



**Champs**  
Public Health  
Collaborative

**Saving Lives “Reducing the Pressure” in Cheshire and Merseyside**

**Presented by**

**Eileen O’Meara**

**Director of Public Health and Protection - Halton Council**

**Helen Cartwright**

**Head of Commissioning and Mobilisation – Champs Support Team**

**Friday 9<sup>th</sup> February 2018**

**Working together to improve health and wellbeing in Cheshire and Merseyside**

# Today's presentation

- Aims of our Collaborative and how we work together
- Our approach to Sector Led Improvement
- Our approach to reducing blood pressure
  - Cheshire & Merseyside (C&M) blood pressure (BP) strategy vision, aims, objectives
  - Key achievements last 12 months
  - Priorities moving forward

# Aim of the Champs Collaborative – Improve the health and wellbeing of local people

- Increase local impact by working together as strong public health system leaders
- Share specialist public health expertise
- Create and disseminate the evidence
- Enable cross-organisational commissioning
- Reduce duplication of effort and save money
- Innovate and learn together, facilitate peer support and challenge
- Secure new external resources
- Promote resilience and risk management



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# The Champs Public Health Collaborative

- The Collaborative is made up of many members and partners
- A 14 year collaboration, built from an award winning public health network with a national profile
- Led by the eight Local Authority Directors of Public Health as an Executive Board
- 9 local authorities/12 CCGs
- 2.5 million people
- Aim: improve the health and wellbeing of local people by large scale action and working together as system leaders
- Focus on a number of key priorities (including high BP) in partnership with PHE and NHSE
- Small support team



# Working as a public health system with PHE and NHS England

- Work as collective leaders for public health influence on the health and social care system in C&M
- Focus on a number of priorities, in partnership with PHE and NHS England as a system leadership group
- Maximise opportunities with national partners
- Annual review of progress and priorities together



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# Sector Led Improvement

- Core to all the work, supporting implementation of the strategic delivery plan
- Self-assessment/awareness, peer support and peer accountability using the principles of SLI.
- Accelerate improvements both in quality and outcomes (in line with the priorities of the public health collaborative).

# Key Objectives

- Undertake a review of the latest available evidence and/or guidance
- Benchmark performance (including cost where available and appropriate) against nearby and statistically similar areas
- Provide opportunities for peer challenge and support utilising local system/ colleagues and/or external experts as required
- Share best practice of ‘what works’
- Participate in a cross-C&M learning network, designed to disseminate local, national, and international research and expertise.



Public Health  
England

# Starting local



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# Beating blood pressure



- In C&M, 45% of high blood pressure remains undetected (approx 300,000 people) increasing personal suffering and demand on the system due to heart attacks, strokes, kidney disease and dementia

## **Our vision – To be the most improved sub-region in England**

- International learning from Canada
- 5 year strategy “Saving lives: Reducing the pressure”
- Multi agency partnership board
- Successful BHF bid
- 3 key areas for action:

## **Prevention, Detection, Management**

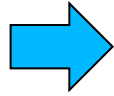
- Led by Dr Muna Abdel Aziz, DPH Warrington Council



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# Timeline: key milestones

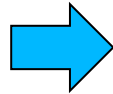
2014



High BP identified as local system priority  
National BP Board formed  
'Tackling BP: From evidence into Action'



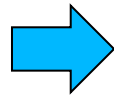
2015



C&M BP event (Champs, PHE)  
Local C&M BP Partnership board established



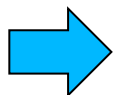
2016



C&M BP Strategy 'Saving lives: Reducing the pressure'



2017+



Putting the strategy into action  
2<sup>nd</sup> C&M BP Event  
NHS England Five Year Forward View



