Introduction to Prevention Led Systems – Rotherham HWB

10th March 2021

Prevention Led Systems Model

- Why Prevention?
- Prevention and Health Inequalities?
- A ‘Whole System’ approach to prevention

Why Prevention?

The prevention potential:

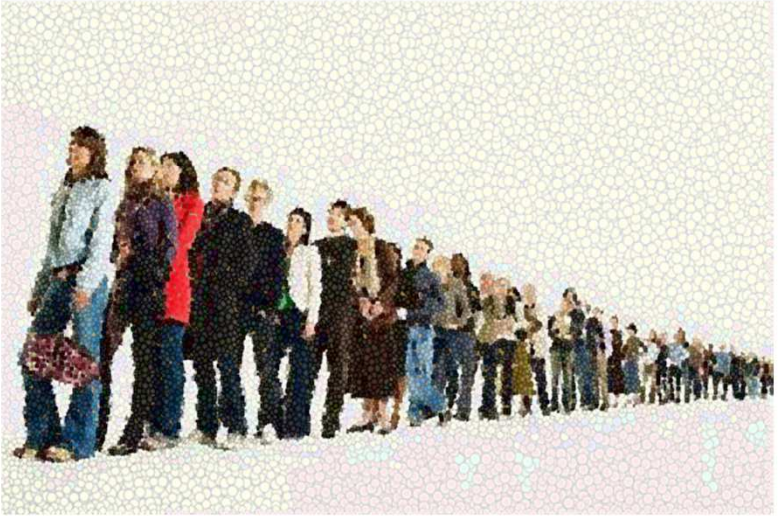
- 95% of liver disease is attributable to 3 preventable causes – alcohol, obesity and viral hepatitis
- 90% of 1st heart attacks related to 1 of 9 modifiable factors
- 80% of diabetes spend is treating avoidable illness and complications
- Two thirds of premature deaths could be avoided through improved prevention, early detection and better treatment
- 42% of cancers in the UK are preventable
- 17% of deaths in adults over 35 are attributable to smoking

Why Prevention?

Twin Paradigms for Sustainable Care Systems

Managing Demand

- Increasing supply
- Waiting targets
- Service flow and efficiency
- Improving discharge
- Changing skill mix
- New models of care



Preventing Demand

- Improving lifestyles and tackling the wider determinants of health
- Prevention services
  - Health checks
  - Screening and Immunisation
  - DPP
- Tackling variat

It's not "either… or…"

But "both…and…"

Why Prevention?

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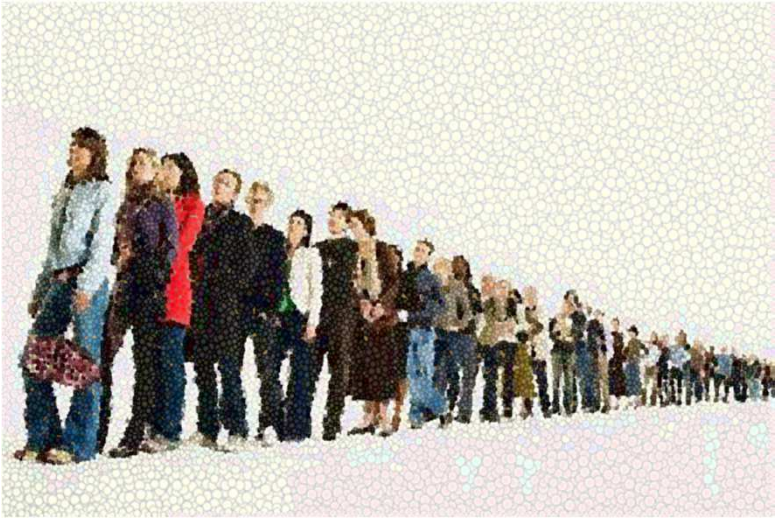

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Drives expectation, increases throughput, creates demand and cost

Supports empowerment, reduces throughput, stems demand and costs

Why Prevention?

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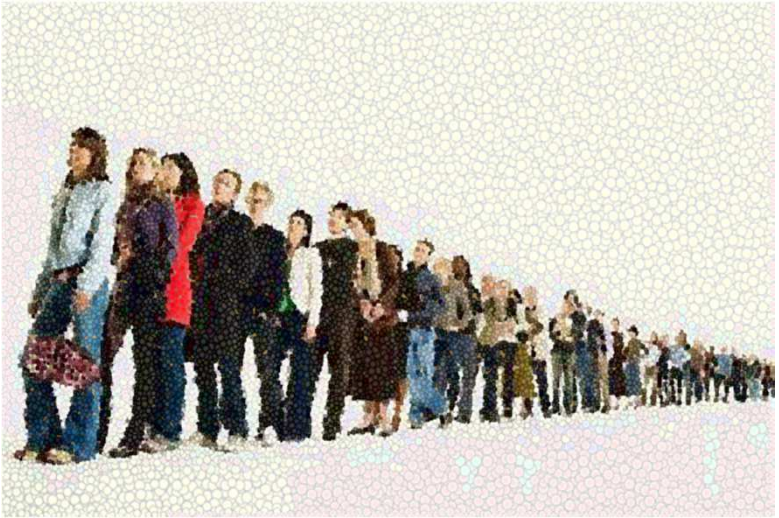

