



Derby City Council

HEALTH AND WELLBEING BOARD
22nd November 2018

ITEM 05

Report of the Deputy Director for Healthcare
Public Health, Public Health England

Prevention Challenge - One Year On

SUMMARY

- 1.1 In December 2015, Public Health England (PHE) in the East Midlands and the East Midlands Clinical Senate published a joint report called 'Meeting the Prevention Challenge in the East Midlands – A Call to Action'.
- 1.2 Developing a strategic approach to preventing ill-health is becoming ever more important as despite improvements in life expectancy more of us are becoming ill younger and are living for more years with poor health. This impacts on the wellbeing of those enduring poor health, their ability to participate in society and our local economy and on our health and care system which is under significant pressure.
- 1.3 Public health professionals in the East Midlands developed two innovative self-assessment and improvement tools to help NHS provider trusts and clinical commissioning groups (CCGs) develop prevention and take action against preventable long-term diseases.
- 1.4 This report provides an overview of the findings from the self-assessments undertaken with local organisations and suggested next steps.

RECOMMENDATION

- 2.1 To note the update on the Prevention Challenge – One Year On.
- 2.2 To support ongoing efforts to meet the Prevention Challenge.

REASONS FOR RECOMMENDATION

- 3.1 To support the Health and Wellbeing Board in delivering its responsibility to improve the health of the local population and reduce health inequalities.

SUPPORTING INFORMATION

- 4.1 In December 2015, Public Health England (PHE) in the East Midlands and the East Midlands Clinical Senate published a joint report called 'Meeting the Prevention Challenge in the East Midlands – A Call to Action'. The report followed the national publication in October 2014 of the NHS Five Year Forward View (FYFV) which called for a “radical upgrade in prevention and Public Health” in the face of the sharply rising burden of avoidable illness threatening the sustainability of the NHS.
- 4.2 The NHS Five Year Forward View required NHS organisations to play an active part in prevention by backing national action to tackle obesity, smoking, alcohol and other major health risks for both patients and the NHS's 1.3 million staff.
- 4.3 Whilst treatments continue to develop and are helping people to live longer and to survive acute episodes of illness, it is often not possible to undo the underlying damage to health often as a result of smoking, drinking too much alcohol, eating a poor diet and being physically inactive.
- 4.4 This means, that although more people are living longer, many people are becoming ill younger and living for many years with poor health.
- 4.5 In addition to the human cost to those living in poor health, this also impacts on local economies and is placing a significant pressure on the health and social care system. This is currently being acutely felt in the local system with substantial financial pressures across our health and care organisations.
- 4.6 Whilst the NHS cannot improve healthy life expectancy alone, the NHS is well placed to make a difference by offering advice and support or to influence the lifestyle decisions of individual patients and staff members.
- 4.7 To support in this task, public health professionals in the East Midlands developed two innovative self-assessment and improvement tools to help NHS provider trusts and clinical commissioning groups (CCGs) develop preventative approaches and take action against preventable long-term diseases.
- 4.8 Organisations were supported to use the self-assessment tools to measure progress against recommendations made in 'Meeting the prevention challenge in the East Midlands: a call to action'.
- 4.9 The tool covers: leadership, management and policy; patient contact and assessment; patient and visitor information; promoting a healthy workplace; tackling health inequalities.
- 4.10 PHE supported self-assessment in participating organisations – primarily through a workshop-style meeting with nominated lead Director and colleagues.
- 4.11 Key findings – Providers:
 - All NHS Trusts are making progress but progress is uneven within and between Trusts.
 - Prevention is explicit in some policies, strategies and governance of Trusts but

varies. Not part of the organisational DNA in most Trusts.

- Strong focus on improving staff health and wellbeing in most organisations.
- Prevention within patient contact, assessment and treatment is more variable and Trusts frequently expressed the least confidence and/or had the most to do.
- Making Every Contact Count (MECC) systems and processes to be strengthened and reinvigorated in many Trusts.
- Prevention does not appear to be driven consistently through the governance machinery of the NHS.

4.12 Key findings – commissioners:

- CCGs did not have specific corporate prevention strategies.
- No CCG had a board level Prevention Champion.
- No CCG felt that Prevention ran systematically through the organisation.
- None of the CCGs linked their prevention agenda to NHS England governance or leadership structures nor felt accountable for any prevention activity.
- CCGs saw opportunities to make better use of the Public Health core offer, but it was not clear if gaps were due to lack of capacity or a lack of understanding of roles and needs.

4.13 In summary, the local system is making progress, but there is much more that could be done. More oversight is needed from commissioners and via NHS governance machinery and senior buy-in is essential to embed a holistic approach to prevention

4.14 For further information see:

- Strengths and Next Steps for all Derbyshire Providers available - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/703927/The_Prevention_Challenge_One_Year_On_Final.pdf
- Strengths and Next Steps for Erewash CCG available - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/703930/Prevention_challenge_final_report_v5.pdf

OTHER OPTIONS CONSIDERED

5.1 None considered.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer	
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Service Director(s) Other(s)	
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For more information contact:	Ben Anderson, Deputy Director for Healthcare Public Health. Ben.Anderson@phe.gov.uk
Background papers:	None
List of appendices:	Appendix 1 – Implications

IMPLICATIONS

Financial and Value for Money

1.1 None.

Legal

2.1 None.

Personnel

3.1 None.

IT

4.1 None.

Equalities Impact

5.1 None.

Health and Safety

6.1 None.

Environmental Sustainability

7.1 None.

Property and Asset Management

8.1 None.

Risk Management and Safeguarding

9.1 None.

Corporate objectives and priorities for change

10.1 None.