

QUARTERLY REPORT: **HEALTH IMPROVEMENT DIRECTORATE**

October 2008

PURPOSE

To update Board Members on the current activities of the Directorate of Health Improvement for the Quarter to September 2008.

INTRODUCTION

This is the 2nd quarter Directorate report from Health Improvement to the PCT board. The last quarter saw the completion and publication of the Birmingham East & North PCT Public Health Annual Report.

The 2007/08 Annual Report of the Director of Public Health highlights the level of health inequalities throughout BEN PCT. With a primary responsibility to public health, the Health Improvement Directorate is continually working towards improving not only the health of our localities but also the population as a whole. Thus, the health improvement directorate has put in place several measures aimed at achieving this. The following summary represents some of the key work areas of the health improvement directorate.

LOCALITIES

KINGSTANDING

Kingstanding locality has some of the lowest life expectancies in the PCT. Over 90% of residents are white, and its IMD score is nearly 54 – making it the most deprived locality in BEN PCT.

Residents of Oscott ward report better health than Kingstanding, but this is still below the Birmingham average. The proportion of smoking residents is high, while consumption of fruit and vegetables is low. Deaths from lung cancer, heart disease and other cancers are substantially higher than England & Wales as a whole; the standardized mortality ratio for lung cancer in Kingstanding is more than double that of England & Wales.

The Public Health Report 2007/08 makes the following recommendations for Kingstanding locality:

1. Life expectancy in Kingstanding locality is one of the lowest in the PCT, and many of the causes of death are associated with lifestyle related

- behaviour. Priority should be given to programmes aimed at lifestyle change and its maintenance.
2. Death rates for diseases specifically related to smoking are significantly high. The locality should ensure comprehensive smoking cessation services are in place.
 3. Kingstanding has a younger population than the PCT profile. Opportunities exist, through working in partnership with schools and communities, to improve life chances and promote social inclusion.
 4. In the last four years indicators of deprivation in the locality have deteriorated. The locality should commission, in partnership with the LSP, services that impact on the wider determinants of health.

The above points are being addressed by Kingstanding Locality's Local commissioning Delivery Plan (LCDP). Initiatives to reduce these include the following:

Reducing The Number Of People Dying From CHD And Stroke

This initiative involves identifying and treating males over 40 with undiagnosed hypertension, as well as providing advice on diet and exercise to support them to stop smoking. Screening has been provided by either the practices or Lloyds pharmacy.

Anti-Coagulation Service In Primary Care

This improves patient access, and provides optimum control closer to where people live.

Improving The Quality Of Life For End Of Life Patients Through Hospice At Home.

Improving the quality of care for end of life patients, allowing resources to be freed-up in secondary care.

Abdominal Aortic Aneurysm Screening For Over 65s

Reducing mortality rates from AAA by identifying people at risk of developing an abdominal aortic aneurysm, by developing a screening programme. The locality has other priority areas including high teenage conception rates, infant mortality and sexual health (screening of Chlamydia) and smoking. As there are already a number of PCT initiatives in place or proposed to address these issues, a

steering group is being established to map and evaluate current service provision and possibly implement or modify new/current initiatives.

SUTTON

Sutton Locality is relatively healthy compared to other wards within the PCT, and experiences some of the highest life expectancy in the city, e.g. 83.9 yrs and 79.3 yrs for women and men respectively. It is overwhelmingly white in ethnicity (94%), and has a very low IMD score. The main causes of death are CVD and cancers.

Sutton's residents report good health (approx. 72%) compared to the rest of the city (66%). Problematic lifestyle behaviours are lower than the city as a whole, e.g. smoking, binge drinking, obesity, whilst 5 a day fruit and vegetable consumption is high for adults, although in children it is closer to the city average and, in the case of Sutton Vesey, it is lower.

The Public Health Report, 2007/08, makes a number of recommendations for the Sutton Locality:

- 1 As there is an ageing population across the area and the trend is likely to continue there should be a focus on commissioning self-care programmes to improve the quality of life in later years.
- 2 The incidence of breast cancer suggests the locality should promote and encourage the uptake of breast screening.
3. In view of the years of life lost due to lifestyle associated causes of death, the locality should consider commissioning programmes aimed at lifestyle change and its maintenance.
4. Evidence suggests that many residents may be property rich but income poor. The locality should consider undertaking further analysis to better understand the needs of this population group.

