority areas for prevention were highlighted by the prioritisation process discussed in section 4.2.4:

5.1.1 Reduce the prevalence of smoking

- Increase the routine provision of brief intervention by a range of providers and in a range of settings across the county;
- Increase provision of Stop Smoking Services in primary care and in locality settings;

[1] Equity and excellence: liberating the NHS
[2] Healthy lives, healthy people: our strategy for public health in England

- Increase provision of brief intervention and Stop Smoking Services from a range of providers within a new hub and spoke model of service delivery
- Target high risk groups, including pregnant women, people with chronic disease and those living in deprived communities.

5.1.2 Reduce alcohol related harm to health

- Increase provision of structured brief interventions on alcohol in primary and secondary care and in locality settings;
- Ensure adequate capacity within existing specialist alcohol services to meet additional demand resulting from the structured brief interventions;
- Build on existing good practice in the delivery of social marketing interventions for young people;
- Case management of frequent admissions due to alcohol.

5.1.3 Encourage healthy diets

- Focusing on the local implementation of the Change4Life brand.

5.1.4 Increase physical activity

- Increase physical activity in children;
- Increase physical activity in adults at risk of cardiovascular disease.

5.1.5 Improve oral health

- Reduce dental caries in children by ensuring optimal exposure to fluoride in line with *Delivering better oral health: an evidence-based toolkit for prevention (DH, 2009).*

5.1.6 Reduce the prevalence of sexually transmitted infections and reduce the number of teenage pregnancies

- Increase uptake of Chlamydia screening;
- Increase uptake of Long Acting Reversible Contraception (LARC);
- Improve access to sexual health services, particularly in deprived communities.

5.1.7 Reduce the burden of infectious disease

- Increase vaccine uptake rates;
- Increase access to immunisation services in deprived communities to reduce health inequalities;
- Local campaigns to promote respiratory and hand hygiene.

5.1.8 Reduce accidents and injuries

- Develop a co-ordinated approach to reducing accidents and injuries within the county;
- Use A&E data systems to identify accident hot-spots;
- Evaluate current interventions to reduce accidents and injuries.

5.2 Have any other priorities emerged?

5.2.1 Herefordshire localities

Future plans for health improvement need to be closely aligned to the localities agenda in Herefordshire, both in terms of identifying the health needs of local communities and in implementing initiatives to address these needs.

5.2.2 Economic climate

The potential of preventative health approaches to deliver significant cost-savings to both the NHS and wider public services is increasingly being recognised. This has been considered in identifying the priorities outlined in section 5.1. There will, however, continue to be a need to keep this under review and to ensure that the system as a whole delivers the most clinically and cost-effective interventions to ensure we are maximising value for money, and making real progress in reducing the burden of preventable disease in the Herefordshire population.

5.2.3 Other areas

The following additional priorities have also been identified since the 2010/11 HIP was written:

Drugs (following changes affecting the National Treatment Agency for Substance Misuse)

- recommendation to include this with alcohol section

Cancer-screening

- recommendation to develop a framework for the reporting of cancer screening uptake, to develop plans for cancer screening targets and to work with GPs to identify and refer cancers at an earlier stage.

6. Summary and next steps

Most of the major causes of ill-health and mortality in Herefordshire are influenced by lifestyle behaviours including smoking, diet and physical activity. A range of simple, affordable and cost-effective interventions have the potential to improve population health in Herefordshire significantly and include:

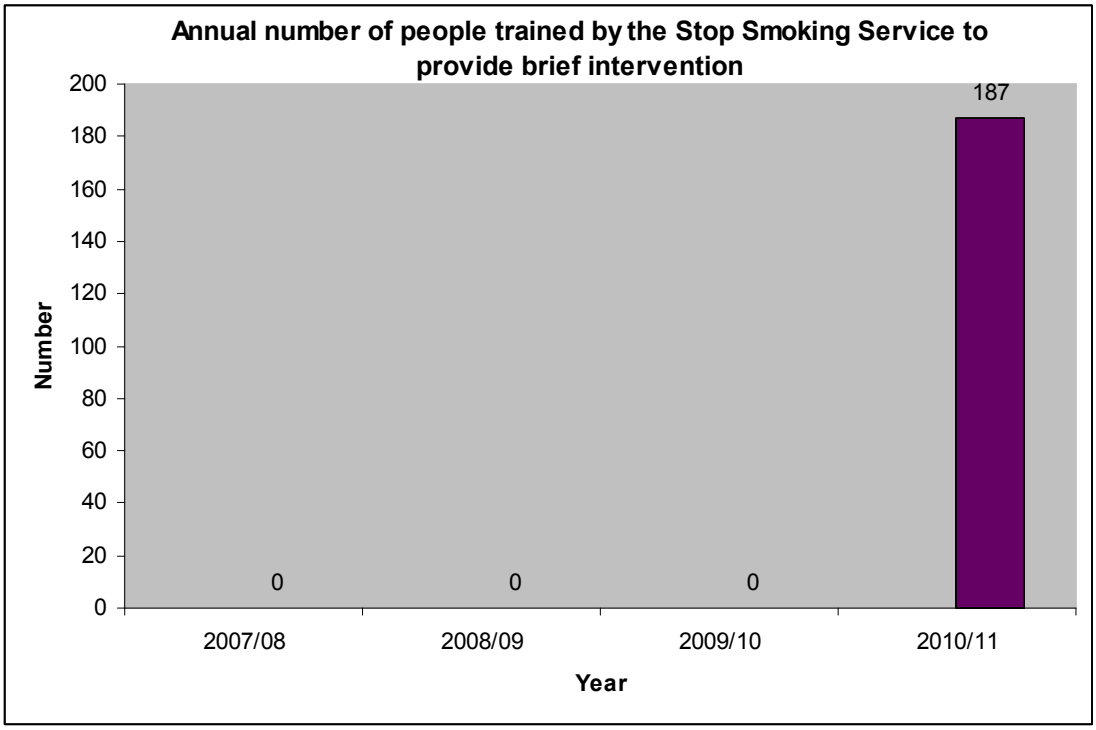
- identifying and treating hypertension, high cholesterol levels and diabetes at an early stage for example via NHS Health Checks programme;
- supporting smokers to quit;
- supporting people who are overweight or obese to lose weight and
- reducing tooth decay in children by promoting appropriate use of fluoride toothpaste and professionally-applied fluoride varnish.

