

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Dominic Harrison Director of Public Health
DATE:	20 th March 2018

SUBJECT: Local Government Association – Prevention at Scale Programme

1. PURPOSE

To provide the Health and Wellbeing Board with an overview of Blackburn with Darwen's proposed approach to delivering the Local Government Association's Prevention at Scale Programme, for which Blackburn with Darwen is a pilot area, and seek approval for delivery.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

The Health and Wellbeing Board are recommended to:

- Note the proposed approach to delivering the Prevention at Scale pilot project in Blackburn with Darwen
- Approve the proposals for delivery within Blackburn with Darwen during 2018/19.

3. BACKGROUND

In Summer 2017, discussions with the Local Government Association (LGA) identified the opportunity for Pennine Lancashire to partner with them on their national 'Prevention at Scale' programme.

The programme, delivered by the LGA working with their partners at Public Health England (PHE) and the Association of Directors of Public Health (ADPH), focuses on supporting local areas to deliver prevention at scale for a particular condition or risk factor that will have a significant impact on health improvement for the local population.

A small number of areas have been selected to pilot the support offer, which includes 20 days of expert support, in order to establish what support genuinely adds value to delivering prevention at scale. The Pennine Lancashire Transformation Programme has been chosen by the LGA to pilot 'Prevention at Scale', starting in Blackburn with Darwen from April.

Since being confirmed as a pilot area, a project steering group consisting of officers from the Public Health Department, Together a Healthier Future Transformation Programme, Wellbeing Service and Blackburn with Darwen CCG, has met regularly to develop a full scope and implementation plan. Developments have also been informed by the Local Government Associations nominated project advisor and clinical leads from the CCG.

Proposals for the development and implementation of the Prevention at Scale project in Blackburn with Darwen have now been finalised and approval to implement the approach has been given by Blackburn with Darwen Clinical Commissioning Group's Clinical Management Executive Team.

4. RATIONALE

The project approach outlined in this report, would allow us to test a number of key concepts, proposed within the Pennine Lancashire New Model of Care, and if successful, embed the approach across the rest of the area.

Pennine Lancashire Place-Based Prevention Framework

The proposal directly links to Domain Seven of the Pennine Lancashire Place-Based Prevention Framework, which is “A Health Promoting Workforce”. Specifically the approach will directly contribute to:

Action 7.1 – Develop a Pennine Lancashire “Making Every Contact Count” programme across the health and care system.

It is also intended that the project will contribute to providing evidence which can support the development of other actions within the Prevention Framework, particularly:

- Action 2.5 - Provide access to information on support available within local communities that help citizens lead active fulfilled healthy lives e.g. through sport, volunteering etc.
- Action 5.3 - Create a programme to move 10% of current primary care spend on medications / prescriptions into a social prescribing model linked to the local community and voluntary, community and faith sector.
- Action 9.4 - Establish a primary care Social Prescribing Programme capable of diverting up to 10% of current Primary care Prescribing costs to voluntary and community sector infrastructure investment over 3 years.

Pennine Lancashire New Model of Care

Making Every Contact Count has been identified as a key enabler within the New Model of Care, to ensure frontline staff take every opportunity to intervene early with people, adopt an asset based approach to their conversations and are able to signpost to other, non-clinical support. Some local arrangements are in place but this is still mainly theoretical.

Delivering a consistent social prescribing approach is a key intervention within the Keeping Happy, Health and Well Business Case and will require the support of General Practice and the wider primary care workforce to ensure successful design and implementation.

Pennine Lancashire Health and Wellbeing Improvement Priorities

We have identified Health and Wellbeing Improvement Priorities where Pennine Lancashire is performing poorly compared to other similar areas for these issues, either in terms of population outcomes, quality of care, or spend on services. We know that a lot of work has taken place in recent years to improve services and outcomes for patients but we need to do more. Healthy Hearts, in particular diabetes and stroke, is one of the priorities identified.

Existing good practice in Blackburn with Darwen

In Blackburn with Darwen, NHS Health Checks are commissioned by the CCG through its ‘Quality Contract’, on behalf of Public Health, and funded by the ring-fenced Public Health Grant to the Local Authority.

There is good engagement from local General Practices, with NHS Health Checks being delivered by all practices and in ‘almost’ sufficient numbers, though Public Health budget limits further increase and in future may require a reduction to be achieved through a more targeted approach.

Blackburn with Darwen has an award winning Integrated Wellbeing service, but is currently under-utilised by patients found to be at risk of CVD / diabetes following NHS Health Checks and feedback suggests that greater awareness of the benefits of the service, particularly across general practice and the wider primary care workforce, would increase referrals and ensure people are able to access support and interventions which can help reduce their risk factors for developing heart problems.

The project will strongly contribute to the BwD Eat Well, Move More, Shape Up Strategy 2017-2020 Action Plan -

- Deliver strong and consistent messages about physical activity in collaboration with health professionals to overcome barriers to activity and to encourage healthy ageing
- Encourage the implementation of [Making Every Contact Count](#) across as many settings as possible

5. KEY ISSUES

The attached Appendix, entitled “Neighbourhood Offer” provides full details of the project scope and implementation approach. A summary is offered below.

Project Overview

Working with the CCG, GP practices and staff, the project aim to increase the benefit to citizens aged 40-74 of having an NHS Health Check, through increased referrals to, and take-up of, the Council Wellbeing service and the National Diabetes Prevention Programme.

