

| <b>‘Saving lives: Reducing the pressure’<br/>Cheshire and Merseyside High Blood Pressure Strategic Deliverables (2018-20)</b> |  |
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| <b>1</b>  | <b>System Leadership and Accountability</b>  |
|   | <b>1a. Board:</b> Cheshire and Merseyside BP Partnership Board continues to embed the Saving Lives: Reducing the Pressure BP strategy by influencing system leaders and partners, and drives joining-up and scaling-up of initiatives and resources. |
|   | <b>1b. Governance:</b> The BP Board maintains strong and transparent governance structures, reporting to the C&M Directors of Public Health and the C&M Health and Care Partnership Prevention Board as outlined in the terms of reference           |
|   | <b>1c. Local delivery:</b> The board has an overview of local (place-based) delivery of the C&M BP strategy  |
|   | <b>1d. Risk Register:</b> A risk register is maintained to identify and mitigate risks to strategic delivery or resulting from interventions   |
|   | <b>1e. Resource:</b> Map existing and new resources / assets available to support the implementation of the strategy   |
|   | <b>1f. National Forum:</b> C&M actively participates in the National CVD Prevention System Leadership Forum (CVD SLF) to stay abreast of, and linked into, national developments   |
|   | <b>1g. Annual report:</b> the BP Board collectively produces an annual report each year  |
| <b>2</b>  | <b>Intelligence and Evaluation</b>   |
|   | <b>2a. Data and Outcomes group:</b> A PHE-chaired working group continues to support monitoring and evaluation of the BP strategy  |
|   | <b>2b. KPI updates:</b> The indicator dashboard, including Health and Care Partnership (previously STP) key performance indicators, is updated annually  |
|   | <b>2c. Local variation:</b> Place-based variation in key indicators and outcomes is highlighted where possible   |
|   | <b>2d. Health economics:</b> Economic modelling is built into evaluation of key projects where possible  |
|   | <b>2e. Demonstrating impact:</b> Key findings and data are clearly and meaningfully communicated to stakeholders to inform and drive delivery  |

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| <b>3</b> | <b>Patients and Communities</b>  |
|          | <b>3a. Lay representation:</b> Patients and the public are represented on the Cheshire and Merseyside Blood Pressure Board   |
|          | <b>3b. Public consultation:</b> Lay engagement is sought for key projects and developments by consultation through existing patient and public networks and groups, e.g. HealthWatch and Heart Voices  |
|          | <b>3c. Patient safety:</b> A log of any potential risks to patient safety and related mitigation measures is updated and monitored by the Board  |
|          | <b>3d. Patient experience:</b> Qualitative evaluation is undertaken to understand impact of interventions on patient experience and satisfaction   |
| <b>4</b> | <b>Engagement</b>  |
|          | <b>4a. Awareness-raising campaigns:</b> Key national blood pressure and related prevention/ self-care campaigns are promoted across the sub-region   |
|          | <b>4b. Conversational tool:</b> Pilot a digital conversational tool to improve public uptake of BP testing and subsequent behaviour change   |
|          | <b>4c. Happy Hearts website:</b> A C&M-wide CVD Prevention website is developed with the support of NHS RightCare to strengthen engagement with the public and professionals. The website focuses on informing and benefiting local communities. |
|          | <b>4d. Communications strategy:</b> The BP communications strategy is implemented for cross-sector stakeholders  |
| <b>5</b> | <b>Health and Care Providers</b>   |
|          | <b>5a. NHS Trusts:</b> NHS organisations support a cultural shift towards prevention and self-care for patients, visitors and staff through healthy settings and Making Every Contact Count  |
|          | <b>Community Pharmacy:</b>   |
|          | <b>5b. Pharmacy groups:</b> NHSE-chaired groups oversee and deliver community pharmacy roles in tackling high BP   |
|          | <b>5c. Healthy Living Pharmacies:</b> HLPs support a cultural shift towards prevention e.g. through awareness-raising campaigns, BP testing, signposting and Making Every Contact Count  |
|          | <b>5d. Medicines Optimisation:</b> Innovative ways of working improve uptake, quality and impact of New Medicines Service (for antihypertensive medications) and cardiovascular risk Medicines Use Reviews                                       |

