

# Exemplar Themes

## Health and Wellbeing Partnership

May 2023

### 1. Introduction and background

The concept of exemplar themes seeks to develop our Health and Wellbeing Partnership (HWP) working through learning how the partnership can add value and create greater impact, by collectively coming together. The three themes to be taken forward are blood pressure, smoking and employment and were highlighted in the Integrated Care Strategy as topics for the HWP to coalesce around.

An Exemplar Themes Steering Group has been convened to progress the identified themes. This group has explored ideas about how to develop each of the exemplar themes. This paper details the suggestions for progressing each of the exemplar themes. Additionally, the Steering Group suggested some common principles that would need to be considered as part of this process:

- Framing – seek to understand both the impact of the interventions developed and learn from how we worked together to create this impact.
- Engagement – communicate and engage people by recognising existing priorities and points of connection.
- Language – ensure we use language that is relatable and encourages the same understanding across the partnership.
- Flexibility of approach – recognise that approaches will need to adapt/develop and being open to that.
- Value added – ensure we are clear on how the partnership will add value.

### 2. Approaches

A whole population/universal approach is important as Geoffrey Rose's 1985 paper, Sick individuals and sick populations, famously describes. The main idea is that the largest number of cases of ill health happen not in those at high risk, but in those who have just some risk, *simply because there are more of them*. The distribution of risk in a population often follows a bell curve (see figure 1), so if you are able to shift the whole curve to the left, then *everybody* has a lower risk and you will get a fewer number of cases.

Figure 1:

## The Bell curve shift in populations



Shifting the whole population into a lower risk category benefits more individuals than shifting high risk individuals into a lower risk category

However, we also recognise there are inequalities in health outcomes in our population and a need to take a proportionate universalism approach. This is a principle suggesting that health interventions and policies need to be universal, not targeted, but with intensity and scale proportionate to the level of social need and/or disadvantage.

### 3. Three themes and three different approaches:

It is suggested that each theme is approached differently, to account for the different context of each and to maximise the learning for the HWP. It is recognised though that there are synergies between the themes, so we need to ensure the themes are not delivered in silo.

- Blood pressure – Taking a data informed approach with co-designed interventions.
- Smoking – Using the Population Intervention Triangle to strengthen links between the service, civic and community centred parts of the system.
- Employment – Create cultural shift and building an employment collaborative.

This also provides an opportunity to understand how the themes can impact at a system, organisational and community level.

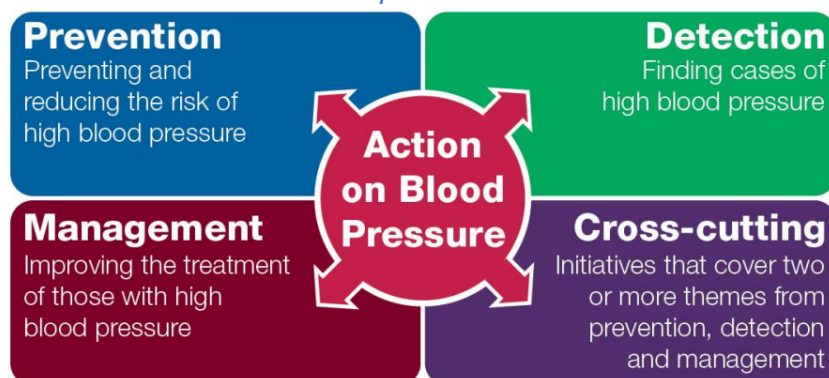
#### 3.1 Blood pressure

##### 3.1.1 Background

More than a quarter of adults in England have high blood pressure. It is the most common long-term condition and second biggest risk factor (after smoking) for premature death and disability in this country.

We want to support a shared and coherent approach to high blood pressure, to improve performance across the pathway (see fig. 2).

Figure 2: Opportunities for action on blood pressure



Achieving equity in health outcomes is cross cutting across all themes.

### 3.1.2 Proposed approach

#### (i) Prevention

- Consider and implement wider communication and social marketing strategies on prevention – focus on modifiable risk factors with an emphasis on salt.

#### (ii) Detection

- Identifying ‘at risk’ groups in Gloucestershire - use the system wide dataset to describe the number, geographical distribution and demographics of people who have a BP recorded in primary care, and whether people with high BPs have a diagnosis and treatment for hypertension.
- Increased blood pressure testing and recording (and improve management) - The aim of this stage will be to co-design offers which engage the identified ‘at risk’ groups in BP testing and ongoing management (including lifestyle change factors). This will be community based and designed to complement the current offer of NHS Health Checks and the recording of BP through primary care.
- Explore innovative ways to offer Health Checks as a universal offer.

