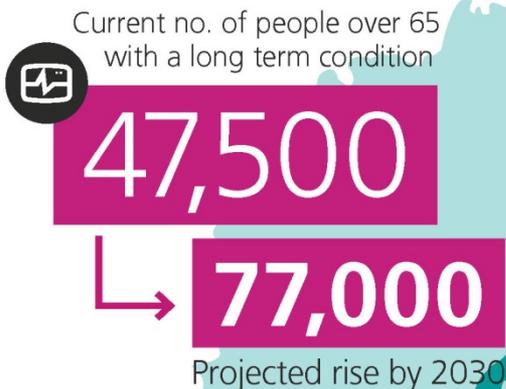
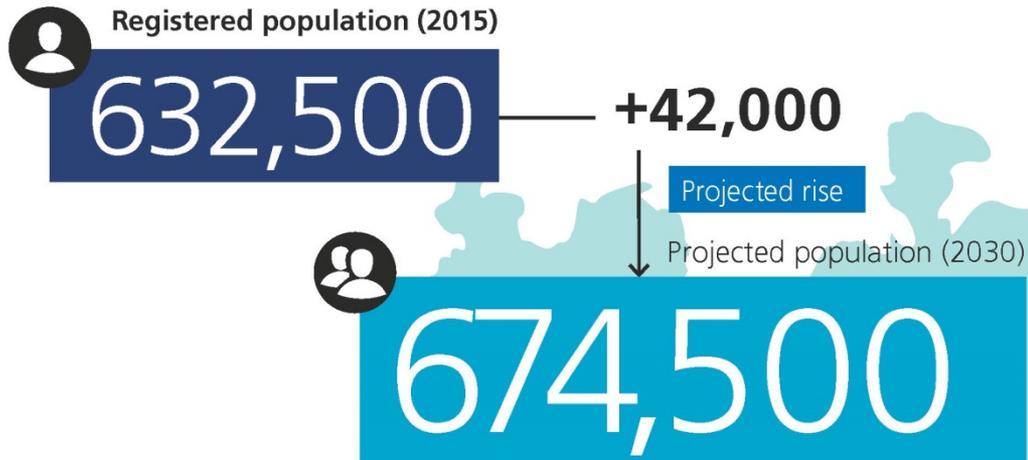


How Healthcare Public Health has influenced the STP in Gloucestershire

**Emily van de Venter,
Gloucestershire County Council, acting Consultant in Public Health**

#glosSTP

Scale of local challenge



To fund new developments and meet rising demand in addition to growth, we need to change the way we deliver services and support by £226m over the next 4 years.

Key challenges

- Healthy life expectancy for men is declining
- Life expectancy for men and women is not increasing in line with national experience
- Predominantly a healthy county, although pockets of deprivation exist
- 13 neighbourhoods are amongst the most deprived in the UK
- Some specific challenges:
 - High rates of suicide especially in men
 - Excess weight in 4-5 years olds
 - Maternal smoking at delivery
 - Appropriate prescribing of antibiotics in primary care
 - Structured education course for people diagnosed with diabetes
 - Prevention and appropriate management of hypertension

Our priorities

1. **Supporting pathways**

Ensuring prevention (primary, secondary and tertiary) is embedded across all pathways using the clinical programme approach

2. **Supporting our workforce**

Supporting the whole of Gloucestershire's workforce to ensure that they have the skills and competences to become co-producers in health and promote self-care

3. **Supporting places and community centred approaches**

Supporting a place based and settings approach aligned with our system wide cluster models.

4. **Supporting people**

Ensuring that people have the knowledge, skills and confidence to lead healthy lifestyles and self-care

STP Gloucestershire: Joining Up Your Care

System Development Programme

Countywide OD
Strategy Group

Quality Academy

STP Programme
Development

Governance
Models

Enabling Active
Communities

Clinical
Programme
Approach

Reducing
Clinical Variation

One Place, One
Budget, One
System

Health and Wellbeing Gap

Care and Quality Gap

Finance and Efficiency Gap

- Prevention and Self Care strategy
- Asset Based Community Models
- Focus on carers and carer support
- Social Prescribing / Cultural Commissioning

- Transforming Care: Respiratory ,Dementia, Maternity
- Clinical Programme Approach developing pathways and focus towards prevention
- Mental Health FYFV

- Choosing Wisely: Medicines Optimisation
- Reducing clinical variation
- Diagnostics, Pathology and Follow Up Care

