Public Health Dorset

Agenda Item:

11

Joint Public Health Board

Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	9 November 2015
Officer	Director of Public Health
Subject of Report	**Prevention – The Need for a Comprehensive Approach to Improve Population Health**
Executive Summary	Prevention, despite the strong evidence base for its impact, remains a set of activities, lacking coherence geographically, organisationally or in any other aspect. Local authorities are uniquely placed, through this Board and the Health & Wellbeing Boards, to lead a coherent and comprehensive prevention strategy. This paper outlines the rationale for this and some local experiences.
Impact Assessment: *Please refer to the protocol for writing reports.*	Equalities Impact Assessment: N/A
	Use of Evidence: Integral to Report content
	Budget: Nil
	Risk Assessment: Current Risk: LOW Residual Risk LOW

	Other Implications: Nil
Recommendation	That the Board actively promotes a more systematic approach to prevention working with and through H&WBs.
Reason for Recommendation	The evidence is clear that the current approach to health and care provision is neither affordable nor sustainable. A coherent approach to investment in cost effective prevention strategies is the only logical and defensible approach for all local organisations.
Appendices	Nil
Background Papers	Nil
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1. Overview

1.1 The current costs of ill health are high and increasing. Our health care systems are rapidly becoming unstable & unsustainable. Effective preventive measures are the only long term solution to not only reduce the demands on services but also to promote quality of life across the lifecourse. It is estimated that approximately 40% of the health services workload is potentially preventable and relate importantly to behavioral factors which are preventable.

1.2 Prevention however remains an area where there is little local [or national] evidence of significant or sustained investment of energy or resources across the population. It also means different things to different people. An example of a common classification is given below.

- **Primary prevention** aims to prevent disease and harm before it occurs.

  Examples include: immunisation, eating well, exercising and not smoking.

- **Secondary prevention** aims to detect disease and identify risk factors before they become harmful to health.

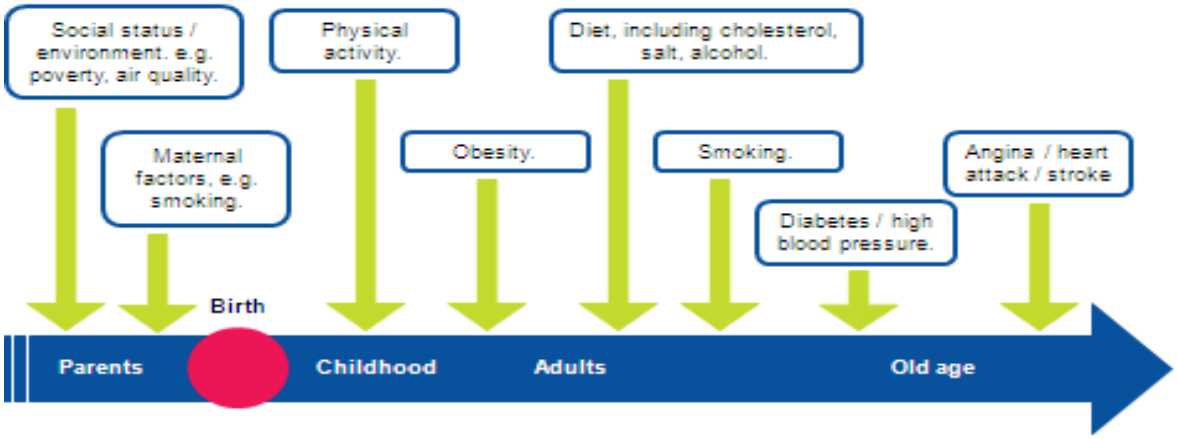
  Examples include: exercise/drug treatment to lower cholesterol and early detection of disease e.g. cancer screening programmes.

