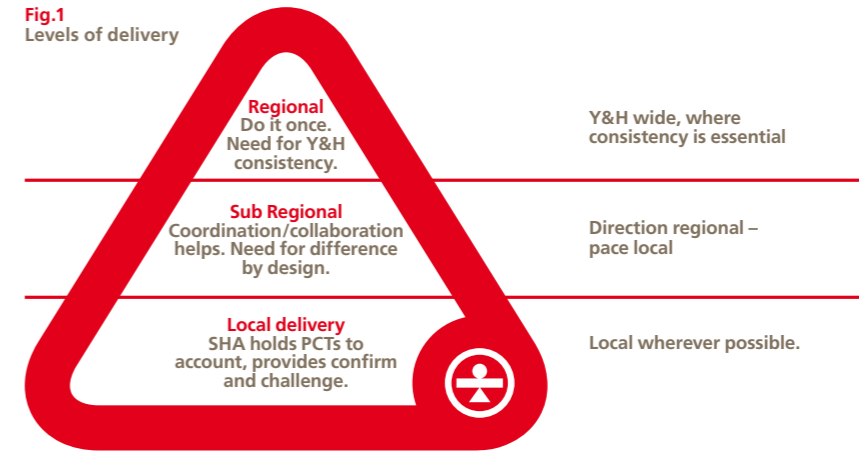


Staying Healthy



Fig.1
Levels of delivery



What did we say in Healthy Ambitions?*

1
The Staying Healthy Clinical Pathway Group recognised that the 3 biggest threats to health over the next decade in our region are:

- Alcohol abuse
- Rising levels of obesity
- Smoking

They recommended that:

- **Alcohol:** There should be improved screening and identification of people with alcohol problems, who should be offered tiered support services; and we should use NHS influence to reduce the availability of cheap alcohol
- **Obesity:** Every PCT should commission local weight management services. PCTs should work together to commission bariatric surgery where this is the best treatment for morbidly obese people. There should be programmes of local work with partners on food policy and skills for adults and to improve opportunities for active leisure.
- **Tobacco:** Commission free nicotine replacement therapy; and systematically use every NHS opportunity to encourage and support giving up smoking
- A shift in the focus for investment from treatment to prevention.

Who is taking this work forward?

2
Levels of delivery
PCTs across Y&H have worked with the SHA to agree which of the recommendations of the Staying Healthy pathway should be taken forward locally and which might need action at regional level. This is summarised in fig.2 on the next page.






*Full details can be found at www.healthyambitions.co.uk/staying_healthy.html








Recommendations & levels of delivery.

Fig.2 Levels of delivery

KEY
● Primary Implementation

 <p>Recommendation 1 The NHS in Y&H should improve screening and identification of people with alcohol use problems.</p> <p>YH wide implementation -</p> <p>YH wide coordination & collaboration Regional Alcohol Group</p> <p>Local Delivery Yes</p>	 <p>Recommendation 2 PCTs should commission the systematic use of brief interventions on alcohol to 'industrialise' their use across NHS services.</p> <p>YH wide implementation -</p> <p>YH wide coordination & collaboration Regional Alcohol Group</p> <p>Local Delivery Yes</p>	 <p>Recommendation 3 PCTs should commission a range of tiered services to cope with people who present with different levels of dependency and ensure simple referral routes are accessible from screening points.</p> <p>YH wide implementation -</p> <p>YH wide coordination & collaboration Regional Alcohol Group</p> <p>Local Delivery Yes</p>	 <p>Recommendation 4 PCTs should commission alcohol services separately from drugs misuse services.</p> <p>YH wide implementation -</p> <p>YH wide coordination & collaboration Regional Alcohol Group</p> <p>Local Delivery Yes</p>	 <p>Recommendation 5 NHS should work with other organisations to reduce the accessibility of alcohol.</p> <p>YH wide implementation -</p> <p>YH wide coordination & collaboration Regional Alcohol Group</p> <p>Local Delivery Yes</p>
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NHS should work with other organisations to reduce the accessibility of alcohol.