- Urgent Care Model and 7 day services
- People and Place - 30,000 Community Model
- Devolution & Integrated commissioning
- Personal Health Budgets / IPC

System Enablers

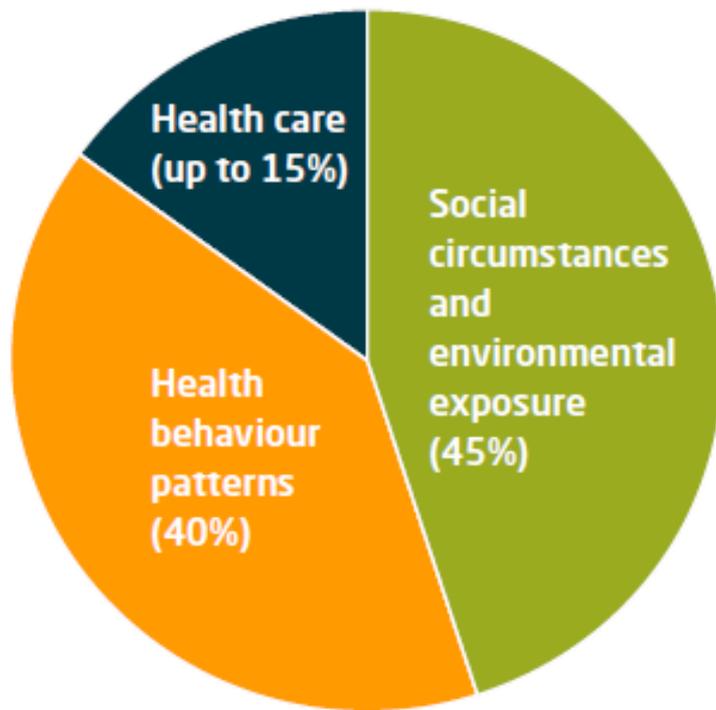
Joint IT Strategy

Primary Care
Strategy

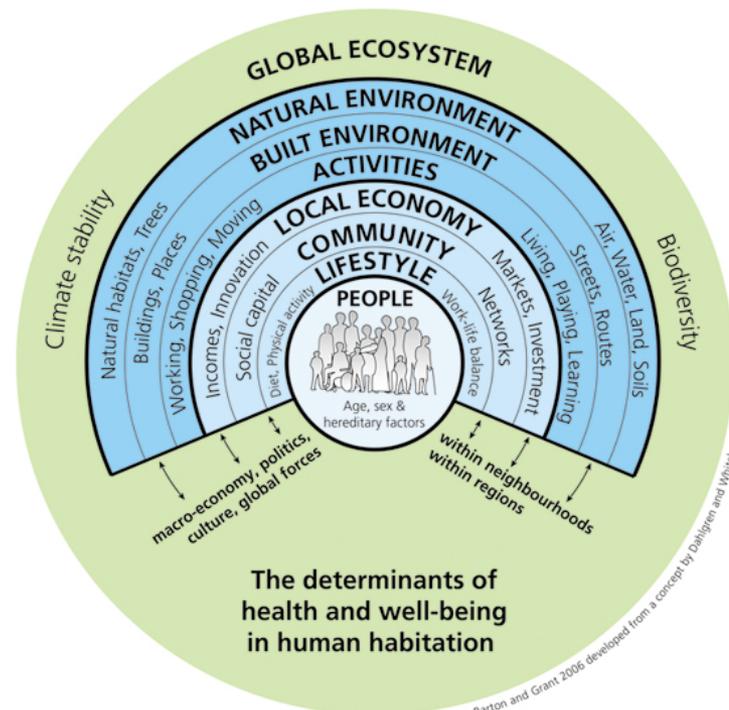
Joint Estates
Strategy

Joint Workforce
Strategy

Shifting our focus to a psychosocial/non-medical models of care

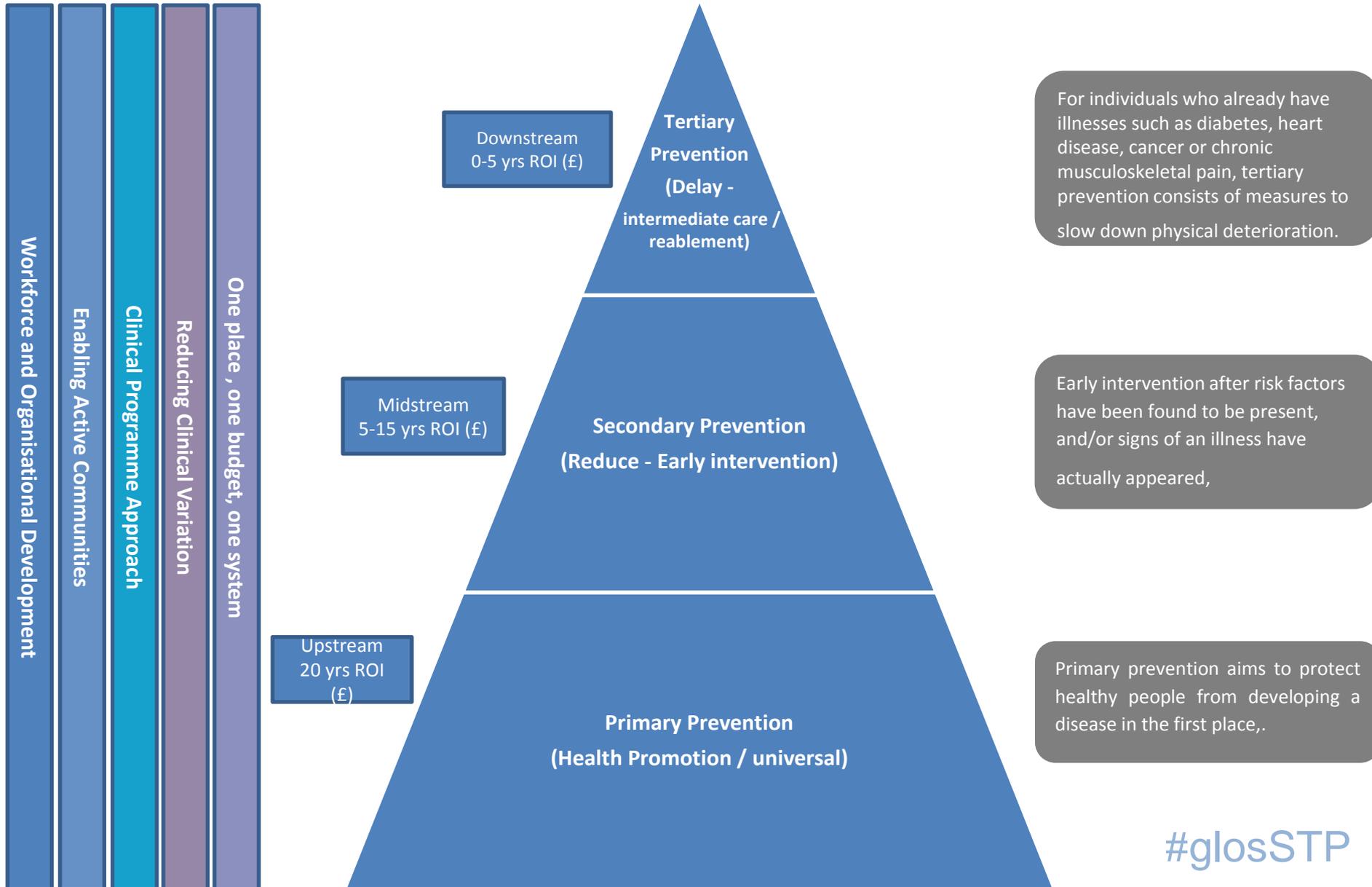


Contributing factors to our health (McGinnis, 2002).



The determinants of health

Three tiers of prevention



Examples of initiatives and approaches

Healthy Workplaces – roll-out of Workplace Wellbeing Charter and national CQUIN to improve staff health and wellbeing

Don't wait to anti-coagulate - supporting patients to optimise the management of Atrial Fibrillation (AF) related stroke prevention in primary & secondary care

Clinical Programme groups – whole system pathways including primary & secondary care, resident representation, VCOSOs.
Identifying key touch points with patients to have healthy conversations, refer to HLS, increasing 'patient activation' and tailoring offer by PAM-level.

Integrated Healthy Lifestyles Service – innovative lifestyle support through one single point of access, rather than separate services.

Frailty Pilot – risk stratifying patients to severe / moderate / mild frailty and pro-actively engaging with them to support health and wellbeing.

GP Clusters – identifying pilots based on local health needs & ways to increase capacity through shared functions and skill-mix.
Linking with CPGs to test new ways of working.
Embedding evaluation into pilot process.

Key role for HCPH in continuing to ensure use of existing evidence base & building local evidence of effectiveness, cost-effectiveness and impact on population health and health inequalities

Thank you for listening

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