

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

14 January 2020

Subject: Update on the Prevention Workstream of the STP

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary:

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

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to: **COMMENT on and ENDORSE** the contents of the report

1. Background and Introduction

- 1.1 Kent Public Health, alongside colleagues from Medway Public Health and NHS Partners have continued to work to embed prevention into the work of the Sustainability and Transformation Plan (STP) for Kent and Medway and to work with the forming Integrated Care System and Partnerships to ensure that prevention is embedded as normal practice as NHS services continue to transform.
- 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.

2.0 Introduction

- 2.1 Kent and Medway Health and Social Care partners have been working together for some time to develop a sustainability and transformation plan for the region. The publication of the NHS Long Term Plan made it clear that the NHS would

build on the progress made by STPs and develop Integrated Care Systems (ICS).

The ICS will pull together many NHS partners and work with the local authority to develop a place-based approach to health and wellbeing and is expected to work closely with the Health and Wellbeing Board. Figure 1 is the current model for the Integrated Care System, which will include 4 Integrated Care Partnerships (ICPs for Swale and Medway; Dartford, Gravesham and Swanley; West Kent and East Kent), and c.45 Primary Care Networks.

2.2

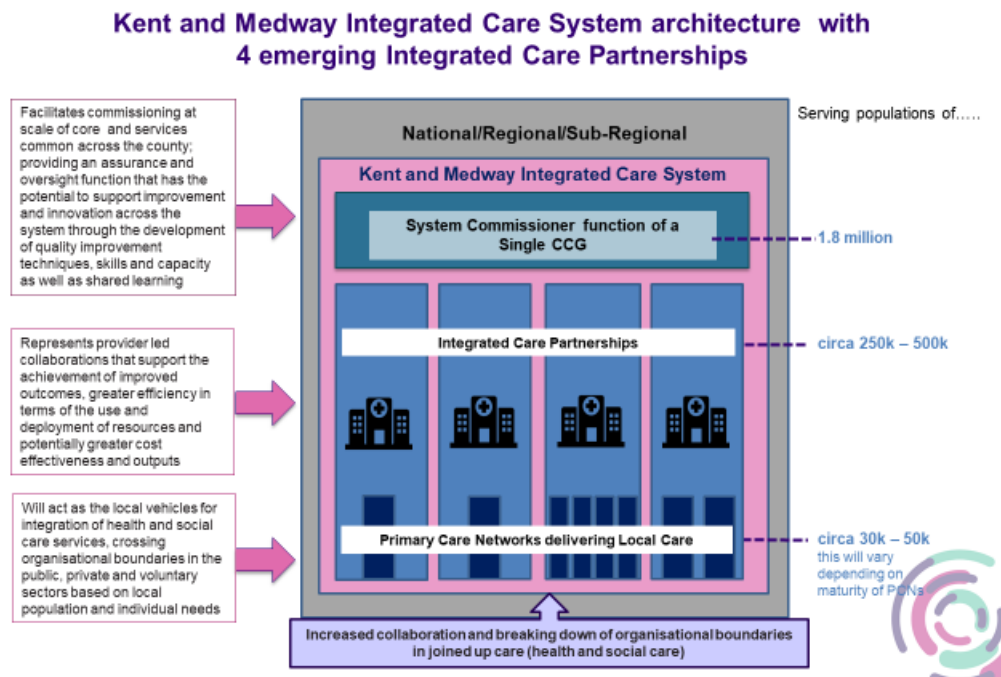


Figure 1. The new Health and Social Care system for Kent and Medway

2.3 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 the realisation of improved population health outcomes. In particular the involvement of clinicians in secondary care for secondary and tertiary prevention is stressed as these complement the population-level primary prevention initiatives of the STP. This also reflects the NHS Long Term Plan. 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/ICS.

2.4 The following are the proposed prevention principles for the STP/ICS:

1. Prevention will be owned by the whole Kent and Medway ICS. All partners have a clear understanding of prevention and of their role within the system.
2. Prevention and its role in reducing health inequality and variation will be a priority across the ICS, making the best use of a proportionate approach.

3. All clinical pathways will begin with prevention
4. Tackling prevention as an ICS will be a whole system approach. The wider determinants of health will be tackled alongside clinical interventions in a partnership approach making the most of partner specialisms
5. There is parity in the importance of good physical health alongside mental wellbeing.
6. The ICS will take a lifecourse approach embedding prevention alongside all life events. It's never too early nor too late for prevention.
7. Children and young people will be a priority, embedding prevention at the earliest opportunity. Schools and other education settings will be fully involved to shape the future of outcomes of children and young people.
8. Systems thinking will underpin all work, using an intelligence led, evidence-based approach to developing and evaluating interventions.
9. Interventions will be implemented at scale in a coherent and consistent way across the ICS to achieve the best outcomes.
10. Services will be co-commissioned to ensure prevention is fully embedded across the ICS. Every commission must be published with a section on prevention.