# Facts and figures



**31%**  
of adults are  
physically  
inactive

## Lifestyle risk factors



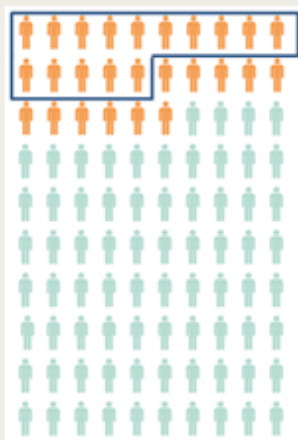
More than  
**2 in 3**  
adults are of unhealthy  
weight



**18.2%**  
of adults are  
smokers

**26** in every 100  
people are  
estimated to have  
hypertension, but  
only **15** in every  
100 are known to  
GPs

An additional  
**11 in 100**  
patients could  
have hypertension  
but are  
undiagnosed



STP  
KPI 3

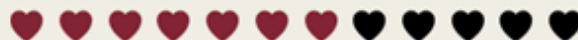
## These risks contribute to:

STP  
KPI 1

Hospital admission rates (2014-15)  
higher than England average

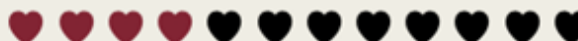
### Heart attack

**7 out of 12 CCGs**



### Stroke

**4 out of 12 CCGs**



Rates of premature death (2012-2014)  
higher than England average

### Heart attack

**10 out of 12 CCGs**



### Stroke

**8 out of 12 CCGs**



# Strategy - Saving lives: Reducing the pressure

**Vision:** Our communities will have the best possible blood pressure

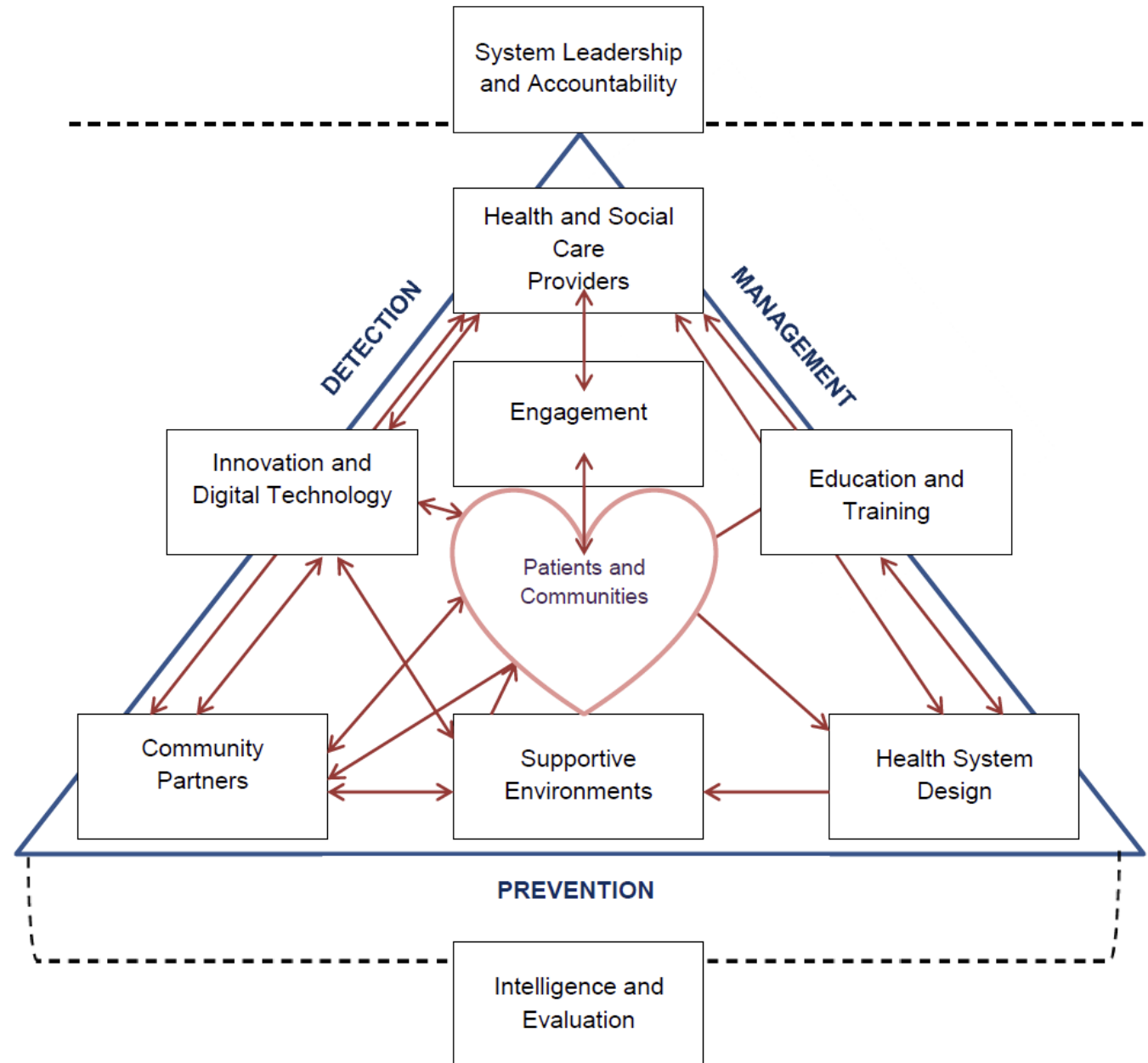
- Prevention
- Detection
- Management



**Saving lives | Reducing the pressure**  
across Cheshire and Merseyside

# Strategic Objectives

## Cheshire and Merseyside Cross-Sector Blood Pressure System





# How are we doing it?

Working together to improve health and wellbeing in Cheshire and Merseyside

# Key achievements over the last year

Considerable amount of work, commitment and enthusiasm across C&M, some examples of key achievements:

- System leadership
- Data and intelligence
- Cheshire and Merseyside Health and Care Partnership
- British Heart Foundation award
- Education and training programme
- Partnership with NICE
- Buy in from CCGs and hospital trusts across C&M.
- Participation from all pharmacies.

