



Valleys Taskforce

Dr Gillian Richardson

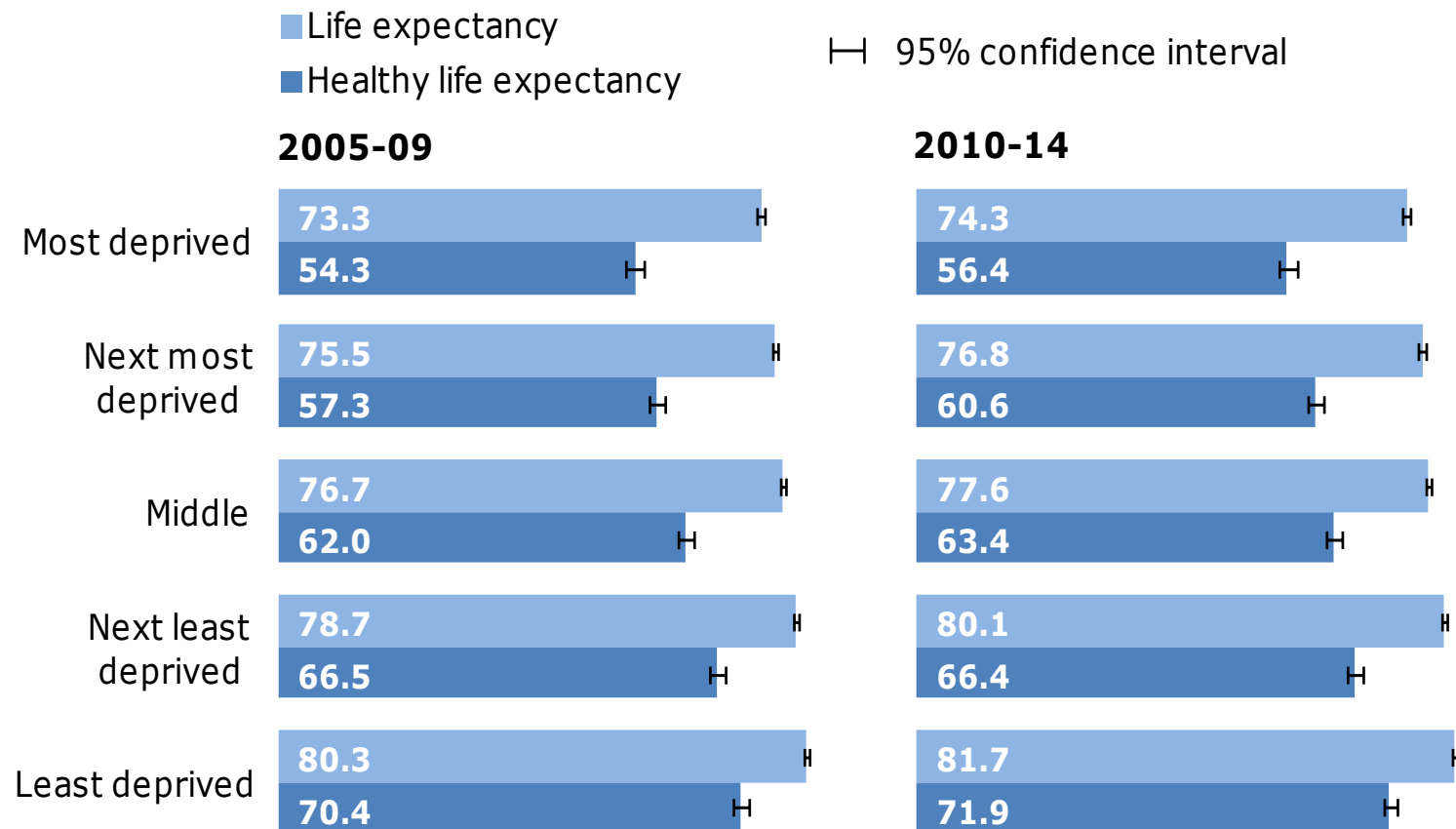
Executive Director of Public Health Aneurin
Bevan Health Board

Health - a growth factor for the Valleys

- The importance of health in promoting economic growth and regeneration
- Improving the health of citizens in the Valleys
- Local health and care services – developments, threats and opportunities

