

# Cabinet

## Dorset County Council



Date of Meeting	7 June 2017
<p><u>Cabinet Member(s)</u>                  Cllr Rebecca Knox – Leader of the Council                  Cllr Tony Ferrari – Cabinet Member for Community and Resources</p> <p><u>Lead Director(s)</u>                  Sam Crowe, Deputy Director of Public Health</p>	
<b>Subject of Report</b>	<b>Update on prevention at scale</b>
Executive Summary	<p>In 2015 the Government asked all areas of England to publish Sustainability and Transformation Plans, setting out how the NHS and local Councils would work together to re-design more sustainable health and social care services. These plans have to set out how local partners will transform health and care systems to address three gaps:</p> <ul style="list-style-type: none"> <li>• The health and wellbeing gap</li> <li>• Care and quality gap</li> <li>• Finance and affordability gap.</li> </ul> <p>In Dorset, the foundation of this plan is called Prevention at Scale. This recognises that the newly designed health and social care system has to deliver prevention interventions to an increasing proportion of the population if it is to make any significant impacts on the differences in health outcomes (health and wellbeing gap), and rising service costs due to increasing numbers of people living for longer with preventable conditions.</p>
Impact Assessment:  Please refer to the <a href="#">protocol</a> for writing reports.	Equalities Impact Assessment:  Not undertaken.
	Use of Evidence:  Public Health routinely uses evidence from a range of sources including the Joint Strategic Needs Assessment when writing reports. In addition, national level evidence is used to identify prevention interventions for the programme.
	Budget:

## Prevention at Scale update

	<p>The Joint Public Health Board has previously approved £1m non-recurrent funding from savings made to the public health grant during 2015-16 for investment into the Prevention at Scale programme.</p>
	<p><b>Risk Assessment:</b></p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:          Current Risk: LOW          Residual Risk LOW  <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i></p> <p>(Note: Where HIGH risks have been identified, these should be briefly summarised here, identifying the appropriate risk category, i.e. financial / strategic priorities / health and safety / reputation / criticality of service.)</p>
	<p><b>Other Implications:</b></p> <p>Implications of the prevention at scale programme include sustainability of future public services, improving health and wellbeing, and in part touching on the future role of the voluntary sector within primary care services.</p>
Recommendation	Cabinet Members are asked to note the update on prevention at scale, and to support ongoing work to ensure the County Council's transformation programme Forward Together wherever possible supports the aims and objectives of Prevention at Scale.
Reason for Recommendation	Transformation of health and care services in Dorset will not be achieved without close collaboration between the NHS and Councils locally. Councils are an important partner in the Prevention at Scale programme of the Sustainability and Transformation Plan, because of their role in influencing many of the most effective drivers of future health and wellbeing (housing, education, environment, economic growth).
Appendices	Appendix 1 – programme map
Background Papers	None.
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## 1. Background

1.1. All public services are facing a stark challenge in the early 21<sup>st</sup> Century – how to meet rising demand with diminishing resources. For the health and social care

## Prevention at Scale update

sector, this is partly being driven by an ageing population. Living longer inevitably means there will be more people living with conditions of older age.

1.2. Prevention means avoiding the development of disease, disability and early death:

- i) Primary prevention is the avoidance of something altogether – preventing children from starting smoking is a good example
- ii) Secondary prevention means limiting the impact of a condition like diabetes by managing the risk factors well (eating better, moving more) to reduce or delay complications
- iii) Tertiary prevention – reducing the impact for someone living with a condition, by offering more support to enable them to cope.

1.3. In 2015 the Government asked all areas of England to publish Sustainability and Transformation Plans, setting out how the NHS and local Councils would work together to re-design more sustainable health and social care services. These plans have to set out how local partners will transform health and care systems to address three gaps:

- The health and wellbeing gap
- Care and quality gap
- Finance and affordability gap.

1.4. In Dorset, the foundation of this plan is called Prevention at Scale. This recognises that the newly designed health and social care system has to deliver prevention interventions to a high proportion of the population if it is to make any significant impacts on the differences in health outcomes (health and wellbeing gap), and rising service costs due to increasing numbers of people living for longer with preventable long term conditions.

1.5. Overall, the goal of Prevention at Scale is to transform the ability of the health and care system to provide support to people to improve their health and wellbeing at scale, and increase the reach and impact of prevention approaches.

1.6. Local Government has a significant role to play in developing more sustainable and prevention oriented health and social care systems. Through actions on housing, leisure, education, community support and wider services, local authorities have a significant influence on the long term determinants of good health. The statutory responsibility for providing social care also means that it is crucial local authorities play a full role in redesigning more community focused services to support people outside of hospital. Councils also have statutory responsibilities through Health and Wellbeing Boards and also spend more than £3.2 billion each year on public health services, including sexual health, drug and alcohol treatment, and services to help people improve their health like smoking cessation and weight management.

