

# TORBAY AND SOUTH DEVON INTEGRATED PREVENTION STRATEGY

2014/15 – 2019/20

DRAFT



South Devon and Torbay  
Clinical Commissioning Group



## 1. Introduction

There are two drivers to improve the health and well-being of the people of Torbay and South Devon; **to reduce the number of people dying early** (what we call premature mortality) and **to reduce the gaps in life expectancy** across our area (focusing on Health Inequalities).

If we look at both these areas it will help us focus our priorities around the prevention, self-care and personal responsibility agenda.

### 1.1. Health inequalities.

There are a number of contributors or **determinants** that we need to consider if we are to truly address health and importantly if we are to tackle the health inequalities we see in Torbay and South Devon. These social determinants (causes) of inequality can be summarised as shown in the following diagram.



Locally, the following have been identified as the **5 key determinants**;

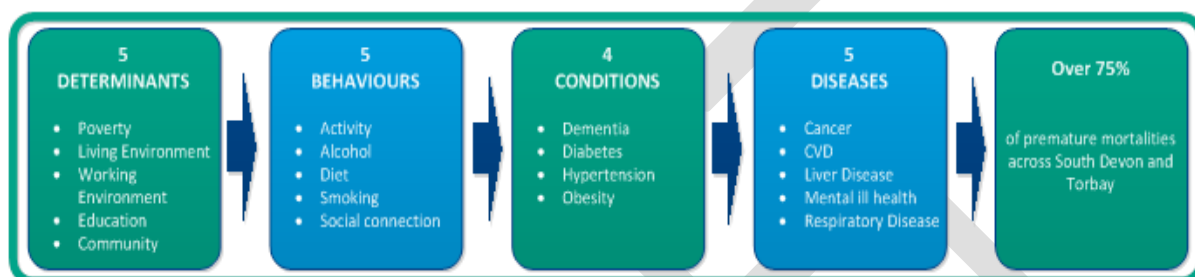
- **Poverty**
- **Housing and living environment**
- **Working environment**
- **Education**
- **Community environment and resilience (Social Capital)**

## 1.2. Premature Mortality

If we look also at the illness groups that make up most of our early (premature) deaths, we find there are 5 groups which make up over 75% of these deaths.

If we in turn then look at the behaviours that drive these diseases, there are then 5 key behaviours. Thus, as the following diagram illustrates 5 behaviours drive 5 illness areas which causes 75% of early deaths.

Linking the 2 we have our: **5 5 4 5 = 75** model.



Thus our **5 determinants** which under **5 key behaviours**; *smoking, excess alcohol, lack of physical activity, poor diet and lack of social connection.*

