

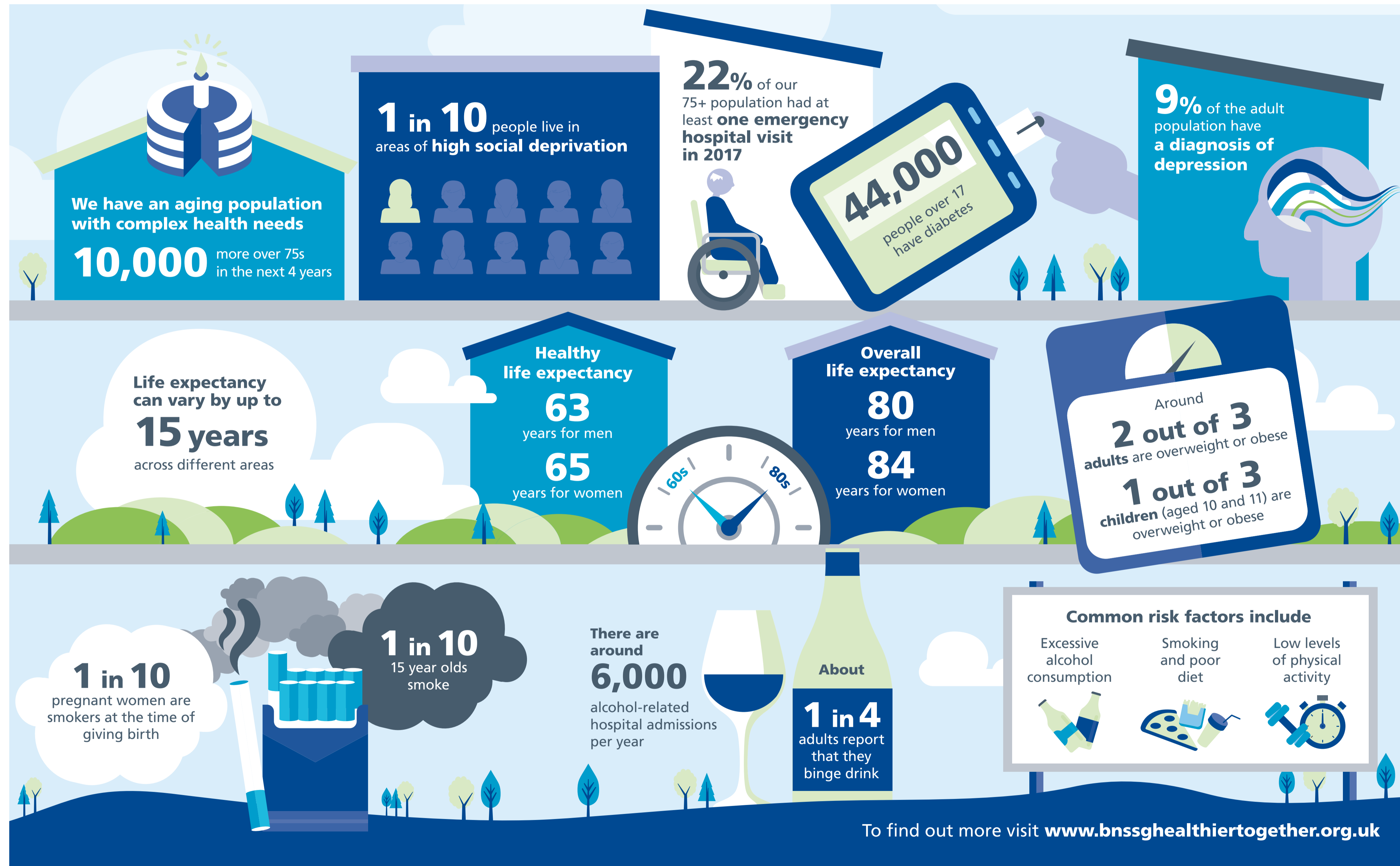
Case for change

Prevention

Healthier
Together



Case for Change for Bristol, North Somerset and South Gloucestershire



Prevention



Some of our ambitions

- People will be supported and empowered to live healthier lives within their communities
- The health inequality gap will be reduced
- Health and social care staff will provide a consistent approach to supporting people, no matter which organisation they work for

How we will measure improvements?

We can model the anticipated effects of prevention using the return-on-investment work carried out by NICE and Public Health England, and use data on health and prevention outcomes reported through the Public Health Outcomes Framework to measure the impact of the Prevention Plan.

We will ask our implementation groups to develop a set of metrics to monitor and evaluate the impact on population health outcomes, inequalities and delivery of Prevention Plan principles.

When we asked colleagues at our recent Prevention Plan Next Steps Event about the improvements they'd like to see they said....



Prevention



Our Prevention achievements so far



Making Every Contact Count

Making Every Contact Count (MECC) is an approach to behaviour that uses day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

It gives staff the increased confidence and skills to facilitate consistent and concise conversations to encourage healthy life choices with patients, service users and staff.

We now have over 31 MECC trainers working across all of our partner organisations. Training has started to be delivered in the majority of organisations and approximately 250 people have been trained to date.