2.5 The strategic objectives of the Prevention Workstream have been written to fit with the strategic objectives of the NHS Long-Term Plan and include a commitment to enact prevention across the life course and across the health and social care system. This will include:

1. Reducing health inequalities

2. Tackling modifiable disease risk factors such as:

- Stopping smoking
- Reducing obesity
- Reducing alcohol consumption

3. Protecting health

- Improved screening uptake
- Improved vaccination uptake
- Improved infection control
- Reducing antimicrobial resistance (AMR)

4. Improving chronic disease management and secondary prevention

- Cardiovascular disease/stroke, respiratory disease, diabetes

5. Improving mental health

6. Improving air quality

3.0 Governance Arrangements

3.1 The Prevention workstream is currently led by Allison Duggal (Deputy Director Public Health Kent County Council) along with Jacqui Moore (Programme Manager) and Emma Hendricks (Programme Officer). The Senior Responsible

Officers are Andrew Scott-Clark, Director of Public Health Kent County Council and James Williams, Director of Public Health Medway Council. The workstream meets monthly. and reports to the Clinical Board for the STP which in turn reports to the STP Programme Board. As the ICS forms, the governance is being reviewed and there are plans to transform the workstream into a Board of the ICS.

Figure 2 depicts the current governance arrangements for the Prevention Workstream.

3.2

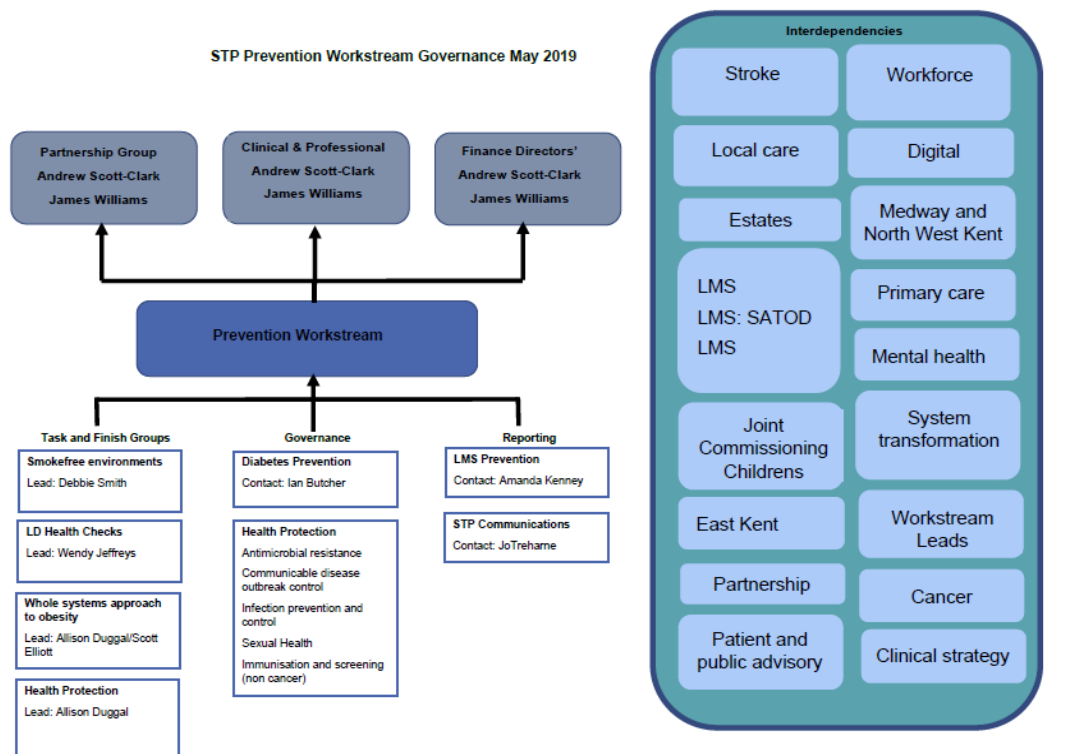


Figure 2 – Governance arrangements for the STP Prevention Workstream (2019)

4.0 Current Activity

4.1 The aim of this workstream is to treat both physical and mental health issues concurrently and effectively and to industrialise clinical treatments related to lifestyle behaviours and treat these conditions as clinical diseases. The main areas for focus on prevention activities in Kent and Medway have been identified as:

Obesity and Physical Activity:

To apply a whole systems approach to obesity across Kent and Medway.

