

**NHS DORSET CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
PREVENTION AT SCALE UPDATE**

Date of the meeting	07/06/2017
Author	C Lehman, Public Health Dorset
Purpose of Report	To update committee members on the Prevention at Scale programme and the emerging offer for practices.
Recommendation	The Committee is asked to note the report.
Stakeholder Engagement	Clinical engagement is taking place on the design of incentives to improve management of cardiovascular disease; public and professional engagement is taking place on the design and functionality of the LiveWell Dorset digital platform. Voluntary sector engagement is being used to shape the project to grow more community capacity in primary care.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)		✓	
Board Assurance Framework Risk Register			✓
Budgetary Impact		✓	
Legal/Regulatory			✓
People/Staff			✓
Financial/Value for Money/Sustainability		✓	
Information Management & Technology			✓
Equality Impact Assessment			✓
Freedom of Information			✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated			

Initials: CL

1. Recommendations

- 1.1 Members of the Primary Care Commissioning Committee are asked to note the proposals for developing the Prevention at Scale programme via general practice by:
- Addressing variation in cardiovascular risk factors, particularly in patients with diabetes;
 - Developing the role of the voluntary sector to support improvements in health and wellbeing of local communities, via general practice;
 - Encouraging more widespread use of LiveWell Dorset.

2. Reason

- 2.1 Primary care has a key role to play in prevention at scale, due to the number and variety of patient contacts that happen in this setting every day. The two main strategies primary care can play a key role in is supporting more people to use the LiveWell Dorset service, to improve lifestyle behaviours, and reducing variation in the way people with existing long term conditions are managed.

3. Background

- 3.1 A previous paper to this Committee set out the main themes of the Director of Public Health report, which focused on prevention at scale.
- Reducing the observed variation in secondary prevention (i.e. management in primary care) of people with chronic conditions, particularly diabetes and cardiovascular disease;
 - Increasing the scale and impact of simple lifestyle advice in primary care – for example, by offering more brief interventions for physical activity and alcohol, working alongside LiveWell Dorset.
- 3.2 Since then, a further project is well underway that should add value to the development of non-medical approaches to improving health and wellbeing of people – the development of voluntary sector co-ordinators to help develop community capacity, including more peer and informal support networks.
- 3.3 This update paper provides an update to PCC about work to support primary care to help tackle these challenges. It identifies the start of a core offer of prevention at scale support as part of the menu of additional support that localities can start to draw on as they begin to work at scale and pace.

4. Update on prevention at scale

4.1 The following key points set out progress against the two challenges for primary care – reducing variation in secondary prevention measures, and increasing the scale and impact of lifestyle advice in primary care:

- Tackling variation: Public health Dorset is working with Dorset CCG via the Practice profiling group and Primary Care reference group to develop an approach to tackle variation, focusing first on management of cardiovascular risk factors, particularly patients with diabetes. The approach also employs commissioning levers to incentivise clinician engagement. Where possible Public Health Dorset has advocated for commissioning levers in the 17/18 financial year to promote increased use of the Atrial fibrillation GRASP tool. In 2018/19 Public Health Dorset is encouraging localities to consider how these levers could be employed in an even more focused manner to improve management of cardiovascular risk factors in patients with diabetes. The Clinical lead for primary care quality is developing an engagement plan via the locality chairs. Results from engagement will be incorporated into developing the service specifications for the 18/19 financial year.
- Lifestyle advice in primary care: development of a digital platform to support residents and professionals wanting to make changes to improve their health is well underway, extending the LiveWell Dorset service. The work will be supported by a renewed focus on communicating the benefits with GPs and primary care teams, and a GP is being recruited to assist in this work as part of the new GP public health placement roles being developed with the Primary Care Workforce Centre and Health Education England. Discussions are also well underway about providing better lifestyle support to pre-operative pathways – the primary care role in support patients on referral needs to be developed.
- Public Health Dorset will offer support to localities to help them use population health information to identify their local needs and help define what prevention at scale activities should be included in locality transformation plans.
- Voluntary sector co-ordinators – localities that are demonstrating ambitious prevention at scale approaches in populations with known wellbeing challenges will be invited to work alongside one of the voluntary sector co-ordinator roles that we are developing to support the growth of peer and informal support networks. The first co-ordinators are expected to be in post late 2017 and will complement many of the existing schemes that work alongside the voluntary and community sector.

- Public Health Dorset will be taking on two GP Fellows (working 1 day a week for a year) in Public Health from summer 2017 as part of the Dorset Workforce Centre GP fellowship programme. This will help strengthen understanding of the importance of prevention at scale within General Practice.

5. Conclusion

- 5.1 This paper summarises progress to date with developing a systematic approach to Prevention at Scale that can be taken forward in primary care, including the start of a menu of support.
- 5.2 Members of the Primary Care Commissioning Committee are asked to note the proposals for developing the Prevention at Scale programme via general practice and note the updated Programme diagram at Appendix 1 for further detail about the scope and scale of approaches identified so far.

APPENDICES	
Appendix 1	Prevention at Scale Programme Map