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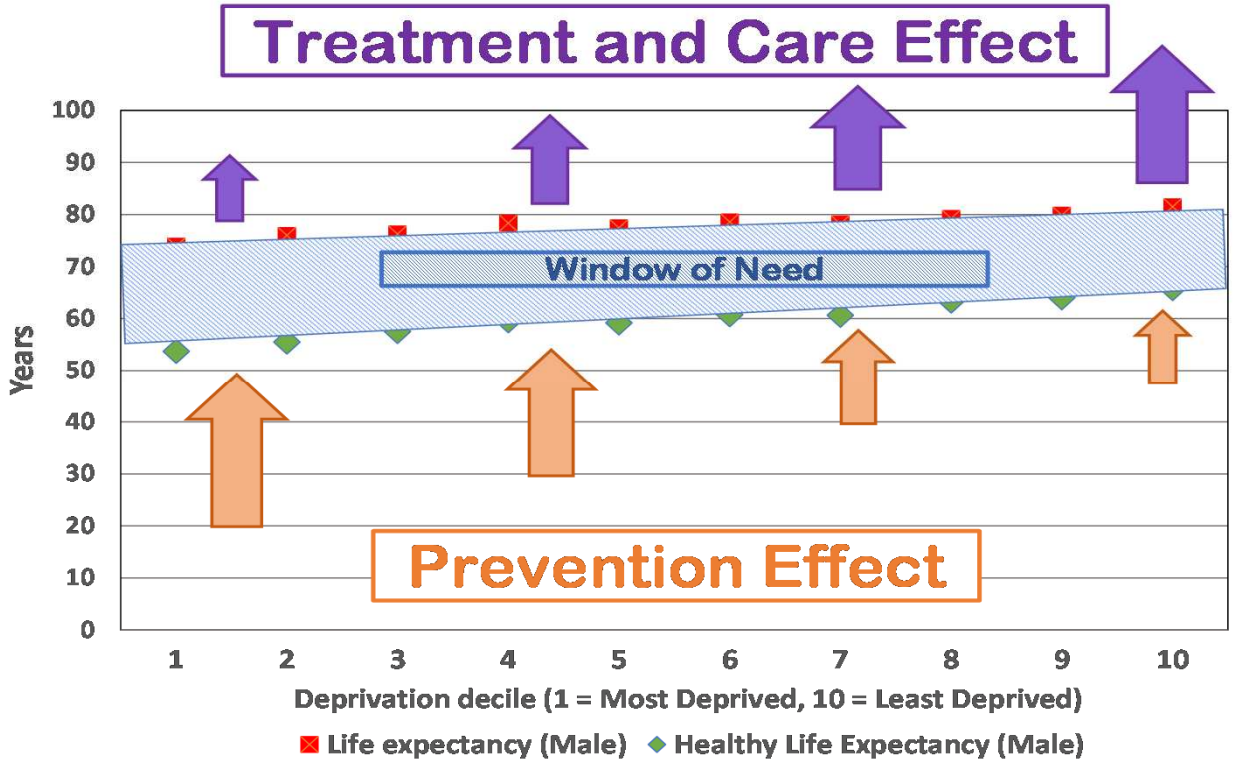
Extends Life Expectancy and prolongs health and care service need

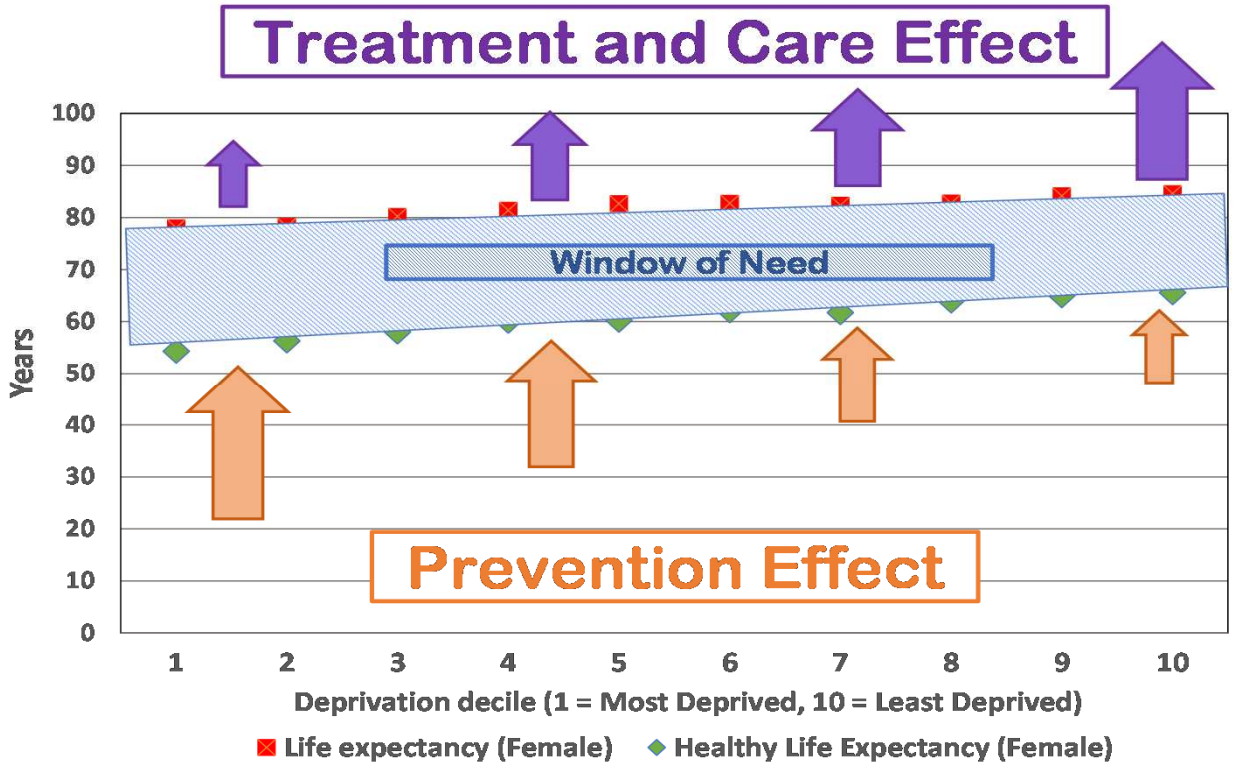
Extends Healthy Life Expectancy, reduces inequalities delays health and care service need

