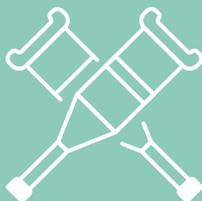
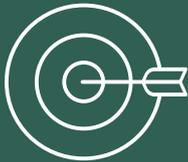
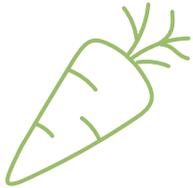


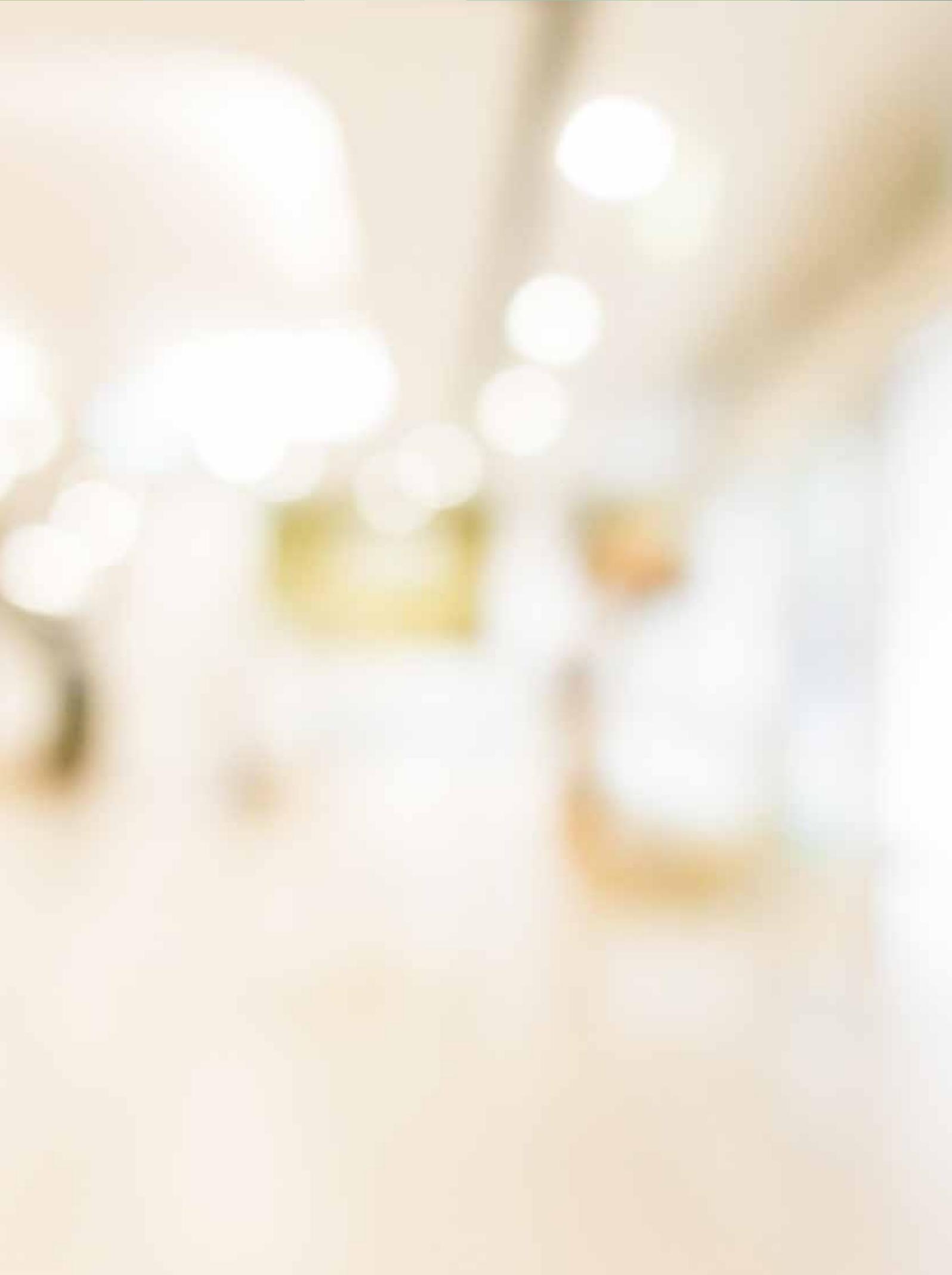
The economics of prevention and the role of the NHS

Annual Public Health Report 2016/17

 ISLINGTON

 Camden







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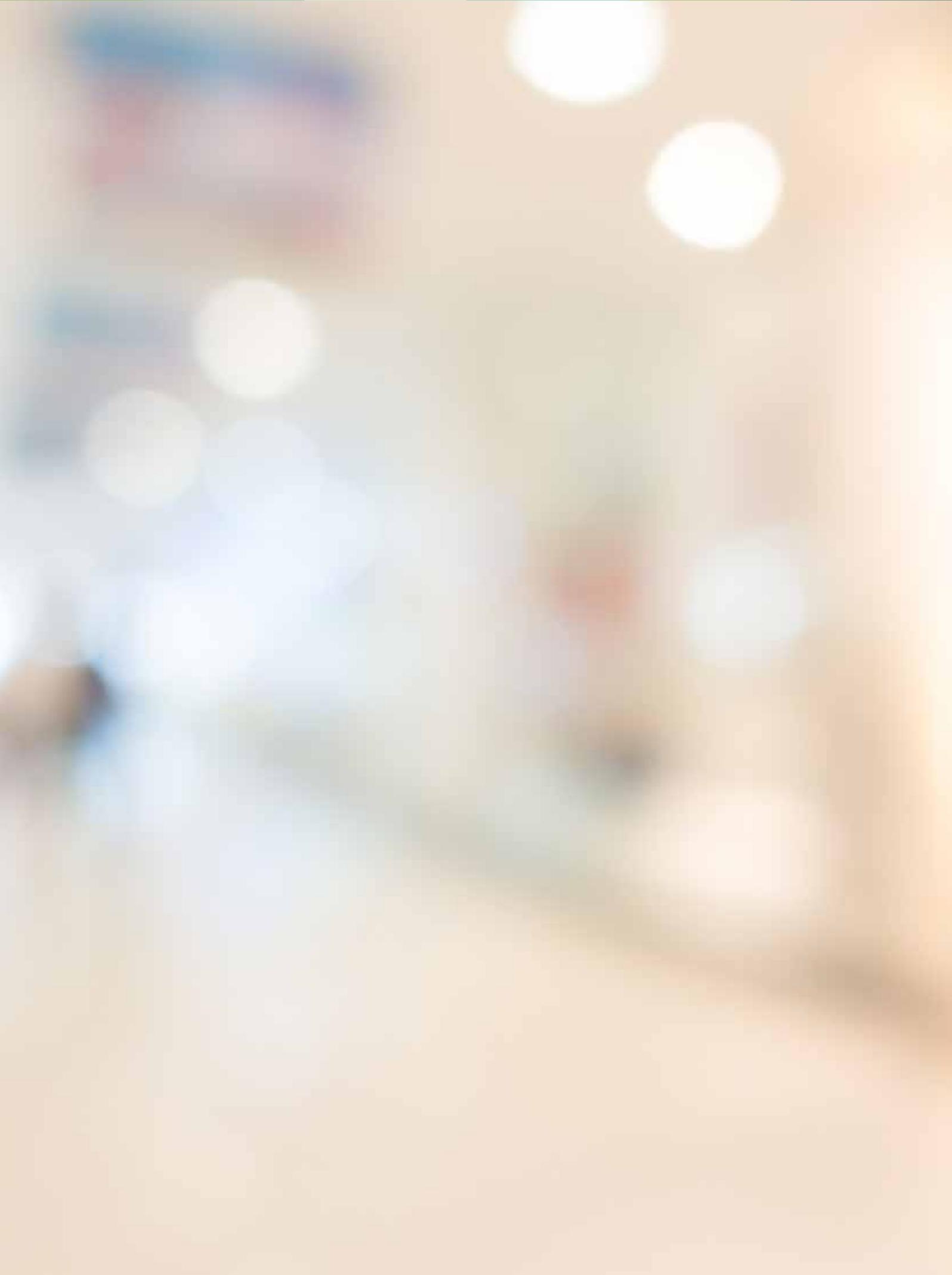
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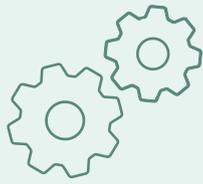


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Project team

Sarah Dougan
Deputy Director of Public Health

Samantha Warnakula
**Public Health Intelligence
and Information Analyst**

Katherine Logan
**Public Health Intelligence
and Information Officer**

Tanvi Barreto
Public Health Strategist

Lorraine Oakes
Business Manager

Kishen Gajjar
Design

With thanks to the following people for their contributions:

Jonathan O'Sullivan
Deputy Director of Public Health

Mubasshir Ajaz
**Public Health Knowledge
and Information Analyst**

Dalina Vekinis
Principal Public Health Intelligence Specialist

Baljinder Heer-Matiana
Senior Public Health Strategist

Johanna Tuomi-Sharrock
Senior Public Health Commissioning Manager

Mark Watson
Senior Public Health Commissioning Manager

Ian Sandford
Public Health Strategist

Emma Corker
Public Health Strategist

Dominic Hunt
**Workforce Planning Manager,
Health Education England**

Marina Chrysou
**Smokefree Project Officer,
Camden and Islington Public Health**

Laura Stoll
Assistant Public Health Strategist

Harriet Wells
**Team Leader, Integrated Camden Alcohol
Assertive Outreach Team (AAOT)**



Foreword

The health and care system is under growing pressure. The NHS, working with local authorities, needs to find ways to transform and make the system sustainable for the future. Investing in prevention is a key part of the answer, given that a huge burden of ill health in the 21st century is avoidable.

Advocating for investment in prevention within the health and care system is nothing new: Sir Derek Wanless made a clear and comprehensive case back in 2004.¹ Most recently, the NHS's Five Year Forward View calls for a 'radical upgrade in prevention and public health', in order to avoid spending billions of pounds in the future on avoidable illnesses and to improve health and wellbeing outcomes.²

While the NHS calls for a radical upgrade in prevention, Department of Health expenditure on public health has fallen, with cuts in the public health grant to local authorities. About 4% of the total healthcare budget is spent on prevention. Financial pressures within the NHS associated with a growing and ageing population, more complex health needs, new technologies and treatments and rising costs means that investment in prevention is more challenging. Our local health and care partnerships and strategies, the Wellbeing Partnership in Islington (jointly with Haringey) and the Local Care Strategy in Camden — retain a very strong and welcome focus on

preventing poor health and improving outcomes for residents, aligned to the respective Health and Wellbeing Boards' priorities in each borough. There is also a strong expectation that prevention will be a key part of local Sustainability and Transformation Plans (STP) – five year, strategic plans for health and care transformation and integration that are being developed and implemented across larger geographies. Locally, Camden and Islington are part of the North Central London STP footprint. Given current pressures in the system, protecting existing investment in prevention and finding the additional investment needed to make a radical step change and a demonstrable impact on health and wellbeing, is proving to be the first challenge.

