Health and Wellbeing Board
Hertfordshire

Agenda Item No.
10

**HERTFORDSHIRE COUNTY COUNCIL**

**HEALTH AND WELLBEING BOARD**
**TUESDAY 9 DECEMBER 2014 AT 10.00 a.m.**

# Beginning a Strategic Shift to Prevention

Report of the Director of Public Health

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## 1.0 Purpose of report

1.1 The purpose of this report is to appraise the Board on progress of the workstreams on a strategic shift to prevention arising from the discussion at Board Development day in summer 2014.

## 2.0 Summary

2.1 The Health and Wellbeing Board at a recent development day (July 2014) discussed a paper by the Director of Public Health on a strategic shift to prevention, which identified a number of actions we can take. The Board

- Agreed some actions
- asked for an update on the first phase (led by Public Health), and
- agreed to spend more time considering further stages

2.2 A copy of the presentation used for the discussion is available online[1]

## 3.0 Recommendation

3.1 That the Board:

(i) endorse the approach and note progress and give advice and views on development of the workstreams and next phases.
(ii) Agrees to consider this futher at a future Board development session.

[1] http://www.slideshare.net/jamesgmcmanus/a-strategic-shift-to-prevention-29-july

## 4.0 Background

4.1 The burden of preventable, avoidable and manageable disease and disability is rapidly becoming unsustainable to our economy, our population and our health and care system[2]. The Annual Report of the Director of Public Health for Hertfordshire[3] identified 2,200 early avoidable deaths a year due to Cancer, Heart Disease and Stroke, Lung Disease and Liver Disease. The burden of preventable and non-preventable dementia is also due to increase. All of these diseases bring with them a burden of disability (e.g. muscle atrophy and musculoskeletal problems due to reducing mobility) which are preventable.

4.2 The need for a strategic approach to prevention is becoming more widely shared and articulated across the health and social care system in England. Most recently, Simon Stevens, Chief Executive of NHS England in his *NHS Five Year Forward View* released in October 2014[4] stated that some key challenges are to:

"•Do more to tackle the root causes of ill health. The future health of millions of children, the sustainability of the NHS and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health. The Forward View backs hard-hitting action on obesity, alcohol and other major health risks.

•Commit to giving patients more control of their own care, including the option of combining health and social care, and new support for carers and volunteers.

•The NHS must change to meet the needs of a population that lives longer, for the millions of people with long-term conditions, and for all patients who want person centred care. It means breaking down the boundaries between family doctors and hospitals, between physical and mental health and between health and social care. The Five-Year Forward View sets out new models of care built around the needs of patients rather than historical or professional divides.

•Action needed to develop and deliver the new models of care, local flexibility and more investment in our workforce, technology and innovation."

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[2] British Heart Foundation (2014) modelling of economic burden of cardiovascular disease on UK http://www.bhf.org.uk/plugins/PublicationsSearchResults/DownloadFile.aspx?docid=ad18e5a0-7da6-4c7c-8142-f68f27cde451

[3] http://hertspublichealth.co.uk/files/Public%20Health%20Annual%20Report.pdf

[4] This can be accessed at http://www.england.nhs.uk/2014/10/23/nhs-leaders-vision/

4.3 The national outcomes frameworks for public health, NHS and Social Care and key policy drivers for Children all make clear the need for prevention of adverse outcomes and early intervention across systems. Together these sets of drivers constitute a strong imperative for a strategic shift to prevention across all we do.

4.4 The Board began a process of thinking through this together and identifying what can be done. We considered how to approach this in a series of phases and we would look to consider what all agencies can do. We agreed that we needed to consider how to:

- Reduce the burden of avoidable or preventable illness, disability and death to the people, economy and public services of Hertfordshire
- Consider this across primary, secondary and tertiary prevention domains in parallel (See Appendix 1 for definitions)
- Make this everyone's business
- Take a phased approach
    - Phase 1 : Quick Wins between public health, NHS and social care
    - Phase 2: Systems and pathways alignment for prevention (not yet scoped and needs significant discussion)
    - Phases beyond this to be established
- Link to the health and Social Care Integration work

4.5 Table 1 below shows the workstreams currently active in Phase 1. These are all designed to support and heighten the impact and reach of the workstreams a) in the public health strategy and b) workplans for the health and wellbeing strategy priorities on Tobacco, Healthy Weight and Physical Activity and Alcohol, led by Public Health. There are no workstreams so far being scoped for Phase 2

4.6. Two new Consultants in Public Health – Piers Simey (Adult Health Improvement) and Sue Matthews (Health and Social Care Integration) have now joined the Public Health Service to bring the needed capacity for this work.

4.7 It should also be noted that the three major workstreams on children sponsored by the Board (0-25 Special Needs, Early Years Strategy and Review of Child and Adolescent Mental Health services) while a separate programme, will contribute significantly to improving outcomes and prevention of avoidable disease and disability.