 <p>Recommendation 6 Every PCT should commission localised weight management services for their local population. To meet life expectancy targets these should focus on adults at mid-life.</p> <p>YH wide implementation -</p> <p>YH wide coordination & collaboration Promoting Healthy Lifestyles Board, Obesity Leads Group</p> <p>Local Delivery Yes</p>	 <p>Recommendation 7 Services could be commissioned on the smoking cessation service model, using similar referral protocol so enable quicker implementation.</p> <p>YH wide implementation -</p> <p>YH wide coordination & collaboration Promoting Healthy Lifestyles Board, Obesity Leads Group</p> <p>Local Delivery Yes</p>	 <p>Recommendation 8 NICE guidance on brief interventions should be implemented consistently by a wide range of NHS settings and staff. Ideally this would include primary care, secondary care, community services, family centres, local authority and voluntary settings.</p> <p>YH wide implementation -</p> <p>YH wide coordination & collaboration Promoting Healthy Lifestyles Board, Obesity Leads Group</p> <p>Local Delivery Yes</p>	 <p>Recommendation 9 Surgery for people who are morbidly obese. PCTs should proactively collaborate on setting the specification and agreeing when these services should be commissioned so that there is a common standard across the region.</p> <p>YH wide implementation SCG</p> <p>YH wide coordination & collaboration Promoting Healthy Lifestyles Board, Obesity Leads Group</p> <p>Local Delivery -</p>	 <p>Recommendation 10 There should be a systematic programme of local work to reduce the levels of obesity through the development of:</p> <ul style="list-style-type: none"> • Food policy & better food skills for adults. • Transport and the built environment – making activity easier/safer • More opportunities for active leisure • Local employment • Quality of school food, drink and activity programmes <p>YH wide implementation -</p> <p>YH wide coordination & collaboration Promoting Healthy Lifestyles Board, Obesity Leads Group</p> <p>Local Delivery Yes</p>
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Recommendations & levels of delivery.



Recommendation 11

The recommendations of the SH Group – which are focused on adults – should be linked to the Gov initiative on child weight management which is aimed at tackling rising obesity levels amongst children.

YH wide implementation

–

YH wide coordination & collaboration

Promoting Healthy Lifestyles Board, Obesity Leads Group

Local Delivery

Yes



Recommendation 12

Every PCT should commission the systematic and industrialised use of brief interventions and referrals into effective smoking cessation services. In addition there should be training for as many other front line services as possible in carrying out brief interventions and referrals to services.

YH wide implementation

–

YH wide coordination & collaboration

Tobacco control network

Local Delivery

Yes



Recommendation 13

PCTs should commission free NRT for the smoking population and make it widely and freely available.

YH wide implementation

–

YH wide coordination & collaboration

Tobacco control network

Local Delivery

Yes



Recommendation 14

Change the headline measure from number of quitters to smoking prevalence in order to align incentives better to what will make the biggest impact on health.

YH wide implementation

National work underway

YH wide coordination & collaboration

Tobacco control network

Local Delivery

Yes



Fig.3 Timetable

Overall – establishing foundations	Timescale
Initial baseline gap analysis completed by all PCTs setting out where work is already underway across all 3 key risk areas	Complete
Region wide social marketing programme (based on NSR review)	Ongoing
Workforce analysis to assess potential gaps in delivering recommendations with ensuing workforce plan based on findings.	Complete
Confirmation of core role of DsPH network and reporting routes for 'Staying Healthy'	February 2009
Obesity	
Commissioning of adult weight management services: - Individual PCTs to take forward - PCT Obesity network to take the lead for Cross Government Obesity Unit on producing service specification for adult weight management services	Commenced November 2008
Alcohol	
Develop specifications for services agreed across PCTs in the region through regional alcohol group	Commenced January 2009
Smoking	
Rolling out Good System Guide ensuring systems in place to support industrialised delivery of ABC approach to brief interventions by all front line staff.	Rolling programme
Regional programme of work being discussed with DsPH, Directors of Commissioning and CEs to extend smoke free environments, cheap and illicit tobacco etc.	Ongoing
NRT – set up commissioning framework in PCTs (where needed) and implement: assess progress and impact across the region	March 2009

What is happening to take this forward?