Prevention and Health Inequalities

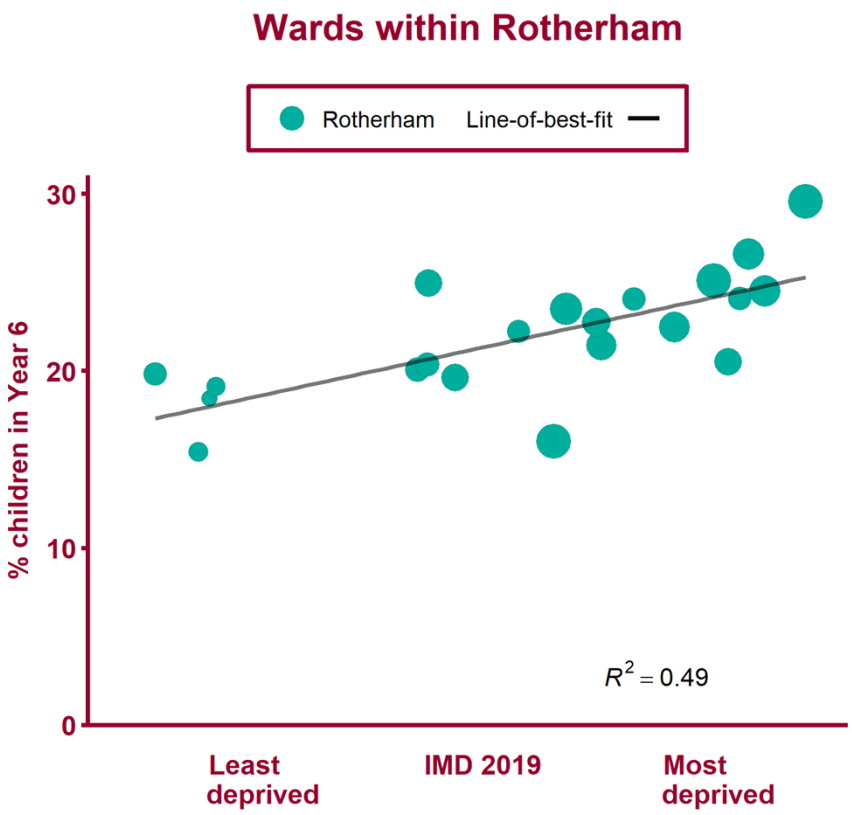
Demonstrating the gaps – Rotherham Males