The bar for investing in prevention has always been higher than for treatment services. Indeed the current health care system in effect rewards providers for dealing with avoidable ill health and its consequences and complications by increasing funding for treatment services, at the expense of prevention and early intervention. Moreover, it is often assumed that the benefits of prevention, including any financial benefit to the health and care system, will only be seen over a long period of time, when financial challenges and pressures are very immediate. There is now a significant and robust body of evidence for public health and preventative interventions which show that they

¹ Wanless, D. Securing Good Health for the Whole Population. Department of Health: February 2004.
² NHS. Five Year Forward View. NHS: October 2014.



are highly cost effective and provide a return on investment.³ The focus of this report is on those key preventative interventions that can return investment to the health service within 5 years backed up with robust evidence of effectiveness and economic modelling at a local level. The quality of evidence underpinning these calculations is often better than for many other interventions that the NHS funds, including many which are sometimes presented as cost-saving (often because of a lack of good economic evidence) but which may cost the system more money overall.⁴

Of course there is a collective responsibility for prevention that extends far beyond the NHS. As my previous Annual Public Health Reports^{5,6} have discussed, so many of the factors and determinants that promote good health and wellbeing are out of the immediate control of the health system, such as housing, employment, education, and the built environment. As a place-based strategic leader and partner, local government through its very broad range of roles and responsibilities, and specifically through its public health functions and responsibilities, plays a vital role in prevention. This ranges from investing in primary prevention services, like smoking cessation support, to providing affordable, decent housing, from supporting older

people to remain as independent as possible, through to using its regulatory and planning powers to shape the nature and quality of the environments in which we all live, work and play. Beyond local government, schools, business, the voluntary and community sector, and residents and communities themselves all have a key role to play in prevention. Furthermore, tackling the perverse incentives that exist across the health and care system and indeed across the wider public sector which mitigate against investment in prevention can only be done through a system-wide approach which moves us away from operating with siloed budgets for treatment and prevention.

The explicit focus of this report, however, is on the role of and the benefits to the NHS of prevention. It focuses on those interventions and programmes that, if invested in and delivered at sufficient scale, would have a demonstrable impact on the health and wellbeing of our populations over a short timescale. But a radical upgrade in prevention is about much more than just the money: it requires culture change across the whole system and behaviour change amongst health and care professionals so that prevention is placed at the heart of their clinical practice. The Helping Smokers Quit Programme run by the London Clinical Senate, an excellent example of

³ World Health Organisation. The Case for Investing in Public Health. 2014.

⁴ Imison, C et al. Shifting the balance of care: Great Expectations. Nuffield Trust: March 2017.

⁵ Camden and Islington Annual Public Health Report 2015. Healthy Minds Healthy Lives. Widening the focus on Mental Health. <http://www.islingtonccg.nhs.uk/Downloads/CCG/BoardPapers/20150506/5.2.2%20Annual%20Public%20Health%20Report%202015.pdf> (accessed March 2017)

⁶ Camden and Islington Annual Public Health Report 2013/2014. Widening the focus. Tackling health inequalities in Camden and Islington. <https://www.islington.gov.uk/~media/sharepoint-lists/public-records/publichealth/qualityandperformance/reporting/20142015/20140529wideningthefocustacklinghealthinequalitiesincamdenandislington> (accessed March 2017)



this type of behaviour change embedded within clinical teams and across care settings, makes the powerful case that “helping people to stop smoking is the single highest value contribution to health that any clinician can make”.⁷ This type of change is vital if the system is to become sustainable - it is well recognised that doing less in the same way is not going to lead to a sustainable solution. Delivering evidence based interventions for the management of long term conditions (secondary prevention) will release cashable savings back into the NHS in the short term. Finding ways to embed prevention and support behaviour change and self-management in every clinical encounter and pathway, alongside a systematic re-orientation of the system and re-allocation of resources towards prevention is both necessary and supported by a strong economic evidence base.

Last but by no means least, it is important to acknowledge the commitment to and focus on prevention by our NHS partners across Camden and Islington, in particular Camden and Islington Clinical Commissioning Groups who have continued to prioritise investment into a range of preventative services, interventions and programmes locally. We should also recognise the success of some of our local providers in embedding prevention into their pathways of care, into their health and care settings and environments and through workforce wellbeing programmes.

Building on these strong local foundations, this report simply makes the case that further investment in prevention over and above the investment already in the system is needed in order to achieve a ‘radical upgrade’ in prevention and deliver a step-change in health outcomes and quality of life for residents.

Generating the localised evidence provided in this report is not straightforward, and I would like to thank Sarah Dougan and Samantha Warnakula for their work, and specifically the economic modelling, on which this APHR is based. I would also like to thank the other members of my team who supported the planning and creation of this report, as well as other colleagues.

Julie Billett
**Director of Public Health,
Camden and Islington**

⁷ London Clinical Senate. Helping smokers quit. (2016).





Executive summary

As the old adage says, “prevention is better than cure.” The simple rationale for prevention is that it is better and cheaper to prevent problems before they arise. There is a strong evidence base which demonstrates this to be the case. Across the public sector, not just in health, there is an increasing interest in and emphasis on investing in prevention and early intervention. In health, a fundamental re-orientation of the system towards prevention in order to improve health outcomes, keep people independent and well, and reduce demand for reactive high cost services, is an essential part of the answer to the current challenges facing the health and care system and to its future sustainability.

The NHS has a key and distinct role in prevention. Indeed, the case for the NHS to ‘get serious about prevention’ was powerfully articulated in the NHS Five Year Forward View,⁸ published in 2014. The same case was set out in the Wanless Report 15 years ago,⁹ yet we have not seen a substantial rebalancing of the NHS away from ‘health care’ and its focus on sickness, towards health over the past decade. There are a range of factors, incentives and constraints in the current system which account for this failure to achieve a radical shift towards prevention. Not least is the short-term timescales for NHS planning, which the Five Year Forward View attempts to address, and a common perception that investment in

prevention only delivers a financial return in the longer term.

The focus of this year’s Annual Public Health Report is on the economics of prevention and on those prevention interventions that will help the NHS save money in the short term. This will not only reduce demand for more expensive, particularly acute, hospital care, but will make the system more sustainable, and when delivered at scale, will have a demonstrable impact on the health and wellbeing of residents, their families and wider communities. However, embedding prevention truly requires a whole system approach and should not be seen as something that any one part of that system can do alone. Local government, through its statutory responsibilities for improving the health of residents, has a crucial role to play, including but in no way limited to its public health responsibilities and programmes. The role of the voluntary and community sector in supporting people to live healthy, fulfilling lives and preventing demand for statutory services should also not be underestimated.

However, this report specifically focuses on those preventative interventions that are supported by evidence of delivering a return on investment to the NHS over the short term (within 5 years). It aims to create a shared understanding across the local health and care system about why, at a national

⁸ NHS. Five Year Forward View. NHS: October 2014.

⁹ Wanless, D. Securing Good Health for the Whole Population. Department of Health: February 2004.



level, Department of Health expenditure on prevention should be wider than the public health budget, and to build the case for a wider NHS role and investment in prevention. Many of these interventions described within this report are already being funded across Camden and Islington through the councils' public health grants, with additional funding from NHS commissioners and providers in some cases. To achieve the significant up-scaling of programmes required across the whole system, in order to have a demonstrable impact, further investment into these preventative interventions, alongside organisational, cultural and behavioural change, is required.

What is presented here is in no way intended to be a comprehensive overview of all effective and cost effective prevention interventions that are or could be delivered by the NHS locally or by the wider system. We hope, however, that the evidence presented is the start of developing a more sophisticated understanding of return on investment to different parts of the health and care system, which is particularly relevant to the accountable care arrangements that are emerging locally across our health and care systems.

Chapter 1 explains the background to the economic modelling presented within the rest of the report, its strengths and limitations, and describes some of the challenges in using evidence, and specifically return on investment, across the health and care system.

Chapter 2 looks at how investing in up-skilling our workforce in Making Every Contact Count (MECC) enables us to cost-effectively capitalise on the opportunities to support people to improve their health and is vital to embedding a culture of prevention and early intervention across the system.

Chapter 3 describes the return on investment for a selection of key evidence-based preventative interventions. Investing in these interventions and supporting residents to live healthier, independent lives will prevent the development or progression of long-term conditions, improve quality of life and deliver a clear return on investment to the NHS in the short term. These interventions include:

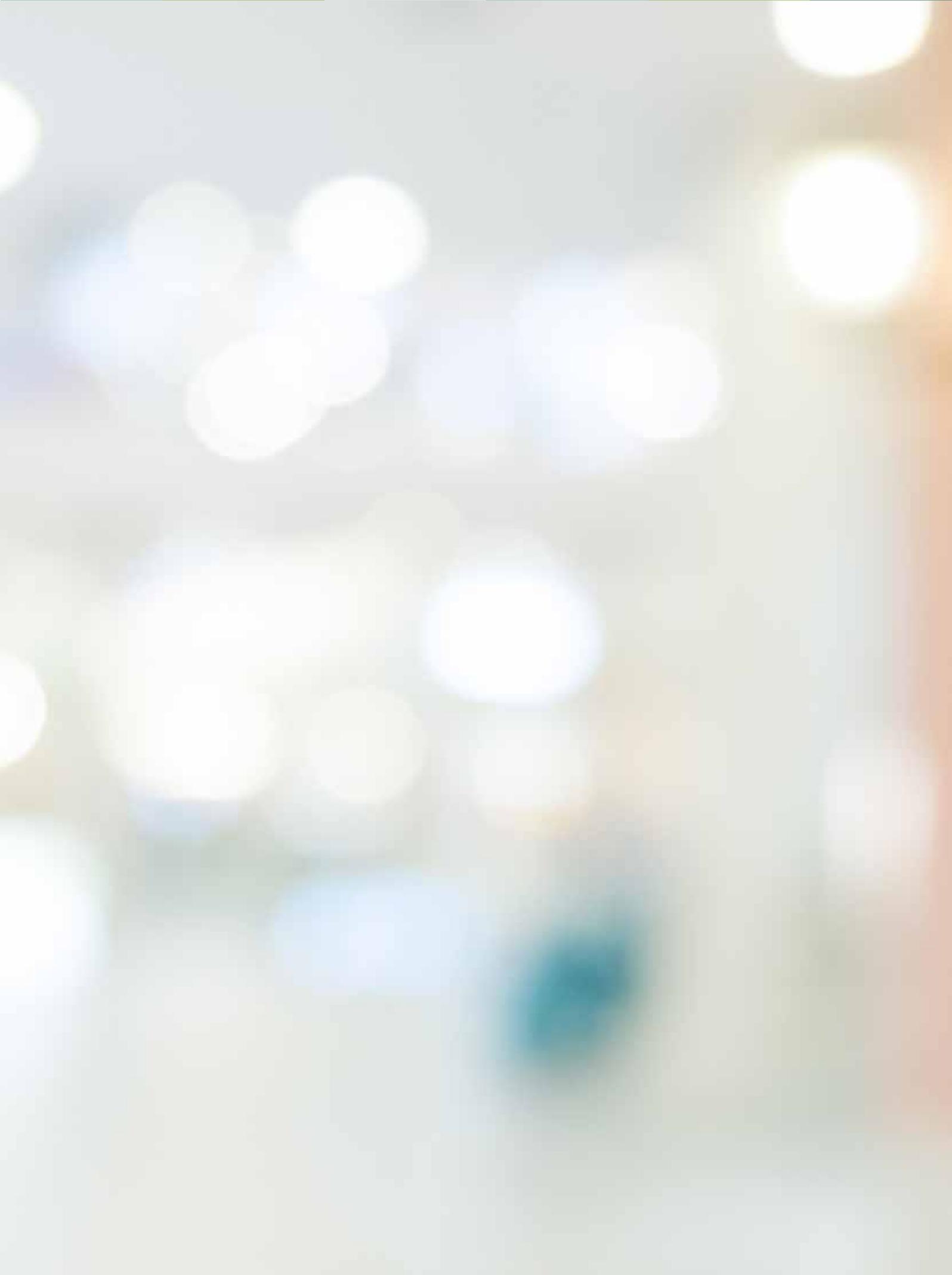
- supporting people to quit smoking;
- reducing falls;
- supporting people to reduce their alcohol consumption;
- supporting people to lose weight through weight management programmes; and
- reducing unwanted pregnancies through the use of long-acting reversible contraceptives.

Chapter 4 describes how promoting and protecting health and wellbeing within the workplace can reduce sickness absence and presenteeism, as well as improving staff engagement and wellbeing, resulting in a return on investment from increased productivity.



While most of the cashable savings to the NHS associated with the interventions covered in this report come from a reduction in hospital admissions over the short term, the impact will be more wide-reaching and longer term. Other societal and broader economic impacts of these interventions are important too, which are not captured and costed within the traditional health economics models, but will have a positive impact on residents' health and wellbeing. These wider impacts include, for example, households saving money on cigarettes or alcohol; preventing social isolation in older people resulting from a fall; and over time, reducing the significant wider social costs associated with unwanted pregnancies.

