

Public Health Annual Report

2009

eQIPPPed for the future



Working in partnership for the people of Herefordshire

Chapter 1 – summary

Getting the basics right: working together to promote wellbeing, prevent and treat ill-health effectively

There are simple, affordable and cost-effective things we can do that will result in significant improvement in the health of the local population within a five year period.

These include:

- identifying and treating **hypertension, high cholesterol levels** and **diabetes** early;
- helping majority of current smokers to quit smoking for good;
- supporting people to shed excess body weight, choose a healthy diet, exercise; and
- reducing tooth decay in children by promoting consistent use of fluoride toothpaste and the professional application of fluoride varnish.

Offering these simple things on an 'industrial scale' will have the biggest impact on population health and a greater impact than an over-reliance on high-tech interventions.

Whilst the simple measures discussed in this chapter are all available at present, not everyone who could benefit is currently taking advantage of them.

The introduction of NHS Health Checks (also known as vascular checks) in Herefordshire will identify many more people who are at risk of circulatory disease at an early stage and will offer them help them to reduce their level of risk.

This chapter introduces the key concepts of **structured brief intervention, generic lifestyle coaching** and **social marketing**.

Structured brief intervention is a technique for systematically identifying people at risk and supporting them to reduce their risk level, by in sequence:

- asking about risk factors
- assessing willingness to change
- advising about risks to health
- assisting in making lifestyle changes
- arranging support to make lifestyle changes.

I want to emphasise that structured brief intervention can be delivered at all care outlets and from a range of different trained care providers.

Lifestyle coaching motivates people to change their lifestyle and supports them to plan, implement and maintain healthy lifestyle changes.

Social marketing delivers messages designed to appeal to specific population groups in places where that population group can normally be found, rather than a one size fits all approach.

In this chapter, I make the following five recommendations:

1. introduce the national NHS Health Checks Programme and make this universally available across the county;
2. offer structured brief interventions on an 'industrial scale' using a wide range of providers in a wide range of health, social care and other settings;
3. provide lifestyle coaching services through an innovative range of providers, such as Stop Smoking advice within HALO leisure centres and at dental surgeries;
4. expand ongoing pilots of community-based dental health programmes plus implement evidence-based preventative interventions such as the application of fluoride varnish in all dental practices in the county;
5. target high risk groups and geographical areas of greatest need by making use of social demographics and techniques such as 'mosaic segmentation' to inform social marketing campaigns.

Chapter 2 – summary

Avoiding waste and improving efficiency: the productivity challenge

We need to make the best use of the available resources to ensure the best possible health and wellbeing outcomes for local people. Whilst this should be a priority at all times, this is even more important during times of economic downturn.

There are significant opportunities to avoid wastage and increase efficiency within the health and social care system locally. The analysis in this chapter highlights the potential to reduce the amount we currently spend while maintaining quality, improving services and health outcomes. This chapter focuses on three examples: hospital admissions, length of hospital stay and prescribed medicines.

In this chapter, I recommend that by the end of the financial year 2010/11, with the involvement of all practitioners, public health, finance, health intelligence, quality

improvement and commissioning teams should work together to implement these five actions:

1. complete a systematic review and commence the implementation of evidence-led actions to reduce hospital admissions and length of stay for the highlighted disease groups;
2. systematically measure and understand inefficiency and variation in the system and propose actions to reduce avoidable variation when identified;
3. produce quarterly service review and audit reports for performance, service improvement and planning purposes;
4. develop threshold limits for high cost interventions and prescription medicine based on prevalence models for investment planning and contract monitoring; and
5. propose specific interventions which will support the local delivery of the NHS 10:10 initiative aimed carbon emission reduction and sustainable development.

Chapter 3 – summary

A nudge for Health and Wellbeing in Herefordshire: promoting local responsibility, participation and innovation

This chapter examines how we currently involve local people, whether they are members of the public, patients, carers, service users, customers or whether they are service providers, clinicians or colleagues, in understanding health needs and improving services.

My specific recommendations are that:

1. the Communication, Customer Insight, Information and Intelligence teams should work closely together with technical colleagues to translate completed strategic needs assessment, service development options, and choices to a community guide that is published in local newspapers;
2. a local social media hub focussed on teenagers, young professionals and other online users is created to engender community dialogue, debates, blogs, and information exchange on healthcare, health and social wellbeing;
3. the Hearts of Herefordshire project is expanded across the county with active involvement of LINKs, councillors, non-executive directors, and public service staff;
4. we explore the feasibility of introducing by the end of 2010, a Health & Responsibility Reward based on supermarket type loyalty card scheme that is sponsored by communities, major employers, and Herefordshire Partnership; and
5. adopt the 'ABCD Approach' – Assets Based Community Development Approach to service planning and development.

Chapter 4 – summary

Making every £ count: working the margins

In order to make the best choices as we plan, fund, purchase and deliver local services we need to employ a sophisticated level of ‘economic thinking’ that takes into account the concepts of scarcity and choice, opportunity cost, cost effectiveness, cost utility and technical and allocative efficiency.

Programme budgeting and marginal analysis are powerful techniques for identifying how much money has been invested in major health programmes irrespective of where and how they are delivered, whether they are about treatment or prevention and what outcomes are obtained.

This chapter explores these concepts in the context of the current economic climate and looks at the potential of programme budgeting and marginal analysis in informing decision-making in relation to the commissioning of health and social care.

In this chapter I make the following five recommendations:

1. NHS Programme Workstreams with clinician and specialist input should be tasked to complete marginal analysis for all programme budget areas in order of priority starting with GMS and Primary Care, Cancers, and Cardiovascular Diseases by the end of 2010 financial year;
2. in light of the deep partnership between the Herefordshire Council and NHS Herefordshire, Total Place Aspirations and the fact that expenditure outside the NHS, particularly that from the local authority, contribute significantly to improving health and wellbeing, a PBMA methodology for the analysis of NHS and relevant Council budgets should be considered and implemented in 2010/11 as far as possible;
3. that a joint commissioning response and provider contracts informed by evidence and focused on desired outcomes should be mounted to address the findings of the recommended PBMA process;
4. commission and complete by December 2010, a cost and population impact models of investing and disinvesting across the high value programme care pathways rather than single interventions; and
5. that a ‘New Ways of Working’ Prospectus detailing the analysis and lessons learnt should be published so that other public service organisations and members of the Herefordshire Partnership can be informed and encouraged to partake as far as practicable in this outcome-based budgeting and planning process.