

# Southend Health & Wellbeing Board

Agenda  
Item No.

Report of Andrea Atherton  
Director of Public Health

to  
**Health & Wellbeing Board**

on  
**2<sup>nd</sup> December 2015**

Report prepared by: James Williams Head of Health  
Development

For information only		For discussion X	Approval required	
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## Southend-on-Sea Joint Adult Prevention Strategy

**Part 1 (Public Agenda Item)**  
**James Moyies Executive Councillor for Health and Adult Social Care**

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### 1. Purpose of Report

- 1.1. This report proposes a draft framework and timeline to create a Joint Adult Prevention Strategy for Southend-on-Sea to promote wellbeing and independence.

### 2. Recommendations

- 2.1. The Health and Wellbeing Board debate the proposed scope of the Southend Adult Prevention Strategy.

### 3. Background & Context

- 3.1. The Care Act (2014) placed a new duty on local authorities to promote individual wellbeing and provide prevention services. This duty requires the Council and its partners to provide or arrange services that prevent, reduce or delay the need for support among local people and their carers.
- 3.2. Prevention in the context of this paper refers to any intervention or action that prevents, reduces or delays deterioration in the physical and mental health of adults resident in the Borough of Southend. For example, admission (or readmission) to hospital that could have been prevented if an individual was provided with the skills to self-manage their chronic condition. Permanent placement in a residential care setting due to an individual not being able to live independently due to social isolation.
- 3.3. There are 3 generally accepted types of preventative activity.

### 3.4 Primary prevention

Aimed at people who have little or no particular social care needs or symptoms of illness. The focus is on maintaining independence and good health and promoting wellbeing. Interventions including, providing universal access to good quality information, advice services, creating safer neighbourhoods, promoting healthy and active lifestyles, delivering low level practical services.

### 3.5 Secondary prevention/early intervention

This aims to identify people at risk and halt or slow down any deterioration in their functioning. People may already (knowingly or unknowingly) have a condition that impacts on their health. Interventions include screening and case finding, to identifying individuals at risk of specific health conditions or events. Interventions include tailored support such as structured self-management, postural stability or cardiac/pulmonary rehabilitation.

### 3.6 Tertiary prevention

This is aimed at minimising the impact of disability or deterioration in people who already have an established health condition/s or complex social care need/s and are at risk of needing further or more intensive services at a further point. Interventions need to be specially tailored to reduce or delay deterioration or progression of the condition. Immediate action is taken to manage any adverse event that could trigger entry into a high cost service, emergency care or residential and/or nursing care.

3.7 Within Southend, there are currently a number of strategies and interventions working across the 3 key areas of prevention. These include the prevention work stream working across the Integrated Health and Pioneer programme. Key elements within this work stream include (not exclusively):

- Southend Health and Wellbeing Service: Single point of referral and support for anyone who requires assistance to manage any lifestyle issues (smoking, physical inactivity, weight management)
- Southend Falls Prevention Programme: Community falls prevention programme for older adults support recovery and re-enablement as well as primary prevention
- Social prescribing: Local people can access support provided by local community based voluntary services, includes mental health charities as well as other self-help organisations
- Southend Health Information Portal: Online resources providing signposting to local organisations and services to facilitate self- help management
- Pilot self-management programme: Risk assessment and support for local people living with chronic health conditions to enable them to self-manage

3.8 One challenge for the board to debate is how to align and scale preventative interventions across the Borough and make best use of limited resources. For example, what might be the most effective approach to deal with the

consequences of long term conditions, which account for nearly three-quarters of the NHS budget? In addition, a recent survey of local authorities with a responsibility for adult social care, found since 2010 spending on social care has fallen by 12% at a time when the population looking for support has increased by 14%, requiring savings of 26% to be made.

- 3.9 The recent Southend-on-Sea long term conditions needs assessment reinforced the national findings. There is an urgent need to put in place measures to improve the way in which local people living with chronic long term health conditions, take control and manage their own health.
- 3.10 An additional area for discussion is health protection. In 2014/15 only 66.4 % of people aged 65 and over eligible for seasonal influenza vaccination received it. This was below the national average. Given admissions for respiratory problems are one of the major issues impacting on Southend Hospital, The Board might wish to discuss what emphasis the Southend Joint Adult Prevention Strategy should place on bringing partners together to address this particular problem.
- 3.11 The Board might also wish to discuss it can do to hold partners to account to enable the Joint Adult Prevention Strategy to achieve its objectives. It might also want to consider how it could support and champion the investment in prevention by partners particularly at a time of austerity.