While this report focuses on the financial benefits from investing in prevention, value is not simply about money. Other key dimensions that need to be considered are quality, patient or resident experience, and particularly important from a public health perspective and directly aligned to each Health and Wellbeing Boards' priorities, is the targeting of inequalities. Above all, value represents the ability within available resources to meet the goals of local health services in improving the health and wellbeing of the population, and of local people and communities in managing and improving their own health.





Building the economic case for prevention in the NHS

Historically, funding in the health system has favoured treatment over prevention. However, there is a growing body of robust economic modelling — built on evidence of effectiveness and economic evaluation — which, when applied locally, shows that preventative initiatives can have a return on investment to the NHS even over the short term. This report makes the economic case for a greater focus on and prioritisation of prevention to save money. Doing this will not only reduce demand for expensive hospital care and make the system more sustainable, but delivered at scale, will have a demonstrable impact on the health and wellbeing of residents, their families and wider communities.

Much of the burden of ill health, poor quality of life and health inequalities is preventable; between 2013 and 2015, an estimated 23% (777) and 26% (828) of deaths were from preventable causes in Camden and Islington, respectively. The individual, social, and economic impacts of preventable ill health are extensive, and disproportionately impact on the poorest in society. The health and care system spends billions of pounds each year on treating illnesses and meeting care and support needs that are wholly avoidable.

The NHS has a key and distinct role in prevention, which is not just limited to delivering prevention as part of its treatment role - although obviously this is important. The NHS also has a key role to play as a major economic

power in society, with massive population reach.

The box below summarises the various ways and levers through which the NHS contributes towards prevention and tackling inequality.

The role of the NHS in prevention

Impacts at an individual resident/patient level:-

- Supporting behaviour change in people who are well but who are at risk of ill health, as well as in people who have one or more health conditions who are at risk of deterioration or developing other conditions (e.g. smoking cessation, alcohol screening and advice).
- Signposting and referring people to a range of our statutory and voluntary sector services and support to help maintain or promote health and wellbeing e.g. leisure services, befriending, money and debt advice, employment support.
- Ensuring the early identification, proactive and systematic management of long term conditions.
- Supporting patients and carers with self-management and self-care, empowering them to take actions for themselves and their families to maintain good physical and mental health, prevent illness and care for minor ailments and long term conditions.

Impacts as a “setting”:-

- Creating health-promoting health care environments that support people to make healthier choices. For example, smokefree policies, providing a healthy food offer.

Impacts at a wider societal or population level:-

- As a major local employer, particularly of non-medical staff and through offering “good employment”, for example, offering London Living Wage, apprenticeships and job opportunities for people who face particular barriers to work.
- As a healthy employer, supporting the physical and mental health and wellbeing of its workforce.
- As a commissioner and procurer of services from third parties and by ensuring fair conditions and social value are procured and maximised through its supply chain.

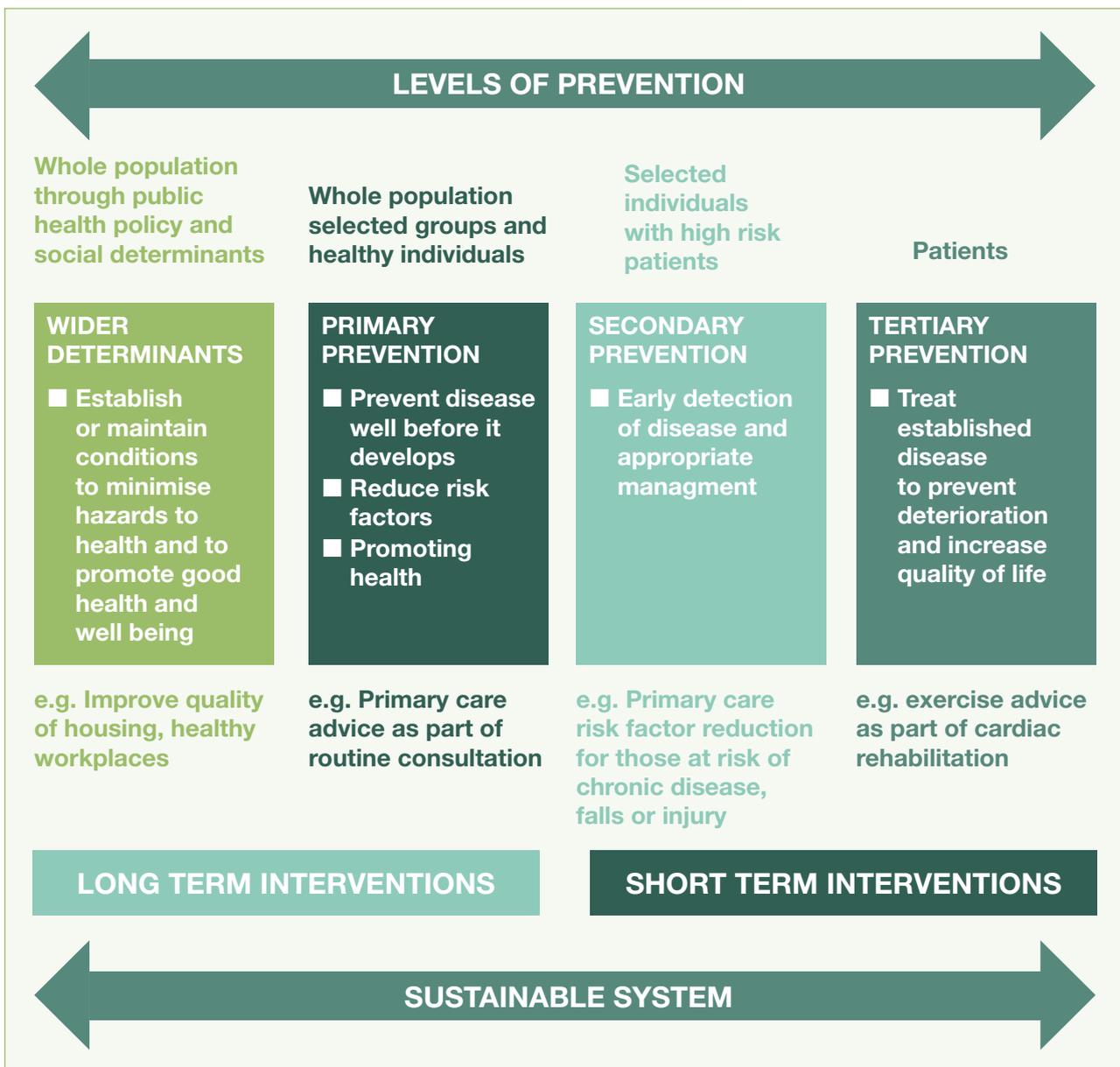
It is important to recognise and acknowledge that so many of the factors and determinants that promote good health and wellbeing are out of the immediate control of the health system and therefore prevention truly requires a whole system approach. For determinants such as housing, employment, education, and the built environment, local government

plays a vital role in prevention, not only through delivery of specific services but also through its regulatory and planning powers to shape the nature and quality of the environments in which we all live, work and play. Beyond local government, schools, business, the voluntary and community sector, and residents and communities themselves all have a key role to play in prevention.

When thinking about prevention, it can be helpful to describe it as a series of different levels – wider determinants, primary, secondary and tertiary (**figure 1**). The short term benefits of prevention are through secondary and tertiary prevention, essentially by helping to prevent further deterioration and ill-health in people who already have disease. These interventions generally deliver net cashable savings to the NHS by reducing hospital admissions, in addition to improvements in health and wellbeing for the individuals concerned. Effective secondary prevention requires both early diagnosis of disease and for health professionals (and others) to be encouraging and supporting patients who already have disease and their carers to change their behaviours including supporting self-management and self-care. Crucially, there is a role for every health professional in supporting secondary prevention, including hospital doctors, nurses, GPs, pharmacists, and allied health professionals (e.g. physiotherapists), as well as others within the public and voluntary sectors.



Figure 1: the levels of prevention





While most of the cashable savings to the NHS associated with the interventions described in this report come from a reduction in hospital admissions over the short term, the impact will be more wide-reaching and longer term than this for the reasons set out below. Some of these additional health and financial impacts may not be felt for years or even decades:

- By systematically encouraging, supporting and providing targeted services focused on positive behaviour change, the NHS can play a key role in primary prevention, as well as in secondary prevention. This will result in cost-savings to the NHS over the medium to longer term from a reduction in ‘high risk’ behaviours.
- Not all of the savings from secondary prevention will be captured over the short term as the risk reduction for some adverse events can take longer. For example, stopping smoking will reduce a person’s risk from cardiovascular disease within a year of quitting, but it takes five years for a reduction in lung cancer risk.
- Other societal and broader economic impacts of these interventions are important too, which are not captured and costed within the traditional health economics models, but will have a positive impact on residents’ health and wellbeing. These include for example, households saving money on cigarettes or alcohol; preventing

social isolation in older people resulting from a fall; and over time, savings to the welfare system from a more economically productive population.

It is important to understand that the weight of evidence used to generate economic modelling is substantial and includes research studies demonstrating evidence of effectiveness as well as economic evaluations. Owing to its focus on shorter-term cashable savings, there is an obvious absence of interventions relating to children and young people and other key interventions (e.g. HIV testing to reduce late HIV diagnoses) in this report. This emphasises the need to be planning and considering benefits and returns over a longer time period, which would help to ensure financial sustainability over the medium and longer terms. A recent systematic review has identified public health interventions that yield a return on investment in the medium and long term (table 1), some of which are already being implemented locally (e.g. 20mph zones).



Table 1:

Public health interventions that deliver a return on investment in the medium to long term (adapted from Masters et al., 2017)

| Time over which intervention will return investment | Intervention category | Brief description of the intervention | Where the investment returns |
|--|--|---|------------------------------|
| Medium term (between 5 and 20 years) | Evidence for local level intervention: | | |
| | Workplace wellbeing | Workplace health promotion for firefighters | NHS |
| | Physical activity | Improved cycling and walking infrastructure | |
| | | Bike and pedestrian trails | |
| | High blood pressure | Home blood pressure monitoring for hypertension diagnosis and treatment | |
| | Education programme | Wellness and disease prevention programme | NHS and wider public sector |
| | Young offenders | Multisystematic therapy with serious young offenders | |
| | Road safety | 20 mph zones | |
| | Alcohol | Therapeutic services for alcoholism | Wider public sector |
| | Oral health | Water fluoridation | |
| | Evidence for national level intervention: | | |
| | Vaccination | Hib vaccination | NHS |
| | Nutrition | Sugar sweetened beverage tax | |
| Eliminating tax subsidies for advertising of nutritionally poor food to children | | | |

| | | | |
|------------------------------------|---|--|-----------------------------|
| Long term (20 years or more) | Evidence for local level intervention: | | |
| | Smoking cessation | Stop smoking services | NHS |
| | Education programme | Intensive early education programme for socially deprived families (preschool and school age programmes) | NHS and wider public sector |
| | | Intensive early education programme for socially deprived families (extended intervention) | |
| | | Preschool education programme for socioeconomically deprived children | |
| | Young offenders | Multisystematic therapy with serious young offenders and their siblings | |
| | Alcohol | Therapeutic services for alcoholism | NHS and wider public sector |
| | Evidence for national level intervention: | | |
| | HIV | HIV/AIDS prevention | NHS |
| | Vaccination | Measles vaccination | |
| | | Hepatitis B vaccination | |
| | Road safety | Campaigns | |
| | Tobacco | Programmes to reduce consumption | |
| | Heart disease | Programmes to reduce rates of coronary heart disease | |
| Children | Parenting programmes for the prevention of persistent conduct disorders | NHS and wider public sector | |
| Lifetime | Evidence for local level intervention: | | |
| | Substance misuse | Supervised injection facilities | NHS and wider public sector |
| | Evidence for national level intervention: | | |
| | Substance misuse | Needle exchange | Wider public sector |
| | HIV | Counselling, testing, referral and partner notification services | |
| | | Expanded HIV testing | NHS |
| | Contraception | Family planning services | |
| | Nutrition | Folic acid fortification of grain | Human capital |
| Vaccination | MMR vaccination | NHS and wider public sector | |
| | Hib vaccination | | |



Additionally, the economic evidence presented here only considers the interventions which return savings to the NHS. There are other important interventions to improve health and wellbeing, which would be potentially cost saving to other parts of the public sector system, including local authorities and the Department for Work and Pensions (DWP), for example. The evidence is more limited in some of these areas, and developing a more robust evidence base for these types of interventions, as well as for interventions to achieve medium to longer term savings, should be a priority. Consideration of who invests in which interventions within the public sector and who gets the financial return (or more negatively, where a cost shunt occurs when services or interventions are reduced or stopped) will also become more important as individual organisations' budgets become more constrained. With full appreciation that this is a very complex system, better recognition and understanding of the impacts of organisational decisions across the whole public sector system will be pivotal in working together to improve the health and wellbeing of residents, and ensuring that we do not inadvertently widen health inequalities through individual organisational actions or decisions. More whole system population health approaches in which the new models of accountable care systems and partnerships are grounded, seek to mitigate these risks and move beyond organisational interests and silos.