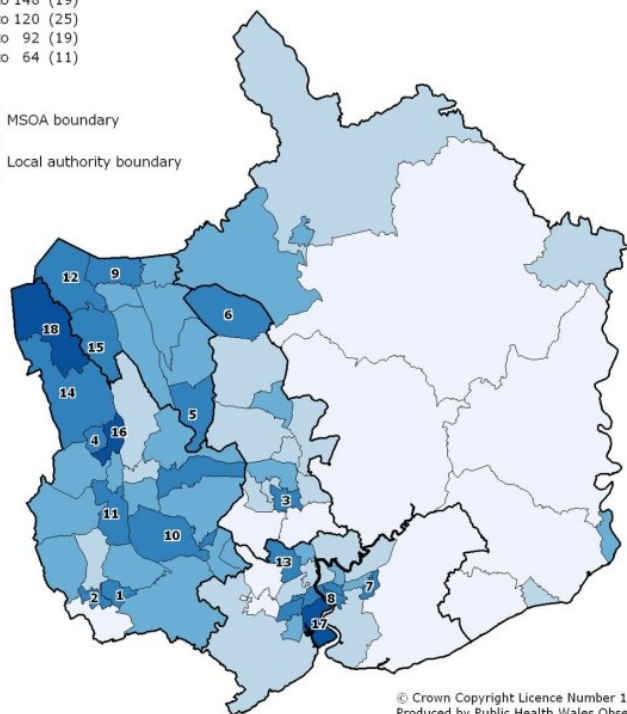
Life expectancy and healthy life expectancy at birth by deprivation fifth, males, Aneurin Bevan UHB, 2005-09 and 2010-14

Produced by Public Health Wales Observatory, using PHM & MYE (ONS), WHS & WIMD 2014



Premature mortality from circulatory disease (under 75 years) 2004-08, all persons, MSOA, European age standardise rate per 100,000 population

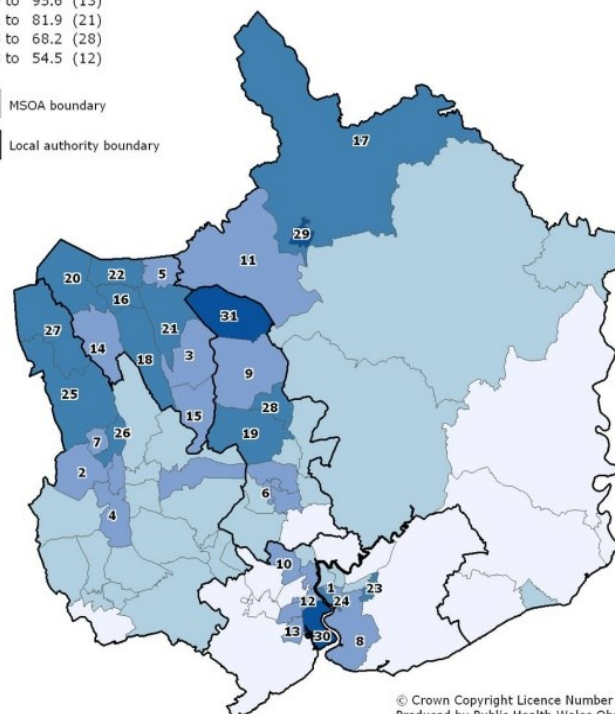
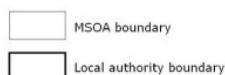
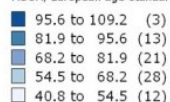
Circulatory mortality, 2004-08, all persons aged under 75
MSOA, European age-standardised rate per 100,000; source: ADDE/ONS



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Emergency admissions, 2008, persons aged under 75 years, MSOA European age standardise rate per 100,000 population (PEDW/ONS)

Emergency admissions, 2008, persons aged under 75 years
MSOA, European age-standardised rate per 1,000; source: PEDW/ONS



