1. Actions Recommended

The NHS Board is asked to:

- Note and endorse the progress made in the implementation of defined prevention activities required by Government as set out in the Local Delivery Plan (LDP).
- Note the challenge of maintaining levels of activity within a reduced financial allocation for prevention.
- Consider the further support/actions the Board can take to increase the impact of prevention.

2. Strategic Context

Policy documents have highlighted the need to strengthen prevention efforts if we are to maintain increases seen in healthy life expectancy, stop the widening of health inequalities and reduce spend on preventable ill health which would help to fund new treatments and meet increasing demands on the health service.

This would require all partners to work together to change the nature of need and demand through efforts to prevent, delay or alter the extent to which services are required. Prevention starts with building community capacity to engage and empower communities to manage their own health and wellbeing across the life course. Efforts to prevent people being ill in the first place is referred to as primary prevention. For the NHS, examples would include immunisation programmes such as flu vaccination, or preventing breathing in other peoples tobacco smoke through implementation of a tobacco policy. When an individual has suffered disease or injury secondary prevention aims to reduce the impact and support individuals to continue their daily lives. Examples include cardiac rehabilitation, or action to diagnose early through screening programmes such as breast and cervical screening.

In Grampian, we have set out the case for prevention:

- Health is improving for everyone. But while life expectancy rates are increasing overall, they are rising faster for the affluent than the most deprived so the gap is getting wider – for men in Grampian this is almost ten years. Over 10,000 children in Grampian are estimated to be growing up in poverty.

- An ageing population requires the population in the future to be healthier than the population now to mitigate the health demands associated with old age.

- As elsewhere Grampian has seen significant increases in the number of people with diabetes and other long-term conditions with increasing multi-morbidity.

- With an increasing population even reducing the rates of new diagnosis can result in increasing demand for services.
Scenario planning based on current trends has estimated that in Grampian NHS costs of obesity – currently an estimated £36 million - will double. The 7,000 alcohol related admissions every year cost an estimated £17 million and smoking prevalence is estimated to cost the NHS in Grampian £30-46.6 million.

National Institute for Health and Care Excellence (NICE) currently has sixty public health guidelines, all detailing cost-effective interventions, yet national investment in prevention remains relatively low. In Grampian spend on prevention is estimated to be 4.2%.

There is a longstanding aspiration for the NHS to focus as much on promoting wellbeing as managing poor health. In 2011, NHS Grampian set out its commitment in Healthfit – through the Improving Health and Wellbeing Framework.

The Framework set out our Aim: to protect and improve the health of the whole Grampian population, with appropriate focus on those who are more vulnerable or who have a higher risk of serious preventable ill-health.

Delivery is through focussing efforts on five action areas, as defined by the World Health Organisation:

I. Building Healthy Public Policy - ensure that health and well-being is considered within all policy development.

II. Creating Supportive Environments – that make the healthier choice the easier choice.

III. Strengthening Community Action for Health – in order to empower communities to exert influence and control over the wider determinants of health that are beyond the control of individuals.

IV. Developing personal skills to enable better health – to increase individual’s personal capability to pursue a healthy lifestyle and make health choices.

V. Re-orientating Health Services – to expand beyond clinical services.

3. Key matters relevant to recommendation

Tackling inequalities and prevention are key improvement priorities of the Scottish Government and form part of our annual agreement as set out in the Local Delivery Plan (LDP). The LDP does not cover the breadth of action contained in the Improving Health and Wellbeing framework and Integration Joint Board’s strategic plans but selects five programmes against which we must report.

3.1 Tobacco

Tobacco use remains one of our most significant public health challenges. While rates of smoking continued to decline over past decades, around 20.5% of adults in Grampian still smoke. This has fallen little in the last decade and new action to drive smoking rates down further is required.
Every year, tobacco use is associated with over 1000 deaths in Grampian and nearly 5000 hospital admissions. A 1% reduction in smoking could reduce 46 smoking related deaths in Grampian every year. Smoking rates are much higher in some social groups and those with lowest incomes suffer the highest burden of smoking-related illness and death. Tackling tobacco use is central to our prevention agenda.

**LDP Standard**

*NHS Boards to sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% - Scottish Index of Multiple Deprivation (SIMD) areas.*

**Performance**

785 quits achieved in 2015/16, against a target of 955. Whilst relative performance improved the target is unlikely to be achieved.