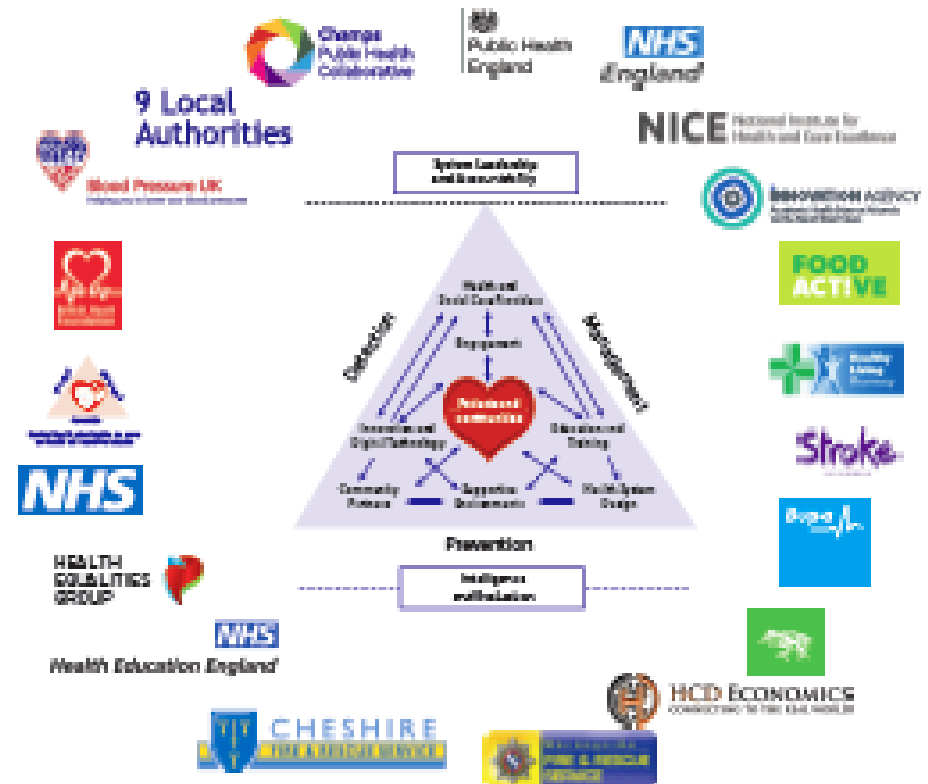
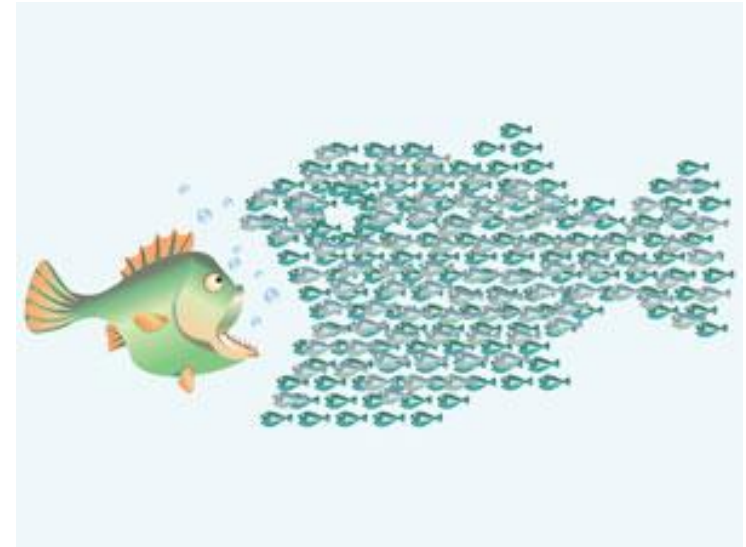
# System leadership

Shared commitment to common goals helps to:

- Move from silo working to **partnership approaches**
- Promote **prevention**
- Get the most **value** out of the system
- **Achieve** what was previously impossible

## Progress

- C&M BP Partnership Board established Nov 2015,