#### **4 Health & Wellbeing Board Priorities / Added Value**

How does this item contribute to delivering the;

- Nine HWB Strategy Ambitions (listed on final page)
- Three HWB “Broad Impact Goals” which add value;
  - a) Increased physical activity (prevention)
  - b) Increased aspiration & opportunity (addressing inequality)
  - c) Increased personal responsibility/participation (sustainability)

- 4.1 The proposed Joint Adult Prevention Strategy aligns with the specific statutory duties of the Southend Health and Wellbeing Board namely:

- To assess the needs of their local population through a JSNA
- Set out how these needs will be addressed
- Promote greater integration, partnership working, including joint commissioning, integrated provision and pooled budgets.

#### **4.2 Strategy Scope**

It is proposed that the scope of the strategy is restricted to the direct role of adult social care (in partnership with NHS Southend Clinical Commissioning Group). In practice this means adults (persons aged 18+).

These people may:

- require or will require access to information, advice and advocacy services
- care for someone currently in receipt of health and/or social care services
- require or are at risk of requiring intensive health or on-going social care support

- require or will require low level non health or social care based support to maximise their independence

\*The strategy aims to deliver improved health and wellbeing outcomes for:

- Older People
- People with Learning Disabilities
- Older People with Mental Health Problems
- Mental Health
- Physical Disability including sensory impairment
- Carers
- People with chronic long term conditions in direct receipt of social care or health service support

\*(baselines and specific health improvement outcomes will be fully quantified in the final strategy. For example increased physical activity in people with long term conditions equating to more people being able to self-care)

### 4.3 Programme of delivery

4.3.1 The Prevention Strategy will be delivered through the Southend Integrated Pioneer Programme Board. There will be a thorough process of collaboration, consultation and engagement with key partners. The proposed time table is set out in the Appendices.

## 5 Reasons for Recommendations

5.1 The Health and Wellbeing Board are required to determine how the scope of the proposed strategy aligns with the Board's strategic ambitions.

## 6 Financial / Resource Implications

6.1 There is a strong financial case to invest in evidence based preventative activities. Effective prevention done at the right scale can reduce the cost of expensive hospital treatment or social care placement. For example, the cost to health and social care commissioners of a single hip fracture related to an accidental fall in an older adult is in the region of £28,000 over 2 years. There is strong evidence that community based falls prevention programmes reduce the likelihood of older people falling. The key element for success in such programmes is identification of those at risk and supporting them to attend relevant courses.

6.2 The Southend-on-Sea Joint Adult Prevention Strategy might identify the need to commission new, or increase the resources for prevention focussed activities. Although Southend-on-Sea Borough Council receives a public health ring-fenced grant that is specifically for prevention, there may be future resource implications for partner organisations. Should this be the case, appropriate business cases setting out the costs and benefits of any additional or new investment will be developed and processed through normal governance routes?

## 7 Legal Implications

- 7.1 The Health and Social Care Act 2012 placed a statutory duty on Health and Wellbeing Boards to promote partnership working to improve the health of local people. The Care Act 2014 requires local authorities to provide prevention services.

## 8 Equality & Diversity

- 8.1 An equality impact assessment will form part of the development of the Southend-on-Sea Joint Adult Prevention Strategy

## 9 Background Papers

Southend-on-Sea Long Term Conditions Needs Assessment

King's Fund: Investing in Prevention

## 10 Appendices

### 10.1 Prevention Strategy Delivery Timetable

Outline Joint Adult Prevention Strategy Timetable

Date	Action	Comment
17 Nov 2015	Joint Executive Group (JEG)	consider proposed timeframe
Nov 2015	Healthwatch	Engagement with Healthwatch to discuss input required from Healthwatch.
2 <sup>nd</sup> Dec 2015	HWB	Engagement with HWB to discuss scope, objectives and desired outcomes
Jan 2016	CCG Exec Clinical Executive Group People DMT PH DMT JEG	Key stakeholder engagement