Points 1, 2 and 4 are addressed in the Sutton Locality Local Commissioning Delivery Plan (LCDP), 2008 – 2011, where they are discussed more fully. In terms of Health Improvement activity per se, a partnership has been formed with the Sutton Coldfield Constituency led by Gill Taylor, Constituency Director. Priorities for action were identified from a desktop analysis of the LCDP and the Sutton Constituency Community Plan, 2006 – 2010. Three overlapping priorities were identified:

- Smoking cessation
- Weight loss/healthy eating
- Falls prevention

Proposals for joint activity in these areas are now in draft, and other partners are being identified, e.g. SAGE Good Neighbour Project. Identifying partners from the 3rd sector will enhance the partnerships chances of attracting extra funding for projects.

Smoking Cessation

To reintroduce evening drop-in services using Birmingham City Council (BCC) premises. This had previously been withdrawn due to lack of availability of premises and funding difficulties. Having an evening service will attract people who work and those with day care responsibilities, e.g. parents.

Weight Loss

The locality will provide funding for a targeted programme at a particular group, e.g. older adults, using BCC Leisure Service, e.g. Leisure Centres. The PCT will provide finance and BCC will provide premises plus staff, where appropriate, to lead sessions.

Through BOH, an audit of weight loss/healthy eating service provision is being conducted both in General Practice and by outside contractors.

Separate to this partnership work is activity to improve BMI measurement in General Practice. Sutton Locality has one of the worst rates of recording in the PCT. It is planned to trial the use of BMI machines in reception areas, or similar, in practices.

Falls Prevention

The size and significance of this problem is not fully understood within the locality. Proposals currently under review are to use A&E data to understand the size and nature of unplanned admissions linked to falls; the use of an at risk tool by health, and social care staff, development of services that are consistent with NICE guidance; and, linking Falls Prevention to BOH.

BORDESLEY GREEN , SOUTH YARDLEY AND ACOCKS GREEN (BSA)

The locality of Bordesley Green, South Yardley and Acocks Green (it is co-terminus to the Local Authority ward boundaries), covers a population of approximately 76,000 in the South of the PCT area. It is one of six localities of Birmingham East and North Primary Care Trust.

These priorities have been developed with the involvement of primary care clinicians, through the Locality Commissioning Board, with input from the PCT Public Health Department. The plan will set out the high level priorities. Further

work will be undertaken to develop these objectives into business cases for service re-design and development.

1. Priorities For Action

Overview of Priorities

The Locality Commissioning Board believes tackling these areas and reducing mortality rates are a fundamental area of action in reducing health inequalities. Although it is noted that there may not be an immediate benefit realisation to the investment, the long term impact will result in reduction in unplanned and planned admissions to hospitals, improving the health of individuals, preventing long term dependency and reducing mortality rates.

The Locality intends to commission services that meet these objectives and will develop business cases for services on a locality basis. In particular we will be looking for business cases to address the following:

- Identification of high-risk individuals when they present opportunistically.
- Vascular risk stratification of existing practice population and to follow-up those at accelerated risk.
- To offer multi-agency first level lifestyle and health promotion advice and undertake simple examinations and investigations as identified by appropriate protocols and where necessary referral onwards to other services in the community.

When assessing the business cases the locality will be looking at the evidence basis of any planned initiative, the short and long term benefit realisation of the investment, the process of monitoring the short and long term outcomes, clinical governance procedures, the activity and finance relating to the initiative/s (this should be set against the activity in secondary care) and a clear demonstration of achieving local and national targets.

Next Steps

Furthermore the locality will be looking to scale up existing service provision to tackle health inequalities for instance:

- Increasing the numbers of individuals involved in Birmingham Own Health, Expert Patient Programme, Heart Failure Education Sessions, CVD Education, Healthy Eating programmes and development and implementation of the ICAT project.
- Increase the number of males taking part in active management of their own health through the jointly commissioned Male Life Expectancy project.

Working with the Local Authority in joint commissioning arrangements to develop community based services to tackle the causes of ill health.

2. Improved Access To And Provision Of Local Community Based Gynaecology Services

Background

Teenage pregnancy is an important national health inequalities priority. Nationally, teenage pregnancy (under 18 conception) has shown a steady decline of 11.1% between 1998 and 2004.

The rate of teenage pregnancy in Birmingham has also declined by 11.7% in the same period. However if the trust is to meet its targets of a 50% reduction in the under 18-conception rate by 2010 it will need to invest in and build upon the existing work.

There is a strong correlation between under 18-conceptions and deprivation, poor educational attainment and disengagement at school. Wards with high levels of deprivation have a high rate of teenage conceptions.

Pregnancy is a complex issue, affected by young people's knowledge about sex, relationships, access to advice, support and influenced by aspirations, educational attainment, parental and cultural sensitivities. Having children at a young age can damage young women's health and well-being and severely limit their education and career prospects; all the evidence shows that children born to teenagers are much more likely to experience a range of negative outcomes in later life.

