

PREVENTION WORK FOR THE HEALTH SYSTEM TRANSFORMATION PROGRAMME

To: Health and Wellbeing Board

Date: 19 November 2015

From: Dr Liz Robin, Director of Public Health
Emma de Zoete, Consultant in Public Health

1.0 PURPOSE

1.1 The purpose of this paper is to outline the first draft of a health system prevention strategy that the Health System Transformation Programme has asked the public health team to develop.

2.0 BACKGROUND

2.1 The Cambridgeshire and Peterborough health economy has been identified as one of England's 11 most challenged health economies and faces a funding shortfall of at least £250 million by 2019.

2.2 Prevention, at all levels has been recognised as critical to building a sustainable health system, through reducing.

2.3 The public health team has been asked to assess the contribution that prevention in its widest sense can make to closing the financial gap across the Cambridgeshire and Peterborough health system, building on current local authority based public health transformation programmes and estimating the NHS savings which can be achieved, as well as considering where additional prevention work across the NHS would enable a higher level of savings with additional NHS investment. This work encompasses interventions at primary, secondary and tertiary levels.

3.0 OBJECTIVES OF THE HEALTH SYSTEM PREVENTION WORK AND INTERDEPENDENCIES

3.1 The objectives of the health system prevention strategy are:

- To identify the savings to the NHS, where possible, from current and planned prevention initiatives
- To identify areas/interventions for potential additional NHS investment in prevention which would maximise savings to the local NHS over the next 3, 5, 10 year and beyond.
- Identify areas and initiatives for potential stretch and outline the strategy for delivering these including projected savings to the NHS, where possible.

- 3.3 The strategy incorporates the work that the Cambridgeshire and Peterborough Public Health Reference Group (PHRG) has done in identifying priority areas (obesity/diet/physical activity and community engagement), evaluating where there is best evidence of impact, and reflects the relevant planned prevention work outlined by the action plan agreed by the PHRG.
- 3.4 The work relates to the ongoing transformation of preventive services by local authorities and the CCG, including lifestyles services in both Cambridgeshire and Peterborough, new workplace health programmes. Implementation is dependent on voluntary sector and district council engagement, along with the NHS.

4.0 RISKS AND LIMITATIONS

- 4.1 This work identifies cost savings to the NHS from interventions which improve health or the wider determinants of health and can demonstrate they avoid health service activity, particularly secondary care activity.
- 4.2 Return on investment modelling for the local population requires a number of assumptions to be made and there is a degree of uncertainty, which has been expressed in the document, surrounding the findings.
- 4.3 There is a likelihood of double counting of impact of prevention on NHS activity, with an unknown proportion of patients with co-morbidities and multiple lifestyle problems receiving multiple interventions. However some general conclusions have been drawn about the range of potential savings.
- 4.4 The complexity of estimating NHS savings, particularly given the tight timescales, has been difficult for this piece of work. Advice and support has been sought from the Public Health England local Knowledge and Intelligence Team and the national Public Health England Health Economics team. However, there remain a number of areas which need further work. Public Health England is undertaking a similar piece of work, although it has not been possible to establish their timescale.

5.0 KEY POINTS

5.1 Scope of the work

5.11 The focus of the draft health system prevention strategy is on:

- interventions that have the best evidence;
- interventions with the greatest potential NHS savings;
- interventions where the information is available to model reasonable estimates of NHS savings, or;
- where the scale of the issue suggests interventions will have an impact (even if the evidence is not currently conclusive).

- 5.12 There are many prevention initiatives where we have a strong evidence base where we simply do not have the information to enable us to estimate savings to the NHS, but we think there are likely to be some. This strategy does not try to quantify savings, other than to the NHS.

5.13 It is also unlikely to be entirely comprehensive, in that there are other interventions we have not had time to address in this strategy. In particular, savings from better management for those diagnosed with diabetes, patients with transient ischaemic attack (TIA) treated within 24 hours, and early diagnosis of people with familial hypercholesterolaemia are gaps. However, these are likely to be being addressed in other CCG work programmes.

5.2 Potential overlap with other programmes

5.21 There are also prevention initiatives which are not within the scope of this work, as they are being taken forward through other programmes of work. In particular, integrating care for older people and resulting reductions in emergency admissions are not included here, as this is being taken forward through the Uniting Care Partners (UCP) contract. There are other areas within this strategy however that highlight and attempt to quantify potential opportunities which cross over with the UCP contract. The section on falls management and malnutrition screening and treatment are areas where UCP activity would play an important role in any delivery.

5.22 There is an overlap between this strategy and the work streams of the System Transformation Programme and the Emergency Care Vanguard. The strategy set out in this document will therefore be taken forward through a range of work programmes.