#### (iii) Management

- Focused work on ‘pre-hypertensive’ phase - where BP is raised but not requiring medication but would benefit from lifestyle interventions. Work with community partners on interventions to support reducing risks. This will include working with the communities to understand how to best engage with different communities to support them with implementing lifestyle changes to reduce blood pressure.
- Build an understanding of opportunities for earlier detection - We know that there is underdiagnosis and missing BP records in the population who are potentially at risk of CVD. Conduct a retrospective cohort analysis of people who have had an acute CVD event and review primary care records for ‘missed opportunities’.
- The circulatory CPG delivery plan to increase diagnosis and effective management includes:

- Development of a local enhanced service with primary care for the recruitment of CVD champions at PCN level- who will be responsible for stratification and identification of patients with high blood pressure.
- Training for primary care in the use of stratification tools and templates to identify and treat patients who are high risk or who are not optimally treated for hypertension.
- Use of population health data to identify and communicate with practices on expected versus actual prevalence to increase diagnosis in at risk groups.

### **3.1.3 Understanding Impact**

The interim Integrated Care Strategy identified a high-level ambition in relation to the blood pressure exemplar theme which was to:

- Increase prevention and early identification of high blood pressure and support those with a diagnosis to manage their blood pressure.

Defining and measuring impact will be developed as part of the action plan for this theme. Whenever possible the assessment of impact will be built into each intervention to support an iterative learning approach.

## **3.2 Smoking**

### **3.2.1 Background**

Smoking within the UK population has declined steadily over time, however 13% of adults in England continue to smoke tobacco, with the highest proportion in the 25-34 age band (15.8%). In Gloucestershire smoking prevalence is similar (13%) to the England average, however smoking amongst those in manual populations is higher (30.8% vs. 24.5%) and during maternity, locally smoking status is worse at the time of delivery at 10.3% is significantly worse than England 9.1% (OHID 2023).

It is well known that smoking tobacco is a significant cause of health inequality and it is the leading cause of preventable disease and disability. 1 in 2 (50%) long term smokers will die prematurely, with a significant proportion experiencing life limiting disease and disability associated with this behaviour.

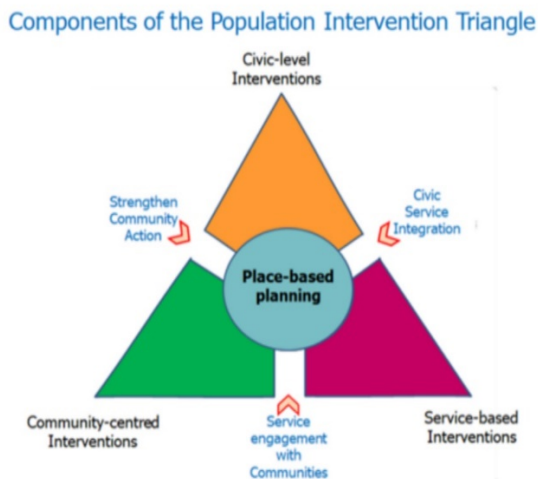
Deprivation is closely associated with increased rates of smoking, for instance 25,937 smoking households live in poverty and is higher in people who are unemployed. Gloucester, the district with the highest level of deprivation also has the highest prevalence of smoking 19% (vs. 13% Gloucestershire) compared to 6.6% in Cotswold. 21% of people with a long-term mental health condition and over 80% of people receiving drug and alcohol treatment are current smokers. Within Gloucestershire there are already a significant number of services in place to reduce and prevent smoking. However, based on feedback from the HWP Exemplar themes workshop in January 2023, HWP members did not feel universally informed of what services are available and/or knowledge may not be contemporary – this was from an employer perspective as well as thinking about their contacts with clients/service users.

### **3.2.2 Proposed approach**

[Place-based approaches to reducing health inequalities](#) provides tools and resources to support whole-system at-scale action on health inequalities. It uses the population intervention triangle (see Figure 3) to describe how local authorities, ICBs and policy-makers (civic) can work alongside services and with communities to address health inequalities at a scale that

makes a difference, and best meets local needs and circumstances. This provides a useful framework for consider how we strength the link between the services which support the lowering the prevalence of smoking and the civic and communities' parts of the triangle.