- Wide range of sectors and organisations working together
- Launch of 'Saving lives: Reducing the pressure' May 2016
- Link to national BP Board
- National and international attention





# Data and intelligence

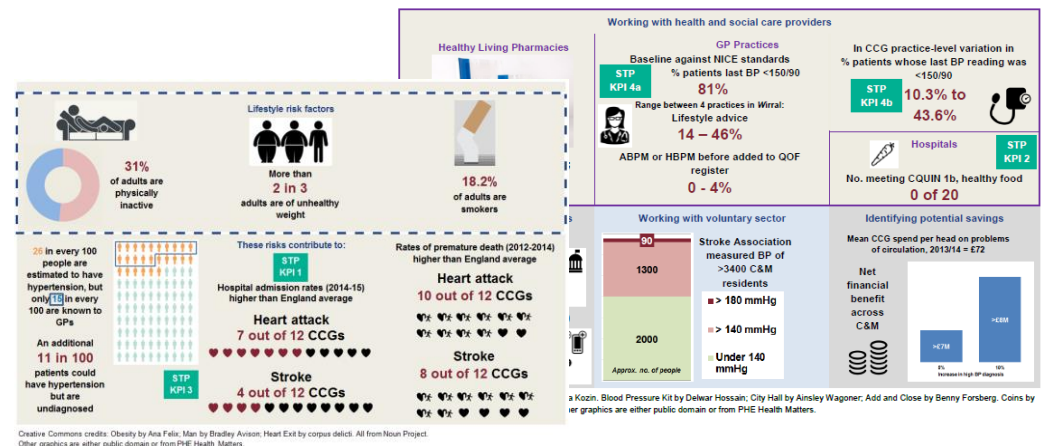
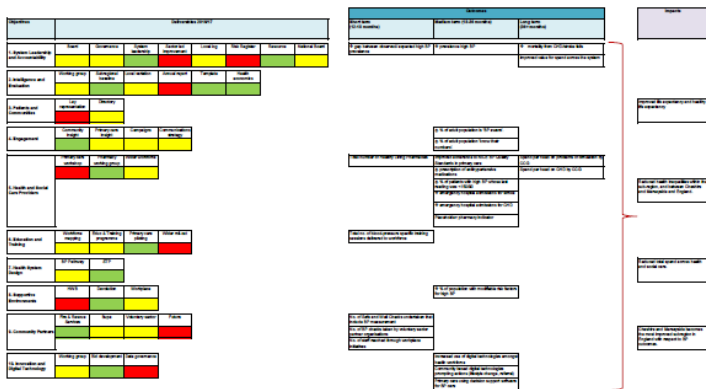
Underpins and drives the strategy