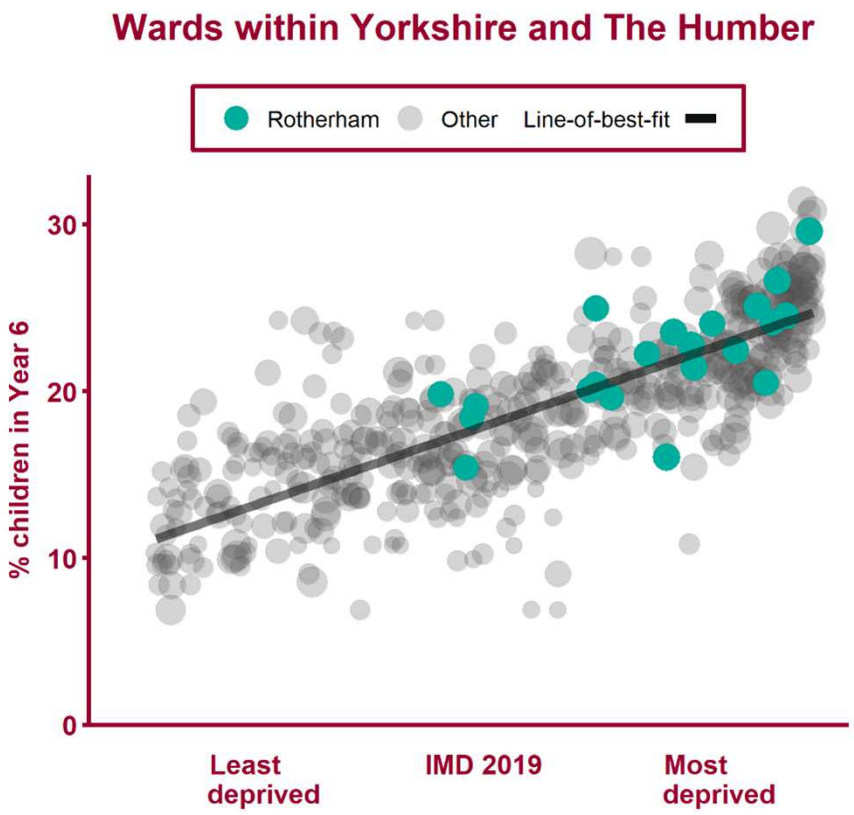


Demonstrating the gaps – Rotherham Females

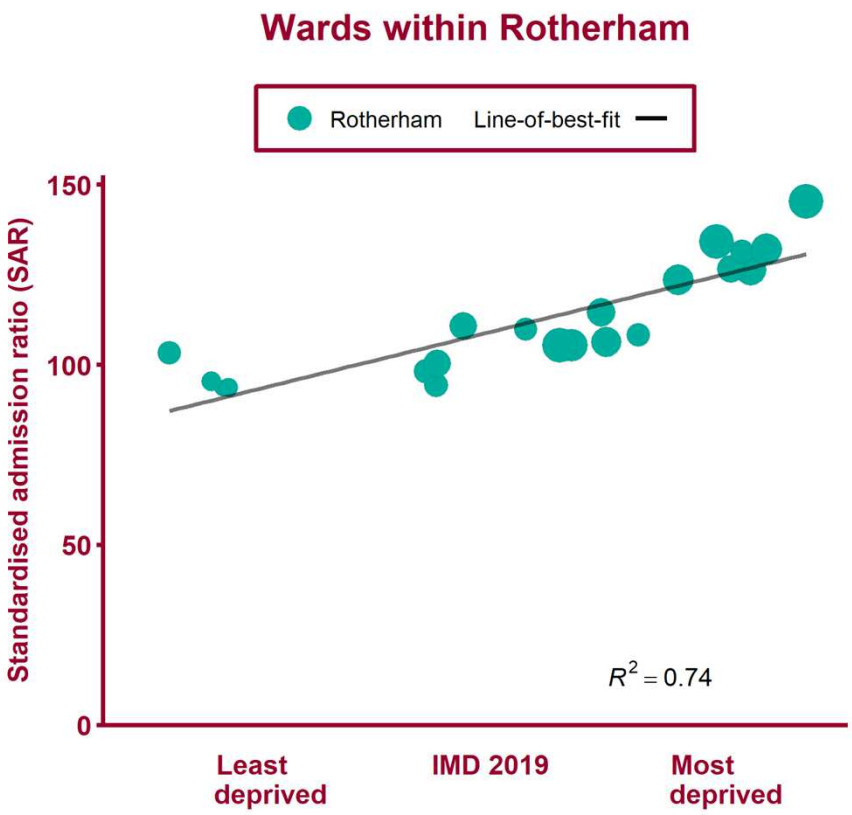


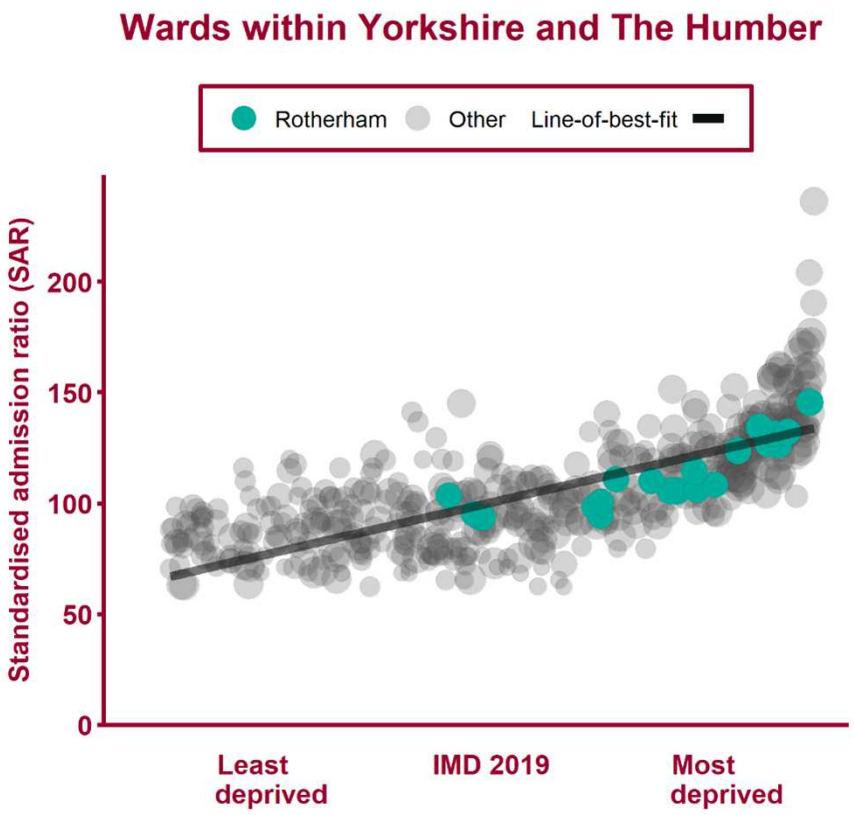
Obese children, Year 6 (2015/16 - 2017/18)



