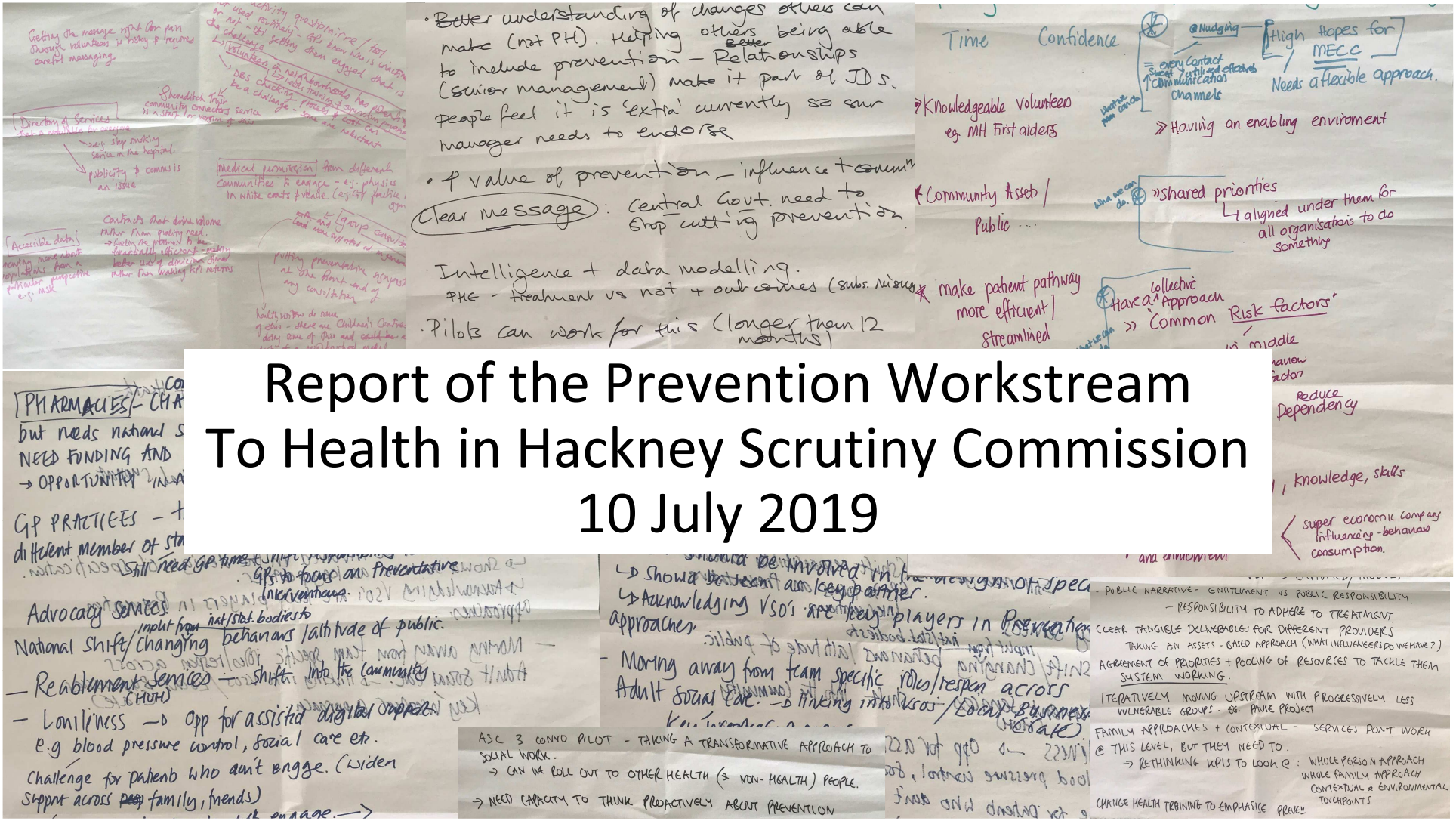

Report of the Prevention Workstream To Health in Hackney Scrutiny Commission 10 July 2019

Content

1. Context - why prevention (a reminder)
2. Overview of workstream priorities & plans
3. Six month progress update
    (a) Summary of successes and challenges
    (b) Co-production and resident engagement update
    (c) Achieving a system (& resource) shift to prevention
    (d) Key programme updates
4. Prevention and the NHS Long Term Plan
5. Outcomes and performance
6. Finances

