



Brent

NHS
Brent
Clinical Commissioning Group

Health and Wellbeing Board
24 January 2017

**Report from the Director of
Public Health**

Wards affected:
ALL

Sustainability and Transformation Plan (STP): Update on Delivery Area One - Prevention

1.0 Summary

1.1 The purpose of this paper is to update the Health and Wellbeing Board (HWB) on the development of the North West London Sustainability and Transformation Plan (STP) and the Brent Plan, with a specific focus on prevention.

2.0 Recommendation

2.1 The Health and Wellbeing Board is invited to comment upon and note developments in the prevention priority of the Sustainability and Transformation Plan (STP).

3.0 Background

3.1 Sustainability and Transformation Plans (STPs) are being developed on geographic “footprints” which bring together a numbers of CCGs, local authorities and NHS providers (mental health, acute and community). The local STP covers North West London. Brent Health and Wellbeing Board (HWB) members are actively involved in the NWL STP but have also recognised the need for a local Brent focus. A Brent Plan which complements the NWL STP has therefore been developed.

3.2 At its October meeting the HWB endorsed five “big ticket” items for the Brent Plan, one of which was self-care and prevention, and the establishment of the Brent STP Delivery Board.

3.3 The HWB agreed that the Brent STP should focus upon those areas which address local need and where engaging a wider range of partners (than the

previous Health and Wellbeing Strategy) will enable more creative solutions. This led to the HWB agreeing that the prevention aspect of the Plan should be focused on: building on existing work on MECC (Making Every Contact Count), workplace health promotion and SIBI (Social Isolation in Brent Initiative). In addition the Board agreed to develop work on the prevention of alcohol- and tobacco-related harm

- 3.4 In parallel to the Brent work, the NWL STP includes a focus on prevention (as Delivery Area one) and is prioritising those areas which have the most potential return on investment during the lifetime of the STP.

4.0 Developments in the Brent Prevention work streams

- 4.1 The Brent STP prevention work stream originally included self-care. However the STP Delivery Board has determined that self care sits more comfortably with work stream two (New Models of Care), since this work stream aims to improve the management of and consistency of care for long-term conditions.
- 4.2 MECC seeks to maximise contacts between a professional (not necessarily a health or social care professional) and residents to identify opportunities to address health issues; for example early years staff promoting tooth brushing and dental registration with young families. The Brent Public Health team have piloted MECC with the council temporary accommodation team and with school nurses. Public health and housing or school nursing staff have jointly identified health issues and opportunities which may arise during contact with residents. Tailored training is being delivered by public health to these front line staff to enable them to identify these issues and to offer advice or signposting. For example temporary accommodation team have identified a need for training on identifying and responding to domestic abuse.
- 4.3 The HWB held a seminar in December to consider challenges and opportunities for the following STP prevention priorities:
- Alcohol
 - Tobacco use
 - Social isolation
- 4.2 The levels of alcohol related admissions in Brent are significantly above the national average. However there are few referrals to alcohol treatment services from health care professionals (the majority of people entering the treatment system are self or family referred). The HWB have identified that improving the pathway to treatment from health and social care should be a priority.
- 4.3 An outline business case has been submitted to the NWL STP Programme which demonstrates a potential return on investment, within the lifetime of the STP, for seven day alcohol care teams in acute settings, for an increase in assertive outreach and for a step change in screening and brief interventions (to address the very large numbers of people who while not dependent on alcohol, are drinking at levels which risk harming them). Research by Public Health England (PHE) suggests that investment in acute alcohol care teams

can show savings within two years by reducing alcohol related A&E attendance and admissions. However the Brent HWB seminar identified a risk that, given the current pressures on acute care, any reduction in alcohol related presentations could simply 'free up' capacity for other presentations. Public Health and the CCG have started to identify the metrics (using hospital activity recording) which would allow the impact of investment in alcohol prevention to be tracked.

- 4.3 While the NWL STP includes smoking cessation as a priority, the Brent HWB has broadened its focus to include other uses of tobacco, notably shisha and chewing tobacco, both of which the Board has identified as being particularly prevalent in Brent.
- 4.4 Smoking cessation services in Brent, as elsewhere in London and nationally, are seeing reduced demand and falling quit rates. It has been hypothesised that those smokers who wished to, or were more able to quit, have already accessed smoking cessation services – a hypothesis is supported by the falling prevalence of smoking. Alternatively, or additionally, there is a case that smokers are now using e products to quit or reduce their smoking in preference to using traditional smoking cessation.
- 4.5 With falling quit rates, existing local smoking cessation services represent decreasing value for money and Brent Public Health is reviewing the local offer. Alongside this, we are participating with the Association of Directors of Public Health (London) in collaboration with PHE to explore the potential for digital support and a London on line offer of support - with PHE sponsored "apps" a possibility for the future.
- 4.6 At the same time as traditional 'stand alone' smoking cessation services are seeing fewer clients, attention has focused on the potential for mainstream NHS services to better address smoking. For example through the routine monitoring of exhaled carbon monoxide ("would you like to know your level?") or through addressing by household smoking in the context of childhood ENT or respiratory illnesses ("does anyone smoke in the home?"). The London Clinical Senate is leading work in this area.
- 4.7 Mental health service users have particularly high levels of smoking – half of those admitted to mental health units are smokers. The HWB seminar heard how local mental health services have responded to this challenge with every smoker admitted being offered a nicotine substitute within 30 minutes and the Trust making its grounds completely smoke free. The STP Delivery Board will be exploring how the learning from implementing a smoke free policy could be shared with other health and social care settings.
- 4.8 PHE have focused attention on social isolation as a risk factor for early death as harmful as smoking 15 cigarettes a day. The Brent SIBI project has demonstrated success in identifying people who are currently socially isolated but whom have the potential to (re)engage with support: to date SIBI has reached 2700 people, of whom 272 socially isolated people were engaged - of

whom 79% moved out of social isolation with 27 becoming volunteers and 16 (re)entering employment.

4.9 The Council, CCG and Brent CVS are developing proposals to develop SIBI within a strategic approach to social prescribing

5.0 **Developments in the NWL Prevention work stream**

5.1 The NWL Prevention Board have agreed three thematic work streams within which a number of business cases are being developed to identify potential savings to the health and social care (and in some cases the wider public sector) economy. The current areas being developed are:

- Enabling and supporting healthier living for the population of NWL
 - Physical activity
 - Healthy workplace
 - Alcohol prevention
 - Long acting reversible contraception
 - Wellbeing charter
- Keeping people mentally well and avoiding social isolation
 - Work and health programme
 - Signing the LD Disability Employment Pledge
 - Social prescribing / isolation
 - Reducing the risk of homelessness
 - Health checks for people with LD
 - Targeted smoking cessation
- Radically Upgrading Prevention and Wellbeing- Helping Children to Get Best Start in Life
 - School Readiness/prevention of conduct disorder
 - Healthy weight

5.2 Of these, two have been prioritised for early intervention: alcohol and the work and health programme. As Brent have led on the development of the business case for the prevention of alcohol related harm, it has been proposed (but not yet agreed) that, should investment be forthcoming, an acute care alcohol team could be piloted at Northwick Park

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