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|          | <b>General Practice:</b>  |
|          | <b>5e. Audit:</b> Practice level audit of performance against NICE hypertension Quality Standards is undertaken in all C&M CCGs   |
|          | <b>5f. CPD:</b> Education sessions deliver key messages to general practice teams in all C&M CCGs   |
|          | <b>5g. Quality improvement:</b> The pathway to scaling up of the blood pressure quality improvement (BPQI) package is understood and implemented to widen availability across C&M.  |
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| <b>6</b> | <b>Education and Training</b>   |
|          | <b>6a. Clinical development:</b> Work with relevant system leaders to identify and address learning needs in relation to BP care in general practice through effective communications and education sessions (links to website and CPD sessions)  |
|          | <b>6b. Accredited training:</b> Delivery of accredited training for BP testing by (pre-general practice) community partners (e.g. Fire and Rescue, Health trainers, community pharmacies, and new partners e.g. sports and physical activity voluntary sector) is increased, and a sustainable plan for maintaining/updating skills is developed. |
|          | <b>6c. Sector Led Improvement:</b> SLI principles are widely used to support effective peer to peer learning at local, sub-regional and national levels   |
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| <b>7</b> | <b>Health System Design</b>   |
|          | <b>7a. BP Pathway:</b> Refine and embed the Cheshire and Merseyside BP testing guidelines for use in pre-general practice community settings (linking to the Transforming Primary Care agenda)  |
|          | <b>7b. Health and Care Partnership</b> (previously STP): Work with NHS and wider partners to deliver the HCP high BP action plan, and report to the C&M Prevention Board  |
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| <b>8</b> | <b>Supportive Environments</b>  |
|          | <b>8a. Health and Wellbeing Boards:</b> Increase the number of local Health and Wellbeing Boards that identify tackling high BP and/or CVD prevention as priorities   |

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|           | <b>8b. Council plans:</b> work with local elected members to embed BP prevention and detection into relevant sub-regional strategies e.g. contributing to the Liverpool City Region dementia friendly regional plan, and the Cheshire and Wirral Transformation Plan              |
|           | <b>8c. Workplace:</b> Embed BP testing and MECC into workplace health initiatives   |
|           | <b>8d. Lifestyle:</b> Support adoption of lifestyle factors that lower BP e.g. increasing physical activity, reducing alcohol intake and promoting healthy diet consistent with, and in partnership with the local Making Every Contact Count strategy and resources              |
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| <b>9</b>  | <b>Community Partners</b>   |
|           | <b>9a. Fire and Rescue Services:</b> Deliver and evaluate BP testing within the C&M FRS Safe and Well visits  |
|           | <b>9b. Voluntary Sector:</b> Work with voluntary sector partners to deliver BP detection, advice and signposting, especially with 'hard to reach' or vulnerable groups (e.g. Stroke Association, Pathways Associates)   |
|           | <b>9c. Wider partners:</b> Conduct a stakeholder mapping exercise and expand the group of community partners who can support BP testing, lifestyle advice and signposting e.g. health trainers, faith sector, work places, voluntary sector sport and physical activity community |
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| <b>10</b> | <b>Innovation and Digital Technology</b>  |
|           | <b>10a. Working group:</b> Establish a working group to co-develop innovation and digital technology proposals with industry partners in readiness for future bidding opportunities   |
|           | <b>10b. Bid development:</b> Build on feedback from the previous Cheshire and Merseyside 'Test Bed' bid for high blood pressure and atrial fibrillation to optimise chances of future success; the blood pressure pathway development in particular                               |
|           | <b>10c. Data governance:</b> Work with NHSE to understand and generate data governance solutions that enable cross-sector data sharing as part of an interconnected 'Internet of Things' that supports a systems approach   |