1. Why prevention?

Main causes of death (as elsewhere) are cancer, cardiovascular and respiratory disease - 35% of all deaths are avoidable

Main behavioural risk factors for mortality and morbidity are smoking, diet and alcohol - huge scope for preventative action

Our behaviours are rarely free ‘choices’ - we are influenced by the circumstances and places in which we live and work

An integrated care system is necessary, but not sufficient on its own, to improve population health and reduce inequalities - action is required on the wider determinants of health (a ‘whole system’ preventative approach)

2. Overview of Prevention workstream priorities & plans

Purpose & aims

City & Hackney IC strategic objective 1:"**Deliver a shift in resource and focus to prevention** to improve the long term health and wellbeing of local people and address health inequalities"

3 core (overlapping) workstream aims:

- reduce the harms from the main preventable causes of poor health
- take early action to avoid or delay future poor health
- support and enable people to take control of their own physical/mental health and wellbeing

2 overarching ambitions (for population health improvement):

- support all workstreams and other IC partners to embed prevention principles in their plans
- work with wider partners to better understand/improve the social, economic & environmental drivers of health

Areas of work

- ➔ Whole system approaches to tackling the main behavioural risk factors for poor health (tobacco, obesity, inactivity, alcohol, drugs)
- ➔ Early intervention & risk factor management for the main preventable LTCs (CVD, diabetes, respiratory)
- ➔ Preventing poor mental health and promoting positive mental wellbeing
- ➔ Sexual health - prevention and treatment
- ➔ Improving staff health and wellbeing
- ➔ Earlier intervention support for vulnerable groups (including carers, rough sleepers)

2019/20 in focus

Thematic priority areas

- Embed **treatment of tobacco dependency** in the NHS (building on opportunities in the NHS LTP)
- Whole system action on **alcohol**
- Better **self-management** for people with/at risk of physical & mental health conditions (+navigation)
- Improve **employment** & volunteering opportunities for people with support needs
- Review & refresh local action on **CVD prevention**

Enabling a system shift to prevention

- **MECC** - owned and 'loved' across the system
- **Co-production** - real & meaningful dialogue, equal partnership working with local people
- Explore/develop **digital** solutions to help people take control of their own health and wellbeing
- Implement **cross-workstream prevention plans**

3. Six month progress update

(a) Summary of successes and challenges

Achievements and progress	Ongoing and emerging risks & issues
● 'Making every contact count' programme manager in post; scoping phase underway ● New services mobilising - City Early Intervention and Prevention Service, primary care sexual health service ● Fully collaborative and co-produced approach to re-commissioning adult substance misuse service ● Improvement in diabetes 'triple target' performance - now rated as 'good' on diabetes care locally ● Good early progress to integrate Social Prescribing service with new Primary Care Network link workers ● Successful bid for NHS England funding for supported employment in community mental health services ● New, co-produced healthy weight 'framework' developed - consultation underway ● Peer review complementary of our tobacco control activity ● Good progress on key digital enabler projects (including directory of services) ● Hackney Council achieved 'excellence' in London Healthy Workplace Award	● Contradiction of high quality care/treatment of long-term conditions and continued high rates of premature mortality (cardiovascular and respiratory disease esp.) ● Increasing volume and complexity of referrals affecting a number of services - including Social Prescribing, weight management, bereavement service ● Recent fall in number of referrals to stop smoking service, in line with national trends (local data validation underway) - but quality of service (quit rate) remains high ● Funding uncertainty for bereavement service from 2020/21 - options currently being explored ● New uncertainty over sustainable funding for HIV clinical nurse specialists (non-recurrently funded) ● Supported employment action plan stalled by loss of programme manager - new programme manager now in post

(b) Co-production and resident engagement update

- 2 new Prevention public reps appointed
- Prevention resident reference group established; working with Co-production and Resident Engagement lead to align with wider IC engagement strategy
- Key service co-design activity since Dec 2018:
  - complex obesity service re-design - patient stories and contributions to design workshop
  - service user involvement in co-design of new adult substance misuse service
  - ongoing involvement of carers co-production group in re-design of Hackney carers service
- Other ongoing and future priorities for co-production include:
  - MECC
  - obesity strategy (‘healthy weight framework’)
  - Social Prescribing re-commissioning
  - developing a Neighbourhoods community navigation model
- Session on ‘meaningful co-production’ at strategy workshop in May - working with resident reps to take recommendations forward
- Learning from ‘Moving Together’ pilot in Kings Park (community development approach)