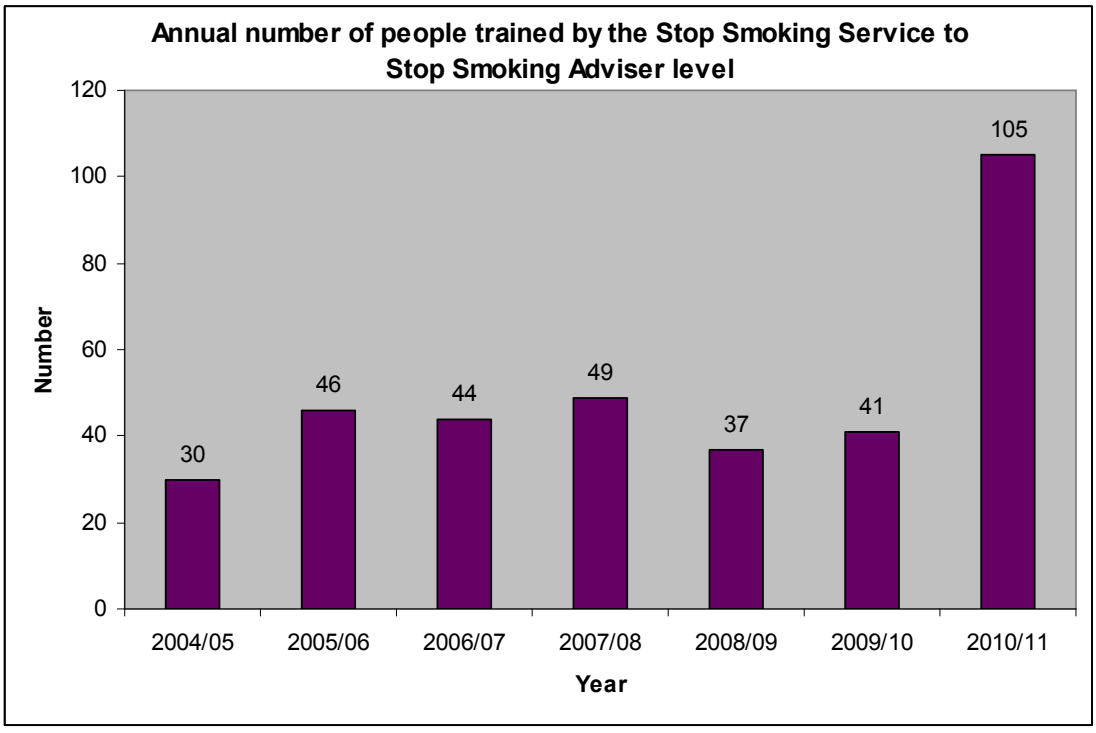
It will be important that these (and other) simple measures continue to feature in our plans for population health improvement and that these are implemented on an “industrial scale” if we are to have the greatest impact on population health and great potential for saving future health and social care costs.

The 2010/11 HIP has provided a foundation for the development of future health improvement plans. In order to build on the current HIP and develop comprehensive plans for health improvement during 2011/12-2012/13, the priorities identified in sections 4.2.4 and 5.1 will need to be reviewed in the light of local needs as identified, for example, in the JSNA. The updated plans will also need to take account of emerging new structures for the delivery of services across the public, private and third sectors, including new structures within local government (including the introduction of a Health and Wellbeing Board), the NHS and new

arrangements for the delivery of public health. A life-course approach is recommended as this would build on the conceptual framework used in the 2010/11 HIP and be aligned to the national approach to health improvement and reducing health inequalities outlined in the Marmot Review.[3]

Appendix 1





[3] The Marmot Review: Fair Society, Healthy Lives.