## 1.3 Access and take-up

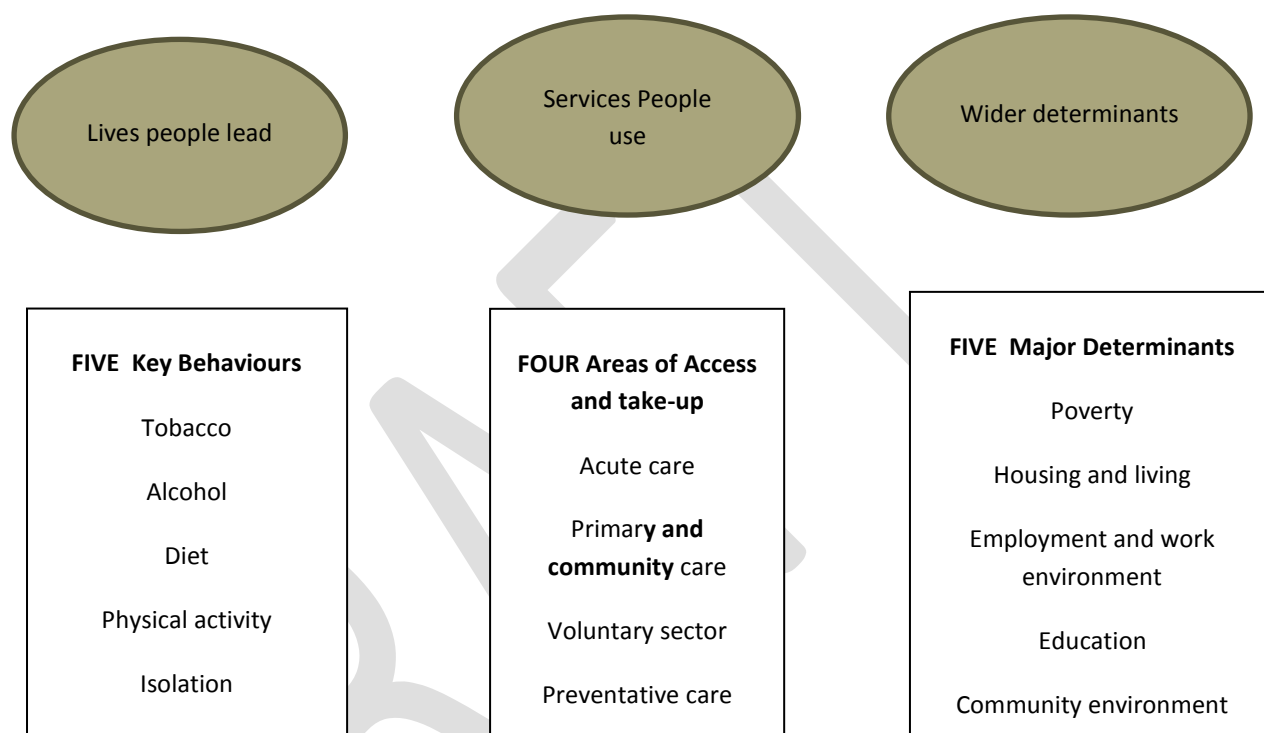
The inverse care law states that those who need the care more, tend to get it least with those in the more deprived areas, often first presenting with more severe disease. This is either linked to the health seeking behaviours of these groups or it is the way people take-up and access services that is a barrier. Thus it is important that this is addressed across the whole health and social care sector, in particular in **4 areas: acute care, primary and community care, voluntary sector care and preventative services.**

## 2. Our proposed approach to prevention locally.

The approach set out in this strategy is to focus on key areas and to direct this effort across the life-course.

### 2.1 Focus on key areas

Taking the above 3 areas together, the following is a proposed framework for consideration of actions within this strategy.



### 2.2 The Life-course approach.

In general focusing on the early years and on schools will have a greater impact on health inequalities but over the life-course different indicators come into play. This will be reflected in the following sections and the strategy takes account of all these areas and aims to suggest areas of focused work within prevention to address the dual aims of addressing Health inequalities and reducing premature mortality.

This it will do across the life-course;

- Early years
- Developing well
- Living and working well
- Active Ageing
- Quality of life in the final years (Frail elderly)

### 3. Early years

There is strong evidence that good maternal and paternal health contributes to positive health outcomes in babies and onwards throughout their childhood into later life. It is vital to address the health inequalities in the early years and promote a whole family approach using a multi-faceted approach to bring greater results. This needs to take into account the wider determinants of health and the links between maternity, early attachment, and broader social and public health agenda.

#### ***Priorities for action***

##### ***Area 1 : Behaviours***

Priorities for integrated prevention;

- Emotional health and perinatal mental health including early attachment
- Smoking advice started in pregnancy
- Obesity in pregnancy and early childhood
- Infant feeding including breast feeding and weaning
- Domestic abuse
- Transition to parenthood
- Managing minor illness

##### ***Area 2: Service response***

We must ensure services are delivered proportionate to need and take into account the characteristics of individuals and communities. There must be a focus on improving the transitions between maternity, health visiting and children's services.

##### **Key areas to focus on to be delivered in an integrated way should include**

- Universal delivering of the Healthy Child programme and the 6 High Impact Areas. These include advising all parents on diet and Physical activity and delivery of the UNICEF baby Friendly Initiative.
- Use of the ages and stages questionnaire (ASQ) to identify families in need.
- Targeting the most disadvantaged children and families with intensive support – behaviour focused with well trained staff esp from pregnancy until child 2 linked to the family-nurse partnership
- Identification and targeting of work on parental mental well-being including Post Natal Depression.

##### ***Area 3: Determinants.***

Transformational ways of working are needed to address the determinants of health.