5.3 Key findings

5.31 The key findings are set out in the executive summary of the attached draft strategy (Appendix 1). The strategy recommends a number of actions based on interventions which produce an NHS net saving. These are:

- Maximise the opportunities for lifestyle interventions identified through health checks across Cambridgeshire and Peterborough.
- Expand Peterborough weight management services to reach NICE recommended levels.
- Extend the health check to those aged 25-39 in the Peterborough South Asian population. Focus on the most deprived areas first.
- Increase the lifestyle interventions for those with diagnosed hypertension, and at high risk of diabetes.
- Expand workplace health initiatives within NHS employers to reduce absenteeism.
- Expand malnutrition screening and treatment in older people.
- Increase the number of people accessing stop smoking services (adults, older people and pregnant women).
- Increase the number of women with long acting reversible contraceptives (LARCs)
- Improve referral and uptake of IAPT services for people with long term conditions

5.52 We are still working on the following areas:

- a) Expand falls prevention work to a greater % of the older population.
- b) Increase the uptake to % of people eligible accessing and completing cardiac rehabilitation.
- c) Increase the number of people receiving anti-coagulant treatment for Atrial Fibrillation.
- d) Increase the numbers of people on a self-management programme with chronic obstructive pulmonary disease (COPD).

5.4 Longer term savings - Obesity, diet and physical activity

5.41 The system transformation programme identified that if obesity levels were kept static this could save 30% of the obesity related healthcare costs, the equivalent of £7m a year. The strategy looks at the possible interventions to keep obesity static, and found that although there is evidence of effective local programmes it is not possible to say if weight loss is maintained and therefore to quantify the impact on the NHS.

5.42 The headline findings for obesity, diet and physical exercise are:

- Current weight management services see approximately 1-2% of the population who are obese.
- For a variety of reasons it is not possible currently to robustly estimate the cost savings to the NHS of reductions in weight loss, although we can estimate the effectiveness of some of current programmes.
- There is little information about the long term impact of weight management programmes. However, recent health economic modelling of 'lifestyle interventions' focused on support to change lifestyle behaviour (notably diet, and physical exercise) have been found to be potentially cost saving to the NHS, with the largest savings from intensive interventions over the lifetime horizon.
- Peterborough weight management services are currently limited and should be immediately expanded to reach NICE recommended levels.
- We need to ensure that we maximise the opportunities for lifestyle interventions identified through health checks across Cambridgeshire and Peterborough.
- It is recommended that a 'lifestyle interventions' are available at a much larger scale, including intensive health trainer options, for those identified as at risk of diabetes, or with hypertension through a health check or opportunistically. This should be underpinned by initiatives which help create an environment which encourages a healthy weight. These initiatives should include the promotion of active travel.

5.43 There is evidence looking at disease specific interventions, such as diabetes prevention and hypertension prevention and management that lifestyle interventions that reduce the key lifestyle risks will become potentially cost saving to the NHS at 10 years and more certainly over a lifetime horizon. There is also evidence that screening and lifestyle intervention for the South Asian population aged 25-39 will generate long term savings, and this is costed in the strategy for the Peterborough population.

5.5 Overall net savings the NHS from work to date

5.51 The overall net savings to the NHS from the **work to date** suggest that the following savings can be made. These savings are based, in many cases, in increased investment. There is considerable costing work still underway, as listed above.

Short Term Total Potential Net Savings Summary Table (savings after costs have been removed)

	16/17	17/18	18/19
NHS activity saving	£1.1m	£1.3m	£1.26m
NHS productivity saving	£0.16m	£1.8m	£1.8m
Total	£1.26m	£3.1m	£3.0m

- 5.52 The additional investment needed to generate these savings would be approximately £694k over the next three years. There is a large NHS productivity saving estimated from introducing workplace health programmes.
- 5.53 As described above, it is not possible based on the current evidence base to estimate the cost reductions associated with weight loss, and much of the modelling work on improving diet and physical activity suggests that many of the savings to the NHS will be long term over a period of ten to twenty years or even the full lifecourse. Overall, this work does not conclude that keeping obesity static will generate the short term savings estimated by the system transformation programme, and instead focuses on where robust savings can be generated elsewhere.
- 5.54 It is also important to note that the figures above are all potential **net** savings to the NHS, having taken out the cost of the investment. In some cases the investment costs may not all fall to the NHS, and therefore the NHS will see a larger saving. Equally, funding through the NHS for preventive initiatives such as improved diagnosis and management of atrial fibrillation will generate savings for local authorities, in this case due to a reduction in the number of people having a stroke.

6.0 TIMESCALES

- 6.1 A first draft of the health system prevention strategy will be presented to the System Transformation Programme Board on 16 November 2015.
- 6.2 The draft strategy will also be presented to the Peterborough Health and Wellbeing Board during December 2015.
- 6.3 A final version of the prevention strategy will be presented to the Cambridgeshire and Peterborough Public Health Reference Group and for approval to Cambridgeshire and Peterborough Health and Wellbeing Board meetings in January 2016.

7.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

- 7.1 The prevention work touches on some aspects of the Cambridgeshire Health and Wellbeing Strategy. Priority 3 of the strategy is particularly aligned with this work; ‘Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices’.

8.0 RECOMMENDATION

- 8.1 The Health and Wellbeing Board is asked to note and comment on the first draft of the health system prevention plan.

Source Documents	Location
See references for the attached document.	Health System Prevention Plan – draft 1 (attached)