

Wigan: Healthy Lives, Healthy People? Making Marmot Real for Real People – Intelligence led Decision-Making.

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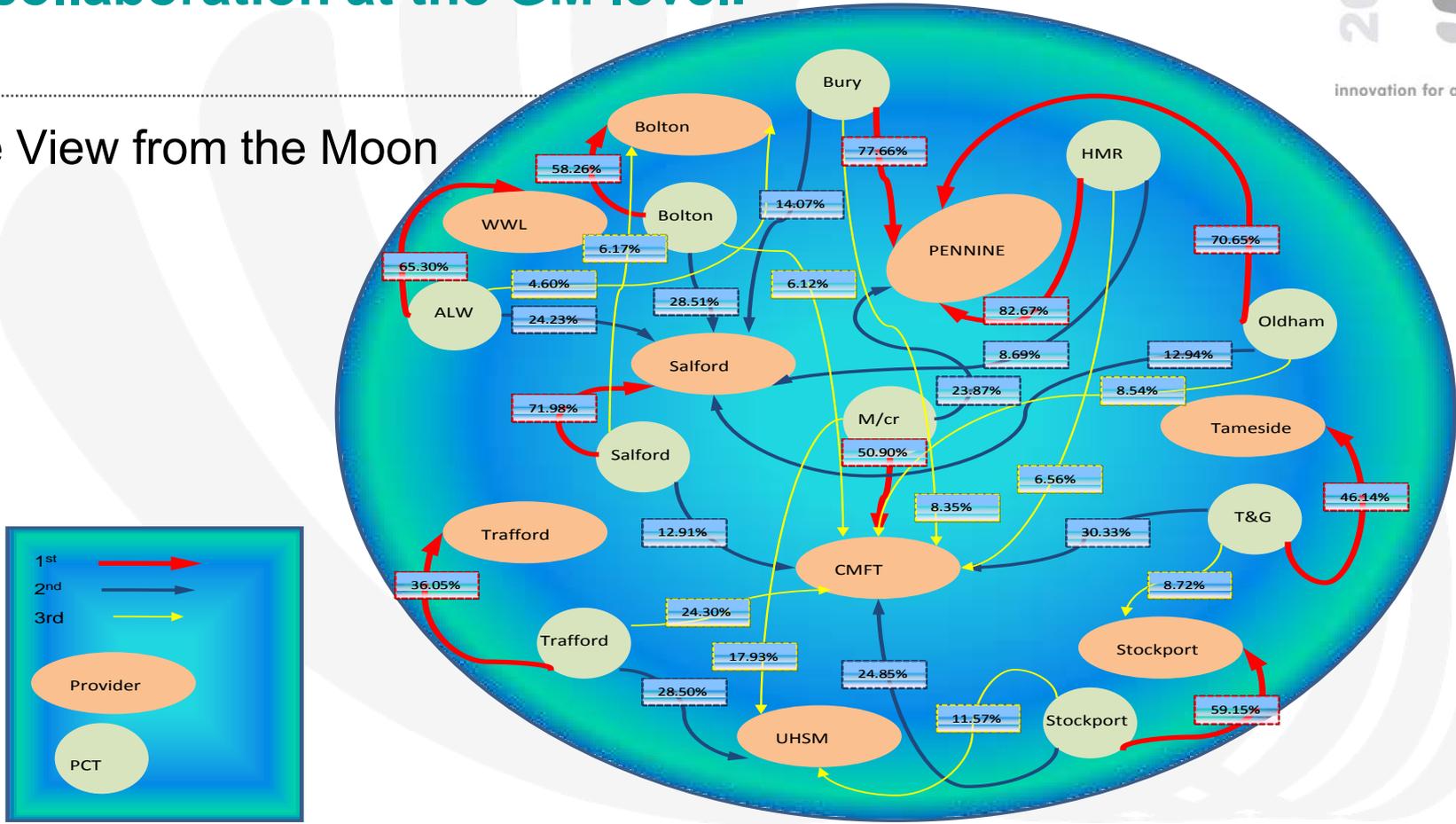
Leadership in GM: The Greater Manchester Strategy