We understand what we are doing/ not doing:

- Gap analysis of baseline local implementation of strategy, July 2016
- PHE report: **Hypertension variation in C&M**, Sept 2016

We understand the impact (and potential impact) on outcomes:

- **Indicator dashboard** captures short, medium and longer term outcomes across the system
- Populated to give **baseline dataset**, Oct 2016



# BP Strategy Dashboard

| Objectives | Deliverables 2016/18 |  |  |  |  |  |  |  |
|------------|----------------------|--|--|--|--|--|--|--|
|------------|----------------------|--|--|--|--|--|--|--|

|                                         |       |            |                   |                        |           |               |          |                |
|-----------------------------------------|-------|------------|-------------------|------------------------|-----------|---------------|----------|----------------|
| 1. System Leadership and Accountability | Board | Governance | System leadership | Sector led improvement | Local log | Risk Register | Resource | National Board |
|                                         | 1a    | 1b         | 1c                | 1d                     | 1e        | 1f            | 1g       | 1h             |

|                                |               |                      |                 |               |          |                  |                      |
|--------------------------------|---------------|----------------------|-----------------|---------------|----------|------------------|----------------------|
| 2. Intelligence and Evaluation | Working group | Subregional baseline | Local valuation | Annual report | Template | Health economics | Patient safety (new) |
|                                | 2a            | 2b                   | 2c              | 2d            | 2e       | 2f               | 2g                   |

|                             |                    |             |
|-----------------------------|--------------------|-------------|
| 3. Patients and Communities | Lay representation | Lay Network |
|                             | 3a                 | 3b          |

|               |                   |                      |           |                         |
|---------------|-------------------|----------------------|-----------|-------------------------|
| 4. Engagement | Community insight | Primary care insight | Campaigns | Communications strategy |
|               | 4a                | 4b                   | 4c        | 4d                      |

|                                     |                       |                        |                           |                           |                 |
|-------------------------------------|-----------------------|------------------------|---------------------------|---------------------------|-----------------|
| 5. Health and Social Care Providers | Primary care workshop | Pharmacy working group | Current pharmacy services | Healthy Living Pharmacies | Wider workforce |
|                                     | 5a                    | 5b                     | 5c                        | 5d                        | 5e              |

|                           |                   |                           |                       |                |
|---------------------------|-------------------|---------------------------|-----------------------|----------------|
| 6. Education and Training | Workforce mapping | Educ & Training programme | Primary care piloting | Wider roll-out |
|                           | 6a                | 6b                        | 6c                    | 6d             |

|                         |            |     |
|-------------------------|------------|-----|
| 7. Health System Design | BP Pathway | STP |
|                         | 7a         | 7b  |

|                            |     |            |           |                            |                 |
|----------------------------|-----|------------|-----------|----------------------------|-----------------|
| 8. Supportive Environments | HwB | Devolution | Workplace | Healthy lifestyle services | National policy |
|                            | 8a  | 8b         | 8c        | 8d                         | 8e              |

