

REPORT TO: Health and Wellbeing Board

DATE: 18th January 2017

REPORTING OFFICER: Director of Public Health and Public Protection

PORTFOLIO: Health and Wellbeing

SUBJECT: Public Health Prevention Programme at Scale

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to seek support from the Board to roll out prevention programmes at scale in Halton hospitals, primary care and community and to incorporate them in the Cheshire and Merseyside 5 Year Forward View Plan.

2.0 RECOMMENDED: That

1. the Board supports the roll out of prevention programmes at scale commencing with blood pressure, reduced harm from alcohol and anti-microbial resistance; and
2. the Board recommends the above prevention programmes are incorporated in the Cheshire and Merseyside 5 Year Forward View Plan.

3.0 SUPPORTING INFORMATION

- 3.1 The draft One Halton Health and Wellbeing Strategy prioritises alcohol harm reduction, heart disease, healthy eating and exercise, reduced mortality from cancer, improved mental health and improved quality of life for older people as key priorities. Focussing on blood pressure, alcohol misuse and anti-microbial resistance in Halton and out of Halton services, such as hospitals, directly underpins these priorities.
- 3.2 High blood pressure, also known as hypertension, is a preventable disease that is estimated to affect 1 in 4 people. There is national under diagnosis and while in Halton more people are diagnosed than the England average there is still approximately 12,500 people undiagnosed.

High blood pressure puts people at risk of costly and disabling conditions including stroke, heart failure, heart attack, chronic kidney disease and vascular dementia and is a key factor in premature death and disability.

- 3.3 Halton has joined with Cheshire and Merseyside partners in identifying high blood pressure as a priority for cross-sector collaborative action and has made great progress in forging a cultural shift towards integrated working and prevention. Cheshire and Merseyside is nationally recognised as 'leading the way' with its cross-sector strategy to tackle high blood pressure: 'Saving lives: Reducing the pressure', and the programme of work proposed here builds on this strategic system leadership approach.
- 3.4 Halton is part of the Cheshire and Merseyside Blood Pressure Board. Key partners include Cheshire and Merseyside Public Health Collaborative (Champs), Public Health England NW, NHS England, nine Local Authorities, 12 CCGs, the Cheshire & Merseyside CVD SCN, Voluntary Sector organisations, the National Institute of Clinical Excellence, Innovation Agency, Health Education England, Cheshire & Merseyside Fire and Rescue Services, industry partners, academic institutions, and more.
- 3.5 A shift in blood pressure outcomes and reduction in demand on the health and care system will be achieved by a continuation of the Cheshire & Merseyside cross-sector systems approach.

Priority interventions include:

Empowering patients and communities to live better:

- An **NHS settings approach to prevention at scale (e.g. 'Healthy Provider Declaration')**: Supporting all the 20 of the large NHS provider organisations in the sub-region to develop healthy local policy to support healthy eating as a key modifiable risk factor for staff, patients and visitors, and putting in place a package of support around implementation.
- Roll out **Making Every Contact Count** at scale and optimise impact through workforce development and use of supporting conversational tools/ technologies.
- **Changing behaviour through awareness raising campaigns**: Maximise the impact of existing national campaigns, particularly Blood pressure UK's 'Know Your Numbers' campaign.
- **Strengthening the role of community pharmacies** in the prevention, detection and management of high blood pressure through blood pressure testing, 24 hour blood pressure monitoring, and increased uptake and focus of medicines optimisation services.

- Increasing **availability of blood pressure machines and Ambulatory Blood pressure Monitors** to support detection and diagnosis in community settings
- **Primary care education and training programme** to accelerate and support quality improvement in primary care with dedicated education and training programme that utilises Sector Led Improvement principles.

4.0 Halton experiences a high level of alcohol related harm with 22,500 residents drinking at levels which could harm their health. Each year 792 people are admitted to hospital due to alcohol related conditions. Around 600 people a year are affected by alcohol-related violent crime and 50% of domestic abuse incidents involves alcohol as a contributing factor. The combination of crime, health, worklessness absenteeism, and social care costs to Halton arising from alcohol are estimated at £58 million per year – around £461 per resident.

4.1 Halton has a local comprehensive Alcohol Harm Reduction Strategy and Action Plans and now seeks to augment this by working with partners from Cheshire and Merseyside to focus upon areas within which the NHS, with support and in partnership, can play a key role to reduce alcohol-related harm.

This work has identified 3 key areas:

Enhanced support for high impact drinkers in hospital and community settings

- Develop ***multi-agency approaches to support change resistant drinkers***
- Ensure the ***provision of best practice multidisciplinary alcohol care teams in all acute hospitals.***
- Review alcohol treatment pathways and ***commission outreach teams in hospitals or the community*** that complement hospital based alcohol care teams by identifying and proactively engaging patients with repeated admissions as appropriate.