The standard remains in place for 2016/17 – the target has been increased by 20% to 1,145.

**Context**

- 100,000 adults in Grampian smoke, almost half of whom (46%) live in the 40% most deprived areas of Grampian.
- Around one in four adults smoke in Aberdeen City, similar to a decade ago.
- Around one in five adults smoke in Aberdeenshire, similar to a decade ago.
- Around one in five adults smoke in Moray, a reduction from one in four a decade ago.

Smoking prevalence data reveals high inequalities, with four-fold difference in rates between communities in Grampian.

In 2013 NHS Grampian approved the Tobacco Control Plan which has three strands

- Prevention – creating an environment where young people choose not to smoke.
- Protection – protecting people from second-hand smoke.
- Cessation – helping people to quit smoking.

The target in the LDP focuses on cessation.

**Current activity**

- Renewed efforts to support community pharmacies providing smoking cessation support to the most deprived communities
- Additional delivery of smoking cessation support services within HMP Grampian agreed
- Renewed efforts to deliver additional smoking cessation support to women who are pregnant
3.2 Alcohol

Significant increases in the affordability of alcohol – now 70% more affordable than in 1980 – have helped drive an increase in consumption of 19% over the same period. This in turn has given rise to significant increases in alcohol related deaths and illness in Scotland. Through the Alcohol and Drug Partnerships, NHS Grampian actively participates in efforts to change our relationship with alcohol – to address the underlying causes of alcohol misuse and deal with the negative impacts. One of NHS Grampian’s contribution to the action plan is the delivery of Alcohol Brief Interventions. An Alcohol Brief Intervention (ABI) is an intervention which allows individuals to look at their drinking pattern and supports them to look at ways of making that pattern less risky to their health. The LDP sets out how many ABIs the Government expect NHS Grampian to deliver.

**LDP Standard**

NHS Boards to sustain and embed Alcohol Brief Interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings

**Performance**

7,568 ABI delivered in 2015/16, exceeding the target of 6,658. The standard remains in place for 2016/17.

**Context**

- 120,000 adults in Grampian are hazardous (at risk of adverse health events) or harmful drinkers (adverse events).
- An additional 20,000 adults are alcohol dependent

Alcohol remains a common cause of injury, avoidable mental and physical morbidity and premature mortality in Grampian.

Alcohol-related harms reveal high inequalities, with over a five-fold difference in alcohol-related hospital admission rates between communities in Grampian.

In 2014/15 (most recent data) one in every twenty (5%) emergency hospital admissions in Grampian was an alcohol-related condition (source: ISD).

While a recent downward trend in admissions is evident, numbers remain similar to those seen over a decade ago.
Current activity

- ABI GP contract renewed for 2016/17
- ABI reporting from wider settings continues to improve
- Continued input to Alcohol Licensing Boards to support the refusal of alcohol license applications in breach of licensing conditions.

3.3 Obesity

Overweight and obesity have significant implications for health, social care and the economy. Being overweight or obese increases the risk of developing a range of long-term conditions including heart disease, diabetes and cancers. The impact on adults has been well documented. The levels of childhood obesity and the consequences for both physical and mental health of children in the short and long term are of increasing concern. Tackling obesity remains a priority for public health effort. Nationally required activities through the LDP are the delivery of a Child Healthy Weight and Adult Weight Management programmes.

LDP Improvement Priority

*Health Boards to tackle the unsustainable burden arising from poor diet and weight management through interventions for at risk individuals/families that stabilise or reduce weight gain; and promotion of health literacy within communities/at risk groups to navigate the obesogenic environment*

Performance

- The *Grow Well Choices* intervention for older primary schoolchildren has run since 2011; evaluation revealed that gains in healthy weight were made during the programme.
- Tier 1 interventions include walking groups, community kitchens, cooking classes.
- Tier 2 weight management interventions for adults include *Football Fans in Training* (capacity for 120 people) and *Healthy Helpings* (capacity for 450 people). Latter achieved 9% reduction in participants classified as obese by end of eight week programme, long-term results unknown.
- Tier 3 pilot funded for two years, 2015/16 375 people were referred, 43% of whom engaged, of which 39% of group participants and 50% of 1-2-1 participants achieved a 5% weight loss.
- Tier 4 bariatric surgery (capacity for 26 people).

Context

120,000 adults and 3,000 children are obese in Grampian
One in ten primary one schoolchildren are obese, a figure that has remained unchanged for the past five years.
One in four adults are obese, a proportion that has been rising year-on-year.