(c) Achieving a system (& resource) shift to prevention

Early development work underway on defining a **prevention investment standard** for City and Hackney - establishing a baseline for system prevention spend against which future performance can be measured

Joint plans and projects:

CYPMF	● Joint workshop held in May - plans being progressed around smoking in pregnancy and child obesity
Planned Care	● Complex obesity service design in progress ● Integrated women's health commissioning model - scoping underway ● Review/refresh of approach to CVD prevention - comprehensive strategy to be developed during 2019/20
Unplanned Care	● Neighbourhood care navigation pilot - programme manager recruitment underway ● Falls prevention pathway - aligning commissioning plans
Primary Care	● Joint sessions on prevention and primary care with Primary Care Quality Board

(d) Key programme updates

- ‘Making every contact count’ (MECC)
- Supporting people to take control of their own health
- Supported employment
- Update on digital projects
- Tackling the main behavioural risk factors for poor health
- Early intervention and risk factor management
- Preventing poor mental health and promoting positive mental wellbeing
- Earlier intervention & support for vulnerable people

MECC programme overview

Our ambition
is to empower all health and care staff to have healthy conversations with patients and the public, signpost them to local preventative services and other sources of wellbeing support.

MECC is about
stimulating a movement for change across the health and care system to ensure the approach is embedded, sustainable and becomes **'the way we do things around here'**.

MECC is not about
adding to already busy workloads, staff becoming specialists or experts in behaviour change, or telling people what to do and how to live their life.

Our commitment
is to ensure that we achieve our shared objectives, we will: co-design the programme with residents and staff; continually test and learn; consider sustainability from the outset and start to embed a local approach across Hackney and the City.

Where we are now

Established a MECC steering group.
The first meeting was on 30th May and will be held on a quarterly basis. Members are from key partners across Hackney and the City and will act as MECC champions, coordinate actions on behalf of their organisation and help to unblock operational and strategic barriers to implementation.

Scoping interviews commenced
Ten 1:1 interviews have been completed with stakeholders (from heads of service and commissioners to clinical leads).
Workshops have been conducted with frontline social workers and with residents/community groups. City-specific workshop also organised.
Seeking alignment with existing programmes so we build on effective practice (e.g. smoking VBA, '3 conversations' model in adult social care (Hackney)).

Project plan finalised.
Milestones have been defined and are aligned with steering group meetings for timely sign off.

What we've learnt (so far...)

1. There is substantial system-wide support for the programme and many opportunities for trialling/implementing MECC.

2. Competence and confidence of frontline staff to initiate MECC conversations varies across and within teams.

3. No mandatory training in behaviour change/motivational interviewing/very brief advice (VBA) identified so far, but specialist practitioners operate within some services.

4. Those implementing MECC or existing 'MECC-like' programmes and initiatives across the system would benefit from being part of a network of practitioners, to share learning and good practice.

5. Staff find it difficult to signpost/refer people to local services due to the lack of reliable information and knowledge of what support is available locally.

6. Current infrastructure does not support monitoring of MECC activity or onward referrals to preventative services.

What's next?

1. Complete initial scoping phase by August 2019.

2. Compile an assessment report describing 'readiness' for MECC in Hackney and the City, with recommendations on how to progress to the next phase.

3. Finalise logic model and evaluation framework (map objectives and outline measures of success to understand if the programme achieves its objectives).

4. Develop a service specification and commence market testing for a service provider to help co-design and test different formats of MECC training.

5. Produce an initial comms and engagement plan (with recommendations for establishing a community of practice and build a movement for change).

Supporting people to take control of their own health

Social Prescribing service

- 1600+ annual referrals, 75% report improved health and wellbeing
- Current contract ends Sep 2020, service review/re-design underway
- Working collaboratively with Primary Care Networks to integrate provision across City and Hackney

Peer support pilot evaluation complete and findings currently being reviewed

Group consultations pilot started - training underway, clinical lead appointed

‘3 conversations’ model being rolled out in Hackney adult services

- A new model of social work practice, focused on early identification of needs and a strengths-based approach
- Very positive early results from ‘innovation site’

Developing a **Neighbourhood community navigation model**

- Programme manager recruitment underway
- Mapping of various related programmes and development of Neighbourhood navigation model

