Commissioning for prevention

Health and care services in London are only sustainable if demand is constrained through large scale adoption of preventative interventions.

Document purpose

The intended audience for this paper includes commissioners for health and social care. This paper invites London’s commissioners to join a conversation about the urgent need to strengthen commissioning for prevention and widespread, rapid adoption of effective local initiatives and approaches.

What do we mean by prevention?

The Five Year Forward View (FYFV) supports a focus on primary prevention; to reduce the incidence of non-communicable diseases and health problems within the population, by reducing lifestyle risks and their causes, and targeting high-risk groups.

For example, by creating environments which support people to live healthier lifestyles and make healthy choices, we can reduce risk factors common to a variety of diseases such as cancer, heart attacks, type 2 diabetes and stroke. This could be achieved through engaging communities in a combination of individual and societal interventions, universally applied and also tailored to reach those with the greatest need.

The FYFV calls for particular focus on supporting Londoners to:

- kick unhealthy habits (smoking and alcohol) and support for self-care and mental health
- get fitter through a healthy diet, more exercise and healthier living (tackling obesity and childhood obesity), and
- ensure that the NHS is a good role model for workplace health.

High impact secondary prevention interventions may be identified as priorities to implement at scale; working with local authority, community and voluntary sector groups, to detect and intervene at the early stages of disease before full symptoms develop. For example, screening and working at scale to improve cholesterol levels and hypertension control.
Tackling rising demand; the role of commissioners

Better Health for London and the NHS Five Year Forward View (FYFV) acknowledge that the future sustainability of the NHS hinges on a radical upgrade in prevention; unless we take prevention and public health seriously, this will adversely affect the future health and wellbeing of Londoners, particularly young Londoners, and the sustainability of the NHS.

The health and care system needs to work in a fundamentally different way in the future to achieve sustainability and tackle the 4% annual increase in demand for health care. The 5YFV specifically calls out the need for action on obesity, alcohol and other major health risks as well as the need to create a healthier NHS workplace.

The NHS Five Year Forward View calls for support from the local democratic leadership for public health in local government, the mayors of major cities and local health and wellbeing boards. It looks for the NHS to set a national example in providing support for staff to stay healthy, and serve as “health ambassadors” in their local communities.

The FYFV shares the seven priorities from Public Health England’s five year plan From Evidence Into Action: obesity; smoking, harmful drinking and alcohol-related hospital admissions; ensuring every child has the best start in life; dementia; antimicrobial resistance; and tuberculosis. It acknowledges that the health service can’t do everything that’s needed by itself, but affirms that the health service needs to be a more activist agent of health-related social change, leading where possible, or advocating when appropriate, a range of new approaches to improving health and wellbeing. It specifically calls on the NHS to offer more proactive prevention activities through primary care for which a new national diabetes prevention programme will establish a model of care that can be expanded to other conditions and linked with the NHS Health Check.

Devolution provides local areas with the opportunity to integrate approaches to commissioning and take more radical action on prevention through arrangements to share financial risk and benefits. This opportunity comes in the midst of one of the greatest fiscal challenges for public services. The reality of which has resulted in real-terms cuts to public health initiatives and mainstream services such as smoking cessation and school nursing.

15 million people who have a long term health condition account for 70% of the total health and care spend in England. Yet across Europe, on average only 3% of healthcare expenditure is allocated to prevention and public health programmes.

The NHS is committed to achieving £22bn efficiency savings through productivity gains of 2% or 3% a year between now and 2020. A concerted focus on innovation to deliver more integrated, personalised care and improved productivity will be needed, along with a radical upgrade in prevention activities. In London it has been estimated that approximately 430million of the savings needed by 2020 will be derived directly from prevention activities aimed at reducing demand for services.

This will require a new approach to commissioning which recognises prevention as an integral part of improving health and care outcomes, identifies the opportunities for co-ordinated and targeted intervention across agencies, and seeks to redeploy resource across the provider landscape. The Five Year Forward View sets a mandate for the NHS to play a stronger role in

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planning, funding and delivering prevention as part of new integrated models of care and through workplace health.

**Improving overall health and wellbeing whilst realising efficiency gains**

Commissioners will need to strike a balance between primary prevention to reduce future demand for services and taking action on a number of key high impact areas.

Prevention activities are delivering high impact returns. In relation to the top admissions for children and adults - initiatives for reducing falls are just one example of priorities commissioners should be considering to reduce pressure on both health and social care.

There are productivity opportunities that can be realised and new ways of delivering prevention for example, across London the price of a health check varies threefold, there is great variation in the services provided through general practice, and where services were once provided across settings they are being consolidated into ‘lifestyle hubs’.