Smoking Cessation and Prevention:

To assist NHS 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.

Workplace Health:

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

Reduce Alcohol-Related Harms in the Population:

To develop and implement a Blue Light initiative' addressing change-resistant drinkers. 'Identification and Brief Advice' (IBA) in hospitals ('Healthier Hospitals initiative') and screening in GPs. To develop improved alcohol health messaging to the general population.

- 4.2 There are currently four separate task and finish sub-groups of the Prevention Workstream. These are:

LD Health Check Task and Finish Group:

Although Health Checks for people with learning disabilities are different to the NHS Health Check and are the responsibility of the NHS to provide, this workstream has been developed to address health inequalities due to accessibility issues and low levels of uptake.

(<https://www.nhs.uk/conditions/learning-disabilities/annual-health-checks/>)

Smokefree environments:

Acute and mental health trusts are working together to achieve full implementation of 'smokefree' on Trust sites and working to achieve greater consistency and coherence in policies across Kent and Medway. This includes work to improve communications around smokefree environments such as speaker systems, appointment letters and signage on NHS sites(

<https://www.nhs.uk/smokefree>).

Health protection

The Health and Social Care Act 2012 led to the fragmentation of the many areas of health protection, which includes communicable disease control, immunisation, screening, infection prevention and control, and antimicrobial resistance.

This task and finish group is developing a co-ordinated approach to health protection across Kent and Medway which assists the Directors of Public Health to assure the health protection system in the County and aids in tackling health inequalities and communicable disease threats across Kent and Medway.

Obesity – Whole Systems approach

This is the latest task and finish group to be set up. The group aims to co-ordinate and manage the Whole Systems Approach to Obesity

(<https://www.gov.uk/government/publications/whole-systems-approach-to-obesity>).

5.0 Progress

5.1 Progress has been made on prevention in 2019 and the workstream has been successful in securing funds from the STP to enable the operationalisation of the Prevention Workstream Action Plan.

- An NHS Health Check outreach programme has now been mobilised and arrangements are in place for a joint dashboard to ensure consistent reporting across Kent and Medway. The outreach programme should improve uptake and reduce health inequalities.
- For the first quarter of 2019/20 the Kent NHS Health Check Programme delivered the strongest three months since the transition of the programme from NHS to KCC, delivering nearly 11,000 NHS Health Checks and in 2018/19 uptake for health checks was at 9.9% of the total eligible population.
- Recurrent funding has been agreed to fund lead smoking in pregnancy midwives. This will assist their employing trusts by reducing the turnover of staff which has been an ongoing problem due to the uncertainty of funding. Kent County has re-oriented the Smoking in Pregnancy service to deliver a home visit advisor service which is proven to enhance quitting rates in women smoking during pregnancy.
- There has been a collaborative effort between public health teams and the acute trusts to promote SmokeFree hospitals, including developing improved signage and information. There was a reduction in the prevalence of smoking in all adults in 2018 (15% Kent/14.7% Medway). There was also a reduction in the prevalence of smoking at the time of delivery; after a rising trend in the 3-year rate up to 2017/18, there has now been a reduction to 13.8% in Kent and 15.9% in Medway in 2018/9.
- The work to embed Making Every Contact Count (MECC) has been very successful with a 3-month follow-up demonstrating that 70% of training delegates have had conversations using skills they have gained via the training at least weekly and 75% of delegates have referred on to a service.
- 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 System and the Kent and Medway Cancer Alliance. There have been a number of 'deep dive' meetings to explore particular areas of health and care such as improved prevention in maternity service and cancer prevention.

6.0 Next Steps

6.1 There are a number of planned initiatives that will be commenced in the coming months. A number of these are being developed whilst resourcing decisions are

considered. These include:

1. Learning Disability (LD) health checks (not NHS Health Checks)

Following work across Kent and Medway to ascertain the performance on these checks which contribute to the prevention of chronic disease in people with learning disabilities and reduce health inequalities, there is work planned to promote awareness of, and implementation of, these checks and further development of leadership in this area. There is a proposal to train a champion nurse in each Primary Care Network (PCN) to be able to deliver physical health assessments to enable them to support GPs in carrying out LD annual health assessments

2. Making Every Contact Count (MECC)

After the successful work training health and social care staff in MECC, there are plans to continue the programme at a similar level for 2019/20. We will work in collaboration with the Local Workforce Action Board and Health Education England and we are discussing the work with the new Regional Training Hubs.

