

**Suffolk Health and Wellbeing Board**

*A committee of Suffolk County Council*

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| <b>Report Title:</b>         | The Time is Now: A prevention strategy for Suffolk to reduce demand in the health and care sector by improving health. 2016-2021 |
| <b>Meeting Date:</b>         | 10 March 2016  |
| <b>Chairman:</b>             | Councillor Alan Murray   |
| <b>Board Member Lead(s):</b> | Tessa Lindfield, Director of Public Health   |
| <b>Author:</b>               | Dr Amanda Jones, Assistant Director of Public Health   |

**What is the role of the Health and Wellbeing Board in relation to this paper?**

1. The Joint Health and Wellbeing Strategy (JHWS) is the overarching prevention strategy for Suffolk. This strategy supports the outcomes of the JHWS using the evidence base provided by the 2015 Director of Public Health (DPH) Annual Report. It aims to decrease demand in the health and care sector by increasing healthy life expectancy thereby shortening the time we live with ill health and disability before we die.
2. The strategy was sponsored by the Health and Wellbeing Board (HWB) and as part of the consultation was shaped by the workshop discussion at the January HWB Partnership meeting. The Board agreed to provide leadership for the implementation of the strategy which will require close work across the system. It requested that it should give formal approval to the strategy.

**Key questions for discussion:**

3. The key questions for discussion are:
  - a) Are the changes to the action plan that take account of the HWB discussion acceptable? The wording of Priority 3 has minor changes, and the format of the action plan has changed to clarify the different outcomes and actions. A change to name of the strategy is suggested.
  - b) Is the suggested leadership for delivery appropriate? It is suggested that this leadership is at different levels:
    - i) The HWB cross cutting prevention leads would coordinate overall delivery and report progress to the Board (Board lead Julian Herbert and officer lead Amanda Jones)
    - ii) The three priorities would have a Board champion and an officer lead to coordinate the multiagency delivery required for the actions. Officer leads are suggested below and the Board is requested to consider who will be champions for the three priorities.

## **What actions or decisions is the Board being asked to take?**

4. Board members are asked to:
  - a) Agree the strategy, name (The Time is Now) and the three priorities:

Priority 1: Improve early detection and treatment of hypertensions, atrial fibrillation, chronic obstructive pulmonary disease, diabetes and “frailty”

Priority 2: Improve direct and indirect support to those who wish to change their lifestyle

Priority 3: Create Community and Personal Capacity and enhance Community and Personal Resilience.
  - b) Agree the 2016-2018 action plan as set out in Appendix A
  - c) Agree to provide leadership for delivery across the system
  - d) Agree that the Board and officer “cross cutting” leads for prevention will coordinate overall delivery and report progress to the Board
  - e) Agree Board level support to the officer leads who will coordinate multiagency delivery of the 3 priority areas in the action plan. The officer leadership will be:

Priority 1: Jep Ronoh, Consultant in Public Health, Public Health Suffolk

Priority 2: Lynda Bradford, Head of Health Improvement (adult), Public Health Suffolk

Priority 3: Davina Howes, Head of Families and Communities, Forest Heath District and St Edmundsbury Borough Councils

## **Brief summary of report**

5. This strategy uses the evidence base provided by the 2015 Director of Public Health (DPH) annual report and aims to decrease demand in the health and care sector in the short and medium term by improving health. The focus is to increase healthy life expectancy thereby shortening the time we live with ill health and disability before we die. It is during this time that the individual has poor health and wellbeing and also uses a high proportion of health and care resources.
6. The strategy and action plan has been developed by a multiagency group and been amended through a consultation process which included a workshop discussion at the January Health and Wellbeing Board (HWB) Partnership meeting. Implementation of the strategy will require joint work across the system and the HWB agreed to provide leadership.

