

North Cumbria Partnership Session no.1

Working together to prevent strokes
28th November, 11 to 3pm



Jointly funded by
NHS England



BUILDING HEALTH PARTNERSHIPS (BHP) IN COPELAND

The national Building Health Partnerships programme is working with the voluntary and community sector, Healthwatch Cumbria and the North Cumbria Health and Care System to talk to local people in our towns and villages about how everyone can work better together to minimise the risks for those who could face some serious health conditions.

The event on Wednesday 28th November provided an opportunity to share the evidence that has been gathered and think about how the programme needs to be developed in partnership.

The programme aims to:

- Reduce stroke in the first place
- Support better outcomes for people after stroke

Local Context

Jon Ward- Member of West Cumbrians' Voice for Healthcare

‘How do we design health care together?’

- **What** do we already know;
- **Who** we need to reach (e.g. those at risk from stroke, not just those at retirement age);
- **Where** we reach potential stroke victims (outside health care agencies, use different tests) and;
- **How** will we do it such as having a key message to encourage people to look at their health e.g. *“Are you ready to become a carer overnight?”*

Brenda and Rachel – The Stroke Association

<https://youtu.be/q8vS9txbPCI>

- **Every 5 minutes** in the UK someone has a stroke and is the biggest cause of **adult disability**
- Strokes are unexpected but can be **prevented** i.e. check blood pressure, healthy food, exercise, limit alcohol
- **Blood pressure** attributes to 50% of stroke and **atrial fibrillation** can equate to 25% of stroke
- Everyone is **responsible** for their own health
- **Know your numbers**, your blood pressure, your cholesterol



Local Context

Sue Hannah – Senior Engagement Officer, Healthwatch Cumbria

- **‘Chatty Van’** was used to go into the community to ask locals about their stroke awareness.
- Residents claimed they knew about stroke symptoms and what to do if someone had a stroke due to the national campaign FAST being well advertised.
- **Detachment between knowledge and action**- few residents knew how to reduce the risks of stroke
- Get GPs involved to raise awareness to identify high risk groups and use patients to tell stories
- Residents did not know about information on activities in the area, potential to think about different ways to disseminate information to residents e.g. digital, advice sessions.

John Howarth – Deputy Chief Executive, GP, lead clinician, NHS

- **14 national exemplar of individuals recovering from stroke**- individuals rapidly rebuild themselves, this is done by integrating services and joining everything together
- There needs to be a movement from an **illness system to a health or wellness system**
 - 50% could be prevented by **exercise**

- 80% of stroke can be prevented
- Every 10 people we know with high blood pressure there is another 10 we don't know about- there is a need to have more **flexible and accessible testing**
- Beneficial to get others on board e.g. **pharmacist**
- We also need a **positive narrative** to tackle stroke



What does partnership look like in North Cumbria?



- Includes **engagement** and wanting to learn from other's experiences
- Need to make sure **ideas get out there** and are developed
- Involves **learning** about what is happening in the sector and working with others
- When forming partnerships need to **be aware of duplication**, partnerships can prevent this from happening
- Building **knowledge** on who to engage with
- **Do not make assumptions** about what people want or who they know
- A benefit of partnerships is to bring together services to **form a pathway**
- Partnership working seems a good idea from the outside but can be very hard due to **capacity, resources, and relationships**
- Partnership working is a journey and can be **very messy and unpredictable**
- Need to ensure people are engaged, **no lazy partners**, requires work hard to build relationships
- To have a productive partnership, there needs to be a **sense of direction** and focus
- **Confusion** on how the partnership would develop

The Core Group

Brenda Walker – Support Manager, North East Stroke Association

Claire King – Consultant in Public Health, Cumbria County Council

Emma Graham – Project Manager, Cardiovascular Disease North of England Commissioning Support

Clare Edwards – Health Partnerships Officer, Cumbria CVS

Georgina Ternent – Public Health Locality Manager, Cumbria County Council

John Howarth – Deputy Chief Executive, GP, Lead clinician, NHS

Jon Ward – Member of West Cumbrians' Voices for Healthcare

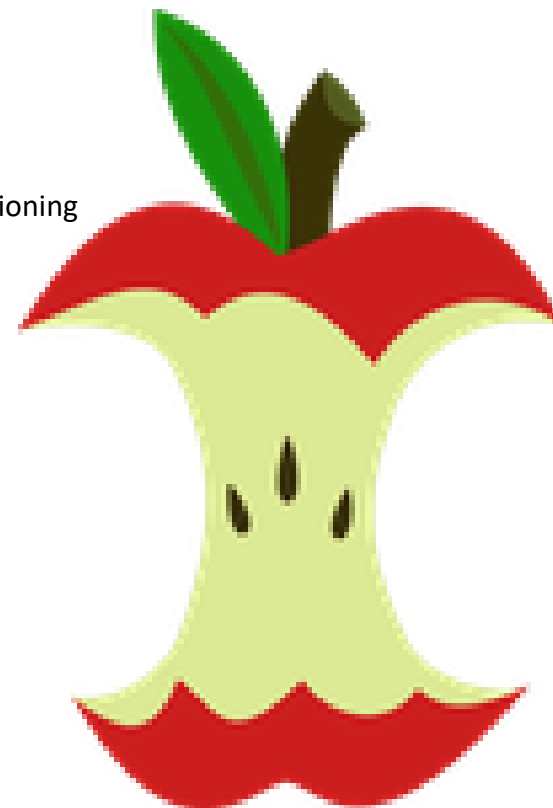
Julie Clayton – Lead for co-production for the ICS, NHS