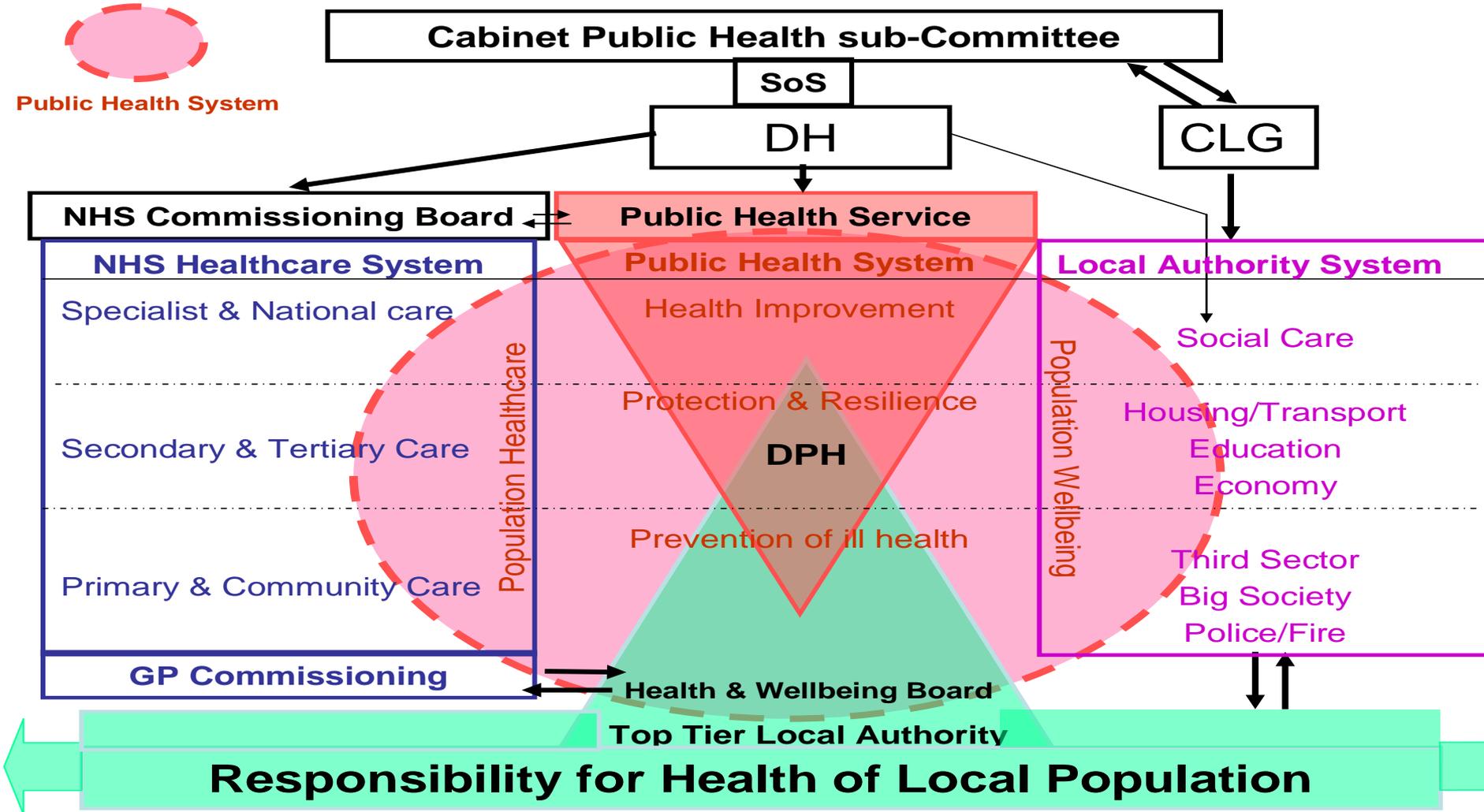
- The Manchester Independent Economic Review
- History of collaborative working across GM
- City Region Pilot status
- A GM Strategy which stresses the role of health in growth and employment
- Combined Authority and Local Enterprise Partnership



Enablers and Evidence: The case for health collaboration at the GM level.