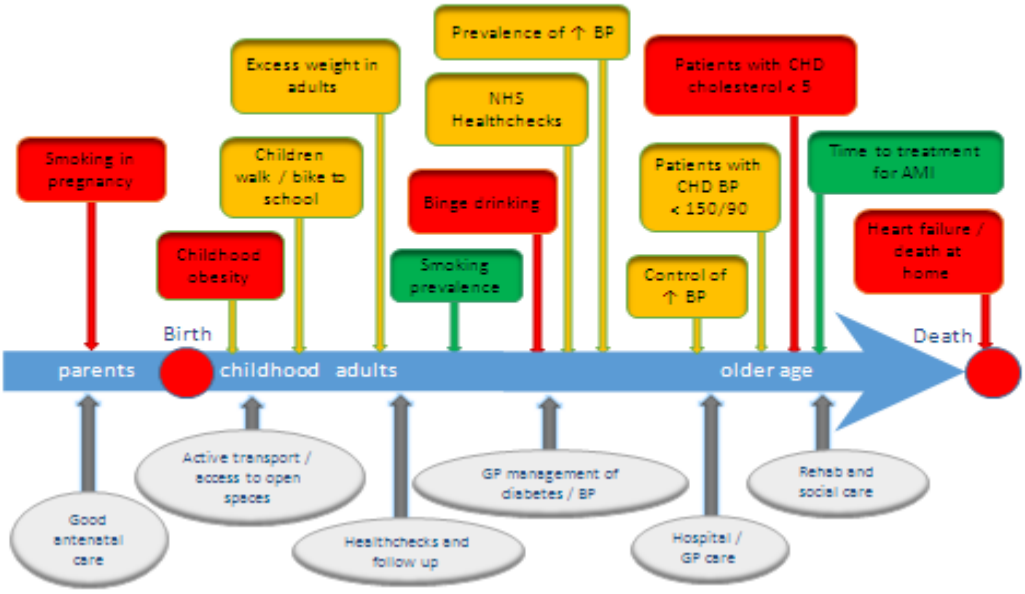
- **Tertiary prevention** aims to slow or reverse disease progression.

  Examples include: drug therapy/rehabilitation after heart attach/stroke, keeping people with conditions such as diabetes.

1.3 By way of illustration of the local need for an improved approach. The recent annual Director of Public Health's report highlighted that within Bournemouth, Poole and Dorset death rates from cardiovascular disease which have dropped steadily over many years are now rapidly changing. In Bournemouth in the last three years, rates have risen markedly in men, with many dying earlier than expected.

1.4 The report highlights the significant prevention opportunities that exist for cardiovascular disease from primary prevention (e.g. preventing maternal smoking, childhood obesity) through secondary prevention, (e.g. managing risks in people with diabetes) through to tertiary prevention (e.g. managing blood pressure in people who have had a heart attack). These prevention interventions to prevent death from heart disease span the whole of life, as illustrated below in the first picture. The second picture shows the RAG rating of the current prevention activity across the lifecourse in Dorset. In many areas it shows there is significant room for improvement.





2. Evidence, Action & Short Term/Long Term Gains

2.1 Prevention can be seen as a challenge as it may take years for the impact or changes to be seen. Published in 2014 the World Health Organisation details examples where return on investment can be seen in the shorter term as well as the longer term. Some examples given for cost effective and cost saving interventions in the short term (up to five years) are given in the table below: It is also evident from the table below that any approach to prevention locally involves the whole of civic society and many local public service organisations.

Focus area	Examples of Intervention(s)	Local Partners include
Environmental	Road traffic injury prevention Active transport	Police Fire Service NHS Environmental services Planning services
Social	Healthy employment programmes Insulating homes Community falls prevention	All local employers Local authorities NHS Social care agencies
Resilience	Mental health in the workplace Parenting programmes	All local employers Local authorities NHS Voluntary sector
Behaviour	Lifestyle diabetes prevention programme Workplace obesity intervention	All local employers Local authorities NHS Voluntary sector

2.2 Another key aspect of a comprehensive approach to prevention is that it is the most effective way of reducing health inequalities. The report, 'Fair Society Healthy Lives', published in February 2010, authored by Professor Sir Michael Marmot concluded that reducing health inequalities would require action on six policy objectives:

- Give every child the best start in life;
- Enable all children, young people and adults to maximise their capabilities and have control over their lives;
- Create fair employment and good work for all;
- Ensure healthy standard of living for all;
- Create and develop healthy and sustainable places and communities;
- Strengthen the role and impact of ill-health prevention.

2.3 In 2014 Public Health England published “From evidence to action: opportunities to protect and improve the nation’s health”. Seven priority areas were identified to focus on in the following five years. Five of these are:

- tackling obesity particularly among children;
- reducing smoking and stopping children starting;
- reducing harmful drinking and alcohol-related hospital admissions;
- ensuring every child has the best start in life;
- reducing the risk of dementia, its incidence and prevalence in 65-75 year olds.

2.4 It is clear that all these are based on an approach with prevention at its heart. Preventable risk factors explain at least 40% of the burden of disease in England; this is as high as 84% in cardiovascular disease.

2.5 In terms of the importance of risk factors, unhealthy diets, low levels of physical activity and obesity together have the biggest impact, followed by smoking & alcohol misuse. The costs of these factors to society is shown in the figure below.