The longer-term sustainability of health and care services will rely on our ability to tackle rising demand with more upstream prevention initiatives and ‘quick wins’. Some activity is already undertaken on the basis of our interpretation of the evidence base on ROI e.g. smoking cessation. But we also need to be prepared to consider a new glossary on what constitutes evidence in a domain where impact may not be felt for the next 25-30 years and we are investing in the future of public services. 1 in 5 4-5yr olds in London are overweight or obese and this rises to 2 in 5 children at the start of secondary school. We can give all London’s children a healthy, happy start to life by tackling childhood obesity. The evidence on what works is limited but the need to take more urgent action is unquestionable.

Attitude to risk needs to be reconsidered within the context of the impact of our current decisions on investment in prevention are having on the medium to long term sustainability of health and social care resource. Reliance on evidence from randomised controlled trials is appropriate in many clinical situations, but less appropriate for many public health and/or health promoting / disease preventing interventions where action is needed now but the full impact in terms of outcome may not be evident for some time. A broader range of evidence can be drawn upon e.g. policy reviews, international case studies etc. The impact over short, medium and longer term needs to be carefully balanced. Furthermore, action taken in one part of the health and social care system may give rise to maximum return and/or cash releasing savings in other parts of the system.

Devolved powers to legislate for public health can be a game changer as we have seen with banning smoking and alcohol in public places. How might this apply for nutrition and physical activity? In addition to legislation, action is needed to support higher risk children, young people and their families by designing health promoting environments and supporting behaviour change. Tackling rising demand will require fully engaged Londoners, innovation and social action - building capacity and capability in communities and personalising care for vulnerable Londoners who will require the greatest support to stay well.
Local Leadership & Next Steps

In September 2015, a group of local government and CCG commissioners, Directors of Public Health, NHS England, London Councils and Public Health England colleagues from across London met to discuss the support that would be needed locally to strengthen commissioning for prevention.

The London Prevention Board will be working with London’s ADPH network and the London Office of CCGs to take their recommendations forwards. The Board will facilitate a conversation with London’s commissioners and leaders for health and social care, and London’s health and wellbeing boards about joint approaches to commissioning prevention which are applicable within the context of devolved health and social care budgets.

This will start with an event in January delivered in partnership with the London Health and Care Integration Collaborative and the Health Economics and Knowledge and Information Teams at Public Health England – to express an interest in attending and/or showcasing work please contact ENGLAND.HealthyinLondon@nhs.net. We will share the current analytics and tools available to identify local commissioning priorities, available information on areas for high ROI and share case studies on the opportunities that can be leveraged through the Better Care Fund and CQUINs.

The event will inform work underway to develop analytical reports that can support strategic planning groups in their work with local partners to identify priorities for action as part of developing 3-5 year strategic plans by April 2016.

Commissioning for Prevention – Key Areas of Focus in London

The priorities for commissioners will be different in each local area and aligned to local JSNA’s and health and wellbeing strategies. SPGs are refreshing their joint 3-5 year plans in 2016 and there is an opportunity to align local strategies for prevention. The following figure outlines a draft approach to identifying those priorities. Healthy London Partnership will be commissioning CCG/ SPG and London level data analysis to assess how the prevention opportunities might contribute to the current demand and financial challenges. The analysis will support commissioners to identify where improved health outcomes and benefits can be achieved sustainably by working at scale, and therefore which part of the system commissions and which particular prevention interventions are invested in.

Volunteers to support this process and ensure we drive real value to local CCGs from this commission are invited to get involved – contact ENGLAND.HealthyInLondon@nhs.net
### Adults

**Primary diagnosis**
- Cancer: 68%
- Ischaemic heart disease: 18%
- COPD: 12%
- Influenza / Pneumonia: 10%

**Children**

**Primary diagnosis**
- Dental caries: 7%
- Viral infection: 4%
- Asthma: 2%

### NHSE Public Health (prevention priorities)

- Cancer screening to 62 day wait for results.
- Mental health for justice system and armed forces veterans.
- Weight management.
- Diabetes.

### LHC (Better Health for London) prevention priorities

- Cancer (early signs, self care, treatment).
- Mental illness (early diagnosis & intervention).
- Dementia.
- Obesity (heart disease, stroke, cancer).
- Smoking and drinking related illness.

### London's top public health priorities

- Smoking and clean air, alcohol consumption.
- Obesity, pre-diabetes and high blood pressure – physical activity and nutrition.
- Mental health.
- Sexual health and tuberculosis.

### Variation/productivity opportunities

- Analysis required.

### Tools with a value/productivity focus

There are a variety of tools available online which can be used to identify spend, outcomes, variation and return on investment. Some of these are supported by PHE and the Knowledge and Insights team at PHE are able to offer advice on use of these tools. Tools include SPOT, Right Care, Atlas of variation, Optimity.

### Closing the funding gap, improving everyday health, reducing disability and mortality.

- CCGs and SPOs working with local DPHs to identify top priorities for each local area.