Robust economic evidence, and specifically evidence of a return on investment, is both complex and challenging to produce. Typically, we see a relationship between the size of the reported gains and the strength and quality of the underpinning evidence: more robust modelling generally reports smaller economic gains. Being mindful of this and critically appraising the evidence on which investment decisions are being made will only become more important as the financial deficit grows across the health and care system. If the system truly wants to make evidence-based decisions and achieve planned savings then there needs to be a more sophisticated understanding and use of more robust evidence across the board. This is equally important for disciplines which do not have a strong evidence base, as for those that do, otherwise these areas will be continually disadvantaged when investment decisions are made because of a relative, perceived lack of return.

Finally, while this report focuses on the financial benefits from investing in prevention, value is not simply about money. Other key dimensions, which will certainly be more important from the perspective of our residents and that need to be considered are quality, access and patient or resident experience. Clearly the targeting and reduction of inequalities is also a key dimension when considering value and population benefits. Above all though, value represents the ability within available resources to meet the goals of local health services in improving the



health and wellbeing of the population, and of local people and communities in managing and improving their own health.

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A workforce for prevention: Making Every Contact Count

Our local public sector workforce is one of our greatest assets for prevention and early intervention. NHS and other public sector staff have thousands of daily interactions with patients and residents and so are ideally placed to cost-effectively support people to improve their health and wellbeing and to access the right services at the right time.

We know we will be successful across Camden and Islington when...

...every member of the local public sector workforce, including all parts of the NHS, is a champion for prevention and taking proactive steps to close the health and wellbeing gap in the local population.

A key way we can ensure that residents are appropriately supported and directed towards preventative services that might benefit them, is by equipping our workforce with the knowledge, skills and confidence to support people to make healthier choices, and to embed this approach and holistic way of working into their everyday working practice. These would include interventions to address particular health behaviours (e.g. smoking, alcohol) and those that address the social determinants of health (e.g. debt, employment, housing). Doing this, at scale, will help increase engagement in the wide range of preventative

services on offer locally and generate savings over both the shorter and longer term.

We can achieve this is by up-skilling staff to Make Every Contact Count (MECC). With competence in promoting self-care and prevention in their daily working lives, staff will be able to capitalise on the opportunities within their teams, with their patients and through other contacts to:

- support people to improve their health;
- identify and refer those who would benefit from the help and support of another service to improve their health and wellbeing, encompassing a social prescribing approach to make best use of the range of services, support avenues and assets to help people stay healthy, well and independent;
- embed and nurture a culture of prevention and early intervention across the system.

MECC is a whole system approach to reducing health inequalities and it helps to generate savings to the NHS and to the wider public sector by capitalising on the thousands of conversations that staff are already having each and every day across the system: the marginal cost of talking to someone about behaviour change within these conversations, which can last as little as 30 seconds long, is very small. The expectation is that from these thousands of conversations, some will move patients and residents a step closer to making healthier

choices, while others will go on to seek support from preventative services, with some of those going on to make positive changes as a result. MECC is therefore a personalised and cost effective way of raising awareness of health and wellbeing services across large numbers of people, and increasing demand for and take up of preventative services which provide direct cost-savings to the NHS and the wider system.



One of the strengths of Making Every Contact Count has been the engagement of key services and organisations across Camden and Islington which has helped to ensure the training is relevant, accessible and useful to staff. With different styles of working and learning, we have managed to develop the training in a way that it meets a wide range of needs.



Islington CCG Staff member

What is MECC?

MECC is central to how we can better support residents and patients to get the help they need earlier. Often when people are asked for help on issues that are outside the remit of their immediate role, staff do not always know what advice to give, nor do they feel comfortable giving it. In fact, our workforce, through their routine and daily contact with residents and patients, are ideally placed to spot needs and opportunities to help and encourage people to take positive steps to improve their own health. MECC training is about helping staff to spot those opportunities in the thousands of conversations they are already having with residents locally, having the confidence and skills to raise issues appropriately, and signposting to further support for issues related to:

Money worries

Debt and fuel poverty

Getting the right job

Housing

Stop smoking services

Physical activity and healthy eating

Mental health and sensible drinking

and more

02

CHAPTER



What is MECC?

Importantly, MECC is not about staff becoming experts in all of these issues, but about having the knowledge, skills and confidence to have a brief conversation, when the opportunity presents itself in a way that respects residents' preferences and circumstances.

MECC should not be viewed as an isolated training intervention or programme on its own, but as a key component of the wider organisational and cultural changes necessary to support an increased focus on helping people stay healthy and well, rather than just treating ill health. MECC should also be seen as part of a continuum of approaches supporting behaviour change.

Workplace wellbeing programmes that support and promote employee wellbeing (see chapter 4), as well as 'environmental' changes, such as smoke-free hospitals or changing the food choices available in public buildings, are important and positive organisational influences on effective MECC implementation at scale.

Making Every Contact Count (MECC) including Behaviour Change and Motivational Interviewing Techniques

Patient activation and empowerment approaches

SELF-MANAGEMENT

Resilience and Wellbeing

Early intervention and prevention



MECC training is very applicable to my work and will be beneficial to our housing clients - Reception Centre Manager, Islington Council





The MECC training is very informative, and builds your confidence to support others

**Sheltered Housing Manager,
Camden Council**



MECC in Camden and Islington

During 2016, Camden and Islington Councils launched MECC programmes across the two boroughs. The MECC programme consists of three elements: a short introductory e-learning course, which helps all staff recognise opportunities and the various needs of residents, understand the basics of brief advice and provides knowledge on where to signpost people for further support. The second element is a face-to-face training offer, which builds on the short e-learning course by focusing on behaviour change techniques and is especially relevant for frontline staff members, who regularly work with residents and who would benefit from more focused training to equip them with the skills to enable them to deliver MECC confidently and consistently. The final element focuses on supporting implementation of MECC by having MECC champions who promote MECC by encouraging others to take part in the training and embed the skills into their everyday practice. This will help ensure sustainability of the programme.

Our local MECC training in Camden and Islington is fully accredited by Royal Society of Public Health (RSPH) and is available to all council staff as well as to staff in the NHS, voluntary and community sector and the emergency services.

To date, over 900 staff from a wide range of public sector services and the voluntary sector have received either e-learning or face-to-face MECC training. Staff have reported that the training has helped them make a positive difference to residents. There are opportunities now to expand this programme much more widely across both boroughs, including into all of our local NHS providers. Implementing MECC at scale will help deliver short term savings to the NHS by encouraging people who are already ill to change their behaviours (secondary prevention), as this is where we can achieve cost-savings within a five year period — by improving their health and reducing emergency hospital admissions. Clearly, there will also be wider benefits in the medium to longer term by helping people to stay healthy and well, and with them becoming more engaged in looking after their own health and wellbeing.

Further information is available at:
www.camdenmecc.org.uk
and **www.islingtonmecc.org.uk**

02

CHAPTER



Our local aspirations for MECC in the NHS

OVER THE NEXT

FIVE
YEARS



ALL
23,700

NHS staff
working in
Camden
and
Islington
will receive



NEARLY 19,000



FRONTLINE
NHS STAFF



in Camden and Islington will
RECEIVE ADDITIONAL



Prevention in action:

One training participant explains how MECC helped her signpost a client she was supporting for housing needs.

“I had gone to visit a young mum who I'd recently placed in temporary accommodation. She told me how she felt powerless to get a job because of having young children and no qualifications. I told her about Camden's Employment team and gave her their contact details. The next time I visited she had received information about a local college and the crèche facilities available, which led to her enrolling on a course.”

Recommendations

1. We collectively aspire and commit to training up all of our staff through e-learning and, additional investment permitting, front line staff with face-to-face training. We will do this by embedding MECC into organisational training programmes, and targeting key services. To achieve short term financial savings to the NHS through prevention, this means that there needs to be a specific focus on front-line health professionals
2. 'MECC Champions' should be established within different organisations to advocate and promote MECC within their teams and services. To provide very visible leadership for our aspirations around creating a workforce for prevention, we ask that every board and senior management team has at least one MECC champion.
3. MECC is a key prevention priority within North Central London's STP and for the Healthy London Partnership at a London level. We will work collaboratively with partners to build upon, share, and use existing materials and learning to ensure cost-effective delivery and greatest impact.

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(accessed March 2017)



Making Every Contact Count is key to really breaking down those barriers between health care, social care and other council services, most people just need advice and support on improving their health and quality of life, whoever provides it and all services across NCL should be doing that.

Royal Free London NHS Foundation Trust





Supporting residents, families and communities to make healthier choices

Supporting our residents to make healthier choices is vital, not only to extending life expectancy, but also for improving quality of life and preventing avoidable ill health and disability. This includes among people with long term conditions, to prevent deterioration and the development of other long term conditions. There is clear economic evidence that investing more to support Camden and Islington residents to stop smoking, reduce alcohol intake, lose weight and reduce unwanted pregnancies, as well as doing more to prevent falls, can result in net cashable savings to the NHS even within five years, a relatively short timeframe for prevention.

We know we will be successful when...

...our residents, families and communities are supported to look after their health: smoking and drinking less, eating more healthily, and being more active, as well as looking after their sexual health and mental health and wellbeing.

...there are far fewer hospital admissions from preventable causes such as smoking, alcohol, and falls, and reductions in associated ill health and early deaths.

The interventions described in this chapter have been identified on the strength of economic

analysis demonstrating that they should save the NHS more than they cost over the next five years, using a return on investment methodology, and where benchmarking demonstrates there is scope to increase existing levels of activity within these areas in Camden and Islington. The analyses have not included longer term health impacts and other, non-NHS benefits, and so the overall benefits described in this chapter are likely to understate the full impacts of the selected interventions.

Although the analysis has a focus on savings within the NHS, as we set out in Chapter 1 of this report, many of the interventions cannot be carried out by the health service acting alone and are likely to best be realised by partnership action. For example, wider local and national tobacco control strategies which encompass multi-partnership working on education, prevention, treatment and smoke-free policies are important factors in individuals deciding to engage with stop smoking interventions.

Interventions which are multi-sectoral in their impact will also be particularly understated using these economic models and timescales, and are especially important when considering the needs of children and families, people with mental health conditions or other vulnerable groups, and older people. These are also important groups where collective action across partners can promote more effective use of resources and better experience and outcomes for residents. For similar reasons, interventions



in the development of conditions where outcomes are generally of a longer duration are also not captured, which means a short term focus may mean longer term ‘opportunity costs’ for future health service needs and resources. Some of these interventions are listed for reference in Chapter 1.

These interventions therefore represent only a subset of interventions that have been shown to be cost-beneficial or cost-effective in preventing or intervening early in health problems. Much wider programmes of partnership action are necessary to drive significant and lasting change, engaging individuals and families, communities and wider society in active change to promote better health and reduce health inequalities. It is particularly important that across the health and care system and particularly in areas such as mental health, children, maternity, long term conditions and primary care, that we continue and develop the local track records of partnership action for prevention and early intervention.