Supported employment

Successful bid for NHSE wave 2 Individual Placement and Support (IPS) funding

VCS-led Supported Employment Network has agreed a programme of work

Programme manager re-recruitment underway

Network aims	• Disabled people have a choice of career opportunities and sustainable jobs • Clarity of offer – there is clear offer of support for service users and employers which meets their needs • Partnership working and a seamless service – all services referring to each other as appropriate			
Priorities	1. Local 'standard' for supported employment providers (includes IPS 'fidelity')	2. Employer engagement (including employer 'offer')	3. System-wide communication strategy (challenge stigma and celebrate successes)	4. Client-owned digital 'employment passport'
Outcomes	• More inclusive service offer • Greater partnership working • A more inclusive labour market • Greater choice of career opportunities and sustainable employment for disabled people			

Update on digital projects

Digital Social Prescribing Platform

- Aim is to improve SP referral and outcomes monitoring, and build VCS capacity to support this
- Business case approved to progress to next stage (to develop/test a ‘minimal viable product’)
- IT supplier procurement process to commence shortly

City and Hackney Directory of Services

- Agreement to proceed with this priority project, building on development work completed to date
- Review meeting held in June with system partners - intention is to link up with/complement Digital Social Prescribing project
- Specific, costed plans to be presented to July IT enabler board meeting

Assistive Technology (Adult Social Care)

- Ambitious programme of work to develop and test new approaches to AT to support greater independence and improve health and care outcomes
- Business case for Personal Alarm Watch pilot approved

Tackling the main behavioural risk factors for poor health

Smoking	● 'CLeaR' self-assessment complete and peer review workshop held (Hackney) - recommendations to be taken forward by new Tobacco Control Alliance ● Enforcement - recruitment of Trading Standards (alcohol & tobacco) officer, numerous seizures made ● Stop smoking services: fall in referrals in line with national trends (but quit rates remain high), improvement plan in place; service in the City is being reviewed, exploring opportunities for (partial) integration with Hackney service; partnership with vape stores ● New City and Hackney stop smoking advisor recruited by ELFT ● Recruitment underway for dedicated stop smoking advisor in ACERS service (pilot) ● Joint work with CYPMF workstream to improve maternity pathways ● Work commenced on joint NEL proposal to embed treatment of tobacco dependency in NHS
Obesity and physical activity	● New place-based healthy weight framework has been co-produced, informed by strategy workshop and targeted insight - engagement ongoing ● Healthier Together service continues to perform well. New Healthy Eating & Physical Activity Provider Alliance. ● Bariatrics audit complete and multi-agency complex obesity workshop held to inform re-commissioning of adult obesity pathway; plans to model this approach for CYP and maternity pathways ● Sport England 'Moving Together' pilot is progressing - links established with Prevention workstream and Neighbourhoods programme
Alcohol and drugs	● Whole system action on alcohol selected for specific workstream focus this year ● Hackney Alcohol Action Plan progressing and new City Alcohol Strategy under consultation ● Targeted research on cocaine use in the City being commissioned ● Co-design of new joint (City and Hackney) adult substance misuse service - planned start date Oct 2020 ● GP with Special Interest (GPwSI) in process of being appointed

Early intervention and risk factor management

Long-term conditions	• LTC contract continues to perform well in terms of risk management and evidence-based treatments (2018/19 LTC contract achievement report, QOF) – plans to shift focus more towards prevention from 2019/20 • NHS Health Check performance improved significantly in recent years, but scope for better risk communication and onward referrals • Plans to integrate NHS Health Check and LTC contract postponed to 2020/21 • Spirometry training being rolled out in primary care (non-recurrent/PIC funded project) • 1000+ referrals to NHS Diabetes Prevention Programme in 2018/19; 'conversion' rates significantly improved with new provider; moving to wave 5 in July 2021 (with digital offer) • Very low calorie diet (VCLD) pilot ongoing within Homerton diabetes service - early results are encouraging
Sexual health	• New GP service currently mobilising (STI screening and LARC 'hub' model) • Sexual health strategy in development • Case to be made for a joint gynae/sexual health clinical lead to take forward plans to develop an integrated women's health service • Non-recurrent funding for HIV CNS comes to an end in November

