

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO: Health & Wellbeing Board

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AGENDA ITEM: 11

TITLE: Update on BOB STP Prevention Workstream

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**1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

1.1 This report is intended to give the Health and Wellbeing Board an information update on the work of the Prevention Workstream that is part of the Buckinghamshire, Oxfordshire and Berkshire West Sustainability Transformation Plan (BOB STP). The report sets out the 6 themes that are the focus of this work, giving the vision, deliverables and progress to date. The 6 themes are: obesity, physical activity, tobacco, Making Every Contact Count, Digital solutions and Healthy Workforce. The work going on in the BOB STP Prevention Workstream is variable across the themes and is evolving continuously. Progress has been made and collaboration continues across the 3 geographical areas within BOB and the different disciplines. The Prevention Workstream group continues to have good buy-in from Directors of PH and their representatives from Buckinghamshire, Oxfordshire and Berkshire West.

1.2 Appendix 1 - BOB STP Prevention Programme Status Update - July 17

**2. RECOMMENDED ACTION**

2.1 The Board to note progress against delivery of the six STP themes within the BOB STP Prevention Workstream

**3. POLICY CONTEXT**

3.1 Sustainability and transformation partnerships build on collaborative work that began under the [NHS Shared Planning Guidance](#) for 2016/17 - 2020/21, to support implementation of the [Five Year Forward View](#). They are supported by six national health and care bodies: NHS England; NHS Improvement; the Care Quality Commission (CQC); Health Education England (HEE); Public Health England (PHE) and the National Institute for Health and Care Excellence (NICE).

- The development of STPs is driven by Joint Strategic Needs assessments and Health and Wellbeing Strategies. Reading is part of the Buckinghamshire, Oxfordshire and Berkshire West STP footprint (BOB STP). *The agreed Council strategy and/or policy within which the decision is being made:*  
Health and Wellbeing Strategy, Joint Strategic Needs Assessment

## 4. THE PROPOSAL

- 4.1 The challenges and opportunities facing NHS and care services across Buckinghamshire, Oxfordshire and Berkshire West (BOB) are set out in a five-year Sustainability and Transformation Plan (STP). The plan demonstrates how the NHS will work to improve health and wellbeing within the funds available and also highlights how it will work in partnership with the Local Authorities to address the many challenges that exist including growing populations, higher proportion of older people, inequalities in health, increase in complex and costly treatments etc.

The BOB STP has as its focus the following areas:

- Shifting the focus of care from treatment to prevention
- Ensuring Access to the highest quality primary, community and urgent care
- Facilitating collaboration of the three acute trusts to deliver quality and efficiency
- Maximising value and patient outcomes from specialised commissioning
- Developing Mental health services to improve the overall value of care provided
- Establishing a flexible and collaborative approach to workforce
- Developing Digital interoperability to improve information flow and efficiency

### 4.2 The BOB STP Prevention Workstream

#### Vision

*A proactive approach to disease prevention within all that we do, shifting the focus of care from treatment to prevention, addressing unhealthy behaviours that may lead to serious conditions further down the line and thus reducing the burden on the healthcare system. We will take action to motivate people to take ownership of their own health and encourage healthy environments to enhance the quality of life for our population.*

There are a wide range of programmes that support the aim of shifting the focus of care from treatment to prevention in all settings. The programmes that have been identified for the BOB STP are:

- Obesity
- Physical activity
- Making Every Contact Count
- Tobacco
- Improving Workforce Health
- Digital self care

The overall objectives for all of these areas of work are twofold:

1. To embed prevention within the local transformation programmes
  2. To collaborate across BOB on areas where there is benefit of working at scale.
- There is also an aim to continue working together to identify other BOB wide opportunities, that may include alcohol and social prescribing.

The most appropriate level at which each programme should be led and delivered within the health and care system has been agreed through the STP. This has been based on the partnerships and scale required to best implement the specific programmes. A stocktake of all initiatives was undertaken and schemes were chosen based on the following principles:

1. There is a clear opportunity/ benefit in doing it jointly, to deliver improvement in terms of finance, quality and/or capacity
2. Doing something once is more efficient and offers scale and pace
3. Collective system leadership is required to make the change happen

### 4.3 The case for change in Buckinghamshire, Oxfordshire and Berkshire West

The overall health and wellbeing of the populations across the BOB STP footprint is generally good however areas of deprivation and poor health are often masked. Inequalities in health exist across all three localities. Higher levels of obesity and smoking are more prevalent in certain groups including those on low incomes and living in deprived areas. There is a commitment in the BOB STP Prevention Workstream to focus on developing system wide initiatives to reduce the burden of ill health due to physical inactivity, poor diet and smoking as well as a recognition that this needs to be done in partnership with CCGs, Local Authorities, Public Health, NHS Trusts and The Academic Health Sciences Network (AHSN).

There is a strong evidence base showing that the health and wellbeing of residents can be improved and demand on health and social care services reduced through people changing to healthier lifestyle behaviours, including being more physically active, eating a healthier diet, maintaining a healthy weight and not smoking. Return on investment tools have shown that for the BOB footprint the savings could be as much as £9 million over a 4 year period.