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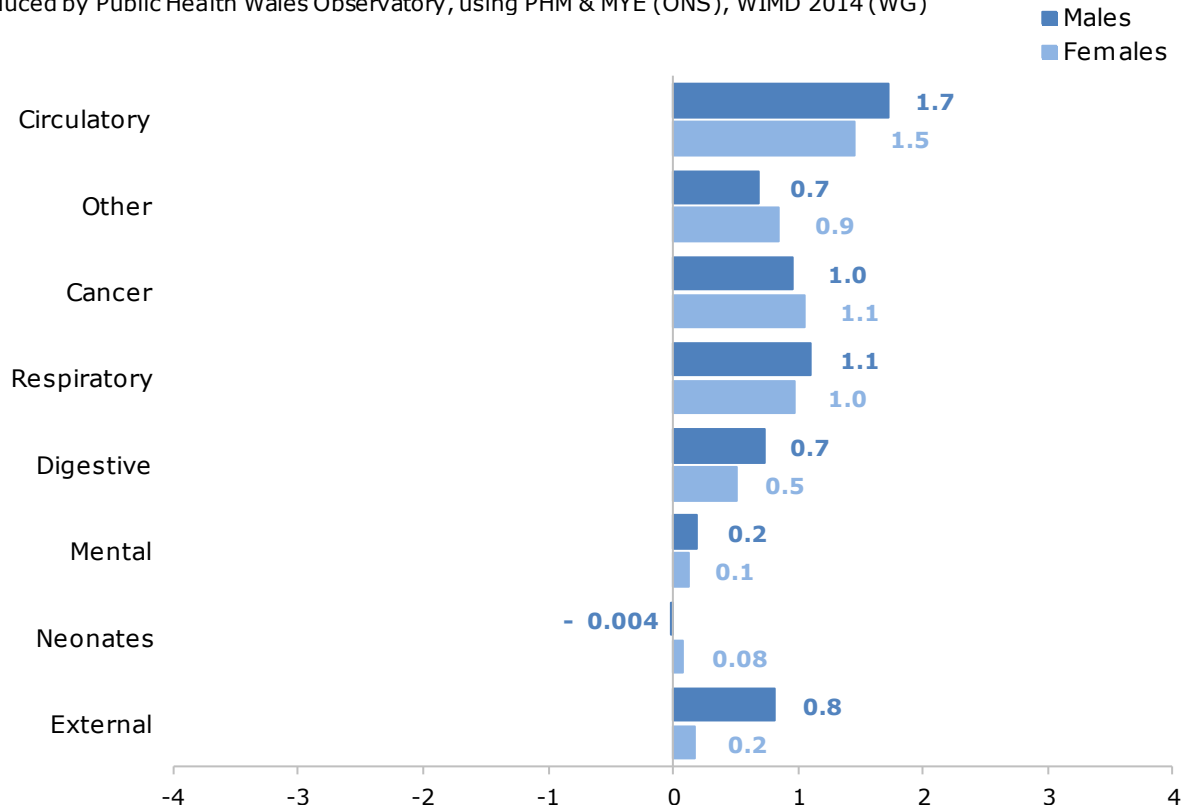


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Years of life expectancy gained or lost* if the most deprived fifth had the same mortality rates as the least deprived fifth, by broad cause of death, Aneurin Bevan UHB, 2012-2014

Produced by Public Health Wales Observatory, using PHM & MYE (ONS), WIMD 2014 (WG)



***Years of life lost:** a negative figure indicates that years of life would be lost if the most deprived fifth had the same mortality rate as the least deprived fifth

***Years of life gained:** a positive figure indicates that years of life would be gained if the most deprived fifth had the same mortality rate as the least deprived fifth