Feb 2016	CCG Exec Clinical Executive Group People DMT PH DMT Executive Board Corporate Management Team	Key stakeholder engagement
Mar 2016	Cabinet (15 <sup>th</sup> ) Governing Body (TBC)	SBC and CCG sign off
23 <sup>rd</sup> Mar 2016	HWB	Sign off
Apr 2016	Scrutiny (12 <sup>th</sup> ) Full Council (21 <sup>st</sup> )	If required

## HWB Strategy Priorities

### Broad Impact Goals – adding value

- a) Increased Physical Activity (prevention)
- b) Increased Aspiration and Opportunity (addressing inequality)
- c) Increased Personal Responsibility and Participation (sustainability)

<p><b>Ambition 1. A positive start in life</b></p> <ul style="list-style-type: none"> <li>a) Reduce need for children to be in care</li> <li>b) Narrow the education achievement gap</li> <li>c) Improve education provision for 16-19s</li> <li>d) Better support more young carers</li> <li>e) Promote children’s mental wellbeing</li> <li>f) Reduce under-18 conception rates</li> <li>g) Support families with significant social challenges</li> </ul>	<p><b>Ambition 2. Promoting healthy lifestyles</b></p> <ul style="list-style-type: none"> <li>a) Reduce the use of tobacco</li> <li>b) Encourage use of green spaces and seafront</li> <li>c) Promote healthy weight</li> <li>d) Prevention and support for substance &amp; alcohol misuse</li> </ul>	<p><b>Ambition 3. Improving mental wellbeing</b></p> <ul style="list-style-type: none"> <li>a) A holistic approach to mental and physical wellbeing</li> <li>b) Provide the right support and care at an early stage</li> <li>c) Reduce stigma of mental illness</li> <li>d) Work to prevent suicide and self-harm</li> <li>e) Support parents postnatal</li> </ul>
<p><b>Ambition 4. A safer population</b></p> <ul style="list-style-type: none"> <li>a) Safeguard children and vulnerable adults against neglect and abuse</li> <li>b) Support the Domestic Abuse Strategy Group in their work</li> <li>c) Work to prevent unintentional injuries among under 15s</li> </ul>	<p><b>Ambition 5. Living independently</b></p> <ul style="list-style-type: none"> <li>a) Promote personalised budgets</li> <li>b) Enable supported community living</li> <li>c) People feel informed and empowered in their own care</li> <li>d) Reablement where possible</li> <li>e) People feel supported to live independently for longer</li> </ul>	<p><b>Ambition 6. Active and healthy ageing</b></p> <ul style="list-style-type: none"> <li>a) Join up health &amp; social care services</li> <li>b) Reduce isolation of older people</li> <li>c) Physical &amp; mental wellbeing</li> <li>d) Support those with long term conditions</li> <li>e) Empower people to be more in control of their care</li> </ul>
<p><b>Ambition 7. Protecting health</b></p> <ul style="list-style-type: none"> <li>a) Increase access to health screening</li> <li>b) Increase offer of immunisations</li> <li>c) Infection control to remain a priority for all care providers</li> <li>d) Severe weather plans in place</li> <li>e) Improve food hygiene in the Borough</li> </ul>	<p><b>Ambition 8. Housing</b></p> <ul style="list-style-type: none"> <li>a) Work together to; <ul style="list-style-type: none"> <li>o Tackle homelessness</li> <li>o Deliver health, care &amp; housing in a more joined up way</li> </ul> </li> <li>b) Adequate affordable housing</li> <li>c) Adequate specialist housing</li> <li>d) Understand condition and distribution of private sector housing stock, to better focus resources</li> </ul>	<p><b>Ambition 9. Maximising opportunity</b></p> <ul style="list-style-type: none"> <li>a) Have a joined up view of Southend’s health and care needs</li> <li>b) Work together to commission services more effectively</li> <li>c) Tackle health inequality (including improved access to services)</li> <li>d) Promote opportunities to thrive; Education, Employment</li> </ul>