Key areas here are:

- Child poverty
- Housing and homelessness
- Community support
- Diet and physical activity

##### **Key links to find out more:**

- Maternity strategy and action plan
- Early help strategy and action plan
- Child poverty strategy and action plan
- Children and Young peoples plan.

## 4. Developing well

We need to commission and work with communities and schools to improve the physical and emotional health and well-being of older children and young people and to build aspirations.

### Priorities for action.

#### Area 1: Behaviours.

- Emotional health and well-being.
- Prevention of suicide and self-harm.
- Risk-taking behaviours focused on the 5 key behaviours but including sexual health and teenage pregnancy

#### Area 2 : Service response

A joint response will be taken across children's services, Public Health, CCG and schools with the child, family, school and community at the centre.

This will:

- Promote schools as settings for healthy behaviours – life skills, physical activity, diet, and wellness services for children at risk of multiple poor behaviours. It will promote a whole school approach and sense of belonging.
- Work towards a single point of access for children, social care, health and education services
- Focus on workforce training to, in particular, increase awareness and identification of emotional and mental health but also on behavioural change
- Improve resources targeted at self-help
- Work across health, social care and schools to embed evidenced based ways of working such as the thrive approach
- Work on integration across the transition into adulthood.

#### Area 3 : Determinants.

A whole sector approach to building aspirations will be taken building on the outputs from the Big shout event in October 2013 where young people were asked about their aspirations and dreams.

This will focus on both the enablers and the barriers and include;

- Work to raise educational standards of most vulnerable children and young people.
- Work collectively to address the gap in attainment between FSM and all children.
- Build Social connection / friendships in schools
- Support schools to take action on bullying through evidence based guidelines)
- Work to improve health action plans for Looked After Children

#### Key links to find out more;

- Children and young people's plan
- Child Poverty strategy and action plan
- Teenage pregnancy strategy and action plan
- Emotional health and well-being in children strategy and action plan
- Prevention of suicide and self-harm strategy and action plan

## 5. Living and working well.

There are a number of strategies and action plans that address this area but the focus here will be on the prevention and early intervention of cancer, respiratory disease, liver disease, mental health, and cardiovascular disease

### Area 1: Behaviours

#### Key areas that need addressing:

- **Alcohol** – work with partners from NHS, Criminal justice, local authority and business sectors to deliver a refreshed alcohol strategy
- **Smoking and Tobacco control** – work on tobacco control and work to focus work on smoking cessation to increase effectiveness and reach of service to target groups.
- **Healthy weight** – Work to promote a healthy weight strategy across Torbay, linked to the Devon strategy and the over-riding peninsular healthy weight strategy
- **Social isolation** – support to work for over 50s with consideration of links to younger age groups and linked to the voluntary sector led ageing better programme
- **Mental health resilience** – delivery of actions against a mental health promotion strategy through the Public mental Health alliance to promote the Five ways to well-being.

### Area 2: Service response.

Services in this area already work with partners from NHS, Criminal justice, local authority and business sector to deliver against the relevant strategies.

We now need to improve these services with the following initiatives:

- Review and re-tender the lifestyle service in Torbay to provide greater reach and scope for all areas but beginning with smoking cessation, diet and alcohol initiatives.
- Embed the concept of “*Every Contact Counts*” and lifestyle advice and support in long-term condition contracts and service re-design with integrated commissioning across themes such as healthy weight identifying clear pathways. Link to an expanded enhanced recovery service and to preventative services to support the wider agenda such as early identification of COPD by smoking cessation services.
- Increase focus on Health checks from all sector with work to identify and improve uptake of services with those who suffer ill health but do not access services.
- Increase the focus on work of early identification and prevention (including screening) in cancer services and flu vaccination in the over 65s and other ‘at risk groups’.
- Commissioning for community cohesion and social value within contracts and development of the Asset Based Community Development approach.
- Development and delivery of an integrated Suicide and self-harm prevention strategy.
- Advocate for parity of esteem and promote self-esteem and life and coping skills. Ensure people with mental health problems are heard.
- Development of a pilot using social marketing, focused initially on alcohol and active ageing (physical activity and falls prevention)
- Ensure we commission with the principles of *proportionate universalism* and ensure services are appropriate for vulnerable groups.

