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NHS DORSET CLINICAL COMMISSIONING GROUP

PRIMARY CARE COMMISSIONING COMMITTEE

PREVENTION AT SCALE UPDATE

Date of the meeting	02/08/2017
Author	S Crowe – Deputy Director, 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 update and example prevention at scale summary for a locality primary care transformation plan. Members are also asked to note the approach being suggested in the menu of support of how public health intends to support the development of plans with each of the localities.
Stakeholder Engagement	This example prevention at scale summary has been developed following consultation with members of the Boscombe Health Theme Group, including the Locality Chair, and CCG Clinical Leads. Further stakeholder engagement would take place in developing the plan, including via the engagement workshops being planned for the autumn.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	• 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			✓

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Freedom of Information			✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials :SC

1. Recommendations

1.1 Members of the Primary Care Commissioning Committee are asked to **note** the update on Prevention at Scale, and example prevention at scale summary for a locality primary care transformation plan. Members are also asked to note the approach being suggested in the menu of support of how public health intends to support the development of plans with each of the localities.

2. Reason

2.1 In the previous update, the Committee was reminded of the importance of primary care as a setting for prevention at scale. Discussions with clinical leads and locality chairs have identified a need to make clearer links between the Prevention at Scale work streams, and where primary care at scale plans could usefully focus. This paper provides a sample summary for Bournemouth East locality, showing the main health and wellbeing challenges, with clear links to the PAS work streams. This is suggested as a starting point for joint development of how transformation plans and emerging models of care can adopt a more prevention oriented approach.

3. Background

3.1 At the June meeting Committee was reminded of the overall broad strategy that links Prevention at Scale with primary care transformation. Three main approaches are:

- 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;
- Procurement of voluntary sector co-ordinators to work in general practice to help build more community capacity, including more peer and informal support networks, primarily in areas of high need.

3.2 There was also discussion of the need for better links between the emerging transformation plans for each locality, and the Prevention At Scale programme.

3.3 This paper provides an update to PCCC about a suggested approach agreed with the CCG clinical lead for primary care transformation – to provide a summary of the main health and wellbeing challenges for each locality, along with guidance about the most relevant links with the Prevention as Scale Programme.

3.4 Appendix 1 sets out a draft example of how this might work, based on a well-known locality – Bournemouth East.

3.5 Alongside this example, Committee members are asked to note the proposed process for taking these suggestions forward, in consultation with Locality members.

3.6 The current Menu of Support that is being put together for primary care proposes a simple 3 step process:

a) Meet with a locality to review current intelligence and co-produce an agreed narrative summary of the main health and wellbeing challenges.
b) Identify how some of the projects and interventions in the Prevention at Scale programme could potentially resolve these challenges.
c) Agree next steps and actions within an appropriate 'live document', e.g. Primary Care Locality Transformation Plans.

4. Conclusion

4.1 This paper presents a simple process and an example narrative that can be used to show the links between the Prevention at Scale work streams and Locality challenges – for consideration in plans for emerging care models. Primary Care Commissioning Committee Members are asked to note the example summary provided as Appendix 1 as an illustration of how this approach could be developed for each locality, working with the public health team.

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APPENDICES	
Appendix 1	**Sample summary on PAS for Bournemouth East locality**

Appendix 1

Bournemouth East Locality Transformation Plan:

Prevention at Scale – summary of key health and wellbeing challenges, and links with work streams

Summary
Bournemouth East locality has practices that cover a diverse population, including some neighbourhoods classified as among the most deprived anywhere in the South West of England. The locality also has practices that serve a more affluent and older population, especially towards the east of the area.

There are several challenges that contribute to the longer term development of health problems, including poor housing, overcrowding, a higher proportion of families on low incomes, and higher rates of unemployment and people living with long-standing conditions that limit their ability to work. The east of the locality has had many Houses of Multiple Occupation developed over the past 20-30 years, at the lowest end of the housing market. This has meant the area is one of the more affordable places for people to live who have long standing health issues, including addiction and mental health conditions. In some cases, this makes provision of primary care services more challenging. In addition, the area has a higher proportion of families and workers serving the service industry who may not have English as their first language, which also raises access issues at times.

For practices with an older average population, based in the East of the locality, the provision of primary and community services to the frail and elderly population is an important issue. The area has a higher rate of falls and hip fractures compared with England, so understanding how best to provide prevention oriented support in advance of these acute events, working with partners, will be important.

Because many of these challenges are complex and interdependent, the Council and stakeholders established a regeneration partnership board to look at increasing the impact of work to tackle housing, education, crime, employment, environment and health issues. The Boscombe Health Theme Group has existed for the past four years as a sub-group to help drive improvements in health and wellbeing in the area. The Boscombe Commitment document provides further detail on the identified actions being carried out to reduce the gap in health and wellbeing in the area.

Issues for primary care

Health and Wellbeing Gap – there is a 10-year difference in life expectancy for males and a 6-year difference for females living in the most deprived areas compared with Bournemouth as a whole; analysis shows that this gap is largely being maintained because of higher rates of death from cardiovascular disease and cancer, and in males in particular. Local analysis of very early deaths (before age 65) shows a high number due to smoking and alcoholic liver disease.