Supporting people to quit smoking

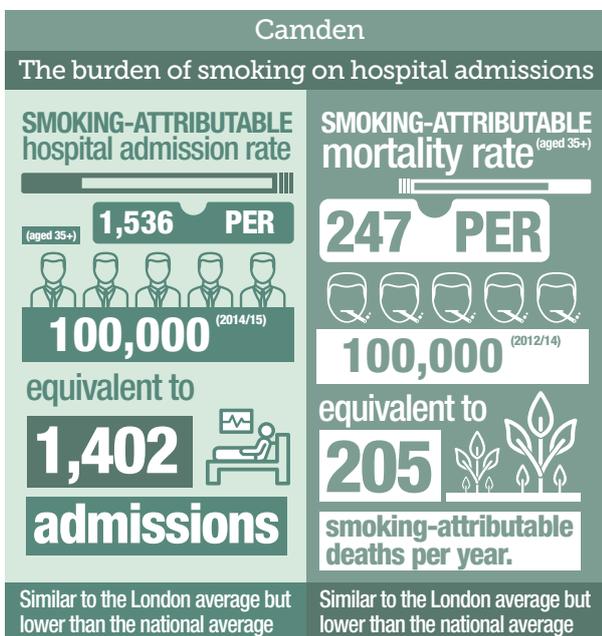
Smoking is the single greatest contributor to the health and wellbeing gap in Camden and Islington. People living in our most deprived communities are much more likely to smoke, and therefore die prematurely (before 75). Supporting people to quit smoking saves the NHS money by reducing smoking-related hospital admissions in the short term. Although our local stop smoking services perform well

and benchmark favourably against other areas, helping around 40% of service users to achieve a “four-week quit”, fewer than 1% of smokers are estimated to quit for a year or more using NHS stop smoking services in Camden and Islington each year. With investment, there is plenty of scope to up-scale services and deliver a bigger return on investment to the NHS, as well as reducing the burden of preventable ill-health from smoking.

Smoking increases the risk of developing serious health conditions like cancer and cardiovascular disease, and contributes to around one-in-six premature deaths among our residents. Almost half of all long-term smokers die of a smoking-related illness. Women who smoke during pregnancy have an increased risk of miscarriage, stillbirth and delivering babies with low birth weight.

Collectively, the harmful effects of smoking on health place a significant burden on the NHS due to the costs associated with GP consultations, prescriptions for drugs and treatment of smoking-related illnesses within our hospitals. Disability associated with smoking – related conditions also places a significant burden on adult social care, such as vascular dementia. Tobacco use affects not only smokers and their families, but also has multiple impacts across society, including loss of workforce productivity as a consequence of poor health, the cost of clearing cigarette litter from our streets, and smoking-related fires which require emergency service call-outs.

03 CHAPTER



The number of people who smoke in Camden and particularly, in Islington, has remained stubbornly stable since 2010, even though prevalence has been steadily decreasing nationally. Camden and Islington's Tobacco Control Strategy 2016-2021 lays out a bold ambition to significantly reduce the prevalence of smoking in Camden and Islington over the next few years. This will involve all parts of the system supporting people to quit smoking, including in secondary care. Up-scaling access to and engagement in stop smoking services is needed, as well as offering smokers a range of options to support them to quit smoking; for example,

through the use of digital apps for those who do not want to see a health professional, increasing support in the community through upskilling the voluntary and community sector to provide support, and providing more specialist addiction support for those with highly addictive smoking behaviours. All these options will be available to smokers across Camden and Islington as part of the newly commissioned stop smoking service, as well as through new forms of support being developed through the London Association of Directors of Public Health's Smoking Cessation Transformation programme.

Health inequalities in Camden and Islington

The rate of smoking related hospital admissions is more than **twice** as high in people living in **most deprived** areas of Camden and Islington, compared to those in the **least deprived** areas, even after taking **age** into account



Chronic obstructive pulmonary disease (COPD) is a smoking related condition and is one of the **biggest** causes of death from smoking. Mortality rates from **COPD** in people living in the **most deprived** areas is **higher** (and **almost double** for Camden) compared to those in the **least deprived** areas

A reduction in smoking prevalence across both boroughs will deliver cashable savings to the NHS through a decrease in smoking-attributable hospital admissions over a five year period. In addition to these direct healthcare savings, health inequalities could be reduced through upscaling the targeting of disadvantaged groups, including people with serious mental health problems, people with learning disabilities, specific BAME groups with higher rates of smoking, and people from the most deprived communities.

Camden

Reducing smoking prevalence

GOAL IS TO reduce smoking prevalence from the current



18% to **13%** by 2020/21

This means around **10,500** fewer smokers in Camden in **five** years



Islington

Reducing smoking prevalence

GOAL IS TO reduce smoking prevalence from the current



21% to **16%** by 2020/21

This means around **11,000** fewer smokers in Islington in **five** years



graphic space



Scaling up and economic impact to the NHS

NATIONAL EVIDENCE suggests that for every **£1 SPENT** on smoking cessation services the NHS could **SAVE FUTURE** healthcare costs of **£10**

TO REACH TARGET prevalence in Camden and Islington by 2020/21, we need **2,280 AND 2,010** PEOPLE TO QUIT SMOKING EACH YEAR

EACH YEAR an estimated **0.6%** in Camden and Islington quit for a year or more **USING NHS** smoking services an annual reduction of **0.11% AND 0.12%** respectively in smoking prevalence

THIS EQUATES TO NET SAVINGS OF **£27,000 AND £29,000** to the NHS in each borough through avoidance of A&E attendances and hospital admissions

IF THE ANNUAL NUMBER of successful quits remains the same **AS 2014/15** (and all else remained equal*) then it will take **MORE THAN 40 YEARS** TO reach the target prevalence of **13% AND 16%** in Camden and Islington, respectively

Current economic modelling suggests for EVERY 100 INDIVIDUALS who quit smoking, the annual direct healthcare gross cost saving to the NHS after 5 years is **£73,400**

*Other things that will impact on smoking prevalence in Camden and Islington include increased use of e-cigarettes; changing patterns in young people starting to smoke; introduction of plain packaging on cigarettes; changes in migration patterns; and higher death rates among smokers combined with ageing population. It seems likely this will all contribute to a net reduction in prevalence but it is not easy to quantify this

Prevention in action:

Camden and Islington NHS Foundation Trust's smokefree hospital policy

Camden and Islington Foundation Trust have had a smokefree hospital policy and nicotine management policy since 2015. There are no designated smoking areas in the Trust and no staff-supervised or staff-facilitated smoking breaks for service users. Nicotine replacement therapy (NRT) is available to inpatients 24 hours a day to support them to abstain whilst using the service or to stop altogether. Staff are trained to deliver evidence-based smoking cessation interventions. A smoking cessation care pathway supports people to address their nicotine dependence when they leave hospital or as they move across services.



Prevention in action:

Case study of an Islington stop smoking service user

Joe (not his real name) started smoking at 14 and by age 40 he was a heavy smoker. Since his late 20s he had been diagnosed with cancer twice and had tried to stop smoking three times, but without success. When he got his third cancer diagnosis, he decided to try again. Whilst undergoing chemotherapy treatment, his GP referred him to the Islington specialist community stop smoking service. Even though he had tried Champix three times before without success, he went on the medication again, not really expecting to ever give up. However, his advisor did not give up on him, and with their support, he managed to stop completely.

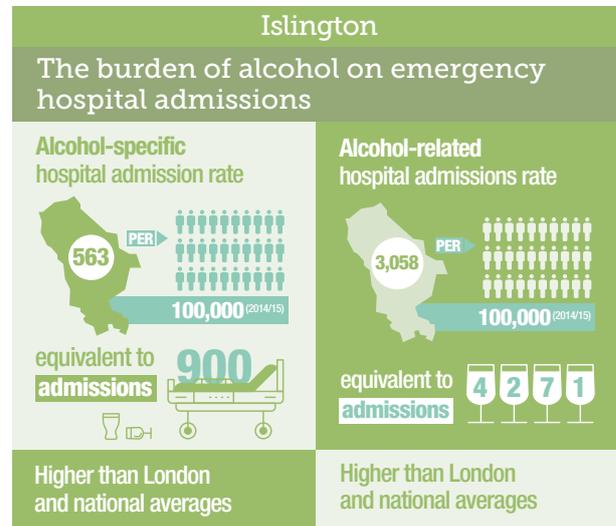
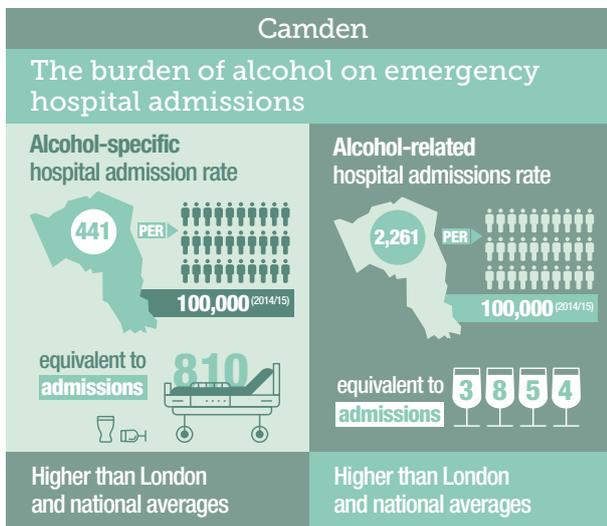
Having stopped smoking for the first time in over 25 years, he started noticing the benefits straight away. He made sure to keep to a healthy diet, as he was concerned about putting on weight. His swimming improved dramatically. He felt free from smoking which had been dominating his life and he had more time on his hands. He started showing up to his appointments on time, finishing his chores at home and taking better care of himself. When his cancer treatment finished, he planned to start voluntary work and was determined never to go back to smoking. He says that going to see the stop smoking advisor 'has saved his life'.

Reducing the harms of alcohol use

Alcohol has an important and positive role in British culture and is used widely in our society and family life. Locally the alcohol drinks market plays a significant part in the night time economy, contributing to employment and economic development. The vast majority of people enjoy alcohol without causing harm to themselves or others.

However excessive alcohol consumption can have a detrimental effect on nearly all parts of the body, and the associated health problems cause a significant burden on the NHS, as well as on the wider public sector. People with alcohol misuse problems often face multiple additional challenges such as unemployment, homelessness or housing issues, multiple drug use and involvement with the criminal justice system.

03 CHAPTER



Across both Camden and Islington, reducing alcohol consumption and the associated harmful effects is a strategic priority for both Health and Wellbeing Boards, and a range of different interventions and levers are being used to achieve this, using a whole systems approach. In terms of the NHS, there is good national and local evidence that savings can be achieved in the short term (within 5 years) from alcohol screening, alcohol liaison, and alcohol assertive outreach teams. While all of these interventions are currently being delivered to some level in Camden and Islington, there is still potential to scale these up significantly given the high levels of alcohol-related harm within the boroughs.

In addition to delivering cashable savings in terms of avoiding hospital admissions, and specifically repeat admissions, increasing the scale of delivery of these three interventions can also help to close the health and wellbeing gap locally by targeting high risk and dependent drinkers from those groups that suffer the highest levels of harm.

Alcohol interventions in Camden and Islington

Alcohol Screening: Camden and Islington adults are currently screened for their alcohol intake through either NHS Health Checks, or as newly registered patients with their GP practice.

Alcohol liaison services: Alcohol liaison teams, including in-hospital liaison nurses, target people with repeat hospital admissions and visits to A&E due to alcohol related problems. These services are already in place at the Whittington, UCLH and Royal Free. In Camden, alcohol liaison services are also able to refer potential clients to the Assertive (Alcohol) Outreach Team (AAOT).

Assertive (Alcohol) Outreach Teams: Assertive community treatment models have been shown to be effective in improving retention and engagement in treatment and improved clinical outcomes for people who misuse alcohol. This model seeks to support clients to engage with a range of support services, helping them reduce their alcohol intake and increase their social connections, leading to a positive impact on health, wellbeing, and self-management. Camden's AAOT is CCG funded and part of the wider Integrated Camden Alcohol Service (ICAS).