The View from the Moon





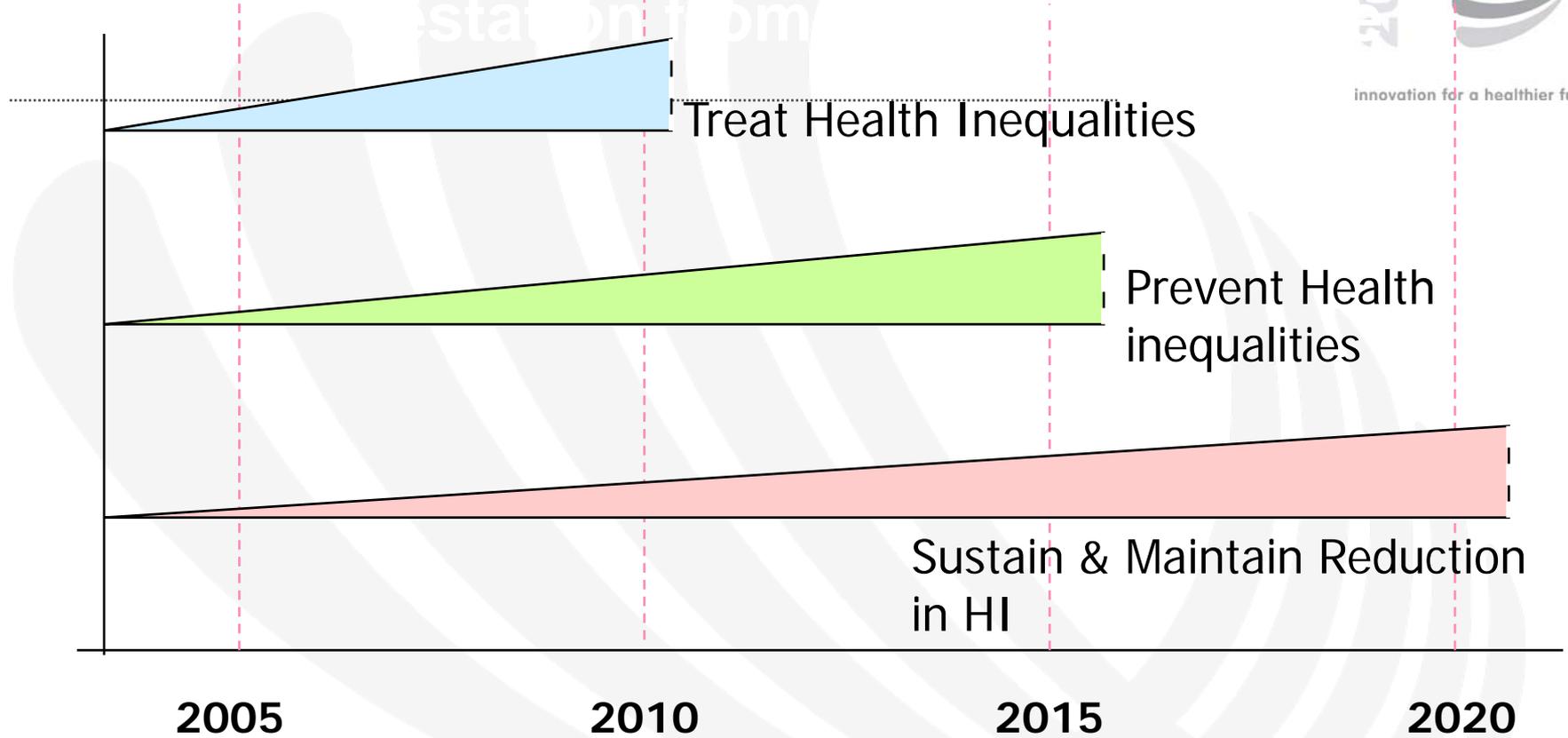
Strategic Drivers: Marmot Review

The recent Marmot Review *Fair Society, Healthy Lives* (DH, 2010) identifies 6 key policy areas to tackle Health Inequalities and the priority actions:

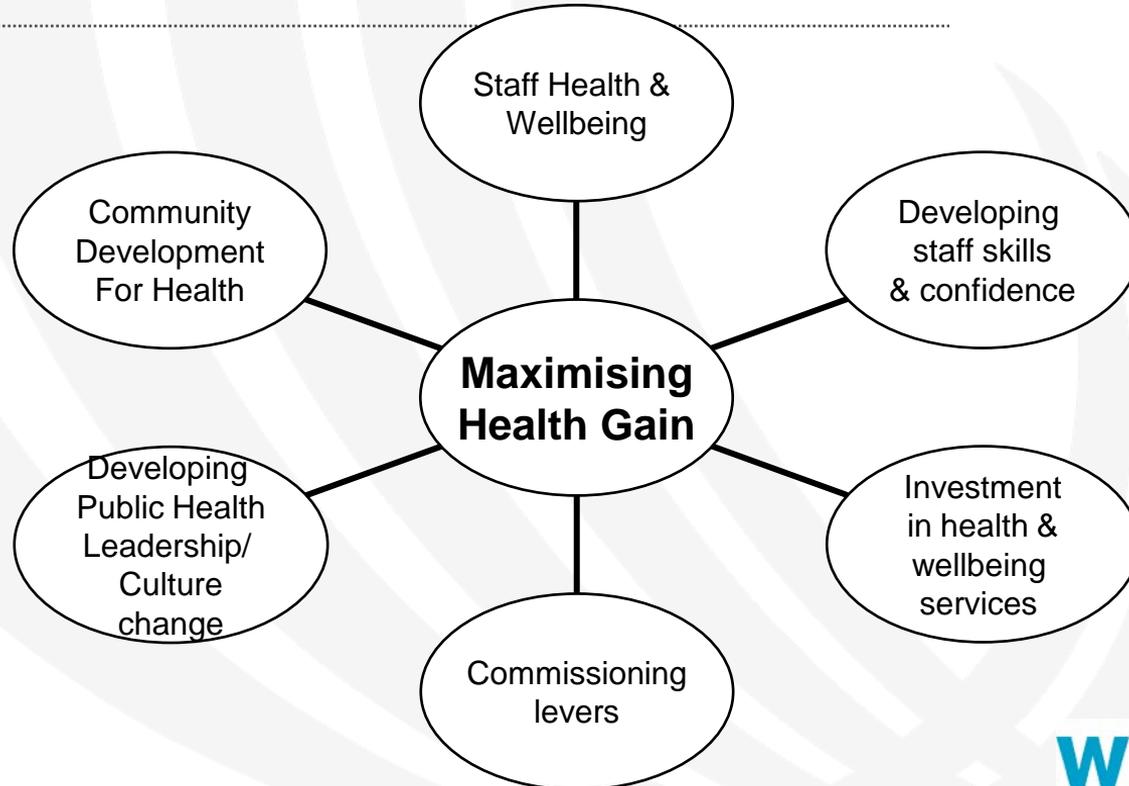
- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

Local Marmot Action Plan

- **A 'conscience' for the new Health & Well-Being Board**
- **The 6 Marmot objectives provide the strategic framework plus a set of Local Marmot Indicators**
- **Joint Strategic Needs & Assets Assessment highlights the health inequalities**
- **Priorities are being set in the context of an emerging policy agenda**
- **Plan includes health and well-being challenges throughout life**
 - start well, develop well, live well, work well, age well
- **Engaging local businesses through Food Sector and *Well at Work* (160 local businesses have a Healthy Business Award)**
- **Got cross sector commitment to understand and tackle causes of poor health locally**



Making Health Everyone's Business: The Approach



Health and Well - Being Board

Wigan partnership Health and Well- Being Priorities (6 Outcomes)

Health and well-being services

Local Authority & Partners

NHS

Social care (children and adults, Third sector Housing, transport, Big Society Leisure, Education, Partnerships Economy, Social enterprises)

Primary & Community care

Secondary & Tertiary care

Specialist & National care

General population

Low level advice & support

Support at home

Institutional care

Acute care

People choosing less dependent more cost-effective options

Increasing demand on services

NHS "flat cash" funding

£100 m gap in funding

Public Health QIPP Areas Identified by JSNA

- **Locally QIPP savings have been achieved for:**
 - Alcohol – active case management
 - Lose Weight Feel Great
- **Future opportunities include:**
 - Falls Prevention
 - Respiratory disease
 - Making Every Contact Count