Large scale delivery of targeted brief advice

- Facilitate local agreements with GPs, pharmacy and midwifery to screen patients with staff trained to offer and ***provide brief advice*** and refer to local specialist services as required.
- Ensure screening and advice by non-NHS partners as part of the delivery of ***Making Every Contact Count (MECC) interventions***. This will include evidence-based alcohol IBA as well brief interventions focusing on High Blood pressure (BP) (including BP checks), smoking cessation, diet and physical activity.

Effective population-level actions are in place to reduce alcohol-related harms

- Ensure all Emergency Departments across Cheshire and Merseyside collect and share enhanced assault data to the optimum standards (As outlined by College of Emergency Medicine (CEM) Guidelines and the Standard on Information Sharing to Tackle Violence).
- Ensure North West Ambulance Services record call outs related to alcohol and share this data with relevant local partners
- Ensure local partners collaborate to ensure that the data collected is being used effectively and work together to consider where improvements can be made. This will include:
 - i. Targeting interventions to prevent violence and reduce alcohol-related harm
 - ii. Targeting police enforcement in hotspot areas
 - iii. Use of intelligence in the license review process and targeting alcohol licencing enforcement

5.0 Antimicrobial resistance (AMR) is the ability of a microbe to resist the effects of medication previously used to treat them. This term also covers antibiotic resistance, which applies to bacteria and antibiotics. Resistance commonly occurs because of misuse of antibiotics or antimicrobials. Resistant microbes are increasingly difficult to treat, requiring alternative medications or higher doses—which may be more costly or more toxic. Antimicrobial resistance is on the rise with millions of deaths every year. The World Health Organisation has stated that *Anti-microbial resistance is the greatest threat to global health in our lifetime.*

Although rates are declining Public Health England reports that Cheshire and Merseyside has one of the highest rates of MRSA bacteraemia in England (1.8 per 100,000 population). Cheshire and Merseyside also has one of the highest rates of reported *Clostridium difficile* in England (31.3 per 100,000 population) (PHE 2016)

Between 2010 and 2013, the highest combined general practice and hospital antibiotic consumption was in Merseyside, with similar levels reported as in Southern Europe.

Investing in action now to reduce unnecessary use of antibiotics will:

- Reduce the development of antibiotic resistance and health care acquired infection
- Save antibiotics for the treatment of serious infections, such as sepsis, thus saving lives
- Reduce morbidity and mortality for patients
- Reduce the number of community acquired infections which require hospitalisation

- Reduce the length of hospital stay
- Reduce the number of bed days lost due to outbreak management and increase the efficiency of the NHS
- Reduce the cost of treating infection as expensive last option antibiotics will not be necessary
- Reduce the overall prescribing costs due to reduce volume of antibiotics being used
- Drive action to prevent infections, such as catheter management and hydration to prevent urinary tract infections

key priority areas for local action have been identified to complement the national program of work. These are:

- Back Up prescribing,
- Education and training
- Antimicrobial stewardship

Cheshire and Merseyside has a 2016 AMR Strategy and Action Plan. It is proposed that the following elements should be further developed and incorporated into the Five Year Forward View:

- Implement the Primary Care element of the strategy and the action plan: recruiting GP champions.
- Provide a dedicated Community Microbiologist function to support AMR Stewardship.
- Provide dedicated medicine management input to support Primary Care and related AMR activities.
- Improve IT support across health economy to support implementation of AMR action Plan.

6.0 POLICY IMPLICATIONS

- 6.1 The Five Year Forward View Plan will inform collaborative action in Halton and across Cheshire and Merseyside.

7.0 OTHER/FINANCIAL IMPLICATIONS

- 7.1 However the Five Year Forward View Plan will inform future activity and spending across the Cheshire and Merseyside footprint.

8.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

8.1 Children & Young People in Halton

Improving the Health and Wellbeing of Children and Young People is a key priority in Halton. The programmes outlined will benefit children and young people.

8.2 Employment, Learning & Skills in Halton

The programmes outlined will include additional education and training.

8.3 A Healthy Halton

All issues outlined in this report focus directly on this priority.

8.4 A Safer Halton

Not applicable.

8.5 Halton's Urban Renewal

Not applicable.

9.0 RISK ANALYSIS

9.1 Developing the above mentioned projects does not present any obvious risk.

10.0 EQUALITY AND DIVERSITY ISSUES

10.1 This is in line with all equality and diversity issues in Halton.

11.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Appendix A, B, C Five Year Forward View Project Initiation documents for alcohol harm reduction, blood pressure, antimicrobial resistance.