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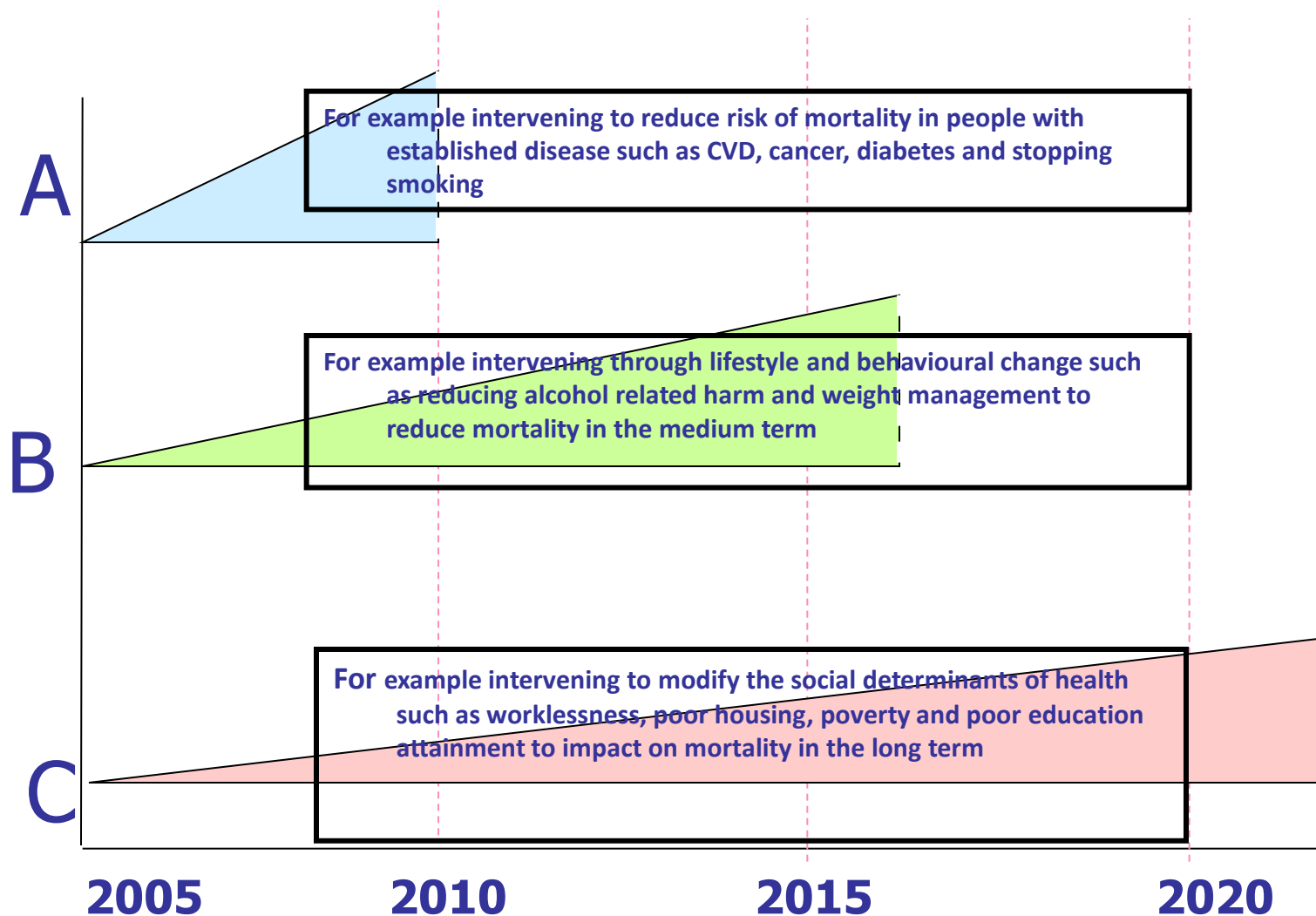
'The availability of good medical care tends to vary inversely with the needs of the population served.' Julian Tudor-Hart



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Gestational time for different interventions



Produced by Professor Chris Bentley, Health Inequalities National Support Unit



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Easy Read

About health checks



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This is an Easy Read version of the Aneurin Bevan University Health Board leaflet
'What is a Health Check?' | January 2015



Patients aged 40-64 years (not on a disease register) living in a deprived area (selected by 4th & 5th most deprived LSOA areas)



30-40 min appointment in community/primary care venue



Risk assessment checks include: Blood pressure, pulse, cholesterol and lipid ratio, diabetes risk, smoking status, BMI, waist circumference,



lifestyle, e.g. alcohol, physical activity patterns, family history, underpinned

by clinical protocols aligned to Nice guidance and best practice



Healthcare Support Workers trained in motivational structured brief intervention

Onward referral to support services including, ME



Customised software enables the generation of the citizens risk of cardiovascular disease over the next 10 years and their heart age