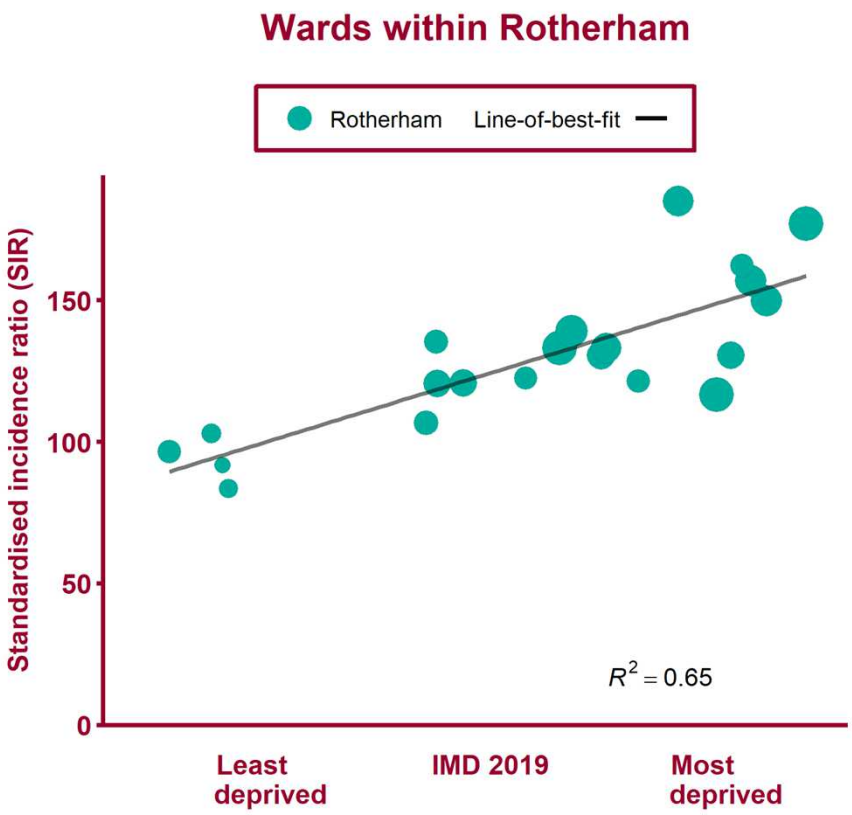


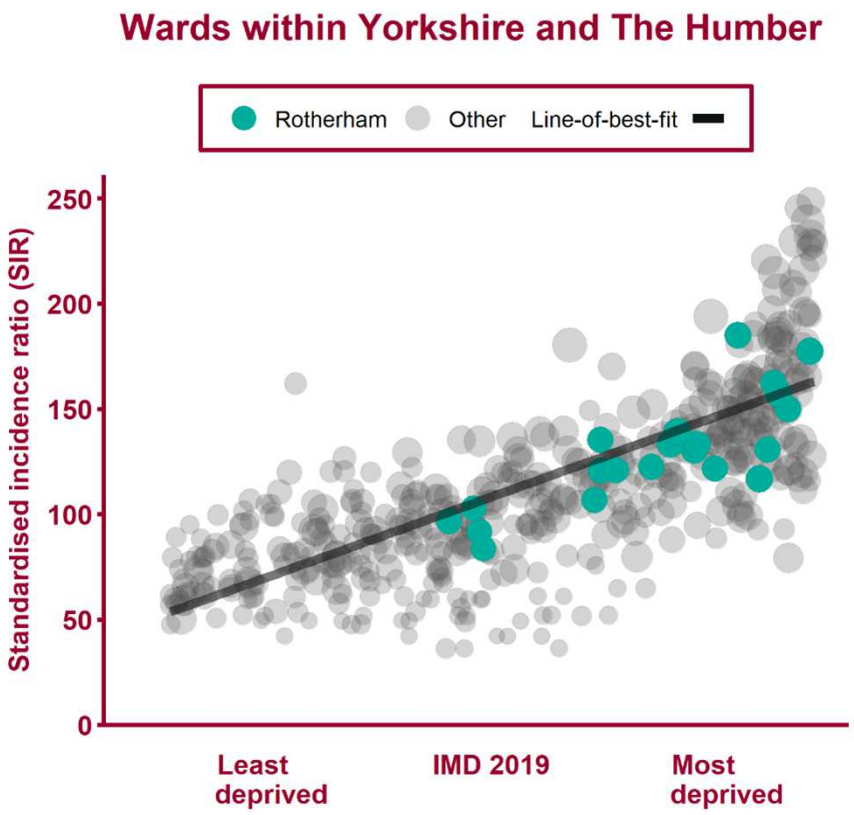
Hospital stays for alcohol-related harm, Broad definition (2013/14 - 2017/18)



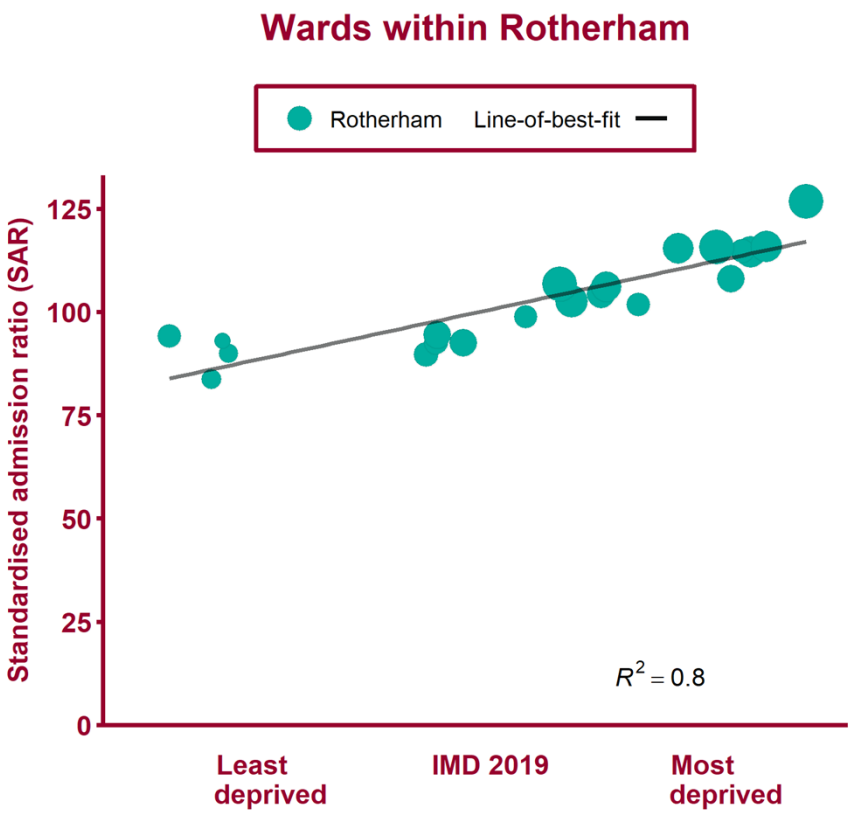


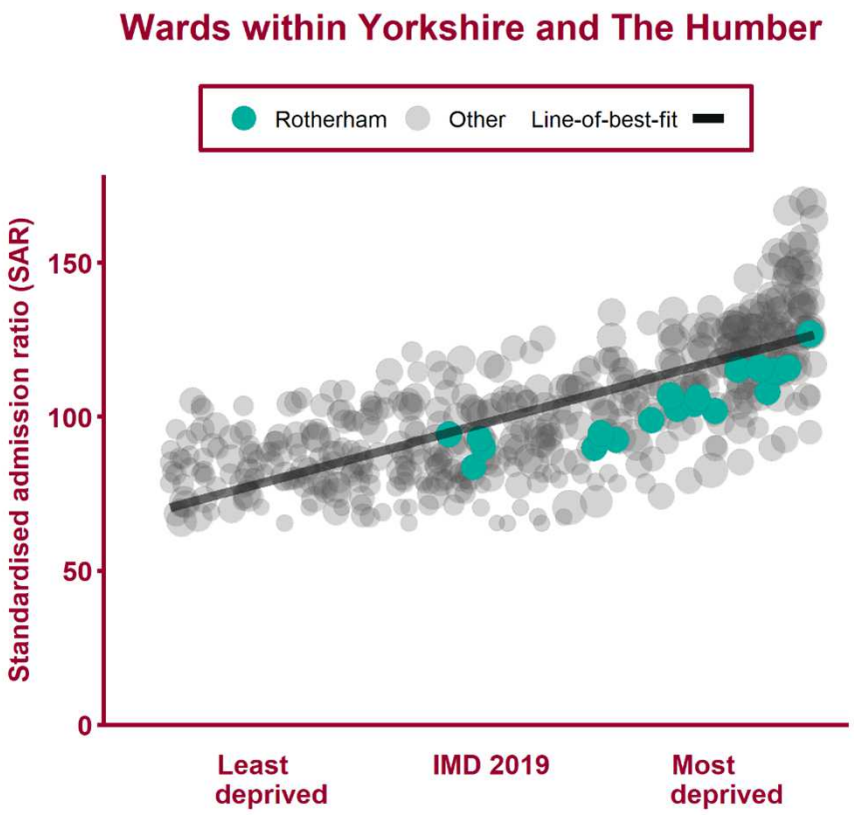
Incidence of lung cancer (2012 - 16)