3 The actions to be taken forward in the first year of implementation for the Staying Healthy pathway are shown in fig.3.



Local delivery

4

PCTs have prioritised the recommendations in Healthy Ambitions in light of the needs of their local community and the current position of their services.

Working with their local providers and partners, they have all set out the action that they will take to start to turn the recommendations in Healthy Ambitions into reality in their five year strategic plans.

An example of the action being taken by Bradford and Airedale tPCT is shown in fig.4.

Fig.4 SCG action on commissioning of bariatric surgery

Date	Action
During January 2009	Designation guidance, commissioning policy and service specification signed off by SCG
During January 2009	Write to existing bariatric surgery providers (Chief Executives) with designation guidance document, seeking: <ul style="list-style-type: none"> • intentions in respect of future provision of bariatric surgery • completion of self assessment • evidence to support self assessment
Early February 2009	Providers consider designation guidance and complete self assessment and collection of evidence
By February 27th 2009	All interested providers to have responded to Cathy Edwards at SCG
April 2009	Provisional designation of existing providers meeting core standards and confirmation of next steps

Fig.5 An example of local action being taken by Bradford and Airedale tPCT

Bradford and Airedale are:

Implementing a new tiered service model for adult obesity services that ranges from brief intervention and referral to weight management services through community based dietetic services and up to bariatric surgery for morbid obesity.

- Tier 1

will be available to all patients who wish to lose, or manage their weight, with community wide provision focusing on intervention and prevention.

- Tier 2

will use weight management clinics targeting high risk patients who are ready to change their lifestyle with education, motivational support, individual assessment and patient plans, pharmacotherapy where indicated and as preparation for bariatric surgery.

- Tier 3

bariatric surgery will be available to those patients who have demonstrated their ability to make lifestyle behaviour changes

The tPCT's obesity strategy highlights that approximately one third of Bradford's adult population are overweight (137,000 adults) and a further one fifth are obese (88,000 adults).

How could you help?

5

Everyone with an interest in improving health and healthcare can play a part in taking forward the recommendations in the Staying Healthy chapter of Healthy Ambitions.

In fig.6 we have set out some of the suggestions from staff about how people could help implement the recommendations.

As an NHS publication – this section has just focussed on the roles that NHS Staff could play – but we very much recognise that our partners, e.g. local authorities and third sector, can have a much bigger impact on addressing the determinants of ill health. We are therefore committed to continuing to work jointly with our partners to make the recommendations of the Staying Healthy pathway a reality. Directors of Public Health with joint appointments between the NHS and LAs and are well placed to promote joint approaches.

Who will make sure that this work happens?

6

There are a number of leadership roles in the delivery of this pathway:

Locally

Each PCT is responsible for working with local providers and partners to ensure the delivery of recommendations in line with their local priorities and their own strategic plans.

Collaboratively and Regionally

Delivery will be overseen by a Pathway Delivery Board – as described in the chapter on governance arrangements.

For Staying Healthy the chair will be Simon Morrith, Chief Executive at Bradford and Airedale tPCT, who will act as a sponsor of the staying healthy work within the wider PCT chief executives forum. He will assist the clinical lead and SHA Director lead to promote implementation of the pathway, the framework for action (the rainbow model) and partnership working between PCTs and local authorities.

The clinical lead is Wendy Richardson, Director of Public Health at Hull, who will: oversee progress against of the Staying Healthy recommendations, act as a champion for the recommendations, advise on delivery processes and encourage DPH colleagues to continue to focus and give priority to the Staying Healthy recommendations.



Fig.6 How could you help?