Each citizen receives a personalised copy of their Health Check results



Validation, invitation and booking process



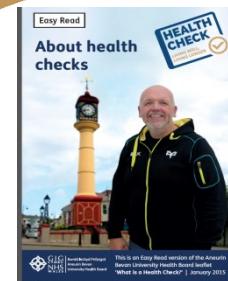
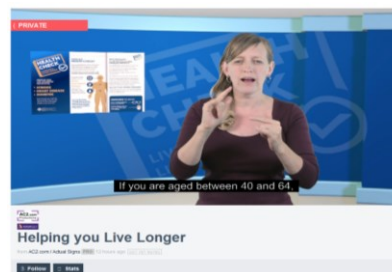
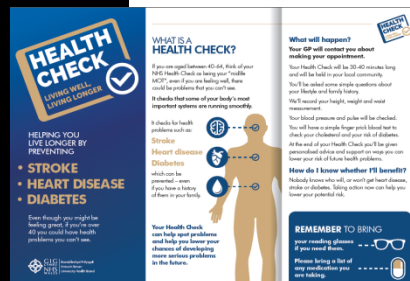
A validation proforma, with chronic conditions and medication read codes is used by participating GP Practices to identify the eligible patients for the programme



The generated list is passed to our programme management team, who undertake all of the invitation and booking of the sessions.



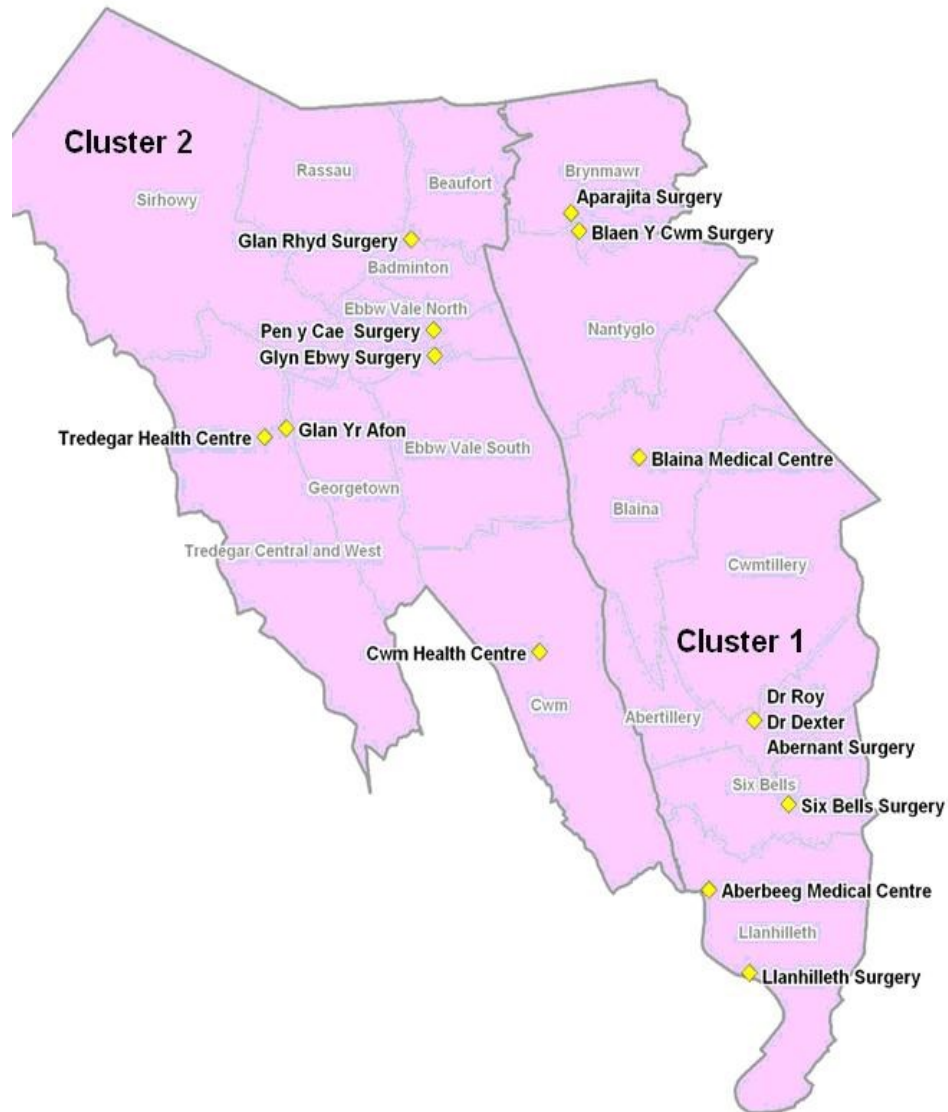
The results are data transmitted to the GP practice



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Blaenau Gwent GP Clusters



Role of Primary Care Clusters



WG Primary Care Strategy;

Primary Care Clusters (NCNs) need to make use of community assets and to work closely with all local partners, particularly the third sector and local government, to deliver local solutions and strategies to improve the health and wellbeing of the local community.