Kevin Walsh – Rotary

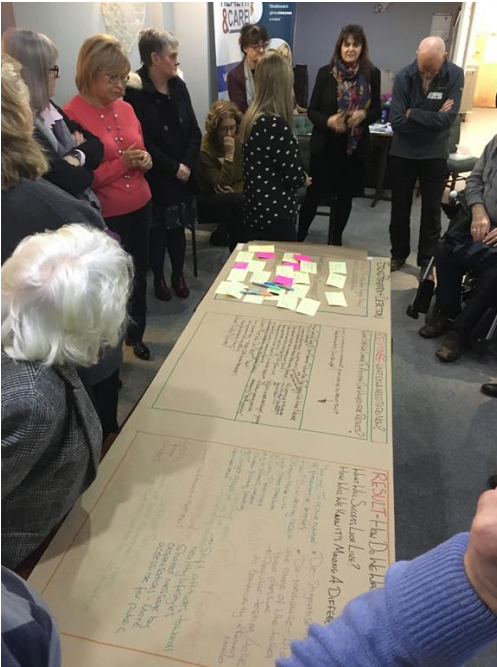
Rachel Slade – Head of Stroke Support, North East Stroke Association

Sue Hannah – Senior Engagement Officer, Healthwatch Cumbria

Sue Stevenson – Chief Operating Officer, Healthwatch Cumbria



ACTION PLAN



The group was asked to develop an action plan for stroke prevention and detection.

We broke this exercise into different stages...

Reality:
How are things now?

Response:
What do we need to do now?

What's working?

Result:
How do we want things to be?

What's not working?

We started by completing the RESULT section by asking what success would look like?

Good level of **public awareness** of risk and prevention measures

Individual responsibility of health and taking own blood pressure

Easy access to diagnostics **through outreach** in different venues

De- medicalisation of healthy lifestyle

Management of long- term conditions within the community

Pathway of services between communities and public health of services

People '**know their numbers and why**'

Increased detection of high blood pressures

Reduction in numbers of preventative strokes,



We then looked at the REALITY.....



What is working well?

Rehabilitation exercise programme, awareness of stroke prevention, FAST campaign, good networks and practice, promotional materials, outreach work for testing, blood pressure testing, community programmes working well together

What needs to be different?

Rise in Atrial Fibrillation testing, understanding of local community assets, more community champions, service user involvement, opportunities for all to improve lifestyles, more community outreach work, rise in individual responsibility, pharmacist engagement, pathway, consistency

What are the main issues we need to focus on?

Pharmacist involvement, provision of easy access diagnostics joined with prevention, building capacity and forming a pathway from existing programmes, organisations working together, lead organisation, raise public awareness

Lastly, we looked at the RESPONSE by looking at.....



How can we take a step forward?

- It was thought it would be useful to learn from the **'Community pharmacy: size of the prize'**, to see whether this is a model to be tested out in Copeland? (Julie to follow up)
- To follow up whether GPs are willing to sign up to **AliveCor screening** for Atrial Fibrillation
- There needs to be more **understanding on the data** around variation and improvement (Julie to follow up) and the **scale of the issue** (Public Health England)
- Is there potential to do more **workplace education** such as sharing information on the new A7 machine (Gillian to follow up)
- Learn more about what the **Academic Health Science Network offer** is (Emma to follow up)
- Think about the potential to hold a community/local event in spring

TASKS TO TAKE AWAY

- Organisations to think about sharing relevant resources and information (including, St John's Ambulance, Alzheimer's Society, Stroke Association and Healthwatch)
- Understand what a pre-diabetes programme would look like (Nina and Zoe to follow up)
- To understand the GP agreement on social prescribing
- To develop an understanding of the providers and activities in the areas (e.g. mapping exercise)
- To think about connecting the community pharmacy and the NHS (Julie and John Howarth to follow up)
- To think about who is missing from the discussion and engaging them in the next session
- Active Cumbria to produce template for our journey and for tracking the outcomes we want to get to
- Prepopulate events calendar ahead of 5th Feb (next full group session)



Who is missing from the discussion?

Red Cross, Educators, Masons, Age UK, Employers,
Chamber of Commerce, Diabetes UK, Health link
Sellafield (Eileen Turner)

NEXT STEPS

- Core group meet/review and plan actions
- Copeland event list/calendar for the year
- Next session to consist of:
 - Updates from the room (what you shared from the 28th, what you've been up to etc.)
 - An exercise activity led by Nina
 - The Human MOT idea – The Stroke Association to bring blood pressure testing equipment next time
 - The Rotary to share examples of community health events held in North Cumbria over recent years
 - Public Health campaign material shared (Lee Girvan)
 - 'Wonder wall' to build a wall of resources and link this to Lee's materials
 - Experience of a stroke survivor from Ella



Stroke Prevention video



<https://youtu.be/q8vS9txbPCI>

Just a quick reminder

<https://youtu.be/7-z32uPdat0>

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To read more about Building Health Partnerships,
please visit

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