Preventing poor mental health & promoting positive mental wellbeing

Joint City & Hackney Mental Health Strategy	• Key prevention priority = promoting positive mental health for all, reducing stigma around mental health, targeted help and support at the earliest opportunity for those who need it
Joint LBH/CCG Public Mental Health Action Plan	• Work is ongoing, overseen by the Joint Public Mental Health/5 to Thrive Steering Group
Suicide prevention	• New Hackney strategy due to be published in the autumn, shaped by a multi-agency stakeholder workshop • City suicide prevention action plan currently being implemented
Mental Health First Aid	• Programme re-commissioned in Hackney - during 2019/20, MIND will train 275 professionals in Hackney who work with people most at risk of poor mental health • MHFA being rolled out in the City to all line managers (in-house provision)
Wellbeing Network	• Service currently under review to inform service re-design and improvements to the prevention offer - to be informed by evaluation report and Hackney budget scrutiny report on mental health spend (currently being finalised)
SMI Physical Health Recovery Pilot	• 12 month pilot aimed at improving the physical health of people with SMI who are obese/have poor diet/low physical activity
'Dragon cafe'	• Wellbeing hub for City workers and residents - further 2 year funding secured

Earlier intervention & support for vulnerable people

Support for carers	● Procurement of Prevention, Early Intervention and Outreach Service for unpaid adult carers in Hackney now complete - contract award imminent ● City Early Intervention and Prevention Service currently mobilising (includes support for young/adult carers and people who are socially isolated), first outcomes delivery board in June
Bereavement service	● New support groups for people bereaved by suicide and those bereaved of a child set up in 2019 ● Most activity is funded non-recurrently - initial discussions held with Mental Health Team about the service model, links with IAPT and future sustainability
Rough sleepers and people with multiple needs	● Health needs of rough sleepers a priority for INEL System Transformation Board - Simon Cribbens is SRO ● Hackney homelessness strategy currently being refreshed ● Scoping options for improving access to primary care for City rough sleepers ● Various pilots being funded/bid for - coordination meeting recently held between LBH, CoLC and CCG ○ Healthier City and Hackney funded care navigation project being delivered by Groundswell (City) ○ CCG (PIC) funded complex mental health pilot (partnership between ELFT, Greenhouse & HRS) ○ GLA funded mental health outreach pilot being delivered by ELFT ○ MHCLG funded project for mental health practitioner and navigators in Hackney ○ Bid being submitted to PHE fund to tackle co-occurring mental ill-health and drug misuse ○ Links to Planned Care Housing First pilot ● Rebranded Multiple Needs Service (now called Supporting Transitions and Empowering People Service, or STEPs) is building on learning from 2 year pilot to support adults with complex/multiple needs to move from frequent crisis admissions to stable, planned service use - with a particular focus on supporting safe transition back into the community

4. Prevention and the NHS Long-Term Plan (1)

LTP prevention priorities	Current projects and plans
Make the most of patient contacts as positive opportunities to help people improve their health	MECC programme resourced and currently in scoping phase.
Social Prescribing - increase access to link workers nationwide, 900k referrals by 2023/24	Social Prescribing available via all GP practices since 2016, based on link worker model. Digital pilot underway to improve referral and outcome monitoring. Re-commissioning plans on pause while implications of PCN funded posts are worked through - working closely with Clinical Directors to optimise integration.
CVD prevention - working with local authorities and PHE to improve effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions	Hackney NHS Health Check service - provided by GP Confed. City will soon join this delivery model. Uptake has improved significantly in recent years. Plans to integrate the NHS Health Check and LTC contracts, in order to improve opportunities for CVD prevention. Plans to review and refresh local action on CVD prevention being developed - in partnership with Planned Care workstream.
Smoking - by 2023/24 all people admitted to hospital who smoke will be offered NHS-funded 'bedside' tobacco treatment services (Ottawa model) - new smoke-free pregnancy pathway - new universal cessation offer for long-term specialist mental health service users & in learning disability services (+ inpatient e-cigarette offer)	New SSS (lead provider Whittington Health) is working with Homerton Smokefree Group to improve pathways into community cessation support. Working with STP Prevention Workstream to explore funding options for early development of Ottawa delivery model across NEL. Smoking in pregnancy pathway established; CO monitoring in maternity contract. ELFT has secured fixed term funding for inpatient specialist SS advisors (Hackney advisor will cover forensics and CMH). Opportunities through new Learning Disability Strategy to improve access to support to quit.