3. Tackling modifiable risk factors – Smoking

The NHS Long Term Plan includes initiatives to address in-patient smoking cessation, including mental health in-patient premises and out-patient treatment for tobacco dependence, particularly for high-risk cases such as people awaiting surgery. In Kent there is an opportunity to pilot the stop smoking role to be undertaken by the NHS in the NHS Long Term Plan, embed good practice and to assist in meeting the requirements of NICE PH48.

In addition, Public Health can offer leadership and advice to these programmes and in addition Public Health will develop roles for 'Smoking Quit Coaches' for prevention of tobacco use and treatment support for tobacco addiction in young people.

There are also opportunities to equip and encourage GPs to systematically identify and have conversations with patients about the risks of smoking and offering support to quit. GPs may then refer to Public Health commissioned specialist services for support or support the patient directly and prescribe nicotine replacement therapy.

4. Tackling modifiable risk factors - Excess weight and obesity

We will implement a Whole Systems Approach to Obesity from January 2020. We will influence commissioning of both KCC public health and the NHS through the new single commissioner for the Integrated Care System (ICS) by publishing needs assessments for Kent on Childhood and Adult excess weight and assist a service review of weight management services for both adult and children across Kent

5. Alcohol care teams

A key recommendation from the Alcohol and Substance Misuse Health Needs

Assessments (HNA) for Kent and Medway is for the NHS to identify and be equipped to help people with substance misuse, including alcohol, and to obtain the right treatment at the right time. In the case of reducing alcohol consumption this can be achieved by alcohol support teams as highlighted in the NHS Long Term Plan based in A&E departments. Currently both Kent and Medway do not qualify for the funding available for this initiative, but we will explore funding options with NHS partners given the impact on A&E from acute and chronic excessive alcohol consumption.

6. Improving chronic disease management and secondary prevention

- NHS Health Check outreach programme - To continue the NHS Health Check Outreach programme started in 2019/20. Analysis is being performed to determine the most effective targeting of the service to best address health inequalities.
- Enhanced identification of people with atrial fibrillation through targeted NHS checks in order to reduce the risks of stroke
- Optimised management of patient anticoagulation – An initiative is being planned that is based on an adaptation of Virtual Clinic model for the optimisation of anticoagulation. This should have a substantial beneficial effect for stroke prevention.
- Pulmonary and cardiac rehabilitation - Review of pulmonary and cardiac rehabilitation to identify the barriers and enablers to people taking up this service. This will be used to improve take-up of service.

7. Improving air quality

A number of individuals who live with a long term or chronic pulmonary/cardiovascular condition require primary care support as a result of a poor air quality episode s and we will lead on the creation of an app with push notifications to provide advice and guidance on poor air quality episodes and actions to take to protect your health alongside raising awareness with clinicians and developing champions.

7.0 Risks

- 7.1 The key risk for this workstream continues to be 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.
- 7.2 There is also a continuing risk to Local Authority Public Health funding. Whilst promises have been made of additional monies, these are likely to come with additional burdens on Local Authority Public Health which may actually lead to a reduction in available funding.
- 7.3 An additional risk is a lack of buy-in from clinicians in primary and secondary care. It is essential that clinicians accept their responsibility for secondary and

tertiary prevention.¹ Prevention is often seen as solely the role of Public Health and public health improvement services and therefore is not adequately incorporated across all workstreams, business cases and pathways despite comprehensive NICE guidance.

8.0 Summary

8.1 KCC Public Health continues to make progress with partners from Medway Public Health and the wider health economy. 2019 will see the team expand the number of prevention interventions across Kent and Medway, linking these to the NHS Long-term plan and the transformation of health and social care in the region. The local prevention workstream will develop the new task and finish groups and continue to develop collaborations with other parts of the health economy and with partners in other workstreams of the STP.

9.0 Recommendation

The Health Reform and Public Health Cabinet Committee is asked to:

COMMENT on and ENDORSE the contents of the report

10.0 Background Documents

Kent and Medway Sustainability and Transformation Plan Prevention Action Plan – *attached as Appendix 1*

Public Health England -Whole Systems Approach to Obesity:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820783/Whole_systems_approach_to_obesity_guide.pdf

The NHS Long-Term Plan – a Summary: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf>

11.0 Contact Details

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¹ 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
Tertiary prevention refers to interventions aimed at minimising the impact of disability or further deterioration in people with existing health condition or complex care and support needs.

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