The national findings from the Teenage Pregnancy Unit show that teenage mothers share the following characteristics:

- do not finish their education
- bring up their child alone and in poverty:
- 60% higher rate of infant mortality
- more likely to smoke during pregnancy
- less likely to breastfeed
- Three times the rate of post-natal depression

Children of teenage mothers are generally at increased risk of poverty, low educational attainment, poor housing and poor health, and have lower rates of economic activity in adult life.

Priorities for Action

The Locality will commission community-based services that address the following areas:

- Action to reduce sexually transmitted diseases, teenage pregnancy, terminations and improved contraceptive services.
- Provision of Advanced Family Planning such as long acting contraceptives.
- Effective links with health and educational programmes in the locality.
- Reduction in secondary care outpatient attendances for routine gynaecology services.
- Improve the well-being of teenage mothers.

The locality will consider the business cases from practices to develop and provide advanced sexual health services, which address the areas above.

Next Steps

Working closely with teenage pregnancy lead on further improving work on the Sexual Health In Practice (SHIP) pilot . This has been extended to support practices to initiate contact with their young patients and overcome some of the barriers. Literature has been designed for young people “C” pack which contains information on a range of issues eg acne. Smoking cessation, safe use of alcohol, alongside sexual health information such as Chlamydia screening.

3. Mental Health (Same as Washwood Heath Locality)

Background

It is recognised that 1 in 4 people will experience some kind of mental health problem in the course of a year. The most common form of mental health is anxiety and depression. Women are more likely to have been treated for a mental health problem than men, however, men are three times more likely than women to die from suicide. About 10% of children have a mental health problem at any one time. Depression affects 1 in 5 older people living in the community and 2 in 5 living in care homes. The UK has one of the highest rates of self harm in Europe, at 400 per 100,000 population. 9 out of 10 people in prison have a mental disorder.

Mental health costs the NHS significant resources - about £7.9 billion per year. Therefore it is imperative that preventative and rehabilitation services in the community are developed to reduce the burden of mental health on the patient, family, community, health service and the economy.

Priorities For Action

The Locality will work with partners to address the mental health problems and develop preventative measures, by using environmental and social interventions. The locality would like to commission services that identify patients displaying signs of low level mental disorder and who are then appropriately managed in the community, therefore, preventing them from being referred to secondary care services.

Progress To Date

As with the Washwood Heath Locality we have put forward a project proposal at the PCT Gateway for a Primary Care Mental Health Gateway Worker to target people with long term conditions . This proposal was favourably accepted and the next phase is now being developed to move this forward to implementation stage.

Next Steps

- A subgroup has met to review the role of this individual.
- Exploring the recruitment of an individual with a 'diploma in counselling'.
- Finance will be calculating the costing and all other associated costs.
- A job description and person specification will be drawn up, in line with Agenda for Change requirements.
- The Mental Health Trust will be contacted to explore potential options on line management, supervision, governance, etc. This is now work-in-progress.

4. Lifestyle interventions- Obesity (Same as Washwood Heath Locality)

Working closely with Washwood Heath locality, we recently commissioned a healthy lifestyle intervention programme. The programme is aimed at the following localities:

- Bordesley Green
- South Yardley
- Acocks Green

The programme will be twofold:

- Group sessions delivered by culturally competent individuals to develop a behaviour change initiative i.e. healthy eating/cooking and physical exercise
- Choice of physical activities for people to access i.e. swimming, exercise classes, outdoor activities and gym sessions.

The PCT will fund places through an agreement with GP's. GP's will be allocated a number of places based on the size of their patient list. The GP will then use the scheme on a referral basis.

Progress To Date

To date, the provider has been confirmed and the Health Improvement Directorate is currently finalising the finer details in anticipation for the programme to be up and running by October 2008. Evaluation will be ongoing throughout the programme as a method of monitoring the programme and a final evaluation will be carried out at the end of the programme.

Next Steps

- Pilot for 500 patients with a BMI over 30 across BSA and Washwood Heath/Bordesley localities.
- Contract has been awarded to Weight Watchers.
- Pilot will include a physical activity element and patients will therefore be offered pedometers to use whilst on the programme.
- Develop the referral pathway and referral forms for GPs.

5. Reduce The Perinatal And Infant Mortality Rates In The Locality To The Birmingham Average Over 5 Years (Same As Washwood Heath Locality)

Re-design of the Community Midwifery services to ensure early booking, continuity of carer and the detection of intra uterine growth restriction.

