



Brent



Clinical Commissioning Group

Health and Wellbeing Board
24 January 2018

Report from the Director of Public Health

Brent Health and Care Plan Update: Focus on Prevention

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt:	Open
No. of Appendices:	None
Background Papers:	None
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1.0 Purpose of the Report

1.1 The purpose of this report is to provide the Health and Wellbeing Board (HWB) with a further update on the progress of the delivery of the Prevention work stream, as part of Brent's Health and Care Plan.

2.0 Recommendation

2.1 The Health and Wellbeing Board are requested to note the progress report on the Prevention work stream

3.0 Detail

3.1 The Prevention work stream has five priority areas:

- reducing A&E attendances and hospital admissions due to alcohol
- addressing tobacco use
- exploring social prescribing as a means to address social isolation
- halting the increase of childhood obesity
- making every contact count (MECC).

3.2 The Prevention work stream has prioritised those areas where in Brent there is a significant opportunity to prevent future ill health.

- 3.3 Work to reducing A&E attendances and admissions due to alcohol has focussed on developing a seven day alcohol service within acute services drawing upon evidence from PHE as to the potential return on investment. A service model has been developed with clinical input from LNWHT, CNWL and alcohol treatment services as well as insight from service users. A business case was developed for a service in LNWHT serving Brent, Harrow and Ealing. However to date this has not been supported by the CCGs. The next steps are to explore a Brent and Harrow model at Northwick Park Hospital, modelling the potential impact with refreshed data from the last six months when a new way of identifying alcohol related admissions on the acute system was implemented.
- 3.4 As is the case nationally, the numbers of people accessing smoking cessation services are falling in Brent as smoking prevalence falls and e-products are widely available. In response Brent public health have joined the London Smoking Cessation Transformation Programme which is testing digital and telephone support for quitters. The digital campaign has had impressive reach and “click through” rates but this has not as yet yielded an increase in quitters. The Prevention Working Group will explore the potential to maximise the impact of the Preventing Ill Health – Tobacco and Alcohol CQUIN¹ which is to be implemented by LWNHT in 2018/19.
- 3.5 In Brent, social prescribing is being employed as a means to reduce social isolation and thereby reduce pressure on health and social care. Following the successful piloting of SIBI (social isolation in Brent initiative) and care navigation, discussions are underway between the Council and CCG to bring together the two services.
- 3.6 Halting the increase of childhood obesity is a clear priority for Brent given that more than a fifth of children start primary school overweight, and more than a third leave for secondary school overweight. Childhood obesity is also a national priority in the CCG Improvement and Assessment Framework 2017/18. Action to address childhood obesity includes
- Health Education England North West London (HEENWL) funded training for health and early years professionals in initiating conversations about healthy weight
 - Achievement of Stage 1 Unicef Baby Friendly status for the Council, Children’s Centres and health visiting service (stage 2 is on track to be achieved in 2018)
 - The commissioning of a healthy weight service as part of the new 0-19 years public health contract
 - Over 5000 children have received education on hidden sugars
 - The Daily Mile has been promoted to Brent schools and taken up by 10
 - Promotion of the Healthy Catering Commitment to fast food outlets in Harlesden

Future work planned includes:

¹ An incentive mechanism within the national NHS contract

- Further promotion of the Daily Mile and HCC
- Working towards the *Declaration on sugar reduction and healthier food*.

3.7 Making every contact count (MECC) aims to equip front line staff with the knowledge and skills to employ brief health improving interventions during the course of their everyday interactions with residents, clients or patients. MECC was introduced into the Council in October 2016 following the successful bid to Health Education England North West London (HEENWL) to run a pilot. Since then, MECC has involved: creating briefing sessions based on a menu of health related topics, delivery of the first stage of MECC training to targeted teams (as defined in the HEENWL application as housing options, temporary accommodation and school nursing), rollout of training, and creating an easy access database of local specialist support services that will be made available via a web-app. Going forward, more MECC sessions will be created on different topics, sessions will be rolled out London Fire Brigade, London North West University Hospital Trust and other partners, and other options for publicising and delivery of MECC sessions, such as through videos, will be explored.

4.0 Financial Implications

4.1 There are no financial implications as a result of this report

5.0 Legal Implications

5.1 There are no legal implications as a result of this report

6.0 Equality Implications

6.1 There are no equality implications as a result of this report

7.0 Consultation with Ward Members and Stakeholders

7.1 The CCG, NHS providers and Healthwatch are all members of the Prevention Working Group and have been fully involved in the workstream. Third sector providers and service users were consulted in the development of the alcohol admission avoidance business case

8.0 Human Resources/Property Implications

8.1 There are no HR / property implications as a result of this report

Report sign off:

PHIL PORTER

Strategic Director of Community Wellbeing