### Area 3: Determinants.

The following should be areas of focus;

- Build on work already underway between Public Health and **Planning and transport** with an agreed workplan to promote healthy places through planning and transport measures including promotion of cycling and walking
- Work with **sports development and Green space** policies and plans to promote physical activity.
- Increase **volunteering, employment and accommodation** to all people but especially for people with Mental Health and learning disabilities and recovery from substance misuse.
- Consideration of the impact of **food poverty, welfare reform and debt**.
- Introduction of a **Health at work** programme – if resources available - to include a focus on retention and rehabilitation and link to the Responsibility deal.

#### Key links to find out more:

- Healthy weight strategy and Action plan
- Alcohol strategy and action plan
- Smoking and tobacco control strategy and action plan
- Social isolation big lottery vision and strategy doc
- Mental Health promotion strategy and action plan
- Housing strategy
- Health checks Plan
- Healthy Torbay
- Cancer CPG action plan.



## 6. Active ageing.

As outlined in the supporting technical document, poor quality of life and disability in older age is not inevitable and is preventable. Targeting work on enabling and supporting people to be active and well in their older years is an important area of focus which can save costs and decrease demand in the care services. Communities including voluntary services and individuals need to work together to prepare for a longer, healthier older age and respond as needs increase in a timely co-ordinated integrated way.

### Priorities for Action

#### Area 1: Behaviours.

The following areas are important to older people .

- **Alcohol** – there is often a hidden alcohol issue in older people
- **Diet and hydration** – as failure to eat and drink well can cause acute precipitative illness
- **Physical activity** – as there is a strong evidence base for its effectiveness at this age.
- **Mental health and isolation** – Mental health is as important as physical health and the importance of networks to prevent social isolation are important for ageing well.

#### Area 2: Service response.

It is particularly at this time in the life-course that a co-ordinated whole systems response is needed which recognises the issues of multi-morbidity, maintaining independence and preventing frailty. It is particularly important at this time to “Make every contact count” and support independence. Hubs should consider ageing well as well as work with the frail elderly.

We need to preserve independence and prevent crisis by;

- Focusing on early identification – health checks, cancer screening and promotion of early identification of cancer though for example be clear on cancer.
- Focusing on self-care, rehabilitation, and preventative measures such immunisation in people with Long term conditions.
- Promoting resilience amongst those at risk of frailty including falls prevention, preventing isolation and working wi

Interventions include:

- Response to the increasing needs linked to information and advice
- Link to wider holistic needs such as housing work including homes adaptations and handiman and repair schemes, work on fuel poverty and decent homes
- Dementia prevention and awareness raising amongst the general public and professionals and dementia care pathways.
- Considerations of programmes such as social prescribing and time banking
- Greater consideration re the role of primary care, pharmacies / AHPs at this life stage.

### **Area 3 : Determinants.**

Focusing on determinants is particularly important to this group of people to address “what matters to them” and what will enable them to maintain independence.

This should include:

- **Housing**
  - Warm and safe homes
  - Homes for life or strategies to support routes to appropriate accommodation
  - Home adaptations - work across Local Authority, Utility companies, NHS. Housing agencies, Home improvement agencies and handyperson schemes
- **Transport and accessible services** and support.
- **Culture and sports** offer
- **Volunteering** opportunities and other schemes to build social capital and reduce social isolation
- Preventing and **reducing poverty** through advice and guidance services

#### **Key links to find out more**

- Active ageing strategy

## **7. Quality of life in the final years (Frail elderly).**

This area will be informed by the development of the Pioneer Frail elderly hub work but will be based on the premise from National Voices – “*What matters to me*” NOT “*what is the matter with me*”.

### **Area 1: Behaviours.**

- **Falls prevention** –there is evidence for balance and strength exercise to reduce the incidence of falls and hospital admissions, even in those who have already had a fall.
- **Alcohol** – Harmful drinking is recognised as a significant issue amongst older people in Torbay and Devon linked to many hospital admissions.
- **Social isolation** – In Torbay 9,679 older people live alone; 8,400 are claiming pension credit; 6,488 have mobility issues, 2,618 are thought to have dementia, and 3,893 to have depression. 8,054 are without private transport. These facts paint a picture of the potential for social isolation and an increasing need later in life.
- **Smoking** – There is a health benefit to quitting smoking at any time in life.
- **Diet** – In later life the nutritional needs change but diet remains important and hydration is a significant issue in care homes and in peoples own homes. Poor hydration can lead to confusion and urinary tract infections leading to an increase in hospital admissions and falls.

