

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

26 JULY 2017

REPORT OF DIRECTOR OF PUBLIC HEALTH

UPDATE ON STP PREVENTION WORKSTREAM

SUMMARY

The prevention workstream of the STP Board is leading on a programme of work across the North East to address some key common work areas for prevention activity. This briefing summarises the work of the group.

RECOMMENDATION

It is recommended that the Health & Wellbeing Board:

1. Note the progress of the STP prevention workstream
2. Support the local implementation of the workstream's plans locally, starting with the work around tobacco control and COPD, with an update to the Board in 3 months
3. Note the synergy between the workstream's undertakings and local Public Health and Health and Wellbeing Board work on key areas

DETAIL

The STP workstream

1. The STP Board has a number of workstreams, one of which focuses on prevention. The Prevention Workstream is Chaired by Dr Guy Pilkington (Newcastle Gateshead CCG) and Vice Chaired by Amanda Healy (Director of Public Health, County Durham Council). It comprises Directors of Public Health and senior representatives from CCGs, the Fire Service, the VCSE, NHS England, NHS provider organisations.
2. Following discussion across the two STP footprints, it was agreed the areas shared the main prevention priorities at strategic level; therefore a single workstream was formed across the area of Northumberland, Tyne and Wear, Durham, Darlington and Tees. Colleagues from Hambleton, Richmondshire and Whitby are also invited to attend.
3. The workstream has produced a set of priorities for action, following review of the evidence, including learning from the North East Combined Authority report *Health and Wealth – Closing the Gap in the North East (Report of the North East Commission for Health and Social Care Integration)*, 2016. This Commission was chaired by Duncan Selbie (Chief Executive of Public Health England) and drew out key themes that are common across the workstream area e.g. the need to shift resource to prevention; the

link between health, wellbeing and productivity; and the importance of systems leadership to improve health and wellbeing and reduce inequalities.

4. In summary, the prevention workstream's programme will focus on: development of key priorities that will close the health and wellbeing gap; ensure the delivery of the NHS 5 Year Forward View and Mental Health Forward View; be based on evidence; focus on areas where a North East approach (as well as local delivery) makes most sense. It aims to provide support and an interface across areas including:
 - Primary prevention – reducing smoking prevalence, reducing alcohol related harm, giving every child the best start in life and reducing the prevalence of obesity.
 - Secondary prevention – reducing premature mortality from CVD, Cancer, COPD and Diabetes.
 - Increasing Flu immunisation
 - Health & Work
 - Shifting the spend to prevention
 - Embedding Community Centred and Asset Based Approaches (including self-care)
 - Making Every Contact Count (MECC), including scaling opportunities for social marketing, communications and Public Health messages across the NHS
5. The Board will note that these areas have clear synergies with the priorities set out in the Stockton-on-Tees Joint Health and Wellbeing Strategy 2012-18. The 'added benefit' of the workstream is to facilitate partnership working at a strategic level; support learning and resource across the workstream area; do activity once where it makes sense; and help add weight and profile to the work areas being progressed.
6. The workstream has produced a draft action plan to progress the priorities listed above and the focus is initially on the tobacco agenda (including a Smoke Free NHS) and on secondary prevention work.
7. An example of the workstream activity on Smoke Free NHS is to support and encourage NHS Trusts to go 'smoke free', as both a key part of the healthcare system and also as large employers. An example of the secondary prevention work is development of 'Stop before the op' pathways, working with clinicians.
8. Each work area has a sponsor (the Chief Executive of North Tees & Hartlepool NHS Foundation Trust), a clinical lead and a DPH lead.

Localising the work in Stockton Borough

9. Locally, Public Health and CCG colleagues have discussed and agreed that to localise the work of the prevention workstream, it would be helpful to focus on smoking and COPD. These are shared priorities for the two organisations – and for the Health and Wellbeing Board.
10. Smoking remains the single biggest cause of illness and death and is the main cause of COPD (approx. 9 in 10 cases). People with COPD have complex and varying physical and mental health needs and forecasting shows that the resulting burden on services is likely to increase over the coming years. Based on recent Integrated Personalised Commissioning (IPC) work to link health and social care data, 33% of the current

Stockton Borough population receiving adult social care support, have a respiratory illness.

11. Public Health and the CCG will be undertaking work to map the current pathway around COPD, from primary prevention right through to treatment and follow up, with the aim of identifying where prevention opportunities fall and whether these are maximised. Next steps can then be identified, which may not always focus on provision of services, rather on ways of working i.e. pathways of care, joins between services, maximising messages around stopping smoking across the system, embedding brief interventions and ensuring access to services.
12. This work will fit well with work being undertaken in other Board member organisations and services e.g. the developing work between Public Health and Adult Services, which aims to maximise prevention messages and brief interventions through teams such as adult social care.

FINANCIAL IMPLICATIONS

13. There are no direct financial implications of this update. The STP prevention workstream will consider, as part of its plans, how to encourage a shift of resource from reactive activity to prevention.

LEGAL IMPLICATIONS

14. There are no specific legal implications arising from this report.

RISK ASSESSMENT

15. The risks arising from the production of this report can be categorised as low.

CONSULTATION

16. Consultation has been a key part of work-to-date around tobacco control (both through local Public Health activity and through work lead by Fresh, as the regional tobacco control office). The JSNA captures consultation activity on key issues such as tobacco control and alcohol. All activity is being based on the best available evidence and on the outcomes of consultation work across the workstream area. The VCSE is also a key partner in the work, represented by VONNE, and have additional access to valuable intelligence and insight from VCSE organisations and the community.

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