There are already examples of joint commissioning in prevention across Berkshire West for smoking cessation and tier 2 weight management services and these demonstrate the advantages of commissioning at a wider level with multiple partners. There are also examples of joint commissioning with CCGs and LAs through the Better Care Fund. All this can be built upon and extended across the BOB STP.

### 4.4 Update on Progress to date in the six areas of work of the BOB STP Prevention Workstream

Throughout 2017/18 the work is being further developed and plans implemented. Appendix 1 shows a summary of milestones for each workstream that is RAG rated.

#### 4.4 (a) Obesity

**Vision: To agree and develop a pathway for commissioning obesity prevention and treatment services which is consistent across the BOB area.**

- milestone status is green.

A joint workshop was held at Reading Civic Centre bringing together Clinical Commissioning Group (CCG) and Public Health obesity leads from Berkshire West, Oxfordshire and Buckinghamshire. In addition there were clinicians from the main hospital trusts who deliver tier 4 bariatric services and providers of a community based tier 4 service in Buckinghamshire. This was a very productive meeting with the following aims:

1. To inform commissioning for Tier 3 and 4 weight management services in Buckinghamshire, Oxfordshire and Berkshire West, exploring any opportunities for collaborative commissioning.
2. To discuss current positive practice and learn from local and national experiences (good or bad) including how CCG commissioned services dovetail with local authority commissioned tier 1 and tier 2 services.
3. To provide a safe and informative environment to discuss and seek 'buy in' to vision and direction.

The workshop identified a number of key issues: that a clear pathway was needed across BOB linking all tiers of weight management and that LAs, CCGs and major providers must work collaboratively to provide this; that current tier 4 bariatric surgery includes an element of tier 3 whereby patients are helped to lose weight to prepare for their surgery but that a new focus for tier 3 services could also be helping

bariatric patients to lose weight thus eliminating the need for surgery; any tier 3 service would have to be accessible to patients so a degree of local delivery would be needed; an addition to tier 3 services could be the use of apps, skype etc to improve accessibility.

A further meeting has been held to discuss the outcomes of the workshop and agree a way forward. The development of a business case for tier 3 weight management services across BOB is being carried out. CCGs will commission this service and it will be part of a clear weight management pathway that includes all tiers of service.

#### 4.4 (b) Physical inactivity

**Vision:** To maximise the use of the IT patient portal, identify through consultations, patients who are physically inactive and use technology and social media approaches to improve their activity levels. To incorporate Physical Activity as a treatment prescription for condition pathways.

- milestone status is amber and this group is in the pre-implementation phase.

A suggested focus for this group is to work with the cancer and diabetes clinical networks to develop model pathways showing where physical activity can be incorporated into disease pathways. Front line staff will be encouraged to get more proactive about including advice on physical activity as part of their advice to patients. This approach links in with the Public Health England (PHE) Physical Activity Champions initiative.

In addition a pilot is starting PHE is starting a pilot project, the Physical Activity Clinical Advice Pad pilot, whereby five local authority-Clinical Commissioning Group partnerships will test out the use of a clinical advice pad to aid clinicians in promoting physical activity as part of routine care in Primary Care.

The investigation of the use of physical activity apps and on-line advice and support to help people be more active is ongoing.

#### 4.4 (c) Tobacco

**Vision:** To reduce significantly the number of smokers who have surgical interventions.

- milestone status is green.

The importance of addressing tobacco has been recognised by the BOB STP Prevention Group and this fits with the focus on reducing smoking prevalence of the Thames Valley Cancer Alliance. As the lead commissioners of smoking cessation services the LAs will be required to work with the CCGs to decrease smoking prevalence in routine and manual workers, where there is still a relatively high rate of smoking in comparison with the rest of the population. In addition there will also be a focus on further decreasing smoking in pregnancy as a key outcome. Further joint plans for smoking cessation and tobacco control are under development.

In addition the CCGs are considering limiting elective surgery for patients who continue to smoke. This approach is being refined and a policy statement that will be consulted on is under development. Again it will be vital for the LA commissioners to work together with the CCGs to ensure that the required smoking cessation services are in place to support patients who are trying to give up before their operation. A pilot project was trialled in Berkshire West - Stop B4 The Op - whereby GPs referred patients who needed elective surgery and were smokers directly to the Stop Smoking Service on a rapid access basis. This will be relaunched in the first instance.

#### 4.4 (d) Making Every Contact Count (MECC)

**Vision:** The programme of work aims to embed MECC across organisations to enable the workforce to recognise their role in prevention and reducing inequalities to support the sustainability of the health and social care system; building on existing initiatives in place across the BOB STP footprint.

- milestone status amber.

A project approach has been agreed by the BOB STP Prevention Group and a Project lead has been appointed. Jackie Prosser is developing the final project plan and amalgamating intelligence gathered through the use of a MECC stocktake sent to NHS and LA organisations on the status of MECC for each. The model includes determining the number of MECC trainers that will be needed across BOB, setting up a train the trainer cascade for sustainability, employing MECC Co-ordinators in each locality and developing MECC Champions in all sectors. The MECC approach will be widely used and it is envisaged that front line workers in the NHS, LAs, police, fire service and voluntary and third sector organisations will all undergo MECC training and see it as part of their everyday role. MECC training could be included in staff induction programmes and this approach will be seen as the norm for front line staff.