4. Prevention and the NHS Long-Term Plan (2)

LTP prevention priorities	Current local projects and plans
Obesity - access to primary care weight management services for people who are obese (BMI 30+) with type 2 diabetes or hypertension - very low calorie diets (VCLD) pilot for obese people with type 2 diabetes - by 2022/23 'expect' to treat a further 1,000 children a year for severe obesity-related complications - hospital food standards as requirement in NHS standard contract	LBH and CoLC commission an integrated weight management/exercise on referral service - main referral route is via primary care. Adult obesity pathway review underway, focused on addressing the gap in support for people with complex needs. Small scale VCLD pilot at Homerton is showing positive results. We have expressed an interest at STP level to lead a bid for NEL. Child obesity pathway review planned (with CYPMF workstream), focused on addressing the gap in support for CYP with complex needs. Homerton has made excellent progress against these standards through the Healthy Food CQUIN.
Diabetes prevention - doubling of the NHS Diabetes Prevention Programme over next 5 years	New NEL-wide NDPP provider in place since May 2018 - local performance improved. Referrals incentivised through LTC contract.
Alcohol - hospital-based Alcohol Care Teams to be established in trusts with highest rates of alcohol-related admissions	Service provided at Homerton by clinical nurse specialists employed by Hackney Recovery Service. Plans underway to improve referral pathways and treatment outcomes. Awaiting confirmation of trusts identified with highest admissions.
Tackling inequalities - rough sleepers - carers	Numerous local pilots underway to inform development of effective care pathways for rough sleepers. New services providing support for carers in Hackney and the City, with strong co-production focus.

5. Outcomes and performance

Key outcomes (latest available data) - (1)

Indicator	Latest outturn	Trends and comparisons
Smoking prevalence (PHOF)	Hackney (2017): 21.4% City: data not available	Significantly above London average Similar to peer group Little change since 2012
Child obesity (Year 6, age 10-11) prevalence (IAF)	City and Hackney (2017/18): 40.2%	Significantly above London average Similar to peer group Trends relatively stable since records began
Alcohol and substance misuse treatment completions (PHOF)	City and Hackney (2017): 39.5% alcohol treatment completions City and Hackney (2017): 7.1% drug treatment completions (opiates)	Similar to London and peer group Significant improvement recent years Similar to London and peer group Recent trend relatively stable
Uptake of NHS Health Check (PHOF)	Hackney (2013/14-2017/18): 60.2% of eligible population receiving NHS Health Check City (2013/14-2017/18): 56.5%	Higher than London average Improving trend Higher than London average Improving trend

Key outcomes (latest available data) - (2)

Indicator	Latest outturn	Trends and comparisons
Diabetes - CCG assessment (IAF)	IAF overall all assessment: GOOD - 42.5 % achieved treatment targets - 8.8 % newly diagnosed attended structured education	Comparable to peer group and STP Improving trend (treatment target)
People with a LTC feeling supported to manage their condition (NHSOF)	Hackney (2017/18): 55% City: data not available	Similar to London Data not comparable with recent years
Sexual health - chlamydia detection rate age 15-24 (PHOF)	Hackney (2018): 5,757 per 100,000 City: data not available	Above London and peer group average Increasing trend*
HIV late diagnosis (PHOF)	Hackney (2015-17): 37.4% newly diagnosed City: data not available	Similar to London and peer group Stable trend

**increasing trend a measure of 'success' in detecting infection*

Key outcomes (latest available data) - (3)

Indicator	Latest outturn	Trends and comparisons
Age-standardised mortality rate from suicide and injury of undetermined intent (PHOF)	Hackney (2015-17): 10.2 per 100,000 City: data not available	Similar to London and peer group Stable trend*
Proportion of adults in secondary mental health services in paid employment (ASCOF)	Hackney (2017/18): 3.0% City: data not available	Significantly below London average Stable trend**
Proportion of adults with learning disability in paid employment (ASCOF)	Hackney: 3.7% City: data not available	Significantly below London average Stable trend**
Carers with a LTC feeling supported to manage their condition (IAF)	City and Hackney (2018): 55%	Below England average Worsening trend since 2017

**non-significant increase most recent year of data*
*** based on gap between overall employment rate and employment rate of people accessing secondary mental health services/with learning disability*

6. Finances

2019/20 Prevention budget - overview

Fund type: Pooled vs Aligned	CCG £000	LBH £000	CoLC £000	TOTAL £000
Pooled budgets				
Pooled - Prevention	301			
Aligned budgets				
Aligned - Prevention	3,521	23,554	1,507	28,582
Total budgets	3,822	23,554	1,507	28,883
Total Annual Budget	3,822	23,554	1,507	28,883