|                       |                        |                  |        |
|-----------------------|------------------------|------------------|--------|
| 9. Community Partners | Fire & Rescue Services | Voluntary sector | Future |
|                       | 9a                     | 9b               | 9c     |

|                                       |               |                 |                 |                             |
|---------------------------------------|---------------|-----------------|-----------------|-----------------------------|
| 10. Innovation and Digital Technology | Working group | Bid development | Data governance | Conversational tool (moved) |
|                                       | 10a           | 10b             | 10c             | 10d                         |

| Outcomes                  |                            |                        |
|---------------------------|----------------------------|------------------------|
| Short term (12-18 months) | Medium term (18-36 months) | Long term (36+ months) |

|         |       |        |
|---------|-------|--------|
| Short 1 | Med 1 | Long 1 |
|---------|-------|--------|

|       |
|-------|
| Med 4 |
|-------|

|         |       |        |
|---------|-------|--------|
| Short 5 | Med 5 | Long 5 |
|---------|-------|--------|

|         |
|---------|
| Short 6 |
|---------|

|       |
|-------|
| Med 8 |
|-------|

|         |
|---------|
| Short 9 |
|---------|

|        |
|--------|
| Med 10 |
|--------|

| Impacts |
|---------|
|---------|

|                                                      |
|------------------------------------------------------|
| Improved life expectancy and healthy life expectancy |
|------------------------------------------------------|

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| Reduced health inequalities within the sub-region, and between Cheshire and Merseyside and England. |
|-----------------------------------------------------------------------------------------------------|

|                                                    |
|----------------------------------------------------|
| Reduced total spend across health and social care. |
|----------------------------------------------------|

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| Cheshire and Merseyside becomes the most improved subregion in England with respect to BP outcomes. |
|-----------------------------------------------------------------------------------------------------|

The "dashboard" for monitoring the overall progress of the strategy

# C&M Health & Care Partnership



2016: High BP included in C&M 'Demand Reduction and Prevention' plans

The plans...

- Set out how **NHS partners** can help to implement the C&M BP strategy  
(as part of wider system approach)
- Will help to **improve care, improve health, and reduce costs** across C&M
- Are an important lever for change



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# British Heart Foundation Award

March 2017- C&M partnership bid successful



## Innovative detection of high BP in community settings

1. Conversational tool
2. Fire and Rescue Safe and Well Checks
3. Innovative digital technologies



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# BHF



## 1. Cheshire and Merseyside Fire and Rescue Safe and Well Checks

- to include BP check for those not under clinical care.
- 350 fire service staff will receive equipment and training to take BP measurements, provide advice and signpost people as required.
- Over 60,000 safe and well visits conducted annually in Cheshire and Merseyside



*"An Excellent Authority"*



## 2. Warrington Digital

- Health kiosks for use in the community
- Rotating location

**WARRINGTON**  
Borough Council



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# What will the FRS staff do?

## 12. Blood Pressure Screening

1. 'Are you under the care of your primary care team (GP, nurses) for your blood pressure?' Yes – go no further  
No- go to 2

2. 'Would you like us to check your blood pressure today to show how simple it is?' If yes- verbal consent

3.  BP taken

4.  Advice given to householder (and recorded on leaflet)

Circle relevant code: 1 2 3 4  
5 6

<129/84mmHg

**BP good**

- Advise to recheck within 5 years
- Lifestyle advice to stay healthy
- Record measurement on leaflet and leave with householder

130/85-  
139/89mmHg

**High side of normal**

- Advise to recheck within 1 year, e.g. by local pharmacy, practice nursing team or self-testing
- Lifestyle advice to stay healthy
- Record measurement on leaflet and leave with householder

140/90-  
179/109mmHg

**High reading**

- Advise 2 separate follow up measurements within 1 month, e.g. by local pharmacy, practice nursing team or self-testing
- Record today's measurement on leaflet and advise householder to record follow up measurements on here too
- If still within this range see GP within 1 month of today and show the letter with 3 recorded measurements
- Lifestyle advice to reduce BP

