Local partners and their potential roles

Tool **H4**

AGENCY	POTENTIAL ROLE
LOCAL NHS	**Strategic and operational lead for tackling hypertension at local level.** **Role model as major employer.**
General practices	• Protocol for systematic detection and control of hypertension, preferably through a call-recall approach. • Lifestyles advice and referral to appropriate specialist lifestyles support (eg smoking cessation groups, dietetic support, exercise referral, etc).
Pharmacists	• Help patients adhere to treatment. • Offer blood pressure checks.
Opticians	• Detect signs of hypertension in the eyes.
Primary care organisation	• Lead agency for implementing a hypertension programme as part of local delivery plans or local health plans. • Supporting and facilitating a proactive detection and control programme in primary care. • Ensuring an appropriate and targeted health education programme. • Lead agency for physical activity promotion through exercise referral schemes. • Lead agency for improving diet and nutrition through a local nutrition and food poverty strategy. • Personal health trainers.
Acute trusts	• Specialist hypertension clinics. • Specialist rehabilitation and secondary prevention programmes for patients with coronary heart disease, stroke or established renal failure.
Mental health trusts	• Specialist help for people with severe anxiety syndromes.
Strategic health authority	• Strategy and performance management.

LOCAL AUTHORITY	**Key partner through a variety of strategies and mechanisms, including the community strategy. Role model as local employer.**
Leisure and recreation services	• Lead agency on physical activity, recreation and sports development through the local cultural strategy, and recreation and sports development plans. • Access to allotments, parks and spaces.
Education and schools	• Work with young people on healthy eating and physical activity through the national curriculum, extra-curricular activities, Safe Routes to Schools and the National Healthy Schools Standard.
Environment, transport and planning	• Improved safety and security. • Changes to the built environment, eg traffic-calming, access to public spaces, play areas, parks and pathways, lighting improvements, green gym, and countryside spaces.
Social, care and housing services and cooperatives	• Access to 'at-risk' groups and those with specific needs, people who are socially excluded and experiencing health inequalities, people who may be housebound, and older people.
VOLUNTARY GROUPS	• Key role in helping to target 'at-risk' groups such as black African and black Caribbean communities, and older people. • Local campaigns and programmes, eg Sustrans's Safe Routes to Schools, traffic-free routes and food cooperatives. • Local branches of voluntary and charitable organisations, eg the Stroke Association, or the Blood Pressure Association's community programmes on self-management.
COMMERCE	• Workplace health initiatives. • Sponsoring community programmes.
SUPERMARKETS	• Helping people to make healthier choices. • Information on healthy eating. • Offering low-price healthier alternatives.
LOCAL MEDIA	• Providing information and encouragement to promote healthy eating, everyday physical activity and weight management, and local initiatives. • Providing information and encouragement to keep check-up appointments, and adhere to treatment. • Highlighting 'at-risk' groups.

Examples of partnership working

A partnership to promote healthy eating

Different partner agencies or professional inputs will be more or less appropriate depending on the target group. For example, to promote healthy eating in young children, with a particular emphasis on salt restriction, the following might be involved:

- parents and children
- midwives and health visitors (infant feeding)
- school nurses
- GPs and practice nurses
- community dietitians/public health nutritionists
- playgroup leaders
- community and voluntary group workers
- school nurses, teachers, headteachers and school governors
- health trainers, health promotion and public health specialists
- local food retailers, eating establishments and caterers
- local media.

Some of the above are likely to be already working together on existing partnership programmes, eg Sure Start. More detailed guidance can be found in the *Nutrition and Food Poverty* toolkit.[1]

A partnership to promote physical activity

Again, a different variety of partners will be needed. For example, to promote physical activity in middle-aged adults, the following might provide input:

- representatives of the community
- GPs and practice nurses
- lifestyle advisers, health trainers, physical activity facilitators, healthy walks coordinators
- leisure services staff
- sports development staff
- cardiac rehabilitation nurses
- regeneration planners
- local employers
- local media.

Some of the above are already likely to be engaged in local CHD or physical activity strategies. More detailed guidance can be found in the *Let's Get Moving* toolkit.[2]

A partnership to manage obesity

The partners for this element of hypertension prevention are likely to be a combination of those involved in promoting healthy eating and physical activity, but with more emphasis on the primary care input. For example, they might include:

- patients/carers
- GPs and/or practice nurses
- practice managers
- primary care quality facilitators
- primary care commissioners
- primary care IT officers
- public health specialists
- pharmacists

- hospital specialists
- community dietitians/public health nutritionists
- physical activity facilitators.

For more detailed guidance see the *Tackling Obesity* toolkit.[3]

References

1 Press V, on behalf of the National Heart Forum, Faculty of Public Health, Government Office for the North West, Government Office for the West Midlands, and the West Midlands Public Health Observatory. 2004. *Nutrition and Food Poverty: A Toolkit for Those Involved in Developing or Implementing a Local Nutrition and Food Poverty Strategy*. London: National Heart Forum.

2 Maryon-Davis A, Sarch L, Morris M, Laventure R. 2001. *Let's Get Moving: A Physical Activity Handbook for Developing Local Programmes.* London: Faculty of Public Health Medicine.

3 Maryon-Davis A, Giles A, Rona R. 2000. *Tackling Obesity: A Toolbox for Local Partnership Action*. London: Faculty of Public Health Medicine.