JSNA Alcohol – Decreases Mental Capital

- 40% of domestic violence related crimes in Wigan involved alcohol
- Approximately 2,200 11 – 15 year olds in Wigan get drunk in any given week
- Youth offending linked to alcohol reduced 37% from 2009 to 2010
- Causes of alcohol-related hospital admission in Wigan residents (2008/09): chronic high blood pressure, mental /behavioural health problems and heart rhythm problems

Recommendations:

- See Domestic Abuse Strategy and Action Plan
 - Enforce legal drinking age restrictions in Wigan settings.
 - Lobby (with Greater Manchester) for national minimum alcohol pricing.
 - Evaluate the “Top 50” alcohol admissions case management, and if successful extend the programme.
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Alcohol Attendances

- A small number of people with alcohol related conditions account for a large number of A&E attendances and admissions - 'frequent flyers' or high impact users
- At WWL these patients
 - were responsible for 242 admissions = 40 per month, average cost = £1127, total cost £272,851
 - were responsible for 560 A&E attendances = 93 per month.
 - Assuming an A&E attendance cost £75, an ambulance journey £186, the total costs for these attendances = £146,160.
 - total costs for 50 patients per year = £838,022.

Active case management approach

- When a top 50 patient attends, **consent** is sought by the Alcohol Specialist Nurse Team (ASNT) to be referred to community alcohol treatment services delivered by Greater Manchester West Mental Health Foundation Trust. (GMW)
- **dedicated** case managers (team of 2 employed by GMW) begin an assessment process.
- The case managers then work with the clients to address the issues that will aid their recovery
- **proactive approach** to engaging clients. Case managers visit client's homes to help clients overcome barriers they may face when trying to engage with recovery services.
- A multi-agency team, including the ASNT regularly reviews the plan so that agencies can have input into the individuals recovery

Alcohol: Results and Next Steps

- **Results (Over the period October 2010 to March 2011)**
 - average monthly admission rate was 16 = 60% reduction.
 - average monthly A&E attendance rate was 39.5 = 58% reduction
- **What next?**
 - second list of frequent flyers was drawn up for 1st October 2010 – 31st March 2011

The Alcohol work is an example of integrated health and local government commissioning with jointly appointed commissioning team and pooled budget through a Section 75 agreement.

Lose Weight Feel Great

“Lose Weight, Feel Great” Pathway



*Clients with BMI 35-40 with co-morbidities who fail to lose @ least 5% of their body weight on CWMS or MWMP will be referred to SWMS

Lose Weight Feel Great

- Customer insight work was used to inform pathway development and social marketing strategy
- Investment in an Upstream Weight Management Pathway has led to reductions in expensive end stage surgery
 - 73% reduction in bariatric surgery between 2008/09 and 2009/10 – saving £460,000
- Continuous Quality Improvement
 - Robust performance management and evaluation has led to many quality, productivity and cost savings.
- Effective weight loss
 - Over 9,000 people have entered CWMP and 36.4% have lost a clinically significant amount of weight (Jan 09 – Aug 11)