The population also has a higher prevalence of people living with serious mental illness compared with other areas of Dorset. This is being recognised by the acute care pathway transformation work in mental health. The overlay of mental health and long term physical health conditions is also considerable in this area, as is the link between addiction and mental health (dual diagnosis).

To improve cardiovascular disease and cancer outcomes, it will be important to address some of the underlying health behaviours such as smoking, lack of physical activity, weight, and alcohol consumption. This means scaling up the support on offer from the health improvement service, LiveWell Dorset (see table A). It will also be important to develop new approaches to tackling long term conditions at scale (see below).

Care and quality gap

Improving secondary prevention of cardiovascular disease and diabetes is a key issue for practices in this area. Analysis shows that there is substantial variation in the proportions of people on registers with important parameters like cholesterol, blood pressure and blood glucose controlled. And there are higher rates of people excluded compared with other Dorset practices. So overall, there is a lower proportion of people on these disease registers receiving the optimal clinical intervention. The challenge for practices working at scale in this area is to better understand who is being excluded from receiving these interventions, and why. In some cases it will be because people are not responding to calls from practices to engage in care – so different approaches should be explored, including considering using non-medical approaches like peer support, or voluntary groups.

Practices in this area have also faced challenges around access and take up of prevention interventions like immunisations. Any new care models being developed should consider how to address these access challenges, and how best to differentiate delivery so that it is more person-centred.

Finance and affordability gap

Analysis of primary care resources allocated per head of population back in 2013 showed that all 6 practices in the Boscombe area at the time were receiving an average payment per weighted patient that was below the average for Dorset. This is partly due to the age structure of their practice populations, as national funding formulae weight heavily in favour of older patients. However, in view of the complexity of some of the issues faced by younger patients in the most deprived areas, consideration should be given as to whether additional resources to support developing a more community-based and person centred model of care should be explored – with a view to improving the known gaps in quality.

The table below shows links between the current projects in the Prevention at Scale work streams, and local challenges around health and wellbeing currently identified in the locality. The next steps column suggests how discussions could take place between public health in supporting the development of a transformation plan showing how the development of new care models could address some of these key outcomes.

PAS work stream	Project	Local challenge	Next steps
Starting Well	Reducing variation in childhood immunisations	Bournemouth East has had historically lower rates of important childhood immunisations	Locality plan should have clear steps on local workforce involvement in improving immunisations rates, working with CCG and NHS England; explore opportunities for using other community staff, including health visitors, to undertake opportunistic catch up

Living Well	Increase use of LiveWell Dorset service, linking with targeted health checks	Locality has higher prevalence of unhealthy behaviours including smoking and misuse of alcohol	Locality plan to consider how to work more closely with LiveWell Dorset coaches as part of improved offer in primary care; To explore routinely using the new digital behaviour change platform in general practice, linking with the GP public health fellow Emer Forde;
Living Well	Increase number of targeted Health Checks delivered to vulnerable groups	Locality has suffered a drop in the number of checks being delivered because of shift to pharmacy service – historic data shows area has a much higher prevalence of people identified at high risk compared with Dorset	To work with new targeted health checks provider to ensure groups most at risk of cardiovascular disease are included, and that support is on offer to any identified with medium to high risks, including to LiveWell Dorset.
Living Well	Take a systematic approach to increasing physical activity – workforce training in low level behaviour change skills and brief intervention	Locality has higher proportion of adults not physically active compared with Dorset;	Locality to consider how working at scale could increase the number of people supported to be more active through brief interventions in primary care, support from LiveWell Dorset, and use of the Natural Choices service
Ageing Well	Reduce variation in secondary prevention of cardiovascular disease and diabetes	Practices in the locality have lower levels of patients achieving control of important parameters in CVD and diabetes compared with Dorset – including blood pressure, cholesterol and HbA1C – unexplained variation and also higher rates of exception reporting	Consider how working at scale and involving additional resources could help more people achieve better control, including personal care planning, use of peer support approaches, improved access to LiveWell Dorset for weight and physical activity support. Links to increasing community capacity project and new voluntary sector co-ordinator role.
Ageing Well	Frailty and falls prevention	Bournemouth East has a higher rate of falls and admissions for fractured neck of femur	Locality to understand what could be achieved in adopting a more prevention oriented approach to frailty and

			falls prevention, working with key partners such as Dorset and Wiltshire Fire and Rescue Service
Healthy Places	Healthy Homes – increasing take up of insulation and other measures to reduce fuel poverty	Housing is a major issue in Bournemouth East, with many private rented properties and HMOs where there are issues with quality of the home and ability to stay warm	Ensure all practices are working collaboratively to identify proactively patients who may benefit from support to improve insulation and heating, building on previous locality schemes such as Warmer Homes for Boscombe
Healthy Places	Natural Choices / green space prescriptions	Project still being scoped, but to ensure that efforts to help people be more active consider local green space opportunities and the Natural Choices scheme	Ensure practices working at scale are aware of the opportunities via LiveWell Dorset, and Natural Choices to support people to be active in quality green spaces; consider any training and development requirements of workforce.