Scaling up and the economic impact to the NHS

ALCOHOL SCREENING

For every person screened who receives brief advice, the NHS could save an average of

£24 per person



per year through the avoidance of emergency hospital admissions

INCREASING THE UPTAKE of alcohol screening from

10%

30%

in Camden and Islington in a variety of key settings

INCLUDING



GP PRACTICES and A&E

by investing an additional **£0.20m** and **£0.18m** per year can generate further net savings of **£0.27m** in Camden and Islington respectively and **£0.23m** to the NHS.

In addition to the estimated **£0.13m** and **£0.12m** annual net savings already achieved

by screening **10% of the population**



graphic space



Scaling up and the economic impact to the NHS

ALCOHOL LIAISON SERVICES



One alcohol liaison nurse can prevent

97 A&E visits 

and **57 hospital admissions**

generating net savings to the NHS of **£30,000** 



Alcohol liaison services are currently provided at the **Whittington, UCLH and Royal Free hospitals.**

Each additional alcohol liaison nurse would **REDUCE** alcohol specific admissions by a further



Expanding alcohol liaison services in Camden and Islington through an additional investment of **£180,000** would produce annual direct net savings of **£60,000** and **£30,000**, respectively

ASSERTIVE (ALCOHOL) OUTREACH TEAMS (AAOT)



FOR EVERY 100 alcohol-dependent

people treated by an AAOT

18 A&E visits  

and **22 hospital admissions**

CAN BE PREVENTED

generating net savings to the NHS of **£20,000** 

From **Quarter 1 to Quarter 3** in 2016/17, the Camden AAOT saw a **79% reduction** in unscheduled alcohol-specific hospital admissions and A&E attendances amongst the people on their caseload

Even a **10% reduction** in alcohol-specific admissions would reduce admissions by



Implementing AAOT services in Islington and expanding the existing service in Camden would require an additional investment of **£286,000** and would produce annual direct net savings of **£52,000** and **£32,000**, respectively.

Finally, it is important to appreciate that the economic modelling of the benefits in reducing alcohol consumption captures only a small part of the possible impact on the system (by looking at hospital admissions). Given the wide-ranging impact of alcohol, there would also be other savings across the system which would return to other public sector bodies and may include for example, the ambulance service, the police, the criminal justice system, costs related to anti-social behaviour and domestic violence, as well as wider costs associated with homelessness, unemployment, and lost productivity.

graphic space

Prevention in action:

Case study of an AAOT patient

When Alex (not his real name) was referred to the AAOT he had been admitted 10 times in the last 6 months for alcohol-related seizures and was experiencing seizures almost daily. Alex suffered from depression and was also in a violent relationship. He was drinking 3-4 litres of 9% cider per day in order to manage his depression and seizures.

AAOT began working with Alex in November 2015 following his assessment. He was keen to stop drinking and worked with his keyworker to cut down very slowly to reduce the risk of seizures. It was suggested to Alex that if he could regularly attend the pre-detox group and his 1:1s that it would be a positive start to assess his commitment to his recovery. He was given a timetable, clear goals, and advised that if he felt able to do any more, it would all support and prepare his application for rehab.

Alex excelled all expectations. He attended every pre-detox group, every 1:1 at the Integrated Camden Alcohol Service (iCAS) site and his hostel. He attended SMART Groups every week, AA and recovery peers every week.

Through this intensive work with Alex, during his time prior to detox (4 months) his presentations and admissions to hospital reduced to only two. Alex remains in rehab and reports that 'his life has changed for the better' and that he was 'doing really well and working hard'.

03 CHAPTER

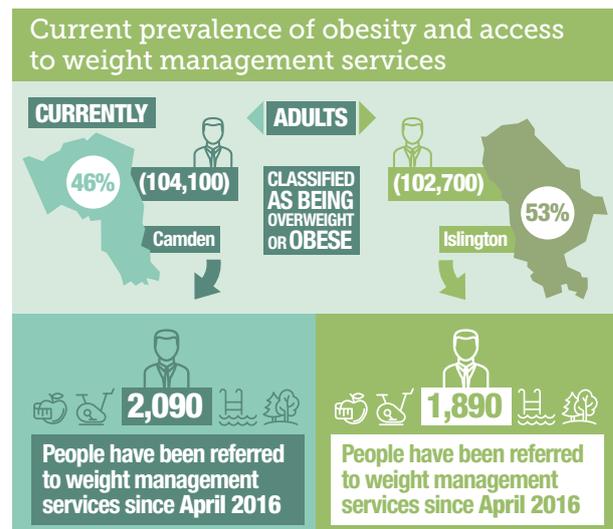


Supporting overweight and obese individuals to lose weight

Over recent decades, the environment we live in has made it ever easier for people to be less physically active and to consume more calories. A major consequence of our environment has been the rising public health challenge of overweight and obesity; this has significant implications for health, social care and the economy. Early intervention and prevention are very important because once established, obesity is difficult to treat. Supporting overweight and obese individuals towards moderate weight loss (5-10% loss of body weight) through weight management programmes can save the NHS money in the short-term, through a reduction in obesity-related complications and associated treatment costs.

Compared to individuals with a healthy weight, people who are overweight or obese have an increased risk of many serious health conditions including high blood pressure, type 2 diabetes, cardiovascular disease, mental illness, osteoarthritis and cancer. The treatment of obesity and related complications places a significant financial burden on the NHS due to the cost of diagnostics, prescriptions, surgery, and GP consultations, as well inpatient and outpatient care. The impact of obesity, however, is not limited to the direct financial burden on the NHS; there are much wider economic consequences through, for example, working days lost and welfare payments. Furthermore,

individuals who are overweight or obese may suffer adverse social consequences such as discrimination, social exclusion and loss of or lower earnings.



Both Camden and Islington Health and Wellbeing boards have made it a strategic priority to reduce the prevalence of obesity; this requires a whole systems approach, using all levers available to support people to have the healthiest lives possible. Long-term commitment and action is required at every level, from the individual to society, and across all sectors. At a population level, it is changes to the environment and supporting healthier physical activity and food choices which will have the greatest impact on rates of obesity. However, at an individual level, the strongest evidence of effectiveness and cost effectiveness is for weight management programmes.

Weight management services aim to have a life-long impact by promoting healthier lifestyles and helping people to sustain these changes. However, in the short-term (five years), these services can also generate returns on investment to the health and care system through avoidance of treatment costs for obesity-related health conditions (e.g. type 2 diabetes). Therefore, the upscaling of existing weight management services (including integrated physical activity and wellbeing activities) in Camden and Islington will generate additional short-term savings to the NHS. In addition to these direct health care savings, health inequalities could also be reduced by targeting those population groups who are more likely to be overweight or obese, such as people from Black and South Asian minority ethnic groups, or people living with a physical and mental health problem.

graphic space

Scaling up and economic impact to the NHS

NATIONAL EVIDENCE suggests that for every

£1 SPENT on weight management services

the NHS could **SAVE FUTURE** healthcare costs of **£8**

OUR AMBITION

is for 7.5% of the overweight and obese population

to be referred into weight management services, an up-scaling of approximately

3-fold on current service delivery levels in Camden and Islington

THIS WOULD REQUIRE AN ANNUAL INVESTMENT OF



OF 7,811



PEOPLE REFERRED INTO WEIGHT MANAGEMENT, IT IS EXPECTED THAT:

3,733 People will be initiators of the service (based on 48% of current referrals in Camden resulting in initiation)

1,867 People (50% of initiators of weight management service) will lose >5% of their body weight at 12 weeks

30% Of completers of the weight management programme will maintain weight loss of ≥3% at 12 months.

OF 7,704



PEOPLE REFERRED INTO WEIGHT MANAGEMENT, IT IS EXPECTED THAT:

4,607 People will be initiators of the service (based on 60% of current referrals in Islington resulting in initiation)

2,304 People (50% of initiators of weight management service) will lose >5% of their body weight at 12 weeks

30% Of completers of the weight management programme will maintain weight loss of ≥3% at 12 months.



Prevention in action:

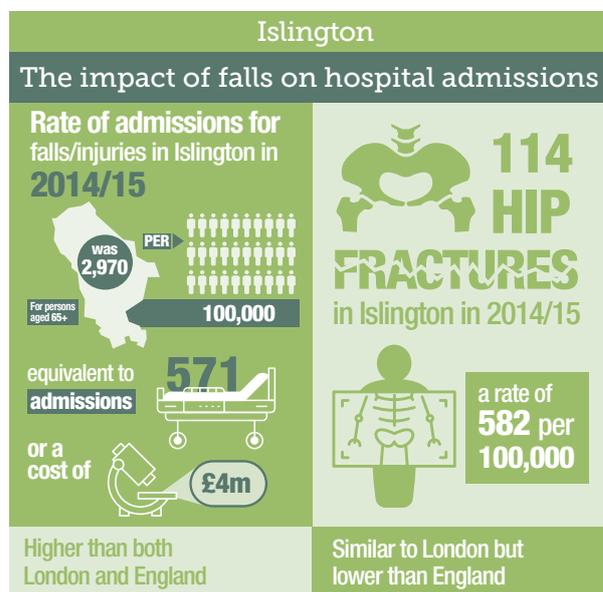
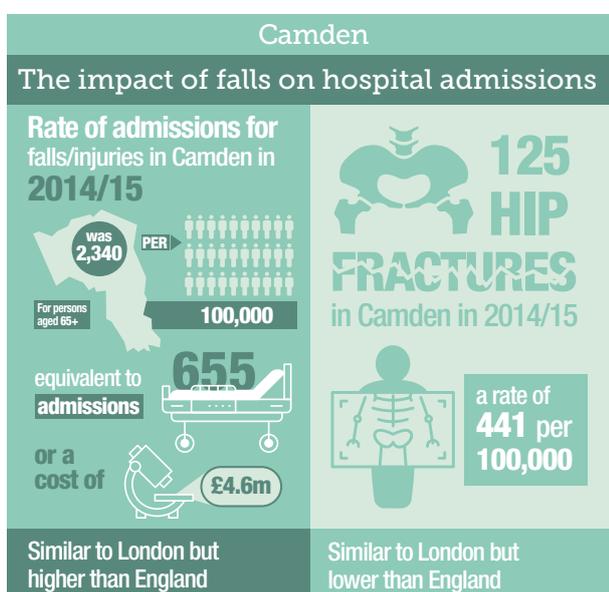
Testimonial from a resident enrolled in a local weight management programme

I am incredibly grateful for my time in the programme. In the span of just 12 weeks I have lost 6 kilos. But even more importantly than the weight loss I have been supported on my journey of building better habits. I have absolute confidence that I can continue the great habits sparked by this programme. I now exercise four times a week, which is a major improvement over my sedentary lifestyle before this programme. I have also greatly increased my vegetable intake and reduced my sugar intake. Through these changes I feel healthier and more confident. I had tried many times to get myself into good sustainable health habits over the years and failed. This programme gave me the tools to finally move towards a healthy lifestyle that will last.

Preventing falls

Falls are a common and serious problem for older people, and a significant cause of injury, ill health, decreased confidence and mental wellbeing, functional limitation and premature death. Falls are the single largest cause of emergency hospital admissions among older people. Across England, approximately 30% of people over 65 years of age living in the community fall each year, increasing to 50% of people over 80 years of age. Falls are also very costly to the health and care system: they result in a heavy burden on both social care services and the NHS, with approximately 20% of falls requiring medical attention and 95% of hip fractures occurring as a result of a fall.

Among older people, Camden and Islington both have a significantly higher rate of falls resulting in serious injury compared to the national average. Preventing falls is a key component of improving the overall health of the older population given the impact it has on people's independence, and related to that, their confidence and ability to be able to get out and not become socially isolated at home. As the population ages, the number of falls and their impact on health and wellbeing, as well as demands on and costs for the public sector, are likely to increase unless sustainable and effective falls prevention interventions are delivered at scale.