Smoke Free Wigan & Leigh

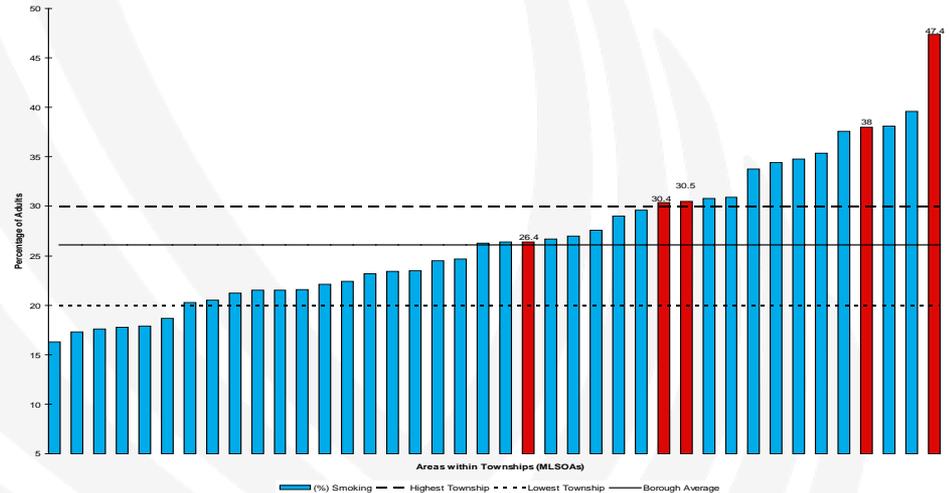
- **Established in May 2010 to reduce tobacco related health inequalities; to reduce smoking prevalence across the borough by developing and delivering a local Tobacco Control Strategy and Action Plan.**
- **Locally, the issues include: a high prevalence of smokers, especially within the more deprived areas, illicit tobacco, and underage sales.**
- **Specific work streams include: reducing the supply of illicit tobacco, promoting smoke-free homes and play areas, reducing the number of young people that start smoking, and assisting every smoker to quit smoking, particularly from disadvantaged communities. The objectives are to strategically plan and commission effective, evidenced based interventions for tobacco control.**
- **2 Cabinet members assist in Chairing the Alliance and there is clinical engagement on the Steering Group from the Cardiology Consultant at WWL , the PEC Chairman. Other partners are Public Trading Standards , Ashton, Leigh & Wigan Community Health Care, Wrightington, Wigan & Leigh NHS Foundation Trust, Environmental Health, Greater Manchester Police, Greater Manchester Fire & Rescue Service, Children & Young People's Service's, Adult Services , Wigan & Leigh Housing, HMRC, Community Engagement, Wigan & Leigh CVS, 5 Boroughs Partnership NHS Foundation Trust, Wigan Leisure & Culture Trust.**

Lifestyle

Smoking in the Townships

- 26% of the adult population of Wigan borough are smokers compared with 24% in England overall.
- The Health and Lifestyle Survey (2005/2006) suggests that younger residents are more likely to be current smokers than older residents and men are more likely to have smoked than women.
- Wigan South Township has one of the highest average smoking estimates of any Wigan's townships at 34.5% and is higher than both the England and Wigan borough average.
- Estimates range from 26.4% to 47.4. The majority of areas in Wigan South Township have estimates that are among the highest in the borough.
- The area in the north of Wigan South Township has the highest smoking estimate of any area in Wigan borough.

Percentage of adults who smoke across Wigan Borough with areas in Wigan South Township highlighted



COPD: QIPP Potential

- **Spend and Outcome Framework** for 2009/10 show that the PCT spent more than our ONS Peer Cluster and achieved worse outcomes.
- **Home Oxygen**
 - It is estimated that the average PCT could save £300,000 per year in Home Oxygen provision
 - The PCT has the highest average cost per patient per month in the region
- **Early Pulmonary Rehabilitation (PR)**
 - There is strong evidence that accessing pulmonary rehabilitation reduces readmission rates. There appears scope for improvement of uptake
- **‘The Missing Thousands’**
 - There is strong evidence that the earlier COPD is diagnosed and treated the better the outcome. This requires identifying and diagnosing patients as early as possible
 - In the Borough it is estimated 3,672 people with COPD who are not recorded on GP registers.
 - There is also a large variation by GP practice of the numbers on COPD registers vs the expected number

Tobacco Control & QIPP

- **Smoking Cessation**

- The vast majority of COPD is caused by smoking. Stopping smoking is the key treatment. Patients should be regularly asked about their smoking status at every stage of the pathway and prescribed the appropriate support to quit

- **Admissions / Readmissions (April to December 2010 AQuA database)**

- Short stay/ full admission ratio is over 3 times the region average
- Spells / prevalence PCT is the highest in the region

- **Readmissions**

- We have the highest readmissions rate in the region

- **Initial work is taking place to**

- Identify the baseline costs at present
- Identify areas where the quality of services to patients can be improved
- Identifying net savings from the quality improvements