Figure 3:



- i) **Civic-level:** Considering HWP members as employers. Auditing employer activity regarding stop smoking opportunities, activities and through this process identifying best practice to enable sharing, consideration and adoption. This will include exploring how large employers align at the civic-level as well as at the level of service based interventions.
- ii) **Community centred:** Understanding barriers to raising stop smoking messages by focusing on defined cohorts of people and using those insights to suggest a way of creating opportunities.
- iii) **Service based:** This work will require some system mapping for smoking activities to understand what is available already as well as considering communication and engagement options to strengthen the interfaces between service/civic and service/communities.

The next step will be to develop a more detailed plan with the Tobacco Control group.

### 3.2.3 Understanding Impact

The interim Integrated Care Strategy identified a high-level ambition in relation to the smoking exemplar theme which was to:

- Identify greater numbers of smokers and signpost to appropriate smoking cessation.

Defining and measuring impact will be developed as part of the action plan for this theme. Whenever possible the assessment of impact will be built into each intervention to support an iterative learning approach.

## 3.3 Employment

### 3.3.1 Background

Within Gloucestershire currently 9,290 people are unemployed. The 2021 Census showed an increase in the number of people who are economically inactive in Gloucestershire from 35% in 2011 to 38.3%. There were increases in all categories for those aged 16 to 64 except for

the number of people who had retired – this was the most significant change showing a decrease of 5000 people.

70% of people aged 16 to 64 who were economically inactive reported good or very good health compared to 90% of people who were in employment and 87% of people who were unemployed. 374 16 to 18 year olds are NEET. 7.3% of people in Gloucestershire aged 25 or over, with a work limiting health condition have never worked compared to 1.1% of those without a work limiting illness.

There are many interventions and schemes relating to employment across the county, however, how these relate to each other is not fully understood/communicated. The circumstances that shape interventions (short term funding, changes in policy etc) can result in changes to interventions on a fairly regular basis, making it difficult to understand the system wide opportunities. Furthermore, incentives differ for the various organisations that support employment initiatives/schemes, leading to challenges in engaging in a systemwide collaborative approach to improving employment opportunities across the county. The feedback from the HWP workshop group on employment in January 2023 revealed that partners did not know what was on offer or how to engage with these offers.

### **3.3.2 Proposed approach – Create cultural shift and building an employment collaborative**

The employment exemplar theme seeks to create a cultural shift in how we support employment across the county by building momentum amongst and within all organisations who play a role in supporting employment opportunities. The objectives for year one include:

- Broaden the understanding of what is happening across the county.
- Place existing initiatives/schemes within the wider context of what can be achieved to through partnership working.
- Overcome cultural and practical barriers to information and knowledge sharing.
- Create an employment collaborative, those within the county who play and role in creating employment opportunities working together.
- Embed a change in practice, with the collaborative aligning existing initiatives and creating new interventions to ‘plug’ identified gaps and support higher risk groups.

i) **Build an employment collaborative:** deliver a biannual employment summit. Within the initial summit invite all organisations who are delivering employment initiatives as well as employers themselves. Demonstrate the wider context of what can be achieved to impact inequalities and population health through employment initiatives. Collectively explore the challenges faced, agree changes in practice and gain collective buy-in to work together moving forward as an active collaborative. Co-design solutions for challenges/opportunities identified. Subsequent summits will support this ongoing collaborative.

ii) **Maintain system map:** Create an initial map of what is already in place. Seek engagement with stakeholders to add to this initial map at the summit. Focus on overlap/gaps to develop a systemwide approach. Look for opportunities to spread existing initiatives, align initiatives that overlap and develop opportunities that address gaps in support. Maintain a live map of employment initiatives across the county, that is reviewed at future summits for further opportunities.

- iii) **Support high risk groups:** Collectively identify higher risk groups that are not comprehensively supported by existing initiatives. Employment collaborative to co-design solutions with these identified groups. This will be supported by both activities above but also form part of the ongoing action plan for the collaborative.

### **3.3.3 Understanding Impact**

The interim Integrated Care Strategy identified a high-level ambition in relation to the employment exemplar theme which was to:

- Create additional employment and skills development opportunities.

Defining and measuring impact will be developed as part of the action plan for this theme. Whenever possible the assessment of impact will be built into each intervention to support an iterative learning approach.

## **4. Recommendations and next steps**

The Health and Wellbeing Partnership is requested to:

- Note and endorse the proposed approaches for each of the exemplar themes.
- Endorse the continuation of the Exemplar Themes Steering Group to allow progression of themes in between Health and Wellbeing Partnership meetings.
- Note that detailed action plans will be developed for each exemplar theme.

It is proposed that the Health and Wellbeing Partnership is kept updated on the progress of each of the exemplar themes at future meetings.