Progress To date

- Re-design of community midwifery services with some clinics now running from Children's Centre's.
- Recruitment of four additional community midwives by the Trust.
- Four Pregnancy Outreach Workers have begun to work with midwives.
- The City-wide call centre is now operating with the Fast-Track Pregnancy Referral Service (with free Emergency Pregnancy Testing) being offered at ten pharmacies in the Washwood Heath ward via NRF funding.
- Maternal Nutrition Project running in Washwood Heath.

Next Steps

- Funding of pharmacies to continue this work.
- Review service re-design.

A PCT Baby Friendly Initiative Steering Group will oversee the implementation of BFI Best Practice Standards with a view to achieving BFI Accreditation.

6. CVD Programmes

Male Life Expectancy Update

We have screened almost 6,000 men in BEN PCT during the course of the programme.

As a PCT we now need to identify the key learning from the MLE project and consider how this should influence our commissioning of vascular screening services, particularly in light of the national Vascular Screening policy to be introduced next year.

Within the BSA locality the following practices have participated:

Dr Brown NP (Thebridge), Dr Lewis , Dr Moonga , Dr Sanghera , DrWatson
Dr Zaki.

New Developments

Gateway 2: Bordesley Green, South Yardley and Acocks Green (BSA) Locality Cardiovascular Disease (CVD) Risk Assessment, Screening and Management Programme.

The BSA Locality wishes to be early implementers of the DoH's National Policy for Vascular Checks programme. The programme would introduce a universal risk assessment and management programme, that achieves a high uptake of vascular checks and risk modification interventions for our male and female population aged 40-74. National guidance suggests that such a programme would lead to a higher uptake of preventative interventions, including brief exercise intervention, weight management, intensive lifestyle management for impaired glucose regulation, smoking cessation, statin and anti-hypertensive prescribing. The programme would also enable earlier detection and treatment of hypertension, diabetes, chronic kidney disease (CKD) and atrial fibrillation (AF). The intended effect would be a reduction in vascular morbidity and mortality, which remains a key priority for BEN PCT.

Next Steps

- Approval once agreement picked up the learning from the MLE programme. MLE programme is an assertive contact of those at greatest risk, access in different venues and out of normal hours. Also near patient testing and brief health interventions and referral.
- Also correlate with LAA proposal re life expectancy.

Recent Developments/Ongoing

Stakeholder Day on 23rd July 2008

Health Improvement representatives were present at the event and themes to be discussed will go into the next commissioning Local Delivery Plan. The themes discussed were issues, barriers, actions to be taken to improve the following:

- Sexual Health
- Children and Families
- The Big Killers : Prevention of CVD and Diabetes

ECG Training

- Planned ECG training for locality. ECGs given out to Dr Moonga, and Dr Wadhwa, Park Surgery

Cardiovascular Training

Allocated CVD training offered as per monthly sessions, updates on CVD healthy eating, Chronic Kidney Disease, Dyslipidaemia, Hypertension, Stroke, Heart Failure and new sessions coming up on Peripheral Vascular Disease as well as new programmes being set for next year.

Blood Pressure Awareness Week

Blood Pressure Association event at ASDA Small Heath on 10th September 2008.

Long Term Conditions as it Relates to Qof

To be taken to all localities for discussion.

Papers Taken Forward From Health Improvement Team:

- **HPV**
- **Health Priorities (See Appendix 1)**
- **MLE Updates**
- **CVD Education**
- **Smoking Cessation Team – Locality Update**

APPENDIX 1

Health Priorities for BSA Locality (Incorporating the wards – Bordesley Green, South Yardley & Acocks Green)

PCT Wide Priorities

- CVD Deaths
- Cancer Deaths

BSA “In Ward” Priorities (influencing life expectancy)

Bordesley Green	South Yardley	Acocks Green
<ul style="list-style-type: none"> • Life expectancy: Males & Females • Deaths from circulatory disease • Death rates from CHD • Incidence of Breast cancer • Emergency Admissions of U16s with Lower Respiration Tract Infections • CABG/PCTA admissions • Diabetes prevalence • Infant Mortality Smoking Prevalence 	<ul style="list-style-type: none"> • Deaths (SMR) all causes, all ages • Death rates for CHD • Death form all cancers • Incidence of Bronchus and lung cancer • Incidence of Stomach cancer • Deaths from Diseases of the Respiration System • CABG/PCTA admissions • Deaths from Falls >50 years • Admission rates from falls >50 Years • Obesity prevalence • Adults consuming 5 a day 	<ul style="list-style-type: none"> • Deaths (SMR) all causes, all ages • Death rates for Stroke • Death rates for CHD • Incidence of Bronchus and lung cancer • Incidence of Stomach cancer • Deaths from Diseases of the Respiratory System • Deaths from Falls >50 years • Admission rates from falls >50 years • Obesity Prevalence • Smoking Prevalence • Adults consuming 5 a day