## **Main body of report**

### **Background**

6. The Time is Now: a prevention strategy for Suffolk to reduce demand in the health and care sector by improving health 2016-2021 focuses on those interventions that the 2015 Director of Public Health's Annual Report found to be cost effective in reducing the health and care burden within 5 to 10 years. These should increase healthy life expectancy and decrease the years of ill health before death and are in addition to work already in place within the Suffolk system. Five to ten years is a relatively short time frame in terms of prevention and therefore many of the interventions with greatest impact focus on "secondary prevention" with the detection and optimal treatment of some of the illnesses that lead to more serious ill health requiring expensive health care interventions and social care support. The strategy also recognises the need to focus on Health inequities. Those from more deprived and disadvantaged communities have longer periods of ill health before death, despite having higher rates of early death.
7. This is not an inclusive prevention strategy. In using the scope of the 2015 DPH Annual Report it does not include mental health or child health, or those interventions that take longer to impact on health. The 2014 DPH Annual Report focused on children and the 2016 report will focus on mental health.

### **Priorities for Action**

8. A Stakeholder group with members from the NHS, Adult Social Care, Public Health, Districts and Boroughs and the voluntary sector examined the findings of the DPH annual report and agreed priorities for action across years 1 and 2 of this strategy. These were refined during a 3 month consultation period where presentations were made across health, adult social care and the wider public and voluntary sector. Three priorities were identified with specific areas for actions. The strategy was then discussed and further refined in a workshop with the Health and Wellbeing Board.

#### **Priority 1: Improve early detection and treatment of hypertension, atrial fibrillation, chronic obstructive pulmonary disease, diabetes and "frailty"**

- Increase the number of individuals diagnosed with hypertension, atrial fibrillation, Chronic Obstructive Pulmonary Disease (COPD) and diabetes. Optimise treatment of individuals with these conditions
- Ensure NHS Health checks are delivered in a way that maximises impact
- Support healthy ageing, improve the detection and minimise deterioration in frail people

#### **Priority 2: Improve direct and indirect support to those who wish to change their lifestyle**

- Decrease tobacco use in Suffolk by continuing to drive forward the actions agreed as part of Aspiring to a Tobacco Free Suffolk
- Increase the proportion of those who are physically active in Suffolk with the specific focus on the priorities agreed by the HWB: active aging, a physical activity habit for life, walking, cycling and increasing activity amongst those with disability.

- Increase the proportion of the Suffolk population with healthy weight by providing opportunities for the Suffolk population to improve their diet and increase the support available to those at risk who wish to decrease their weight.
- Decrease excessive alcohol consumption by continued multiagency support to deliver the Suffolk Alcohol Strategy.
- Support the public and voluntary sector workforce to fully understand their role in promoting healthy lifestyles including the promotion of the Making Every Contact Count programme.

### **Priority 3: Create Community and Personal Capacity and enhance Community and Personal Resilience.**

- Increase and improve interventions which address social isolation and loneliness and ensure interventions are either evidence based or locally evaluated
  - Improve support to Carers in Suffolk.
  - Improve individual's connections with their neighbours and local community
  - Encourage and support community groups to focus on supporting healthy lifestyles and the wider prevention agenda
9. The strategy and action plan can be found in Appendix A.

#### **Why this action/decision is recommended**

7. Agreeing to actions and decisions set out in 4 will commit the system to working toward delivery of this strategy and the embedding of evidence based approaches to decrease demand in the health and care sector by improving health.

#### **Alternative options (if appropriate)**

8. The Board could suggest a different approach to implementation.

#### **Who will be affected by this action/decision?**

9. Suffolk residents.

**Appendix A:** Reducing demand in the health and care sector by improving health: A prevention strategy for Suffolk 2016-2021

#### **Sources of further information**

The 2015 Annual Report of the DPH "Is Prevention Better than the Cure"  
<http://www.healthysuffolk.org.uk/assets/JSNA/Annual-Report/19673-APHR-2015-LR-20151209.pdf>