

PREVENTION STRATEGY FOR THE HEALTH SYSTEM TRANSFORMATION PROGRAMME

To: Health and Wellbeing Board

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

1.0 PURPOSE

1.1 To present the Cambridgeshire Health and Wellbeing Board with the final draft of the Cambridgeshire and Peterborough health system prevention strategy, attached at Annex A.

2.0 BACKGROUND

2.1 A first draft of the Cambridgeshire and Peterborough health system prevention strategy was presented to the Cambridgeshire Health and Wellbeing Board on 19 November 2015. Papers for this item, including a more detailed explanation of the background to this work, are available here: <http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=12356>

2.2 The objectives of the health system prevention strategy were to:

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

2.3 The work relates to the ongoing transformation of preventive services by local authorities and NHS Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG), including lifestyles services in both Cambridgeshire and Peterborough and new workplace health programmes. Implementation is dependent on voluntary sector and district council engagement, along with the NHS.

3.0 SCOPE AND LIMITATIONS

- 3.1 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.
- 3.2 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, are gaps.
- 3.3 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 Better Care Fund workstreams and the Older People's and Community Services (OPACs) contracts. . There are other areas within this strategy however that highlight and attempt to quantify potential opportunities which cross-over with these workstreams. The section on falls management and malnutrition screening and treatment are areas where Better Care Fund and OPACs contracts activity would play an important role in any delivery.
- 3.4 Additionally, there is an overlap between this strategy and the work streams of the System Transformation Programme, the Emergency Care Vanguard, other CCG workstreams and the work of the public health teams in both Peterborough and Cambridgeshire. The strategy set out in this document will therefore need to be taken forward through a range of work programmes and organisations.

4.0 HEADLINE FINDINGS

- 4.1 Proposed actions:
- Maximise the opportunities for lifestyle interventions identified through health checks across Cambridgeshire and Peterborough.
 - Expand Peterborough weight management services to reach National Institute for Health and Care Excellence (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 (Improving Access to Psychological Therapies) services for people with long term conditions.
- Expand falls prevention work in the older population.
- Increase the % uptake of people eligible accessing and completing cardiac rehabilitation.
- Improve diagnosis and treatment for Atrial Fibrillation.
- Increase the numbers of people with COPD (chronic obstructive pulmonary disease) on a self-management programme and accessing pulmonary rehabilitation.

5.0 OVERALL NET SAVINGS TO THE NHS FROM WORK TO DATE

5.1 The overall estimated 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, on increased investment.

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

	16/17	17/18	18/19
NHS activity saving	£1.10m	£1.61m	£2.21m
NHS productivity saving	£0.16m	£1.8m	£1.8m
Total	£1.26m	£3.5m	£4.09m

5.2 The additional investment needed to generate these savings would be approximately £4.7m over the next three years. There is a large NHS productivity saving estimated from introducing workplace health programmes.

5.3 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 NEXT STEPS

6.1 We are proposing that the areas of falls prevention, workplace health (NHS organisations) and cardiovascular initiatives such as improved diagnosis and treatment of Atrial Fibrillation, are best suited to be included in the NHS QIPP (Quality, Innovation, Productivity and Prevention) plan, as these are mainly NHS funded, with elements of partnership delivery.

6.2 The Comprehensive Spending Review autumn statement announced significant cash reductions to local authority public health grants. For Cambridgeshire County Council the likely ‘cash’ reduction in the grant for 2016/17 is approximately £2.2m and for Peterborough £0.86m. Some of the savings needed to achieve this have in practice already been made due to managing a ‘non-recurrent’ reduction in the 2015/16 Public Health grant of £1.6m (Cambs) and £0.67M (Pboro). Further savings proposals are being developed in both Councils and may impact on services relevant to the health system prevention strategy. New investment is very unlikely from either Council, although there will be some service transformation.

6.3 Potential mitigations are:

- Peterborough City Council is planning to joint commission a new integrated lifestyle and weight management service in partnership with the CCG bringing together existing resource srce streams– key performance indicators could include prevention strategy priorities.
- Cambridgeshire County Council is still planning to increase long-acting reversible contraceptives (LARCs) provision as per the prevention strategy.

6.4 The main next steps are to identify and finalise the lead organisations and resourcing for initiatives in the prevention plan. There are a number of key points for the next three months in this process, including finalising local authority budgets and key CCG meetings with national NHS bodies.

7.0 RECOMMENDATIONS

7.1 Cambridgeshire Health and Wellbeing Board is asked to endorse the Cambridgeshire and Peterborough health system prevention strategy attached at Annex A.

Source Documents	Location
First draft of health system prevention strategy presented to the Cambridgeshire Health and Wellbeing Board, 19 November 2015.	http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=12356