## **2. How is the programme organised?**

2.1. We have chosen four work streams that reflect the major points at which the health and care system can influence health along the lifecourse, plus a place-

based work stream. The full programme map is in Appendix A. Below is a selection of key projects and links with Council areas of service.

Work stream	Selected key projects	Links with Councils
Starting well	Increase behaviour change, risk reduction and lifestyle support in maternity care pathways and 0-5 services Reducing variation in immunisation rates Building whole school approaches to health and wellbeing Building capacity and confidence to support children and young people's emotional wellbeing and mental health	Universal services for families and children, school improvement, Early Help strategies, support for those with additional needs
Living well	Increase reach of LiveWell Dorset service Build a digital tool to increase numbers supported by LiveWell Dorset Sport England bid – a system wide project to increase physical activity at scale	Enabling independence, promoting self-care Building walking and cycling into travel to work  Using parks, leisure and civic realm to promote more physical activity
Ageing well	Reducing variation in management of people with established conditions like heart disease and diabetes Lifestyle assessment and support in elective care	Reducing need for care and support services in later life  Maintaining independence post-discharge
Healthy Places	Expand Natural choices exercise on prescription scheme Healthy homes project Monitoring and improving air quality	Making best use of high quality green space, local nature partnership Improving housing and reducing fuel poverty Air quality management

### 3. Developing the actions

3.1. Several population health challenges are being used to drive engagement with partners in shaping prevention interventions at scale. The first stage was to identify measurable health conditions that contribute most to the 3 gaps STPs are designed to close. The challenges are:

- Cardiovascular disease – because of the numbers of people affected, the rising prevalence of diabetes, and increasing early death rates among men;
- Mental health and musculoskeletal conditions – because these two conditions have the biggest impact on the burden of disease experienced by working age adults;
- Alcohol misuse – because of the impact on use of the health and social care system, families and communities in Dorset.

3.2. At a joint Health and Wellbeing Board workshop in October, participants used these health conditions to think about how the health and care system could intervene at an earlier stage to prevent their impact, by addressing the risk factors that contribute to the development of the conditions.

3.3. This has been refined into a high level Prevention at Scale strategy, which is used to help shape specific projects within the programme. There are three parts to this strategy:

**a) Scale up provision of support to change unhealthy behaviours and support good development**

Four behaviours contribute to the development of chronic diseases - smoking, not exercising enough, being overweight or obese, and drinking too much alcohol. These behaviours can be hard to change, and don't occur evenly in the population. LiveWell Dorset is a behaviour change service that helps people identify barriers to changing behaviour and offers proven behaviour change techniques. The service supports 10,000 people per year. With a bespoke digital tool and better integration with STP partners they could support many more. Many staff work with children and families to embed healthy behaviours from the outset but the most effective support does not always reach those with the potential to benefit. With the support of LiveWell Dorset and others to help build confidence and skills in evidence based approaches, staff in a range of settings can increase their impact on children's development, health and wellbeing.

**b) Tackle the variation in chronic disease management**

Too many people are living with known conditions that are poorly managed. This varies hugely across Dorset. Better population health management through new integrated community services and primary care teams will help reduce this variation and improve medium term outcomes and reduce the impact on health and care resources.

**c) Create a bigger role for people and communities to improve health and wellbeing**

Evidence from the NESTA programme Realising the Value of People and Communities shows how involving people and communities in health challenges in their area can improve engagement, ownership and outcomes. One of the overlaps between developing new models of primary and integrated community services and prevention at scale is the role that people and community development approaches could play in improving personal ownership of health and wellbeing changes. Specifically, projects aim to increase the role of volunteers and peer supporters working in primary care, and develop new ways of engaging with people who are less likely to engage with the current service (such as developing health champions and outreach approaches).

**d) Ensure healthy places**

Having a high quality built and natural environment can be a powerful influence at population level to improve health and wellbeing. There are specific actions under this work stream that link to ensuring people are

physically active, for example, including promoting active travel, walking and cycling making best use of outdoor spaces. Planning tools can also be used to incentivise and promote environments that support more walking and cycling, and less reliance on vehicles. Air quality is also of increasing concern to people and communities, and plays a role in the development of cardiovascular disease.

