

**Briefing Paper**

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**Prevention developments in support of the STP/The Better Care Fund and Out Of Hospital commissioning plans for Warwickshire using a prevention based approach**

**Overview**

Warwickshire County Council Public Health's (WCC PH) is committed to transforming commissioned services, placing greater emphasis on facilitated and enabled support through the use of preventative based approaches and working in conjunction with health and social care partners to achieve the optimum impact and value.

We are shaping our Public Health offer prevention offer through behaviour change approaches which include the public and stakeholder staff shifting to increased self management of their health and well being. The approach will include more digital learning and development offers and will also include learning and development requirements to drive the standard of community based care that will ultimately keep people out of hospital and well for longer.

There are direct benefits for all from the proposed public health approach, and we are now keen to engage in discussions about how these offers can be shaped to fit all organisational agendas, care pathways and standards of care.

In view of the budget reductions of 40% that Public Health faces we want to be innovative and work with all key partners in the service redesign of commissioned services in support of the STP and the Out of Hospital agenda. These developments provide an ideal opportunity for WCC PH, social care and health partners to work better together and shift the emphasis towards integrated prevention services. Some actions are already in progress to role this collaborative prevention agenda forward with sustained momentum however, in view of the requirements of the STP we would like to agree the next steps for our wider contribution.

**Mutual benefits for all**

The table below provides an summary outline of our work and progress to date against our prevention agenda modelling and plan. Our approach is also integrally linked to the 40% PH funding reductions.

We would like to agree next steps to accelerate the integrated offers and the achievement of the mutual benefits and improved key outcomes and are clear that this offer has applicability to the wider Coventry and Warwickshire STP developments.

Commissioned Service	Outline of Service	Outline of Service Redesign to a Prevention Service	Progress to date	WCC PH “wish list” to develop and enhance integrated working	How the WCC PH wish list can benefit all
<p>Community Dietetics</p>	<p>The current service is for children and adults and has 3 elements:</p> <ul style="list-style-type: none"> <li>• Acute</li> <li>• Community</li> <li>• Training and education.</li> </ul> <p>The service is demand led with demand increasing year on year.</p> <p>A joint review of the service with the 3 CCG’s evidenced that it was primarily treatment focused and does not demonstrate health improvement impact.</p> <ul style="list-style-type: none"> <li>• The review evidenced a high volume of referrals from: NCH/RCH/Domiciliary Care</li> <li>• Health professionals refer for obese patients</li> </ul>	<p>The service to focus more on nutrition and hydration – using the evidence base, MECC and behaviour change approaches.</p> <p>As part of the funding reductions in PH and the shift to a prevention based service model, we are aiming to reduce demand for treatment services and reduce hospital admissions</p> <p>We are amending the referral criteria to ensure appropriate and increased referrals to Fitter Futures for example.</p> <p>The dietetics team are shaping Learning and Development offers for frontline workers to identify nutrition and hydration risks early on and have the knowledge and skills to address these concerns on site and minimise the need for a referral/admission for treatment/out patient or in-patient services</p>	<p>Since March 2016, the current provider has been working with WCC PH to meet service redesign and shift in emphasis to early intervention and prevention approaches.</p> <p>A pilot reviewed and trained NH/RCH staff in 3 homes to assess and take a pro-active approach to nutrition and hydration. The pilot has increased staff knowledge and reduced cases of dehydration and malnutrition. Data is not statistically significant enough to draw wider conclusions but we need to test the approach in more homes with the support of PG and health staff</p> <p>The Provider is developing a Warwickshire Nutrition and Hydration standards for NCH/RCH and Dom Care. Where appropriate these will align with CQC requirements. These proposals need further discussion with PG commissioning leads</p> <p>We cohered another project on catheters, the cause of a lot of calls over each summer. An L and D session with provider contact centre staff was provided in order to test out to what degree we could reduce staff call outs for blocked catheters during hot weather periods.</p> <p>This project is being written up and will enable results to be shared with partners. Contact centre staff also benefited from PH training and SWFT have agreed that we will run other similar sessions eg Fuel Poverty, Warm and Well, reducing the risk of</p>	<ul style="list-style-type: none"> <li>• To agree the nutrition/hydration standards for NCH/RCH/Dom care and to monitor the application of these standards through PG commissioners</li> <li>• All health and social care stakeholders to make referrals to lifestyle services before referring into a clinical treatment service</li> <li>• Agree a common pathway where the prevention offer is the first and foremost course of action</li> <li>• Support the shift to a self management approach to well being for users, and an L&amp;D approach for frontline staff on a range of priorities so that staff have the confidence and skills to provide first line advice/action on nutrition and hydration based on their competencies and roles with an emphasis on NH/RCH and Dom care staff</li> <li>• To co-monitor/audit/review progress with commissioners across</li> </ul>	<ul style="list-style-type: none"> <li>• Meets required outcomes for STP and Out of Hospital Commissioning plans</li> <li>• Shifts the emphasis from treatment to prevention and self management</li> <li>• Quality standards support the opportunity for early intervention and demonstrates commitment and action in support of well being</li> <li>• Reduced hospital admissions</li> <li>• Reduced demand on blue light services</li> <li>• Reduced levels of in-patient and out-patient appointments</li> <li>• Enables increasing demand from growth in older people and LTCs to be more readily accommodated.</li> <li>• Direct financial benefits for all but particularly health</li> <li>• Meets requirements of stated STP aims and objectives</li> <li>• Improved level of skills within care environments</li> <li>• Reduction in falls through poor nutrition and hydration</li> </ul>

			<p>falls etc.</p> <p>Referral criteria for children and adults have been redesigned and will be rolled out Oct/Nov 16.</p> <p>There will be an increase in referrals to lifestyle services.</p> <p>L and D sessions are being held for or Health Visitors to support families with children with faltering growth, allergies, constipation etc a current and frequent source of referrals in order to reduce demand.</p> <p>The provider is in discussions with Fitter Futures providers to develop training for frontline workers to improve their knowledge around nutrition and hydration</p> <p>The L&amp;D offers will be both digital and bespoke at a cost.</p>	<p>the H&amp;SC system to the agreed criteria and standards</p> <ul style="list-style-type: none"> <li>• Develop a series of offers that has universal applicability across C&amp;W</li> <li>• There will be a charge for bespoke training and development.</li> </ul>	
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