The two health behaviours that can be identified and addressed through MECC in the first instance are smoking and obesity. MECC will also be a clear plank in the workforce health workstream.

#### 4.4 (e) Digital self care

**Vision:**

To Support the general wellbeing of service users and carers through the use of digital, supporting patients with managing their conditions. To use digital technology to lead prioritisation of care by clinical and social care professionals. To make a joined up and informed investment around patient facing technology (opposite of as is state)

- Digital self-care - milestone status is amber

This work continues however a complete detailed review and specification of services has been deemed to be in scope of an Accountable Care System (ACS) corporate service. It will be of paramount importance as ACSs evolve that prevention is included within digital specifications across the board.

The work of the 12 month pilot project being developed in Berkshire involving the NHS and Microsoft is continuing, involving 400 volunteers who are NHS staff wearing a digital device (Fitbit) 24 hours a day for the period of one year. A number of parameters will be monitored including BP, HR, activity levels and sleep and the aim is to understand if the wearing of an electronic monitoring device can in fact have a positive effect on health and wellbeing.

The use of digital technology is a focus of all of the prevention workstreams.

#### 4.4 (f) Workforce health

**Vision:** To improve and sustain workforce health and wellbeing and employee confidence to promote healthy lifestyles to others

- milestone status is green

BOB Healthy workforce group has reviewed membership and now has higher level representation. A benchmarking exercise has been done and is being analysed to get a full understanding of how public sector organisations are caring for the health and wellbeing of their staff. Links have been made with the MECC lead, the work of the STP Workforce stream and with Occupational Health Services.

One focus of the group has been mental health and wellbeing in the workplace. Berkshire Healthcare Foundation Trust (BHFT) has employed a dedicated mental health practitioner for staff wellbeing. The impact is being evaluated. In addition BHFT have action plans that incentivise staff health and wellbeing through their COUIN programme and staff have been provided with resilience training in Frimley to support the launch of their staff wellbeing strategy.

Wherever innovative and effective workforce health strategies and initiatives are being implemented, these examples will be used to inform and encourage other organisations to utilise similar approaches. In this way we can embed good practice already in place to encourage consistency of wellbeing offer across BOB, through disseminating case studies, success and evaluation measures and offering peer support. In this way a culture is created where staff Health and Wellbeing is used proactively within organisations e.g. during organisational change and is considered in conjunction with other organisational activities e.g. Education and Training, retention programmes etc. workforce health

## 5 CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The work being undertaken as part of the BOB STP Prevention Workstream contributes to the following Corporate Plan priority:

Providing the best start in life through education, early help and healthy living;

- 5.2 The Preventative work within BOB STP contributes to the following Council Strategic Aim:

To promote equality, social inclusion and a safe and healthy environment for all

- 5.3 There is also contribution to the aims of the Health and Social Care Act (2012) and the Public health Outcomes Framework

- Under The Health and Social Care Act (2012) local authorities now have a much stronger role in shaping services, and have taken over responsibility for local population health improvement. The Health and wellbeing boards have brought together local commissioners of health and social care, elected representatives and representatives of Healthwatch to agree an integrated way to improving local health and well-being. The aims for each LA are set out in the Health and Wellbeing Strategy that is based on the local JSNA.
- The Public Health Outcomes Framework (PHOF) *Healthy lives, healthy people: Improving outcomes and supporting transparency* sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected
- The BOB STP Prevention workstream will help to improve the health and wellbeing of residents by preventing many long term conditions including diabetes, coronary heart disease, stroke, Chronic obstructive pulmonary disease (COPD), osteoporosis, and some cancers. This will be achieved through helping residents to take responsibility for their own health and wellbeing and adopt healthier lifestyles including being more physically active, not smoking, eating a healthier diet and maintaining a healthy weight. In addition workforce health and digital solutions can also help to improve mental and emotional health and wellbeing of those who live and work in Reading.

## **6. COMMUNITY ENGAGEMENT AND INFORMATION**

- 6.1 *Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".*
- 6.2 The Berkshire West CCGs have presented the concept of the BOB STP to their residents at a Public Consultation meeting. For North and West Reading and South Reading CCGs these meetings took place in March 2017 in local venues. Details of the Prevention workstream were touched upon only in general terms without details of the work planned.

## **7. EQUALITY IMPACT ASSESSMENT**

- 7.1 The work of the BOB STP Prevention Workstream will continue to be developed with an awareness of inequalities of health identified through robust local data sets.

## **8. LEGAL IMPLICATIONS**

- 8.1 We do not anticipate there to be any legal implications at this stage.

## **9. FINANCIAL IMPLICATIONS**

- 9.1 The work being undertaken by the BOB STP Prevention Workstream is being delivered within existing resources. Some funding may be made available from a variety of sources for specific pieces of work for example the Making Every Contact Count project has been funded through the STP process.

## **10. BACKGROUND PAPERS**

- 10.1 BOB STP Prevention Workstream Update April 2017.