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To: Health Reform and Public Health Cabinet Committee

Date: 24 January 2018

Subject: **Prevention in the Kent and Medway Sustainability and Transformation Plan**

Classification: Unrestricted

Past Pathway of Paper: This is the first committee to consider this report

Future Pathway of Paper: Cabinet Member Decision

Electoral Division: All

Summary

Kent and Medway Public Health teams have collaborated with partners on the development of a Prevention Workstream and Strategy for the Sustainability and Transformation Plan for Kent and Medway Health and Social Care system.

Recommendations

Members of the Committee are asked to **COMMENT** on the progress of the Kent and Medway Sustainability and Transformation Plan Prevention Workstream and the future planned work.

1. Introduction

- 1.1. Kent Public Health, alongside colleagues from Medway Public Health and NHS Partners have been working to embed prevention into the work of the Sustainability and Transformation Plan (STP) for Kent and Medway.
- 1.2. Health Reform and Public Health Cabinet Committee asked for an update on the work of the Prevention Workstream of the Kent and Medway STP and this paper provides this update along with a description of some of the future work planned.

2. Background

- 2.1. Kent and Medway Health and Social Care partners have come together to develop a Sustainability and Transformation plan to improve the quality of care and improve access for all residents to health and social care within the financial constraints of taxpayer affordability over the next five years.
- 2.2. This is against a background of significantly increasing demand as Kent and Medway have not only aging populations, but also have significant areas of housing development. The population is expected to grow by 90,000 people (5%) over the

next five years; this will be in a number of areas such as Chilmington, Maidstone, Ashford and Canterbury. In addition to the growth in Dartford there are expected to be an additional 20,000 residents in Ebbsfleet Garden City and there are current plans for further Garden Cities/Towns elsewhere in Kent. Growth in the number of over 65s is expected to be 4 times greater than those under 65; and this aging population means increasing demand for health and social care.

- 2.3. There are health inequalities across Kent & Medway; in Thanet, one of the most deprived areas of the county, a woman living in the best ward for life expectancy can expect to live 7.1 years longer than a woman in the worst and for men, this figure is 10 years. The main causes of early death are often preventable.
- 2.4. Over 500,000 local people live with long-term health conditions, many with multiple long-term health conditions, dementia or mental ill health. A large proportion of these conditions are preventable.
- 2.5. The STP presents an exciting opportunity to change the way we deliver prevention to our population and Kent and Medway public health colleagues have been collaborating on many of the STP workstreams, in particular the STP prevention workstream where we are working to embed prevention as the first step in all patient health and social care pathways.
- 2.6. The Prevention workstream is part of the Care Transformation workstream and is currently led by Allison Duggal, Deputy Director Public Health Kent County Council and meets monthly. The Senior Responsible Officers are Andrew Scott-Clark, Director Public Health Kent County Council and James Williams, Director Public Health Medway Council. The workstream reports to the Clinical Board for the STP which in turn reports to the STP Programme Board.
- 2.7. The prevention workstream has taken a broad definition of prevention, including primary, secondary and tertiary prevention. Smoking and obesity have been prioritised to ensure that those areas that have the greatest effect on health outcomes are brought to the fore. Primary prevention aims to provide interventions aimed at individuals that have no current health or social care support needs and includes promoting healthy and active lifestyles and immunisation. Secondary prevention is the prevention of illness in those known to be susceptible e.g. screening to identify people at higher risk of cancer and interventions to then prevent the development of cancer and tertiary prevention refers to interventions aimed at minimising the impact of disability or further deterioration in people with existing an health condition or complex care and support needs.

3. Current Activities

- 3.1. The workstream aim is to make the prevention vision the responsibility of all health and social care services, employers and the public in Kent and Medway to allow delivery of prevention interventions at scale and realisation of improved population health outcomes. In particular the involvement of clinicians in secondary care for secondary and tertiary prevention is stressed as these compliment the population-level primary prevention initiatives of the STP. It is felt important that all health and social care pathways start with prevention and it is the aim of the workstream to ensure that this is reflected in all the work of the STP.
- 3.2. The current plans include:

- Delivering workplace health initiatives, aimed at improving the health of staff delivering services;
- Industrialising clinical treatments related to lifestyle behaviours and treating these conditions as clinical diseases, i.e. treating the nicotine or tobacco addiction;
- Treating both physical and mental health issues concurrently and effectively;
- Concentrating prevention activities in four key areas which are described below:

4. Progress

- 4.1. The main areas for focus for prevention activities in Kent and Medway have been identified and are:

Obesity and Physical Activity:

Apply a whole systems approach including implementation of 'Let's Get Moving' physical activity pathway in primary care at scale across Kent and Medway. Increase capacity in Tier 2 Weight Management Programmes from 2,348 to 10,000 and Tier 3 services for children as these are not currently available.