Current activity

- population health needs assessment available.
- the above programmes will continue in 2016/17 whilst a review is undertaken to address the 7.5% budget cut applied nationally.
3.4 Health Promoting Health Service (HPHS)

The Health Promoting Health Service (HPHS) is a national programme aimed at supporting the development of a health promoting culture and embed effective health improvement practice within NHS Scotland. The programme focuses on the areas of person centred care, staff health and wellbeing and the hospital or healthcare environment.

**Target**

*Twelve identified action areas (strategic actions; smoking; alcohol; maternity; food and health; staff health and wellbeing; reproductive health; physical activity and active travel; managed clinical networks; inequalities and person-centred care; mental health; innovative and emerging practice)*

**Performance**

Annual report currently being prepared for submission to Scottish Government in September 2016.

**Context**

The health service has been a key setting for delivery of health promotion in Scotland for the last 10 years. The HPHS provides guidelines to support the planning, development, implementation and auditing of health promoting practice within the health service setting. The Chief Medical Officer has recently issued a communication encouraging a focus on staff health and supporting self-management for people with long-term conditions.

**Current activity**

- Continued implementation of Making Every Opportunity Count.
- A pilot to increase health improvement support to surgical patients in ARI is being implemented, with robust annual evaluation planned for the first two years.
- Public health, occupational health and advisory colleagues are considering the NHS Grampian staff needs and evidence to recommend new and existing interventions to maintain and improve staff health for inclusion in the Clinical Strategy.
- Continued work towards achieving the Healthcare Retail Standards, ensuring a healthy retail food environment in healthcare buildings for staff, patients and visitors, contributing towards addressing the risks for overweight and obesity

3.5 Employment

Employment is an important determinant of health. Having a job or occupation benefits mental health in many ways – it provides structured time, social contacts and satisfaction from personal or team achievement. The type of job and the working conditions will also affect health and impact on family life. Within the context of the LDP NHS Grampian participate in the national Healthy Working Lives programme which helps employers create a safer, healthier and more motivated workforce. NHS
Grampian as an employer has two gold, two silver and one bronze Healthy Working Lives Awards.

**Target**

*NHS Grampian has a set of Key Performance Indicators (KPI) against Healthy Working Lives (HWL) programme*

**Performance**

- Number of employers accessing HWL: 359% achieved
- Number accessing training sessions: 103% achieved
- Number developing Action Plan: 135% achieved
- Number engaging with services: 122% achieved
- Number supported with policies: 132% achieved

**Context**

- 7% of the working age population (16-64) claim unemployment benefit (2014) and is expected to rise.
- 8% of people in Grampian are earning below the minimum wage.
- 4% of young people aged 16-19 years are not in employment, education or training.

**Current activity**

- Organisational change process to mitigate the impacts of national funding reduction of 60% during 2016/17.
- Potential involvement of health checks for all contractor staff working on the Baird & ANCHOR project being explored.
- NHS Grampian is fostering links with the Regional Economic Strategy Monitoring Group in the North East to maximise health impact of economic development.

4. **Risk Mitigation**

The health improvement actions delivered under section 2 of the LDP will contribute to the mitigation of risk 851 Delivery strategies to meet the future health needs of the population and risk 1784 Integration of Health and Social Care.

Over a decade ago a health review (by Derek Wanless) warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. The ability to fund beneficial new technologies would not be possible with the millions of pounds required to treat illness that is preventable. The future is now. Section 2 of the Local Delivery Plan sets out our commitment to working in partnership to improve health and NHS Grampian’s actions to deliver national prevention programmes. Our ‘intelligence’ has and will continue to improve, action plans are in place, leaders have been identified for each strand but the challenge to embed prevention as part of routine practice in the NHS and partner organisations remains. Many of the interventions documented above evaluate positively but are not undertaken at sufficient scale to make an impact on population health outcomes. Community Planning Partners are being asked to demonstrate an increase in spend on prevention and early intervention at the same time a national review of NHS ‘ear-marked’ funding has resulted in the prevention budget receiving a cut of 7.5% in 2016/17.
The need for change is well documented and understood. The vision and priorities have been established. During 2016/17 discussions will take place on how the specialist public health workforce can support agencies and key leaders to make the transformational change required.

5. Responsible Executive Director and contact for further information

If you require any further information in advance of the Board meeting please contact:

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