

## Prevention at Scale Update

Subject of Report	Response to the concerns raised by the CSR Consultation
Executive Summary	<p>In October 2014 the NHS Dorset CCG started to undertake a Clinical Service review – predominantly to reconfigure the acute and community NHS services to ensure they are sustainable for the population of Dorset.</p> <p>During this time focus was mainly on how to move services out of the acute settings and move them closer to home in community settings.</p> <p>It has been recognised that there was not a strong enough emphasis on prevention in Clinical Services Review.</p> <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. Prevention will now play an integral part of these plans which have also 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>

### 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 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, as far as is practical, 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 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. 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, and increase the reach and impact of prevention approaches.

1.4 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.

1.1. 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).

## 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. Below is a selection of key projects.

Work stream	Projects being explored/scoped/delivered
Starting well	<ul style="list-style-type: none"> <li>• Increase behaviour change, risk reduction and lifestyle support in maternity care pathways and 0-5 services</li> <li>• Reducing variation in immunisation rates</li> <li>• Building whole school approaches to health and wellbeing</li> <li>• Building capacity and confidence to support children and young people’s emotional wellbeing and mental health</li> </ul>
Living well	<ul style="list-style-type: none"> <li>• Increase reach of LiveWell Dorset service</li> <li>• Build digital tool to increase numbers supported by LiveWell.</li> <li>• Sport England – a system wide project to increase physical activity of older people at scale.</li> </ul>
Ageing well	<ul style="list-style-type: none"> <li>• Reducing variation in management of people with established conditions like heart disease and diabetes</li> <li>• Extend lifestyle assessment and support in elective care settings</li> </ul>
Healthy Places	<ul style="list-style-type: none"> <li>• Expand Natural choices exercise on prescription scheme</li> <li>• Healthy homes project</li> <li>• Improving air quality</li> </ul>

### 3. Developing the actions

3.1. A high level Prevention at Scale strategy has been developed 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. This service currently supports 10,000 people per year.

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

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**

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.

**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.

### 4. What difference can residents expect?

4.1. 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.

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4.2. 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.

## **5. Governance**

Governance of Prevention at Scale has been agreed between the Joint Public Health Board and the two Health and Wellbeing Boards and feeds into the Systems Partnership Board alongside other elements for the STP.