*Table 1: Workstreams on strategic shift to prevention – Phase 1*

| **Phase 1 Workstreams** | **Aims** | **Lead** | **Progress** |
|---|---|---|---|
| *Self Management* | To ensure a single multi agency self management strategy for long term conditions | Jim McManus with Michelle Constable | Group established and strategy in first draft for consultation with group<br><br>Early work on web access and Do Something Different Commissioned<br><br>Mapping exercise underway of existing work |
| *Prevention Strategy for Older People/Social Care* | To develop a prevention strategy for social care, focusing on older people initially | Iain MacBeath, Frances Heathcote, Sue Matthews (Public Health) | Commenced November 2014, initial meeting and scoping done. Will be produced by April 2015 |
| *Exercise and Physical Activity linking with Primary Care* | To provide pathways into physical activity at Scale and link with primary care to keep people as well as possible | Piers Simey | Work group convened and plans being developed following the Physical Activity Conference in September 2014 |
| *Public Health and Primary Care Pathway alignment (Adults)* | To work from health checks into a public health pathway for adults which links primary care with public health and LA / Third Sector services<br><br>Ensuring behaviour change | Piers Simey | Initial discussions held between partners, scoping plan being developed |
| *Public Health and Primary Care Integration (Children)* | To develop an integrated strategy/plan for early years | Louise Smith for Public Health with David Evans, Chris Badger and Marion Ingram | Initial discussions have taken place between commissioners, working group established and mapping underway |
| *Frailty* | To identify and intervene early with frail elderly to | Sue Matthews | Scoping work underway |

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| | reduce avoidable disease, injury and death | | |
| *Smoking and NHS Services* | To deliver big impact actions which the NHS can contribute to reducing smoking prevalence | Elizabeth Fisher | Agreement reached and plan in development |

4.8 The discussions led by Iain MacBeath with Public Health to establish the scope for the Prevention Strategy for Adults (Social Care) has enumerated some principles which are important to share here for two reasons. First they show the scope of the work and second they show the mindset and approach needed to make this strategic shift effective and real.

4.9 The principles are as follows:

1. Plans linked to relevant strategies for all agencies

2. Seek mechanisms for delivery through changing the way we operate and commissioning of services (both need to work together)

3. Identify and agree key expectations

    1. Proportionate universalism in line with Board's commitment to this.

    2. Early identification and assessment – effective services targeted at the right people, at the right time - strong evidence that shows prevention services targeted at specific conditions can have a greater impact on whether independence can be maintained. This would include services such as; dental care, podiatry services, continence services, dehydration monitoring, falls prevention and stroke recovery.

    3. Change culture and commissioning system to self-care/management.

    4. Embedding prevention via Making Every Contact County (in its widest sense e.g. exercise in lunch clubs/systematic use of fire service etc).

    5. Ensuring that services are commissioned to support independence and appropriate level of support given to deliver this.

    6. Training and support for staff will be key to this approach. Five Ways to Wellbeing could be a mechanism to support this?

7. Evidence based approach – commissioning based on available evidence and robust evaluation to establish cost effective solutions (effective services targeted at the right people, at the right time).

4.10 Board Members are asked to reflect on this developing work and advise on both direction and their respective agency contributions.

## 5.0 Public Health Workstreams on Health and Social Care Integration

5.1 In addition to the workstreams above, the Public Health Contribution to Health and Social Care Integration has developed several workstreams which link into the preventive agenda. Table 2 below details these.

5.2 Board members are asked to consider the links between these two sets of workstreams and suggest priorities/adjustments.

5.3 Board members are also asked to consider how the JSNA is supporting this work. Public Health assumed responsibility for the JSNA in April 2013 and since then has undertaken a range of work to update data and products as well as make the site more useful. How the JSNA supports integration is an issue on which Board members' views are sought.

*Table 2: Public Health workstreams on Health and Social Care Integration*

| Integration | Aims | Lead | Progress |
|---|---|---|---|
| *Consultant in Public Health working whole time on Integration for Adults* | To employ 1 full time Consultant in Public Health on Integration | Jim McManus | Sue Matthews is now in role and developing our workplans on this. She is working specifically on Older Adults, Frailty, Falls and the Prevention Strategy as well as providing advice to commissioners |
| *Childrens Integration* | To ensure public health and childrens services are integrated effectively | Louise Smith | A review of commissioning has been undertaken and work has started on the early years strategy, and on aligning commissioning responsibilities<br><br>We have been unable due to the market to recruit a full time childrens consultant in public health and are working on finding other ways of building capacity within the Public Health Service to deliver effective input |
| *Behaviour Sciences in Integration* | To use psychology | Michelle Constable | Psychological skills and staff into Home First to support integration<br><br>Expand motivational |

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| | | | interviewing training to joint teams to support integration |
| *CCG Support Offer through Healthcare Public Health* | To provide public health expertise and support to CCGs | Jim McManus | This provides a range of support to CCGs and is due for review to ensure we are providing the right input and value<br><br>A new Consultant in Public Health, David Conrad, has joined the team specifically to work on Evidence and Intelligence to support commissioners across the County |
| *Commissioning Skills Development* | To ensure commissioners learn together on commissioning to ensure better working across commissioners<br><br>Develop shared understanding of commissioning cycle<br><br>Develop shared understanding of how public health skills can achieve preventive commissioning | Jim McManus | Commissioners agreed. Now progressing towards procurement and delivery |
| *Self Management (also part of the Prevention programme Phase 1)* | To ensure a single multi agency self management strategy for long term conditions | Jim McManus with Michelle Constable | Group established and strategy in first draft for consultation with group<br><br>Early work on web access and Do Something Different Commissioned<br><br>Mapping exercise underway of existing work |

## 6.0 Financial Implications

6.1 This work is all done within existing budgets to date.

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| **Report signed off by** | Public health management board, pre meet with HWBB Deputy Chair, Joint Briefing between Cabinet Members for Health and Community Services and Public Health and Localism |
| **Sponsoring HWB Member/s** | Jim McManus |
| **Hertfordshire HWB Strategy priorities supported by this report** | Healthy Living |
| **Needs assessment** Annual Report of the Director of Public Health | |
| **Consultation/public involvement** (activity taken or planned) None to date beyond existing consultation | |
| **Equality and diversity implications**<br><br>This work will significantly support meeting the public sector equality duty | |
| **Acronyms or terms used. eg:** | |
| Initials | In full |
| NHS | National Health Service |