Making Every Contact Count

- The approach of developing the skills and confidence of frontline staff in basic behavioural change techniques has become known as ‘Making Every Contact Count’.
- Lifestyle factors such as smoking, poor diet, excessive alcohol consumption and low physical activity are responsible for 42% of deaths from leading causes and approx 31% of all disability-adjusted life years (DALYs).
- The focus of training currently is on level 1 which provides staff with the skills, knowledge and confidence to raise health issues opportunistically as part of everyday contacts and signpost people to appropriate support.
- By providing support and advice for behaviour change we reduce the risk factors that are the cause of these diseases. The resulting impact for people living in the borough is better, longer and healthier lives

Local Implementation Model for Skills Development



innovation for a healthier future

Level 3

**City & Guild
HT**

Health Trainer Qualification- Health Trainers & Health Trainer Champions

**award
Topic specific brief intervention**

Thematic training, e.g. smoking, alcohol, mental health.

Level 2

**Advance
behaviour change**

Advanced behaviour change techniques. Target frontline staff

Level 1

Essential Public Health (EPH)

Practical skills & tools to raise health issues. Delivered to all frontline staff who regularly work with patients/clients on a 1:1 basis

Level 1

RSPH Level 2 award

Develops knowledge & understanding of health improvement. Local health priorities covered. Covers aspects of self care/awareness of own health & well being. Delivered to support cultural change in organisations & as part of staff health & well being programmes. Developing health leadership

Level 1

Connecting Communities to Health

Self Care. Understanding impact of own behaviours/lifestyle on health & well being. Delivered to local community groups, local people. Supports community Health Advocates.



MECC: Potential for Improvement

- Action in this area of work will utilise existing frontline staff to help contribute to QIPP by transforming pathways, supporting commissioning for equality and efficiency and improving provider efficiency and innovation
- The MECC programme has the potential to make significant cost savings across the local health & social care system attributed to preventative approaches.
- By taking a more systematic and planned approach to the competencies and skill levels required by different staff groups, savings can be made to training budgets.
- The programme works across all sectors of the local health and social care system, working to develop skills and capacity for health improvement.

MECC: Next Steps

- **Early evaluation of the programme indicates positive benefits in respect of improved staff health and wellbeing.**
- **In Wigan Citizen Support staff, within the local authority, are currently undertaking the training to support their interactions with the public and to help with the co-location of staff from across the health economy into the Life Centre.**
- **Integrated Youth Services are successfully utilising the programme in their work with young people and work with Greater Manchester Fire Service has resulted in increased numbers of referrals to the drug & alcohol team.**
- **Evaluation had been commissioned from Liverpool John Moores and Manchester Universities to assess the local impacts of the MECC programme.**
- **NHS ALW is also working with regional leads to develop a NIHR bid which will include assessing the economic benefits of the MECC approach.**
- **The findings will be disseminated and use to identify specific efficiency and cost savings that will be delivered locally.**

Make Health Everyone's Business

- The Royal Society of Public Health (RSPH) level 2 award in Understanding Health Improvement is being utilised in a number of ways:
- Train the trainer within local public sector, community and voluntary organisations to build local training capacity.
- Train the trainer for teaching support staff in the level 2 programme so that it can be delivered to all 14+ pupils in the borough .
- Wigan has a large number of amateur sports teams, particularly focused on Rugby League. The volunteers who run these clubs are being trained in RSPH so that holistic messages are given to young people rather than a sole focus on physical activity. This is supporting the borough's Healthy Stadia programme and has led to Wigan having the first two amateur clubs in Europe to achieve Healthy Stadia status.
- Making Health Everyone's Business' has allowed us to develop a pool of over 900 local Health Champions' within organisations, the voluntary sector and the wider community. This allows us to offer on-gong support and additional training and this model has aided our success in regional programmes including 'Don't be a Cancer Chancer'.

Effective Leadership

- **Complex health and well-being challenges**
- **Influencing resource decisions across organisations**
- **Developing trust across organisational boundaries**
- **Harnessing health and well-being leadership skills across local people and all organisational sectors in the Borough.**