>180/110mmHg

**Very high reading**

- Take a 2<sup>nd</sup> reading after about 3 minutes rest
- Ask if the householder has blurred vision or a headache. If so advise to see GP straight away
- If no blurred vision or headache advise to see GP within 48 hours
- Record both measurements on the leaflet and advise the householder to show this to the GP

4. Advise if householder would like more information on high blood pressure to return the relevant section of the record form to Blood Pressure UK, who will send advice in the post. (TBC)

# BHF



## 3. Conversational tool

- Optimising/supporting the way health workers introduce concept of BP
- In 2016, worked with BUPA, PHE, WHO, and Frog Design produced a qualitative study with local people and healthcare providers.
- Building insight into a digital '**conversational tool**' to engage people, encourage participation in BP testing and promote the adoption of a healthy lifestyle.


In two settings:

- **Community Pharmacies** (Healthy Living Pharmacies)
- Recruiting 120 HLP through Local Pharmaceutical Committees to receive equipment and training to take BP measurements, provide advice and signpost as required. **Total 360** people will be trained.
- **Health Trainers** in Halton



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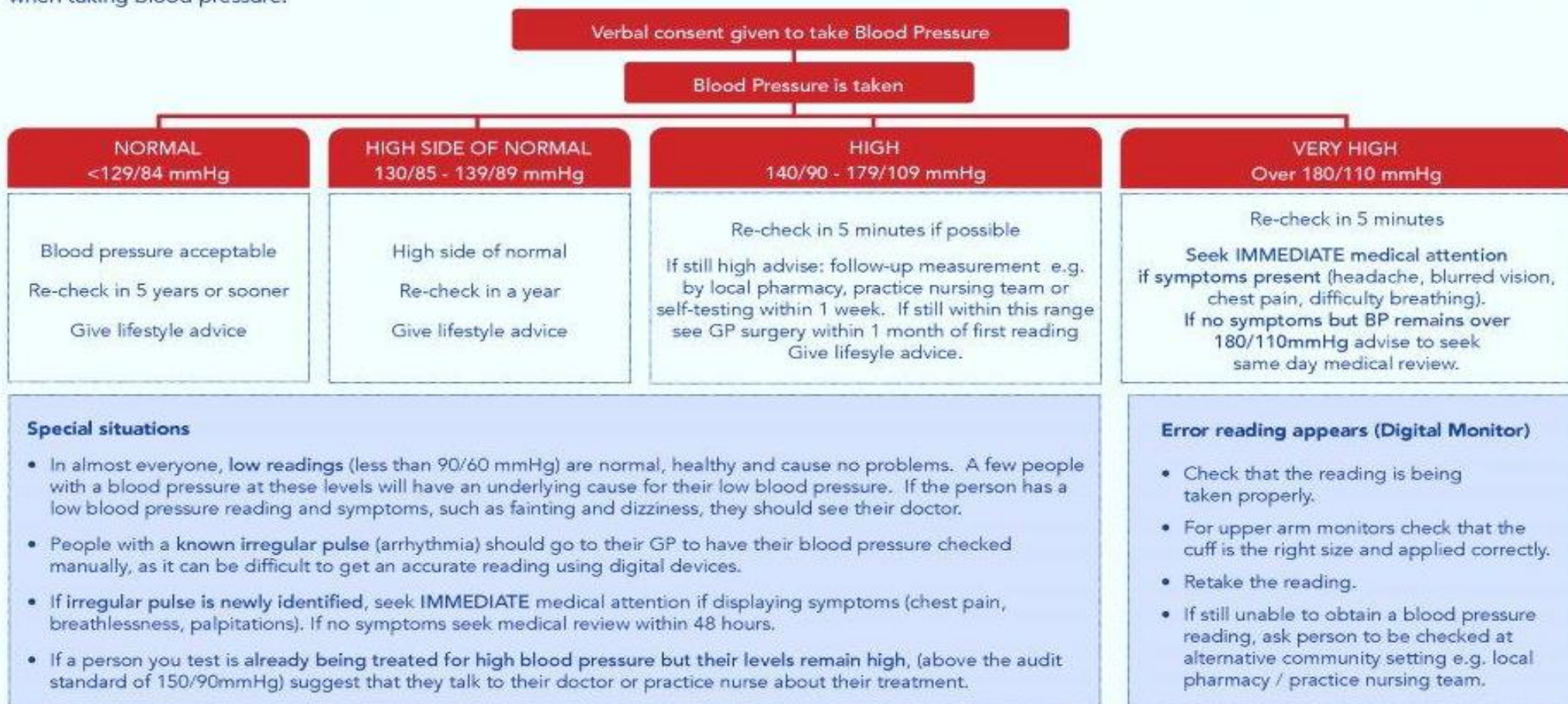
# Bringing it all together...