This philosophy is reinforced by the Wellbeing of Future Generations Act (Wales) (2015) and the Social Services and Wellbeing Act (Wales) (2014).

Health needs assessment methodology

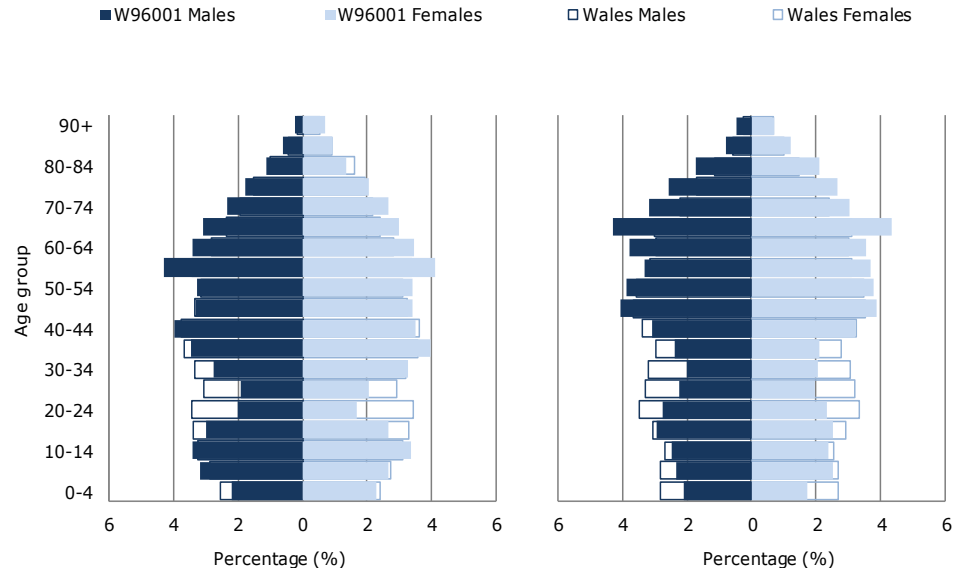
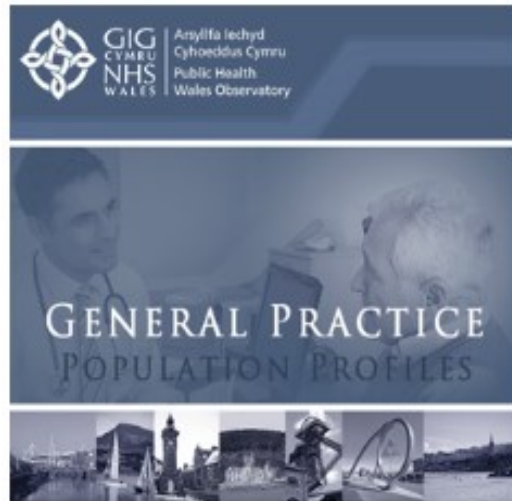
- What and how big are the health needs?
- What are the effective interventions and/or service models?
- What do you know about the effectiveness of local services?
- What are your Cluster's community assets?
- Could your Cluster deliver the change?
- Your Cluster's conclusion about priorities

GP Population Profiles

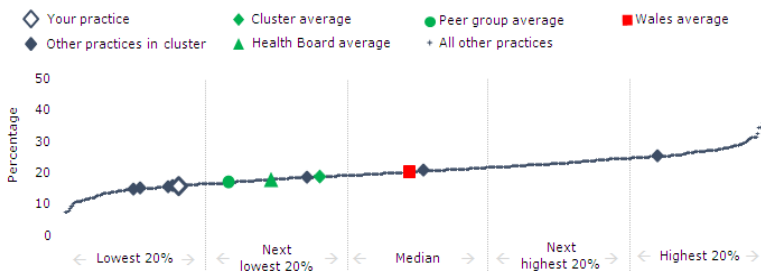
- Population pyramids
- Trends by age
- Lifestyle and social risk factors (unemployment, overweight & obesity, mental health, smoking)
- Recorded cluster level prevalence of chronic conditions
 - Asthma
 - Hypertension
 - CHD
 - Diabetes
 - Epilepsy
 - Heart Failure
- Age specific chronic disease rates by cluster