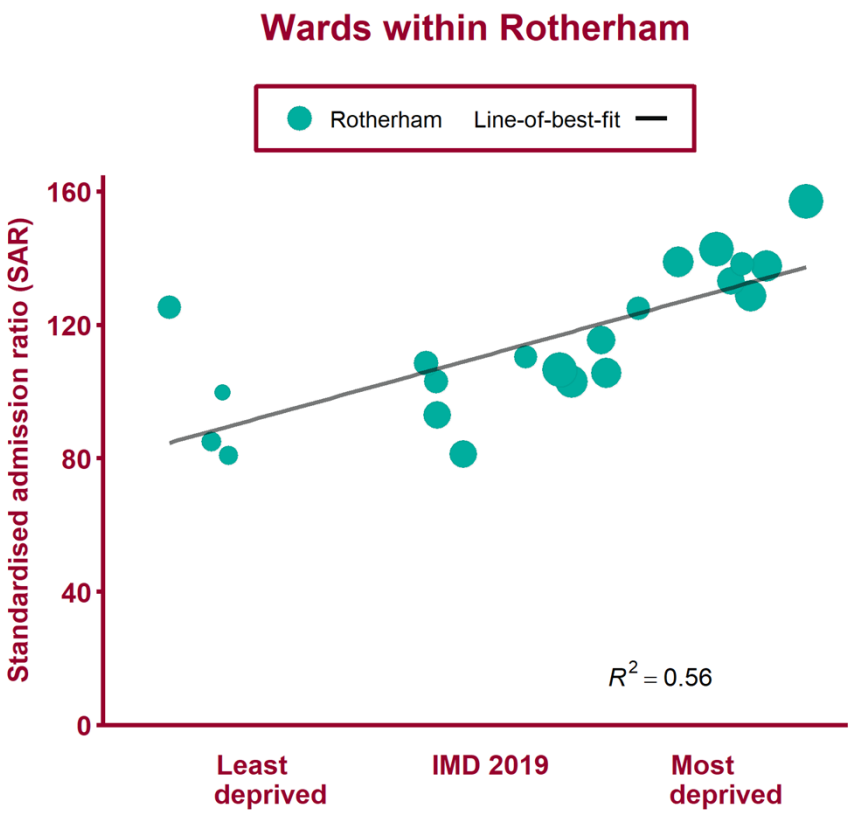


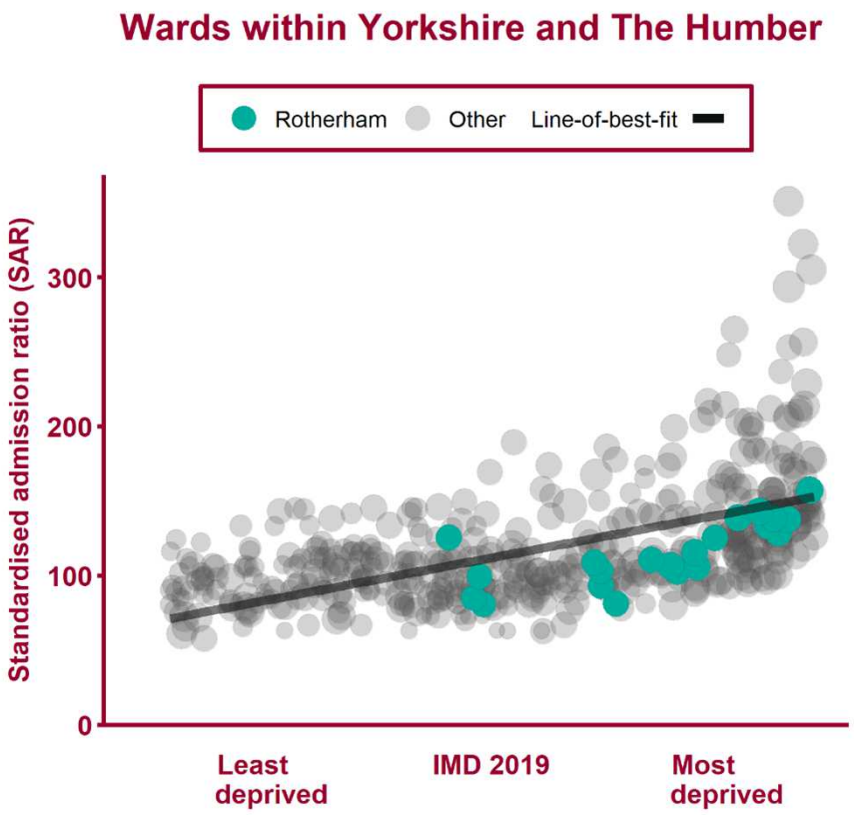
Emergency hospital admissions for all causes (2013/14 - 2017/18)