## **Area 2: Service response.**

A joined up holistic response is essential in this age group. Components of these include

- Services including the community and voluntary sector working in a co-ordinated and integrated way
- Identifying the individuals requiring early intervention and support in addition to that already planned
- Single point of access at times of crisis or increasing support need
- Ensure what those things that matter to older people are heard
- Building positive relationships with Care homes work to respond to the needs of care homes in an integrated way
- Working with Carers incl. delivery and action against the carers health checks

## **Area 3 : Determinants.**

A particular focus on this part of the life course should be on;

- Safe, affordable, appropriate and warm homes
- Appropriate advice and guidance services to manage financial needs and care and support needs
- Appropriate support networks through family, friends, communities and the voluntary and community sector

## **Key links to find out more:**

- Dementia strategy
- Falls strategy
- Ageing Well initiative
- Newton Abbot Frailty Hub development plan

## 8. Promoting Personal Responsibility

South Devon and Torbay CCG, with its partner organisations, recognise the importance of ensuring that we have a local healthcare system and economy that continues to be able to respond to the needs of its population for years to come. We can only do this by asking our population to work with us to achieve this. 'The NHS Belongs to the People: a Call to Action' makes the case that the care services must change to survive due to a large and unsustainable gap between the funding the health service can expect to receive and the demand for its services. It is within this remit that the work on personal responsibility is embedded. *'The concept of personal responsibility in health care is that if we follow healthy lifestyles (exercising, maintaining a healthy weight, and not smoking) and are good patients (keeping our appointments, heeding our physicians' advice, and using a hospital emergency department only for emergencies), we will be rewarded by feeling better and spending less money'*

There are many reasons why patients might not comply with medical recommendations. These include: physician–patient communication; side effects of medication; advice that is impractical to follow for reasons that include job responsibilities and difficulties with transportation or child care, psychiatric illness, cost, the complexity of the recommendations, or the language in which they are communicated; and cultural barriers.

### **Taking this work forward.**

Building on some of the work done in the recent CCG led community services engagement events, we will work with stakeholder groups to start to understand current behaviour and services or groups of patients which demonstrate a reduced level of personal responsibility and analysing the contributing factors for these.

This will then inform a plan which will look at social marketing and utilising proven techniques such as market segmentation. As with other parts of the prevention strategy, Redesign groups along with the working groups for strategy areas from South Devon and Torbay will be asked to take a role in both identifying key priority areas and approving plans to move forward. Nominated representatives from all stakeholder organisations with skills and knowledge in social marketing will work with the prioritised area and create a framework for social marketing which will be transferable to further areas for future use.

## **MAKING IT HAPPEN.**

### **Priorities in Year 1 :**

Action plans against the priority areas above will be linked to the over-riding Joint Commissioning Plan and actions embedded also within the work of the partnership based re-design groups.

New ways of integrated working with a focus on prevention will begin in the Pioneer Hub areas where key areas will be; early help for children and young people, ageing well, and mainstreaming mental health. Within this work it is proposed that we develop new commissioning models which are community led and incorporate a greater level of volunteering especially peer-led approach. In addition there will be a focus on workforce culture and transformational training that unpacks the relationship between care giver and receiver so commissioning is informed by patient experience

### **WHAT WILL SUCCESS LOOK LIKE?**

If we are successful in influencing the prevention agenda across Torbay and South Devon, we hope to see a significant shift in the work to prevent ill health with increased integration and a focus on prevention within all partners plans. Thus health promotion and prevention would have greater scope and reach and be core business within all care providers. Mental well-being and community resilience will also be seen as key. The resilience of the community and community cohesion will be seen as equally important as individual resilience to sustain change into the long-term.

We also need to show success by delivering Council-led action to address the key determinants of health. All partners need to consider determinants within their own planning processes and work to deliver the Healthy Torbay vision.

## **OUTCOMES**

Outcomes against the plan will be monitored through the Joint outcome framework and explored in more detail in the Pioneer evaluation work.