**Cheshire and Merseyside Guideline  
for Blood Pressure Testing  
(for use outside of General Practice)**

This guideline has been developed for BHF-funded projects and is subject to review. It is intended to support the identification of adults aged 18 and over with possible high blood pressure, who are not pregnant and do not have a known irregular heartbeat.

Follow the flow chart to see what information should be given, and what action needs to be taken depending on the person's blood pressure level. The reverse of this card contains information on accurate blood pressure measurement and accurate blood pressure monitors, as well as some common issues that may arise when taking blood pressure.



People using this pathway must have received relevant training and take blood pressure measurements as part of their role. Medico-legal liability for all people and organisations undertaking blood pressure measurement remains with the individual and/or their organisation.



With thanks to support from the British Heart Foundation



Blood Pressure UK  
Helping you to lower your blood pressure

Based on guidelines produced by Blood Pressure UK



# C&M BP Education and Support Package

Aim: improve BP care and reduce unwarranted variation

Evidence from Canada and local insight work

Health Education England/Champs/BHF collaboration

- Initial focus primary care: Nurses/HCA
- NICE guidance embedded

Piloting education and support package C&M :

1. Emis Web-based template (aligns to NICE QS and uses NICE indicators)
2. Practice protocol
3. Patient information prescription
4. Supporting education package e.g CPD, Protected learning time



# Partnership with NICE



Working together to supporting implementation of best practice:

- Local insight work
- Education and training programme
- NICE Quality Standard audit in primary care

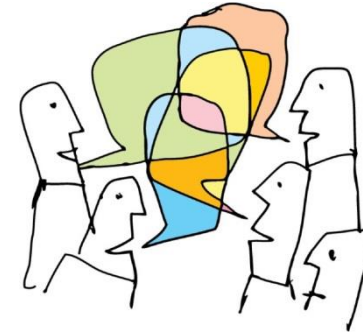


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# C&M priorities for the next year:

## 1. Engagement and communication

- With communities and patients
- With local partners and stakeholders
- With national partners



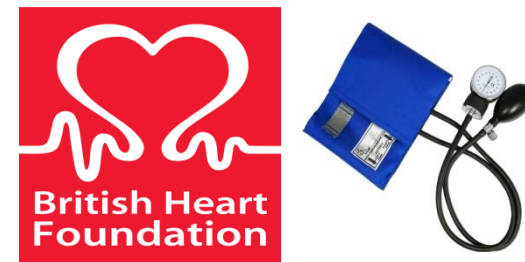
## 2. Implementation of the full C&M HCP (FYFV) BP plan

- Support Local Delivery Systems
- Quality Improvement for Primary Care
- MECC
- Support community pharmacy role



## 3. Deliver BHF projects to improve detection

- Fire and Rescue Safe and Well Checks
- Conversational tool
- Digital innovations



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# Thank you



**Keep in touch....**

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