#### 4. Links with other STP programmes

- 4.1. Prevention at scale cannot be delivered as an isolated programme. As most of the health and care system resources in Dorset are staff already working for local organisations, the biggest potential shift in improving the scale, reach and impact of preventive approaches is in finding ways of allowing staff in frontline settings to work in a more preventive way.
- 4.2. In the community, this means supporting the development of new models of care that include non-medical approaches to improving health and wellbeing. Ensuring a stronger role for people and communities in these new models of **integrated community services and primary care** is one of the strategic aims of the prevention at scale programme – see further details in the project on growing volunteering in primary care.
- 4.3. Many of the ambitions in the STP are concerned with getting acute hospitals to work more collaboratively in Dorset, reconfiguring the way services are provided to concentrate expertise, improve quality and reduce duplication and costs. The **One Acute Network** programme sets out much of this work. However, there are also clear opportunities in many hospital pathways to work in a more prevention focused way. We are starting to scope projects in hospitals that will contribute to prevention at scale, often working in defined pathways such as elective care (non-urgent surgery), maternity (smoking in pregnancy) and inpatient admissions (alcohol screening and brief interventions).

#### 5. What difference can residents expect?

- 5.1. The overall metric of success for the prevention at scale programme is to keep more people in Dorset living free from ill-health for longer – known as healthy life expectancy.
- 5.2. In practical terms, residents should start to see the following changes as the programme starts to deliver over the next few years:
  - Better connection with the LiveWell Dorset service, through new integrated GP and community services – with more coaches active in communities offering face to face support and more informal support from volunteers
  - Clearer and easier opportunities to start being more physically active in local communities – supporting all abilities and not based around gyms or sport clubs
  - Clearer advice and support for families to start children off with the best possible habits – including food, exercise and mental wellbeing. This type of service increasingly accessed from more integrated services based around

children's centres (Family Partnership Zones in Dorset) and supported throughout children's time at school

- Better support in hospitals to help with lifestyle issues contributing to ill-health, including stopping smoking, reducing alcohol, being more active and managing weight; staff in health and care settings more skilled at asking and supporting people with lifestyle issues.
- Different types of support to help you manage living with a long term condition, including more digital support and care plans that take account of your own needs and lifestyle.

## **6. Progress so far**

6.1. We have developed a Prevention at Scale programme map and work is now progressing on delivery, including identifying the partners leading on significant projects within each of the workstreams.

6.2. The Dorset System Leadership Team agreed that the two Health and Wellbeing Boards will be responsible for overseeing local delivery of the plans, supported by the Joint Public Health Board, acting as an advisory board. Because of the degree of local authority involvement in the Starting Well work stream, delivery and oversight will include Dorset's Accountable Alliance for Children, and Bournemouth and Poole Children's Trust Boards.

6.3. Work is now progressing on setting out the main milestones in projects, and ensuring monitoring frameworks are established to track the difference being made on the ground.

6.4. Among the first projects to be delivered will be the development of the digital platform to support LiveWell Dorset. This online tool will allow frontline staff to introduce people to the service by carrying out an online assessment of barriers to behaviour change, with a clear link to evidence-based behavioural techniques to try. In late 2017 the first of a series of voluntary sector co-ordinators will be identified, recruited and trained, ready to start working in selected locality general practice groups to help develop more non-medical approaches to improving health and wellbeing – particularly in areas of disadvantage.

## **7. Risks**

7.1. There are several ongoing risks actively being managed. These include the risk that the STP focus is predominantly on finance and affordability, and not paying sufficient attention to the health and wellbeing gap. A second major risk is that the NHS regards prevention as a local authority responsibility only, failing to take advantage of the vast staff resources available to undertake prevention actions in NHS settings. There is a third risk facing all STP programmes around insufficient resources and capacity to undertake the work in addition to existing work programmes. Our approach to date is to ensure prevention at scale work is embedded wherever possible with other STP programmes including hospital, primary care and community services transformation.

## **8. Next steps**

- 8.1. Once projects have been agreed, leads identified and approaches scoped, clear monitoring and evaluation frameworks will be developed to allow Boards to assess progress – particularly on the scale, reach and impact of delivery.
- 8.2. The intention is to develop a clear reporting framework for the Boards that will show how the project outputs will affect some of the health indicators that have been identified as important to shift under the Prevention at Scale programme. In turn, these health indicators should positively affect the overall programme outcome – healthy life expectancy.
- 8.3. Work is also ongoing on developing clear narratives that show how residents could expect to benefit from being able to access health and care services with an embedded prevention at scale approach.
- 8.4. Leadership sessions with the key Joint Public Health Board and Health and Wellbeing Board Members will showcase local case studies of promising approaches to delivering prevention at scale. Board members support and influence will be called on to identify how best to add value, and scale these approaches as quickly as possible in the Dorset health and care system.

## **9. Recommendation**

- 9.1. Cabinet Members are asked to note the update on prevention at scale, and to support ongoing work to ensure the County Council's transformation programme Forward Together wherever possible supports the aims and objectives of Prevention at Scale.
- 9.2. Transformation of health and care services in Dorset will not be achieved without close collaboration between the NHS and Councils locally. Councils are an important partner in the Prevention at Scale programme of the Sustainability and Transformation Plan, because of their role in influencing many of the most effective drivers of future health and wellbeing (housing, education, environment, economic growth).

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May 2017