Prevention in action:

Role of wider public sector partners in prevention of falls

Islington have been recently named as one of five pilot sites across London to roll out Safe and Well checks with the London Fire Brigade Service as part of the initiative “Fire as a health asset”. A Safe and Well visit is a person-centred home visit carried out by Fire and Rescue Services. The visit expands the scope of previous home checks made by the London Fire Brigade. In addition to reducing the risks of a fire, they will aim to reduce health risks such as falls, loneliness and isolation which will also reduce unplanned hospital admissions and help people to stay in their own homes safely and for longer.

Safe and Well visits are part of ongoing work on understanding how people move into and between services, and any barriers that hinder this. This includes the vital role of the voluntary sector in both preventing falls through programmes such as exercise for older people, and the response for people who have had a fall through programmes such as those that reduce social isolation. One of the key risk factors for falls is frailty, and the Haringey and Islington Wellbeing

continued...



continued...

Partnership is looking at ways to explore using the electronic frailty index to identify the most vulnerable using information already in GP clinical systems. This then enables an earlier offer of possible interventions, including falls prevention, to enable residents to remain independent and socially engaged. Other key aspects include the role of housing and housing-related services which can help to make homes safer, for example by fitting hand rails or reducing trip hazards. Many organisations in both the statutory and non-statutory sectors are contributing to this work, and we are working together to scope provision across community and healthcare settings to inform the development of a shared understanding of how services work together and where we could do better. This will help to ensure adherence to NICE standards and quality statements, and facilitate people's access to prevention and treatment services, and seamless transfer between services.

Across Camden and Islington it should be possible to reduce falls-related hospital admissions by 10%, through providing multifactorial interventions combining regular strength and balance exercise, modifications to people's homes, vision assessment, and regular review of medicines. There is good evidence to suggest that these multifactorial interventions are effective in reducing the rate and risk of falls. Work is currently underway to scope the feasibility of a single falls pathway across primary, secondary and tertiary services in Camden and Islington. In particular, the pathway will target those at increased risk at falling, for example those over 65 who have fallen previously. Recurrent falls occur in 60–70% people who fall, and economic analysis suggests that preventing repeat falls is cost saving to the NHS.

Scaling up and economic impact to the NHS

Nationally, falls are estimated to cost the NHS more than **£2.3 billion** per year, with additional costs seen in other community settings and services.

Savings from falls prevention interventions will be seen in:

-  **Emergency admissions (35% savings)**
-  **Social care (14% savings)**
-  **Primary and community care (50% savings)**

Camden

Scaling up and economic impact to the NHS

Reducing falls related hospital admissions by **10%**



will result in **66 FEWER** admissions in Camden

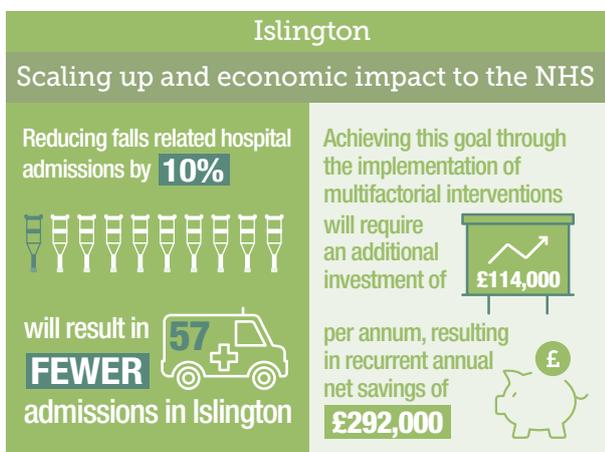


Achieving this goal through the implementation of multifactorial interventions will require an additional investment of **£124,000**



per annum, resulting in recurrent annual net savings of **£341,000**

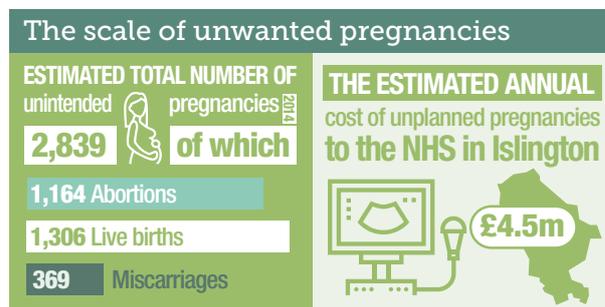
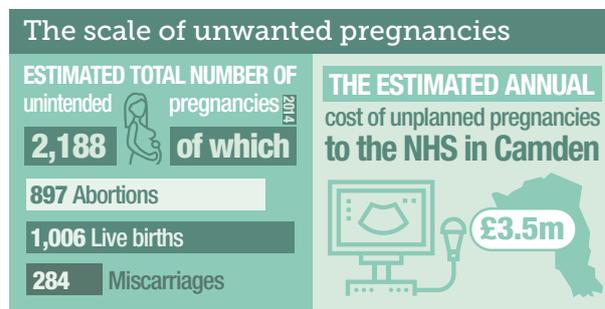




Reducing unintended pregnancies

Births resulting from unintended or closely spaced pregnancies are associated with adverse maternal and child health outcomes, such as delays in accessing prenatal care, premature birth, and negative physical and mental health outcomes for children. Providing access to and promoting the use of contraception is an important part of reducing unwanted and unplanned pregnancies, and can generate savings to the NHS in the short-term, through the avoidance of community and hospital costs for managing unplanned pregnancies. Reducing unwanted pregnancies also obviously has much wider social and economic benefits beyond the NHS.

National evidence indicates that of all unintended pregnancies, 41% end in abortion, 13% in miscarriage and 46% in live birth.



The rate of abortion among women aged 15-44 years is just below the national average in Camden, but it is significantly higher in Islington. Importantly, repeat abortions are common, particularly among younger women: three out of ten women aged 15 to 24 years who had an abortion in 2015 in Camden and Islington had previously had an abortion, and four out of ten women of any age who had an abortion in 2015 in Camden and Islington had previously had an abortion.

While not all unplanned pregnancies can be prevented, the promotion of more effective contraceptive methods can reduce the number. Long acting reversible contraception (LARC) is the most effective form of contraception;



and whilst putting patient choice and woman-led decision making at the centre of our local approach, the priority in Camden and Islington is to upscale the use of LARC, to meet individuals' needs and circumstances. This will involve primary care, maternity and abortion services and services for early pregnancy loss, working in partnership with secondary care services – combining universal approaches with targeting of groups with greater vulnerability or disadvantages. This new integrated approach would need to be complemented by training and skills development among relevant professional groups to help promote the benefits of LARC in preventing unintended pregnancy, together with awareness-raising and promotion in the community.

LARC has been an important part of programmes to reduce teenage pregnancy within more disadvantaged groups. More recently, local sexual health services are closely linked into initiatives for women who have experienced, or are at risk of, repeat removals of their children into care, to offer them pathways for access to LARC, such as through the PAUSE programme in Islington or Brandon Reach in Camden.

Upscaling the uptake of LARC would deliver cashable savings in the shorter term to the NHS through avoidance of maternity costs, miscarriage, abortions and mental health

problems related to unwanted pregnancies. More widely and in the medium to longer term, public sector savings would also be achieved in education, housing, social services and welfare costs.

Prevention in action:

Local services to prevent unwanted pregnancies

The PAUSE programme is an innovative programme offered in Islington designed to address the needs of women who have had or are at risk of having multiple children removed into care. PAUSE aims to intervene at a point when women have no children under their own care, creating a space to support women to reflect and develop new skills and responses. This “space” is facilitated by requiring participants to take LARC if they agree to be part of the PAUSE programme.

Brandon Reach in Camden provides similar services for young parents under twenty five who have had a child removed from their care. Brandon Reach provides confidential and flexible services in an outreach format, meeting with clients wherever they feel most comfortable.

Case study

Bella came to Brandon Reach shortly after her final hearing. She was very distressed and struggling to understand everything that had happened. Over the course of therapy she shared horrendous experiences of abuse and violence both in her childhood and in her intimate relationships. Her initial coping strategy with the loss of her child was excessive alcohol and drug use and “one night stands”. Intimate relationships often served as a way of numbing the pain she felt and she spoke about finding it hard to “be alone” as it meant sitting with the loss and trauma. Relationships and her sexual health and wellbeing were part of our conversations throughout the process of therapy. Bella became a regular user of our contraceptive service, initially having regular checks and then accessing contraception (the contraceptive pill and then later on the implant). Her contraceptive journey reflected her therapeutic journey; as she came to understand herself better in relationships she felt more able to be assertive about her own desires and needs (including the use of contraception and being adamant that she did not want another child, when her ex-partner was pressuring her to).

Camden

Scaling up access to contraceptives and the economic impact to the NHS

CRUDE RATE OF LARC[□]
prescribed by GP
and Sexual and
Reproductive
Health Services

□ Long-acting reversible contraception (LARC) excluding injections

per 1,000

RESIDENT FEMALE POPULATION

aged 15-44 years

in 2015
was **27.7**

Lower than England
and London

ESTIMATED SPEND
for contraceptives per woman
of reproductive age per year:



£5.38

INCREASING SPEND FOR
contraceptives in Camden to
the match the highest CCG
expenditure in England would
require a spend increase of

**£8.20 per woman
per year**

resulting in net savings of
£136,000 per annum and

239 unintended
pregnancies

PREVENTED

Islington

Scaling up access to contraceptives and the economic impact to the NHS

CRUDE RATE OF LARC[□]
prescribed by GP
and Sexual and
Reproductive
Health Services

□ Long-acting reversible contraception (LARC) excluding injections

per 1,000

RESIDENT FEMALE POPULATION

aged 15-44 years

in 2015
was **34.6**

Similar to London but
lower than England

ESTIMATED SPEND
for contraceptives per woman
of reproductive age per year:



£8.46

INCREASING SPEND FOR
contraceptives in Camden to
the match the highest CCG
expenditure in England would
require a spend increase of

**£5.12 per
woman per year**

resulting in net savings of
£101,700 per annum and

239 unintended
pregnancies

PREVENTED



Recommendations

1. We will work collectively across the system to make the case for and secure the additional investment needed to radically upscale these programmes and interventions. Given the cost-savings that can be generated, these interventions could potentially become part of local QIPP and CIP programmes (NHS savings plans for commissioners and providers). This will enable us to better support residents to make healthier choices and make a demonstrable impact on health and wellbeing outcomes, including health inequalities across Camden and Islington.
2. We will also look at how we can work better together to get more out of our current investments and delivery of these services. This could be, for example, by establishing or strengthening provider networks to share learning and best practice, by ensuring behavioural interventions are embedded within care pathways; and by using our commissioning levers to ensure that providers are focused on delivering preventative interventions (e.g. abortion services and LARC).
3. We will make best use of also make best use of NCL Prevention Board, part of the STP, to work with partners across the health and care system in NCL and London to share learning, best practice and where

appropriate, to do things across a larger geography. This would include across a wider spectrum of interventions, including mental health, children, maternity, long term conditions and primary care and building on and developing actions for longer term, multi-sectoral prevention and early intervention.

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Creating healthier working environments

Without employees who are well and at work, the NHS, as well as other public sector organisations and local businesses, cannot deliver high quality and safe services. There is a solid evidence base which shows that investing in workplace wellbeing can deliver a return on investment to the NHS by reducing absences and increasing staff retention. In light of the growing pressures on public sector services, including the NHS, the health, wellbeing and resilience of staff will only become increasingly important, in order to both sustain the system and to enable change and service transformation to happen.