An evaluation of the initial roll out of the project is currently taking place, aiming to provide feedback on how effective the grants process has been in engaging organisations and supporting them to roll out MECC. We will also survey everyone who has been trained in MECC to receive feedback on the impacts on day-to-day practice.

2016

- Prevention, Early Intervention, Self Care workstream established
- Making Every Contact Count

2017

- Refresh and development of the data-driven case for change
- Prevention Plan developed in draft and reviewed will colleagues from across the system

2018

- Engagement on the Healthier Together Prevention Plan with colleagues across Bristol, North Somerset and South Gloucestershire
- Prevention programme established as a system enabler
- Stakeholder event to drive programme into delivery phase and develop the responses to our challenges
- Developing implementation plans for 2018/19 that respond to our system priority areas



Prevention



We are developing a Prevention Plan that will...

- Address the major health issues facing our population and aim to shift the demand curve to relieve NHS pressures
- View issues through an NHS and social care lens – how commissioners, providers, and the health and social care workforce can work together to support prevention
- Drive 2018-19 priorities and work programme
- Work in partnership with people in BNSSG to make change!

Our approach to developing the Prevention Plan

Focused attention and efforts on key areas that:

- Impact on the health of the local population
- Consistent with local or national priorities
- Amenable to intervention – where we know what works and we need to implement / redesign / commission

The plan will be both strategic and operational, with a focus on five initial priority areas.

Our next steps

- Feedback from our last system-wide engagement plan to be fed into the Prevention Plan, extending the shared vision for Prevention across BNSSG – June 2018
- Fully integrated prevention priorities with Healthier Together Workstreams and Programmes to guide and develop the remit for Prevention in these areas – June 2018
- Implementation work to include patient and public engagement approach
- Implementation groups to establish their full 18/19 delivery plans

Our emerging response to our Priority areas:

Healthier Together Implementation group	Consultant in Public Health lead	Our case for change issues to address	Examples of our responses to the top priority areas for BNSSG:	
Tobacco control 	Dr Gemma Morgan	<ul style="list-style-type: none"> ● Smoking rates overall ● Smoking in pregnancy ● Smoking amongst adolescents ● Smoking amongst people with mental health needs 	<ul style="list-style-type: none"> ● Making all NHS sites truly Smoke Free ● Support acute trusts in working towards CQUIN achievement so that “every clinician in BNSSG knows the smoking status of their patient and has the competence and commitment to encourage smoking cessation through direct action or referral”, South West Clinical Senate ● Implementation of a free e-cigarette harm reduction pilot with people with mental health problems in South Glos 	<ul style="list-style-type: none"> ● Continue local work on reducing smoking uptake and increasing smoking cessation, including targeted work with populations at highest risk of tobacco-related harm ● Scaling up identification and concise advice offer for pregnant women who smoke across BNSSG via health visitors and identifying reasons for maternal drop-out from smoking cessation services to inform ways of increasing adherence across BNSSG
Increasing physical activity and reducing obesity 	Sally Hogg	<ul style="list-style-type: none"> ● Increasing rates of obesity (CYP and adults) ● Low physical activity rates leading to a range of adverse health outcomes 	<ul style="list-style-type: none"> ● Building on digital solutions to increase physical activity to respond to individual need and whole population approaches ● Building on Sugar Smart initiative to encourage healthcare sites to ban sale of high sugar items in on-site stores 	<ul style="list-style-type: none"> ● Continue supporting roll-out of National Diabetes Prevention Plan ● Continued local work on supporting breastfeeding ● Scale up weight loss and physical activity advice during healthcare contacts, building on MECC approaches
Alcohol harm reduction 	Leonie Roberts	<ul style="list-style-type: none"> ● Alcohol-related emergency admissions ● Binge drinking ● Alcohol-related cancers 	<ul style="list-style-type: none"> ● Working with focus groups that include staff and the wider public to consider new ways of monitoring the impact of alcohol on all aspects of lifestyle ● Ensuring prevention remains a key part of a BNSSG alcohol strategy and alcohol care pathways 	<ul style="list-style-type: none"> ● Continuing local work around alcohol harm reduction including screening and brief interventions in primary and secondary care, and alcohol liaison nurses in ED departments
Positive mental health 	Lynn Gibbons	<ul style="list-style-type: none"> ● Rates of self-harm and suicide ● Unmet need for services ● Increasing recognition of socioeconomic drivers of mental health needs 	<ul style="list-style-type: none"> ● Embedding financial/employment advice and support in GP practices for patients presenting with mental health needs. This will support the upcoming HOPE project (as part of the Suicide Prevention Transformation Fund) ● Interventions to identify and appropriately support those with adverse childhood experiences (ACEs) 	<ul style="list-style-type: none"> ● Develop and roll-out Thrive West, based on Bristol Thrive and public mental health programmes in South Gloucestershire and North Somerset ● Continuing local work on improving mental health and emotional wellbeing in 16+ settings (colleges, training providers and universities)
CVD risk factors 	Dr Viv Harrison	<ul style="list-style-type: none"> ● Variation in detection and management of risk factors ● Premature mortality from cardio- and cerebrovascular disease 	<ul style="list-style-type: none"> ● Implementing PHE approach to ‘know your numbers’ ● Exploring unwarranted variation in hypertension, linking with the PHE CVD prevention programme during 18/19 	