Around 5,000 Health Checks are undertaken each year in the Borough, of which 2,500 flag up significant risk of Cardiovascular Disease or diabetes, obesity, or physical inactivity. This is a great opportunity to shift the focus towards non-clinical interventions, to maximise wider health, wellbeing and social benefits, and reduce demand on General Practice and other NHS services. However, GP Practices only refer a total of about 1,000 patients to the Wellbeing Service each year, 100 of whom are after a Health Check.

Local evidence suggests that those who refer the most tend to be those who are physically active themselves, have a real belief in the benefits of being active and of physical activity as a medicine.

The project therefore also aims to engage Practice staff, to have a different relationship with physical activity and support a wider culture change, including routine opportunistic enquiry to identify patients who are physically inactive and to provide very brief advice and onward referral / sign-posting, as appropriate.

Implementation

Subject to formal endorsement by the CCG and Health and Wellbeing Board, project implementation will commence in April in the North locality and will be rolled out, sequentially, to another locality each quarter. The phasing of the localities has been identified based on the rate of referrals to the Wellbeing Service, as such implementation starts in the locality with the lowest referral rate, with the final locality being that with the highest referral rate.

Evaluation and anticipated benefits

An evaluation approach is being adopted in relation to the project, and anticipated benefits have been clearly documented. Work is underway to baseline these benefits, to ensure that progress and success can be gauged at regular intervals. The key benefits of the project are likely to be:

- Increased referrals to the Wellbeing Service from GP practices
- Reduction in blood-pressure and Body Mass Index (BMI) for those people attending Wellbeing Service interventions, along with increased physical activity and mental wellbeing levels
- Further upskilling of GP practice staff
- Practice level benefits, such as reduced prescribing costs for coronary heart disease related conditions, increasing number of patients whose conditions are well managed and a prevention of heart disease related conditions.

The Wellbeing Service currently monitors the progress it's participants make in terms of their health and wellbeing and this information will be critical in allowing us to demonstrate the impact of

the project, to the LGA and particularly to the Pennine Lancashire Transformation Programme, as this would provide key evidence to support the delivery of the new Model of Care for Pennine Lancashire, particularly in relation to social prescribing.

6. POLICY IMPLICATIONS

The Prevention at Scale pilot project supports a number of different policy areas, as outlined in the report, that are critical to improving population health in Blackburn with Darwen and Pennine Lancashire. Specifically the project aims to achieve the Health and Wellbeing Boards priorities of supporting people to Live Well and Age Well.

If successful, the project will help contribute to the following objectives:

- increase life expectancy year on year for both males and females, and narrow the gap with the rest of England
- narrow the inequalities in life expectancy within Blackburn with Darwen
- pursue policies that will maximise the number of years spent in good health
- manage demand and improve outcomes by creating a 2% year-on-year shift in investment from treatment and care into prevention
- ensure that Blackburn with Darwen has 'healthy places' to live, work and play

7. FINANCIAL IMPLICATIONS

Implementation of the Prevention at Scale Project Proposal provides no financial implications for the local authority.

8. LEGAL IMPLICATIONS

There are no legal implications arising from this report or the Prevention at Scale Project Proposal.

9. RESOURCE IMPLICATIONS

Resource implications of delivering the Prevention at Scale Project Proposal include:

- Dedicated Public Health Consultant as Project Lead
- Support from Public Health Development Officers
- Wellbeing Service Managers time to develop and deliver project and engage with GP practices
- Dedicated Programme Management support from the Together A Healthier Future Transformation Team

All of these resource implications have been discussed and agreed with the relevant Director or Head of Service and are to be delivered through existing officer time.

In regards to the Wellbeing Service, there is the likelihood that the project will lead to an increase in referrals to the service, which could ultimately lead to resource pressures for the service. This matter has been discussed in detail with the Leisure, Health and Wellbeing Team and it is felt that the phasing of project implementation (as described in Appendix A), will allow for increased demand to be assessed before moving onto the next locality and will also hopefully ensure that any increased demand is spread out over the course of twelve months. This situation will, however, continue to be monitored by the Leisure, Health and Wellbeing Service and the Prevention at Scale Project Group.

10. EQUALITY AND HEALTH IMPLICATIONS

There are no equality implications arising from this report. The project will be phased out across the entirety of the borough and the delivery applies equally to everyone who is eligible for an NHS

Health Check.

The Blackburn with Darwen Wellbeing Service has a good track record of engaging with, and tailoring approaches to different people, from all different backgrounds, to ensure they are offered interventions which meet their personal needs.

In terms of health implications arising from the project proposals, the project aims to improve the health and wellbeing of those individuals who may be at risk of developing diabetes or other cardiovascular related conditions, and prevent these conditions from developing. The benefits of physical activity on health and wellbeing are widely known and can be evidenced through reports from the Wellbeing Service.

11. CONSULTATIONS

To date, a wide range of discussions have informed the development of these proposals, with the groups/people listed below. These groups/people will continue to be engaged in order to shape the ongoing delivery of the project:

- Blackburn with Darwen Clinical Commissioning Group officers
- Dr John Randall, GP Executive Member, Blackburn with Darwen Clinical Commissioning Group
- Dr Mashur – North Locality GP Lead
- Pennine Lancashire Integrated Health and Care Partnership Leader's Forum
- Local Government Association

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CONTACT OFFICER:	Gifford Kerr
DATE:	2 nd March 2018
BACKGROUND PAPER:	Appendix A. Neighbourhood Offer