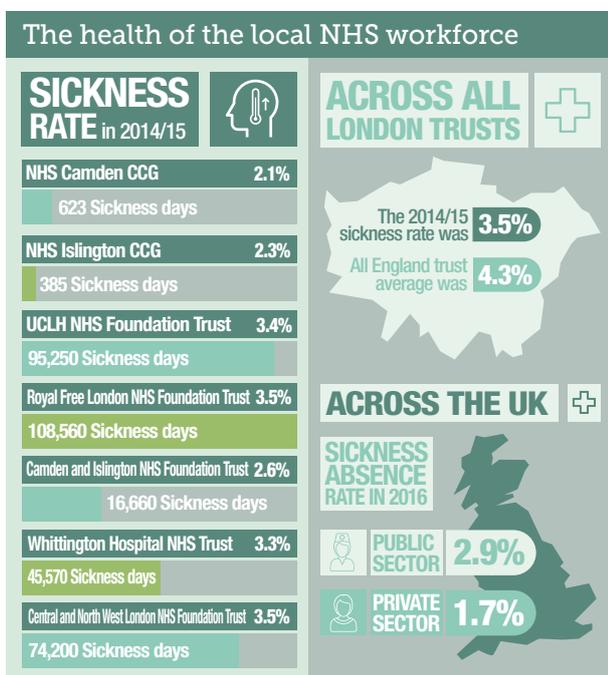
We know we will be successful when...

...across Camden and Islington those working locally become healthier, through increasing levels of active travel, supporting positive mental health wellbeing, supporting employees to quit smoking and to eat more healthily, all leading to reduced absences and increased productivity.

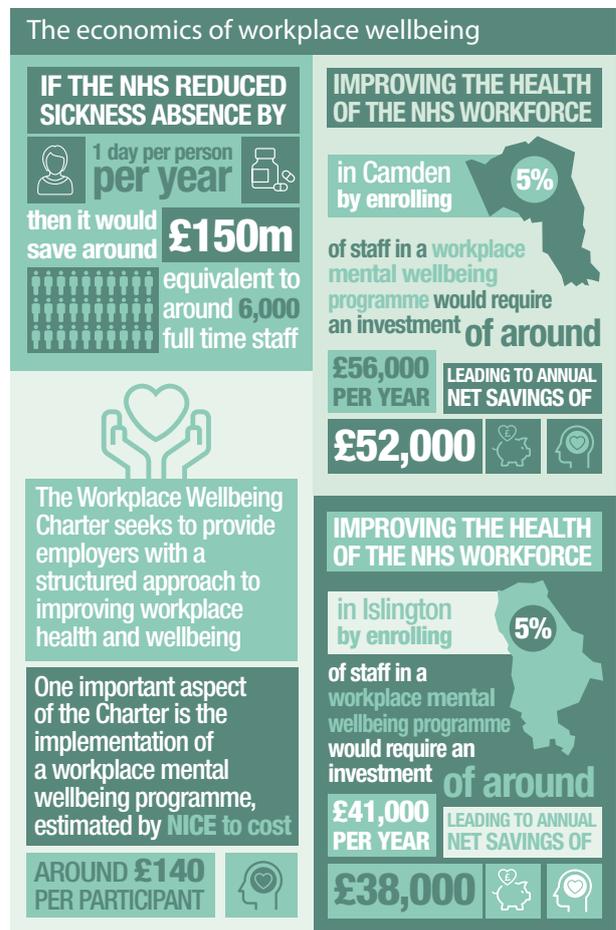
In 2015, Public Health England estimated the annual cost of sickness absence to the NHS was £2.4bn. The benefits of a healthier workforce to the NHS of investing in staff health and wellbeing go beyond productivity and cost savings. They include:

- improved patient safety and experience
- improved staff retention and experience
- reinforced public health promotion and prevention initiatives
- setting an example for other industries to follow.

Even small reductions in sickness absence can deliver large savings. Investing in the health and wellbeing of staff can also help the NHS improve the productivity of staff, making further savings by positively impacting on the overall health, wellbeing and happiness of the workforce and reducing rates of presenteeism. Additionally, keeping employees happy, healthy and in work has wider impacts on the health and life chances of their families, communities and wider society.



Staff retention rates also improve when people feel their employer cares about their health and wellbeing, resulting in lower recruitment costs, improved team cohesion and better working environments. Locally, as is the case across London, the NHS experiences some significant problems in recruiting and retaining elements of its health workforce, and keeping staff healthy and at work in the first place is one way of tackling this.



04

CHAPTER



Improving the health and wellbeing of staff has been a focus within the NHS over the past couple of years, following the influential Carter Review which highlighted workplace wellbeing as a key enabler of operational productivity and performance. In London, the London Healthy Workplace Charter has been developed to support employers, and in 2016/17 a health and wellbeing Commissioning for Quality and Innovation (CQUIN) payment, which provided a direct financial incentive for trusts to invest in the health and wellbeing of their staff, was introduced by NHS England. While there has been progress in improving workforce wellbeing across the NHS locally, there are still opportunities to look at what is working well, learn from good practice, and to implement effective interventions consistently and at scale across all NHS organisations to have a demonstrable impact on workforce wellbeing.

Across Camden and Islington we want to ensure that all NHS organisations, as well as the two local authorities, attain at least the 'achievement' standard of the London Healthy Workplace Charter, and ideally to reach the 'excellence' standard to ensure that the health and wellbeing of staff is central to the organisation's culture and values. In doing this, we can continue to build on the progress made in hospitals — the largest NHS employers — in implementing the 2016/17 CQUIN.

Prevention in action:

improving workplace wellbeing at the Whittington

COPY TO FOLLOW

London Healthy Workplace Charter and our progress locally

The London Healthy Workplace Charter provides a framework for action to help employers build good practice in health and work in their organisation. The Charter supports all types of employers, large and small, from the public, private or voluntary sectors. Using the self-assessment framework, an organisation can find out what it is already doing that fits into the ethos of the Charter as well as where it might need to improve. The framework reflects best practice and is endorsed nationally by Public Health England

Some of the standards in the Charter include encouraging staff to be more

PHYSICALLY ACTIVE



Including promoting active travel to work

HEALTHIER EATING



Providing information about healthy eating and user-friendly eating facilities

MENTAL HEALTH



Providing information and training on mental health and wellbeing

WORK LIFE BALANCE



Through flexible working policies

There are three award levels which organisations can work towards

COMMITMENT

THE ENTRY LEVEL

For organisations that have recently started the process

ACHIEVEMENT

THE INTERMEDIATE LEVEL

For organisations that have a more advanced and comprehensive approach to employee wellbeing

EXCELLENCE

THE ADVANCED LEVEL

For organisations that demonstrate that health and wellbeing are systematically embedded in their corporate culture and values

ACHIEVEMENTS LOCALLY

Camden and Islington Foundation Trust, Camden Council and Camden CCG are at commitment level and are working towards achievement.



University College London Hospital (UCLH), Central Northwest London (CNWL) NHS Foundation Trust, Royal Free London NHS Foundation Trust and Islington CCG are all at achievement level

Islington Council is currently at achievement level and working towards excellence.

The Whittington Hospital is already at excellence level.



UCLH have been awarded 'achievement level' on the London Healthy Workplace Charter. The trust has made several changes to benefit their staff's health and wellbeing, including:



Revised their smoking policy to include a ban on vaping within their premises



Changes to their smoking policy



People are not allowed to smoke outside the hospital building



Regular mental health awareness workshops for staff



Improved communication to staff on the offer available to improve their physical activity



“ Working through the Healthy Workplace Charter really helped us to focus our efforts. The charter provides a straightforward framework to gauge how you're currently doing and then to be clear about what more is needed. The action plan tends to write itself! We are part way through our journey and having achieved the achievement level, we know we're part way there and what we need to be excellent. It's motivated us in our efforts to get the top award - **CNWL NHS Foundation Trust** ”



Recommendations:

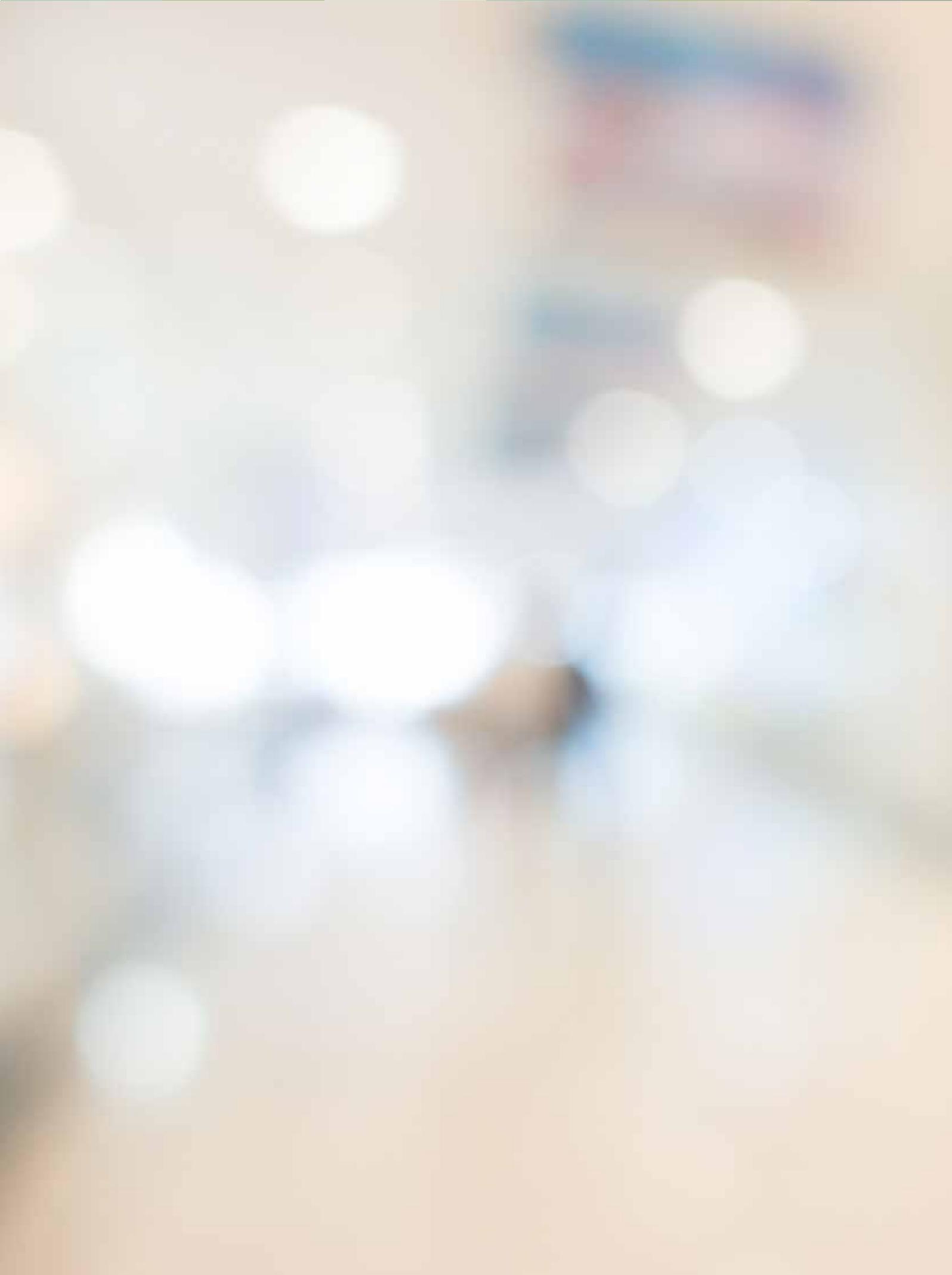
1. Many NHS organisations across Camden and Islington have already attained the achievement level of the London Healthy Workplace Charter. We should support and encourage the others who have yet to reach this standard to invest in doing so to not only improve the health and wellbeing of their staff, but to also achieve cost-savings within the short term.
2. While we should celebrate the success of organisations in attaining achievement level, we should aspire for excellence in all of our organisations to ensure that the health and wellbeing of staff are embedded into our corporate cultures and values. Investment in this area has been shown to demonstrate a clear return on investment so makes financial sense. Even with no or little additional investment we could work better together to share materials, learning and resources. As large local employers, local authorities and NHS organisations have a key role to play as champions and exemplars for other employers and business.

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Camden and Islington Public Health

222 Upper Street

London N1 1XR

5 Pancras Square

London N1C 4AG

PublicHealth.Intelli@islington.gov.uk