Who	What
Directors of Public Health could:	<ul style="list-style-type: none"> • Implement NICE guidance on brief interventions (behaviour change) • Work with partners to develop a systematic programme on food policy, food skills for adults and weight management for adults • Advocate improvements in the quality of school food, drink and activity programmes • Making links across Government initiatives on child weight management
Directors of Commissioning could:	<ul style="list-style-type: none"> • Commission weight management services using service specification designed by the PCT obesity lead • Commission smoking cessation services • Commission free NRT for smokers, making it widely and freely available to all • Commission treatment and rehabilitation programmes for hazardous drinkers • Work to promote joint commissioning – e.g of alcohol services • Ensure effective audit processes are built into contracting processes, including the collection of systematic feedback from patients, carers and families
Health Trainers could:	<ul style="list-style-type: none"> • Implement NICE guidance on brief interventions • Implement PCT commissioned services on brief interventions
GPs could:	<ul style="list-style-type: none"> • Implement NICE guidance on brief interventions • Offer screening, identification and advice in primary care and other settings
Directors of Performance could:	<ul style="list-style-type: none"> • Examine ways to change headline measure from number of quitters to smoking prevalence
All professionals offering NHS care could:	<ul style="list-style-type: none"> • Use all opportunities to offer brief interventions as per NICE guidance
Communications Leads could be:	<ul style="list-style-type: none"> • Be aware of and participate in social marketing activity
Directors of HR / Workforce could:	<ul style="list-style-type: none"> • Workforce analysis of pathway recommendations including training for front line staff in brief interventions
Smoking cessation staff could:	<ul style="list-style-type: none"> • Be aware of and implement recommendations of pathway group
Obesity leads could:	<ul style="list-style-type: none"> • Be aware of and help implement recommendations of pathway group
Alcohol leads could:	<ul style="list-style-type: none"> • Be aware of and help implement recommendations of pathway group
Public Sector Staff could:	<ul style="list-style-type: none"> • Use all opportunities to systematise brief interventions
Local authority leads could:	<ul style="list-style-type: none"> • Joint working to support pathway recommendations including enforcement of under-age sales restrictions
Directors of Finance could be:	<ul style="list-style-type: none"> • Assessing the financial implications of local plans in response to pathway recommendations and ensuring appropriate provision with medium term and operational finance plans. Any impact on providers of changes in care pathways or service provision would need to be appropriately communicated consistent with WCC standards and process and extant contracting arrangements

This checklist is illustrative and for guidance only.



Work has been undertaken to establish baselines for this pledge and by the end of March '09 trajectories for improvement will have been agreed between the SHA and PCTs and will be reflected in annual operational plans.

The Regional Director of Public Health Paul Johnstone will oversee progress on implementation of the Staying Healthy pathway working with public health colleagues across the regions and with the clinical lead and the CE.

How will we measure success?

7 We have developed a "Healthy Ambitions Dashboard" based on a small number of key indicators which taken together can be used to start to measure the success of the Healthy Ambitions programme as a whole. This is underpinned by trajectories which each PCT will set to reflect their local priorities and circumstances and which will show the measurable improvements they are making in each pathway area. This will supplement the "vital signs" indicators and trajectories which support delivery of the targets set out in the NHS Operating Framework and the selection of outcome measures which PCTs have included in their strategic plans. In many cases these measures are one and the same. All of these measures will feature in PCTs annual operating plans to be agreed with the SHA and be the basis for the SHA's performance management regime.

Recognising that the pathway recommendations are many and various we intend start by tracking progress against the key pathway pledge, which for Staying Healthy is to promote healthy lifestyles – with a halt in the rise in obesity.

We know that this doesn't tackle all three priorities identified in this chapter. Alcohol and smoking will be tracked through existing routes. Smoking quit rates are already included in Vital Signs, as is alcohol misuse.

The key indicators we will track will be:

- Obesity prevalence amongst reception and year 6 children
- The proportion of patients in a practice who have had their BMI recorded
- Percentage of obese people aged over 16 (once local data quality meets minimum standard).

Work has been undertaken to establish baselines for this pledge and by the end of March '09 trajectories for improvement will have been agreed between the SHA and PCTs and will be reflected in annual operational plans.* We intend to publish progress against individual trajectories.

*More details can be found in the performance and metrics chapter.





“Tackling obesity and encouraging healthy lifestyles is part of my day job: we need to make them part of the day job for all NHS staff.”

Heidi Waters
Obesity programmes
coordinator, NHS Hull