Health and behaviour

Unhealthy lifestyles cost the NHS across the UK billions of pounds every year. Smoking costs £5.2 billion, obesity £4.2 billion, alcohol £3.5 billion and physical inactivity £1.1 billion.

The King's Fund

Local Government Association

Return on investment

Housing interventions to keep people warm, safe and free from cold and damp are an efficient use of resources. Every £1 spent on improving homes saves the NHS £70 over 10 years.

The King's Fund

Local Government Association

3. From Policy to Local Action

NHS England "Five year forward view"

3.1 Published in 2014, NHS England outlined the need for a "radical upgrade in prevention and public health" in order to secure the "future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain".

3.2 Areas of focus include:

- workplace health;
- targeted prevention (in particular diabetes prevention-see below);
- working in partnership to deliver improvements in health outcomes.

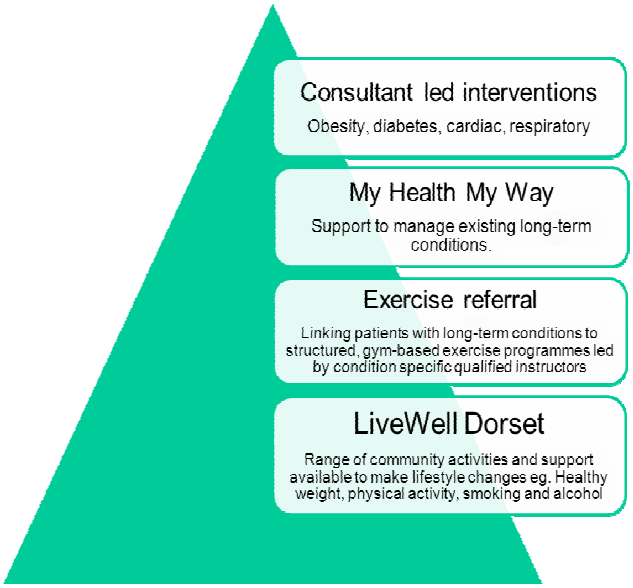
Local Example: Obesity

3.3 The levels and impact of obesity locally and nationally are well known. Over the last 5 years, there have been a number of projects attempting to address the rising levels of obesity locally. Examples include:

- Breast feeding support and promotion
- 0-3 obesity care pathway within health visiting services
- Incredible edibles programme for under 1's
- Active factor project for young people aged 9-12
- 'Bike It' programme
- 'Activate 1000' project in East Dorset
- 'Healthy Choices' adult weight loss programmes
- 'Dimensions' project for obese young people aged 8-12 years

3.4 These initiatives have varied significantly in terms of uptake and impact. For some they have been unsustainable, lacking the commitment or resources to make a difference. Others that have involved a more evidence based approach from the outset and which had been systematically evaluated as a basis for funding e.g. Activate 1000 have shown significant impact.

3.5 Another large scale well structured approach is LiveWell Dorset, which went live in April this year. They are engaging around 1,000 people per month with the expectation that the service will eventually support between 12,000-19,000 people each year, with a focus on the most deprived areas of Dorset. The pyramid below shows how the LiveWell model relates to existing NHS services, There are clear opportunities or maximising links and reducing the need for 'tertiary prevention' at the top of the pyramid.



4. Next Steps

4.1 One of the challenges is that some of the key actions in the Health and Wellbeing Board strategies are often not priorities for the member organisations e.g. NHS 'Annual Operating Plan', which often have a focus on short term goals. Preventative strategies, by contrast, involve long-term commitment, to sustain commitment requires courage, organisationally and politically.

4.2 Both of the strategies in Dorset are due for a refresh. Significant thought is being given to how the strategies and the work of the Health & Wellbeing boards improve the health and wellbeing of the populations they serve.

4.3 In order to make a difference we are going to need work differently, not just in our own organisations but also across organisational boundaries. This Board can provide the leadership to facilitate change, but action needs to be joined up and owned across partners. Clear lines of accountability need to exist with robust monitoring and evaluation put in place. A change to the way that the health and wellbeing boards conduct their business could be one way that this is helped to be addressed.

4.4 Such an approach could progressively build a broad coalition and 'voice' to advocate for prevention across agencies. The development of integrated care systems, and similar reforms, need prevention at the core if they are to be successful. Health & Wellbeing Boards can advocate for the development of population health systems as a natural extension of a focus on care integration. The evidence from elsewhere, e.g. America, shows that such an approach delivers clear short and long term benefits.

4.5 One simple step could be to select a number of interventions for which international evidence is clear that they deliver short term gains, and do a rapid stocktake of existing activity in terms of its evidence of:

- base for activities;
- impact;
- gaps in activity;
- basis for funding.