Practice profiles: demographics and Life-styles

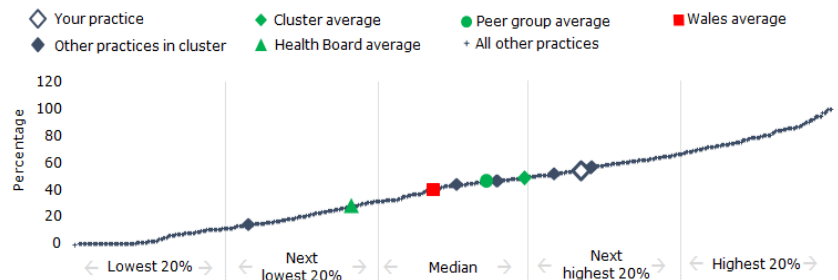


Estimated percentage[^] of patients aged 15 and over who smoke, W96001, North Powys cluster, Powys THB & Wales, 2013/14
Produced by Public Health Wales Observatory, using QOF 2013/14 (WG)



[^]estimate using QOF chronic condition register smoking measures

Percentage of patients living in the 40% most deprived LSOAs in Wales, W92037, Llanelli cluster, Hywel Dda UHB & Wales, 2014
Produced by Public Health Wales Observatory, using WIMD 2014 (WG) & WDS 2014 (NWIS)



Service Utilisation data

- Hospital data
- QOF / GP Practice data
- Prescribing data
- Community pharmacy data
- Dental / optometry data
- Non NHS service provider data
- Comparative (bench marking) data