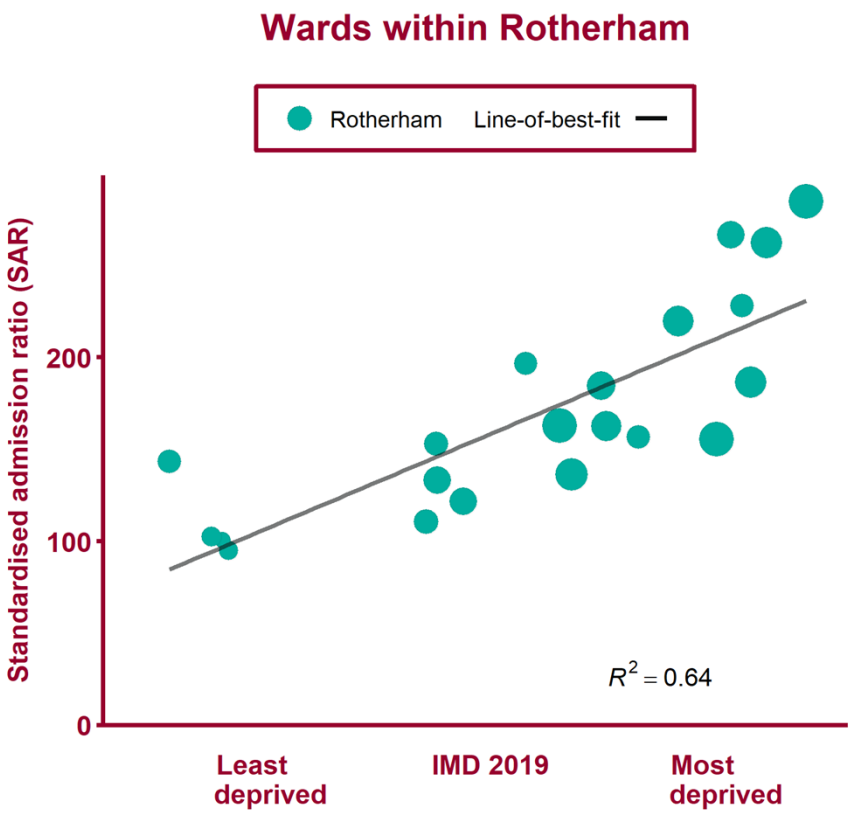


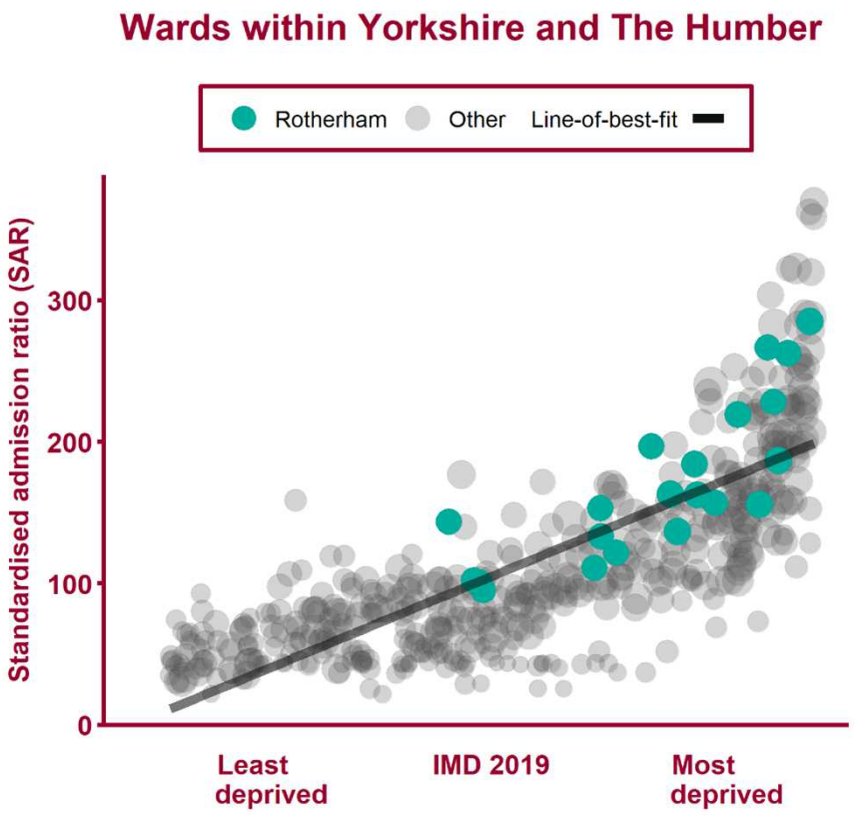
Emergency hospital admissions for CHD (2013/14 - 2017/18)





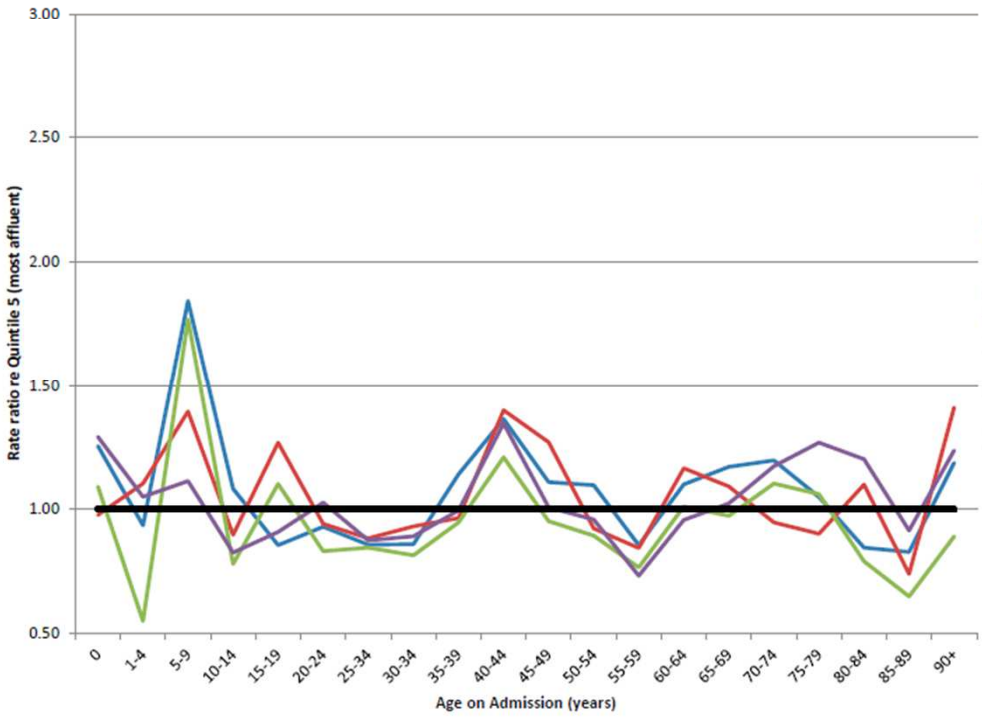
Emergency hospital admissions for COPD (2013/14 - 2017/18)