Smoking Cessation and Prevention:

Support all Trusts to become smoke-free with trained advisors, tailored support for the young and youth workers, pregnant and maternal smokers and people with mental health conditions. This will include the ambition for mental health trusts and NHS community trusts to be completely smokefree by the end of 2018/19 and all acute trusts by the end of 2019/2020.

Workplace Health:

Working with employers on lifestyle interventions including; smoking cessation, alcohol misuse, providing training programmes for improved mental health and wellbeing in the workplace.

Reduce Alcohol-Related Harms in the Population:

'Identification and Brief Advice' (IBA) in hospitals ('Healthier Hospitals initiative') and screening in GPs. Alcohol health messaging to the general population.

- 4.2. Business cases have been submitted to the Programme Board for the obesity and smoking cessation and prevention workstreams. These business cases have been agreed in principle and have the full backing of the clinical board. Members should note that the funding required is over and above the funding available to local authority public health in Kent and Medway.

5. Future Activity

- 5.1. The workstream is currently developing a number of strands of work. A Prevention Action Plan is being developed for Kent and Medway STP with the aim to publish in spring 2018. This action plan will include full details of the four main areas of prevention for the STP; will detail the timing of the initiatives, data to be collected and performance indicators. It will also outline future considerations for the local

populations such as the links between housing and public health and how the workstream can collaborate with other teams in the local health and care economy.

- 5.2. An action plan is being developed for an initiative on workforce development for partners to enable wider dissemination of public health philosophies and concepts and empower partners to deliver health promotion messages in many areas of health, care and wider public services e.g. fire service. This will be based on the Making Every Contact Count programme.
- 5.3. The workstream has already developed links with many partners and other workstreams and there is representation at the workstream meetings e.g. from communications and finance workstreams. In addition, links have been made to other parts of the health and social care system such as the Local Maternity Service and Cancer Network. There are plans for 'deep dive' meetings to explore particular areas of health and care such as improved prevention in maternity service and cancer prevention, particularly where there are disease specific prevention strategies for example HPV Vaccination to prevent cervical cancer.

There will also be a major focus to address the impact of chronic long term health conditions. Improving the population's ability to manage issues such as high blood pressure, obesity, diabetes and respiratory disease, will reduce the need for care and support and help alleviate the pressure on existing care services.

- 5.4. The work of the STP continues at pace. The Prevention Workstream is developing to ensure that the work of the public health teams and partners is keeping pace with developments. A number of innovative proposals are currently being considered. The Kent and Medway public health teams are liaising with a range of stakeholders to establish more efficient and effective ways to improve the population's health. Partners include The Kent Design and Learning Centre, Medway and Swale Centre for Organisational Leadership and The Kent Surrey and Sussex Academic Health Science Network. This collaboration is focussed on how current and future challenges can be best addressed, through the use of research and digital technology.

6. Finance

- 6.1. The Five Year Forward View sought a radical upgrade in prevention as part of the overall plan to modernise the NHS. In Kent and Medway through the prevention work we've sought to increase the NHS funding for prevention and in particular for clinical interventions related to both smoking and obesity. It has been agreed by the STP senior leadership, that all future NHS business cases need to take into account their impact on the achievement of prevention priorities. The Kent and Medway Public Health Departments are working with NHS colleagues to embed this process within the STP business and planning processes.

7. Risks

- 7.1. The key risk for this workstream is the lack of financial input from the STP. The funding required for the prevention of lifestyle-related harm is substantial and it is not possible to fund this from the public health budgets of local authorities without detriment to the prescribed legal functions of local authority public health. The funding is required in order to deliver interventions at scale and pace.

- 7.2. An additional risk is the time it may take for frontline primary and secondary care staff to adapt to a preventative approach. There is support from senior clinical leadership across the STP and we need to ensure workforce development plans across the workstreams prioritise prevention.

8. Conclusion

- 8.1. KCC Public Health along with partners from Medway Public Health and the wider health economy continue to make progress with the local prevention workstream and to develop collaborations with other parts of the health economy and with partners in other workstreams of the STP.
- 8.2. Spring 2018 will see the publication of an action plan for prevention in Kent and Medway and the public health team will continue to work with partners in order to deliver.

9. Recommendations

Recommendation: Members of the Committee are asked to **COMMENT** on the progress of the Kent and Medway Sustainability and Transformation Plan Prevention Workstream and the future planned work.

Background Documents: none

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