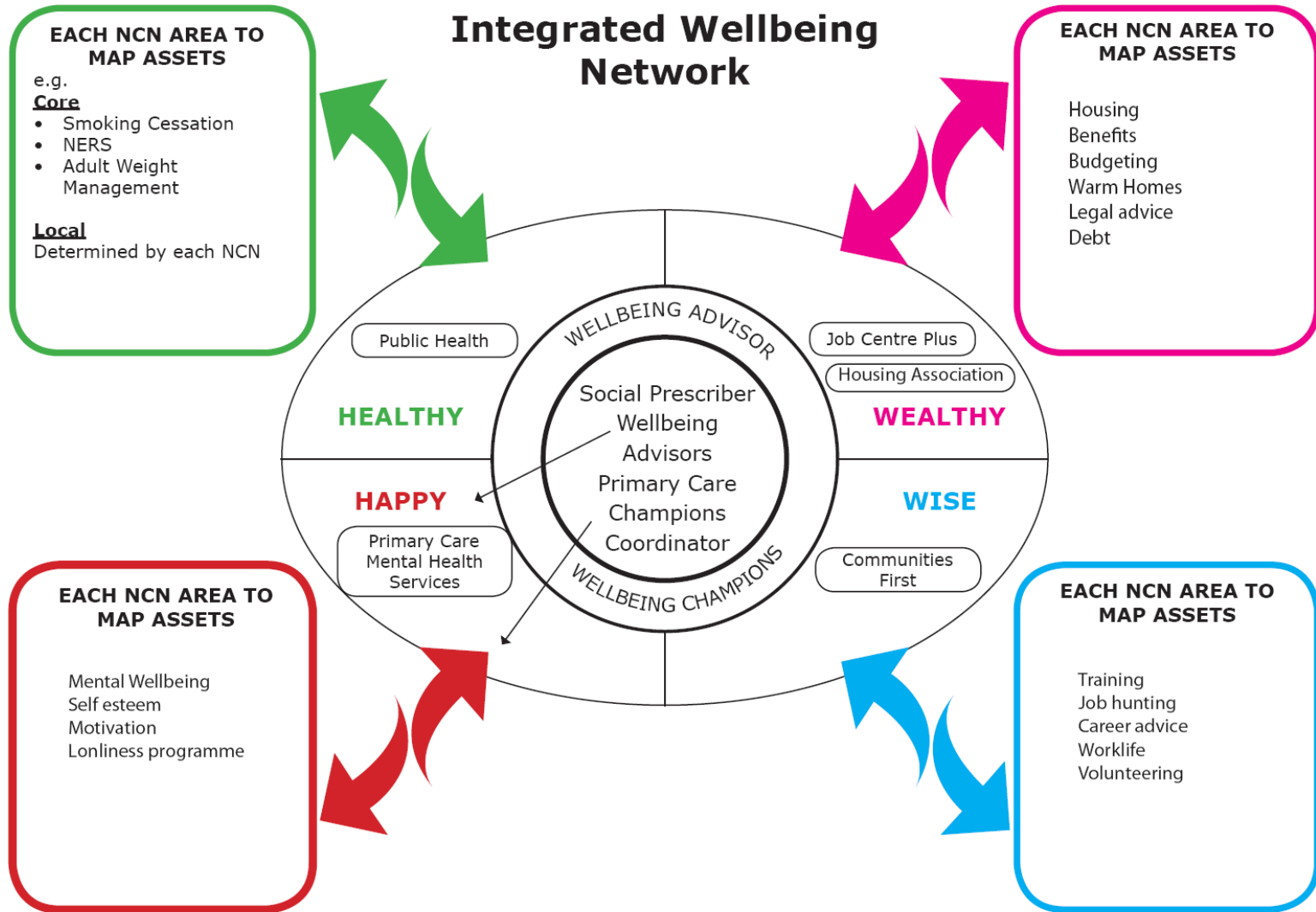
Qualitative Data

- **What do professionals think local needs are?**
 - What views are recorded in Cluster meeting notes?
 - What do the Practice Development Plans tell you?
 - What do frontline staff think?
- **What does the public think their needs are?**
 - What is your Health Board's public engagement process telling you?
 - Who are the missing voices?
 - How are you going to hear them?
 - Third sector organisations, Targeted public engagement

Integrated Wellbeing Network

- Primary Care – in widest sense, Pharmacists, Orthoptists, Dentists, Mental Health and Wellbeing services
- Preventative services – in all settings above and enhanced where capacity needs, safe homes
- Social needs – from acute intervention to debt counselling
- Education and health literacy
- Self help, groups and social activities, empowered citizens = empowered communities

Integrated Wellbeing Network



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Asset mapping

As part of whole community response giving information about all services and how they can be accessed - interplay between health, well-being and its wider determinants

- **Organisational Assets** - such as NHS services, libraries, local businesses, education/training providers and providers of legal advice
- **Physical Assets** – such as parks, transport services, buildings and cycle paths
- **Community Assets** – such as self-help groups, community centre and faith groups

Assets can cross over more than one category, for example a library could be considered an organisational, physical and a community asset.

Build on your community assets

Assets based approach	Deficit approach
<p>Values the capacity, connections and potential in a community</p> <p>Builds and enhances protective factors e.g. social capital, self-esteem</p> <p>Communities can feel more in control</p> <p>People are able to take an active in their treatment</p>	<p>Focuses on the problems, needs and deficiencies in a community</p> <p>Designs services to fill the gaps and fix the problems</p> <p>Community can feel disempowered and dependent</p> <p>People can become passive recipients of care</p>

Challenges ahead.....



- Scarcity of GPs and other professionals – early retirements, stringent entry requirements, leakage of talent
- Continued poor lifestyle choices by individuals
 - Marketing power of big business, easy choices the unhealthy choices, treats today as uncertain of tomorrow, stresses, ‘getting through a day at a time’
- Prevention and Primary Care not prioritised in austerity
- Population with more years in ill health – Care sector pressure
- Scarcity of employment

Opportunities ahead.....

- Wider Primary Care team skills and offer Nurse prescribers, Wellbeing advisors, Wellbeing pharmacies, link up to third sector Age Cymru, Care and Repair
- Younger generation lifestyle choices – eg Heads of Valleys Swim club, Ebbw Vale
- Realisation that we have to ‘put up a fence at top of cliff’ not ambulances at bottom
- Valleys should see Care sector jobs market boom growth area – Centre of Excellence for Care Sector Education?