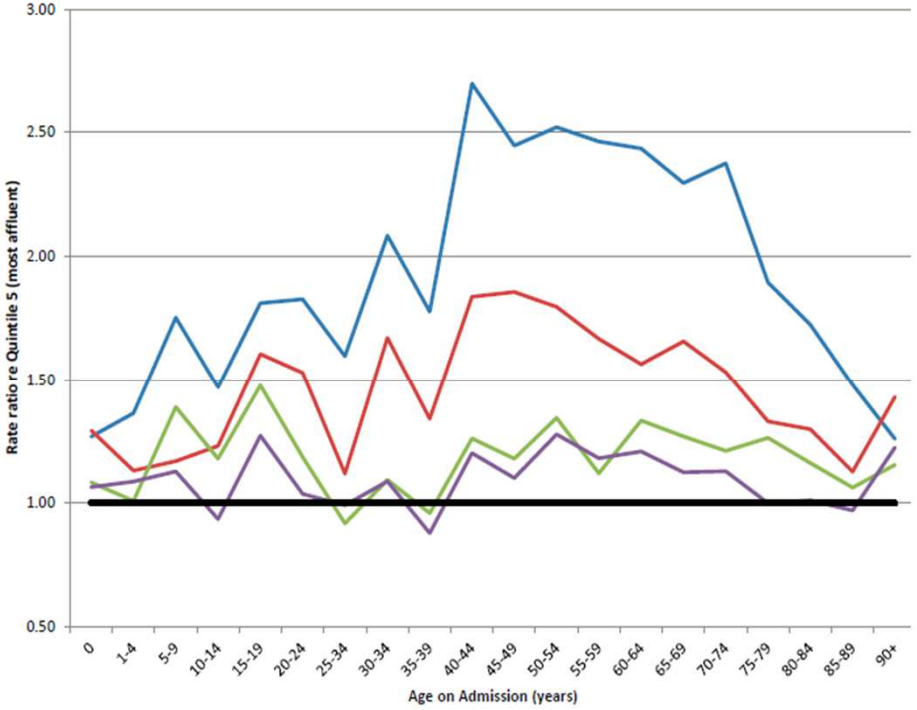




Hospital Admission Rates

Relative to 20% most affluent national LSOAs

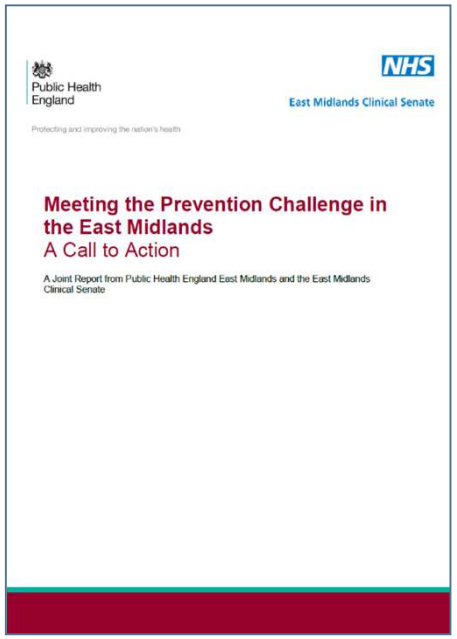




Quintile 1 (most deprived)
Quintile 2
Quintile 3
Quintile 4
Quintile 5 (most affluent)

A Whole System Approach to Prevention

- Joint report "*Meeting the Prevention Challenge in the East Midlands: A Call to Action*" supporting a direct response to the NHS 5YFV
- Practical recommendations for Providers and Commissioners across Health and Care covering: -
  - Leadership and Governance
  - Commissioning and Delivering services
  - Staff Wellbeing
  - Sustainability and Corporate Responsibility


Public Health England

NHS

East Midlands Clinical Senate

Protecting and improving the nation's health

Meeting the Prevention Challenge in the East Midlands

A Call to Action

A Joint Report from Public Health England East Midlands and the East Midlands Clinical Senate

http://www.emsenatescn.nhs.uk/media/1582/east-midlands-prevention-challenge-report-2015-final.pdf

Leadership and Governance

- Embed prevention within NHS leadership with an identified board level prevention champion
- Create the governance structures required to deliver on prevention from policies to performance management, including the use of Health Impact Assessment and Health Equity Audit tools
- Ensure strategic level Public Health input to NHS planning and delivery through the 'Core Offer' from the local authority
- Work through the Health and Wellbeing Board to deliver system level prevention
- Advocate for prevention within the wider system

Commissioning and Delivering Services

- Adopt a whole pathway approach considering opportunities for Primary, Secondary and Tertiary Prevention across services
- Ensure that prevention is systematic and delivered at the required scale to deliver a population level impact
- Embed Making Every Contact Count within services, maximising support for lifestyle change with clear pathways to support
- Rigorously challenge clinical variation raising the bar for all in the management of risk factors and chronic conditions
- Adopt the 'Proportionate Universalism' approach to target investment to maximise impact on the 'window of need'

Staff Wellbeing

- NHS staff and their families make up a significant proportion of our local populations. Supporting them to achieve and maintain good health delivers business and population health benefits
- Develop policies to support good health in relation to active travel, workplace food and drink offers, smoking and alcohol use, work/life balance
- Ensure good quality management of staff absence and ill health adopting policies that support staff to manage long term conditions and balance their health needs with their work
- Consider sign up to the Workplace Wellbeing Charter

Sustainability and Corporate Responsibility

- Develop a Corporate Responsibility Strategy that considers how NHS organisation's actions impact on population level prevention
- Consider the impact of estates, transport, commissioning and procurement policies and activities on the local population and economy
- Consider the food and beverage retail offer within NHS buildings promoting healthy options and working to remove sugary snacks and beverages from the offer
- Consider how NHS organisations can support employability within the local population through placement and apprenticeship options to support the local worklessness agenda.

Discussion

- Rotherham's four Health and Wellbeing aims are prevention focused
  - Children getting the best start in life
  - Rotherham people enjoying the best possible mental health and wellbeing and having a good quality of life
  - Rotherham people living well for longer
  - And, Rotherham people living in healthy, safe and resilient communities
- Prevention and reducing inequalities are our strategic principles
- … but do we have the systematic approach to prevention across our organisations to maximise our delivery?