



LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Dr Tony Hill Executive Director Community Wellbeing and Public Health

Report to	Lincolnshire Health and Wellbeing Board
Date:	9 June 2015
Subject:	Meeting the Prevention Challenge in Lincolnshire

Summary:

This paper highlights the importance of primary care engagement in delivery of brief advice and referral/signposting to commissioned interventions/services in reducing the potential years of life lost (PYLL) due to unhealthy lifestyle behaviours in Lincolnshire.

Detailed within this paper are the projects and schemes commissioned across the county aimed at preventing diseases caused by unhealthy lifestyles and reducing the associated total economic costs. The paper also highlights which schemes GP's refer into well, and which ones need more promotion and engagement across the county.

It is well documented in the Public Health Annual Report 2014 the vast amount of PYLL caused by unhealthy lifestyles, with the main causes of premature death being cancer, respiratory disease, and cardiovascular diseases. There was an average of 13 years life lost per person for individuals who died prematurely. The report also states that on average, there were 2,350 premature deaths within Lincolnshire per year between 2010 and 2012. Therefore the need for effective preventative engagement is paramount to reducing the overall cost burden of unhealthy populations and reducing the PYLL across the county.

Actions Required:

Partners to consider the information within this paper and discuss how engagement with prevention services, and delivery of brief advice, can be further increased and sustained.

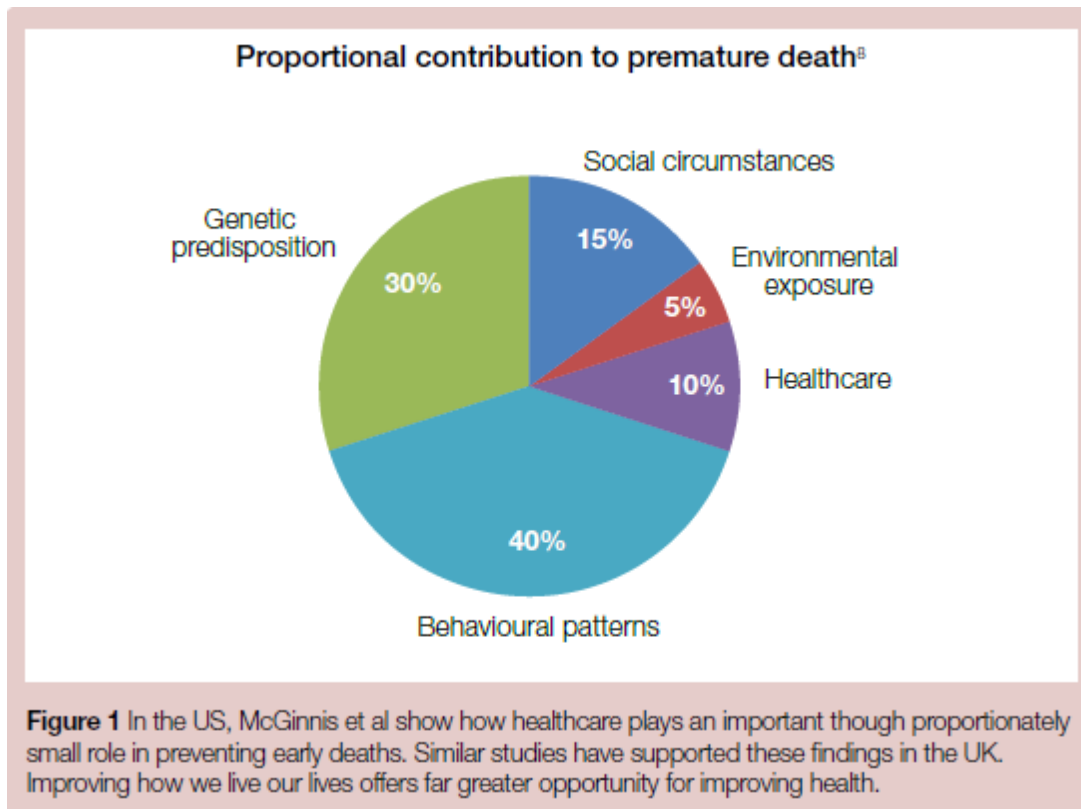
Partners to agree a way forward which encompasses the prevention ethos, promoting the positive effect lifestyle services have on longer term health.

LCC to develop a plan on a page to highlight Public Health Services across the whole directorate.

1. Background

It is recognised that unhealthy lifestyle behaviours have a knock on effect to the NHS and healthcare services, wider economy, and long term health status both nationally and locally within the county.

Public Health England (PHE) (2014) highlighted the need to engage more with prevention services, due to 40% of all premature mortality being attributed to behavioural patterns, shown in the graph below. Furthermore it is also highlighted that conditions attributable to poor lifestyles are placing a huge strain on the NHS, for example type II diabetes alone costs £8.8 billion per year.



May et al (2015) performed a study of 33,066 individuals, looking at the impact of healthy lifestyles on disability adjusted life years (the number of years of life lost due to ill health, disability, or early death); with a 12 year follow up. The key finding was that out of the 33,066 people who took part a total of 68,225 life years were lost due to poor lifestyle behaviours. The Lincolnshire Public Health Annual Report also shows that for Lincolnshire, between 2010 and 2012, there were, on average, 446 PYLL per 10,000 residents.

The Kings Fund (2012) found that individuals who followed the 4 key healthy lifestyle behaviours (non-smokers, were a healthy weight (a BMI of less than 25), were physically active, and drank alcohol within recommended limits) had a 14 year difference in age expectancy compared to individuals who did not exhibit any of these behaviours. Note that being physically active is defined as meeting the government's guidance of 150 minutes of moderately intense physical activity per week, i.e. slightly out of breath yet still able to hold a conversation.

The Lincolnshire Public Health Annual Report also highlights that for every £1 spent on prevention, £12 is saved on primary health care costs. Therefore it is vital that primary care engage with the prevention agenda within Lincolnshire, in order to make effective savings on longer term treatment costs.

It is clear that brief advice and brief interventions have a positive effect on individuals' health; for example, it is well documented that if brief advice is given to 8 high risk alcohol drinkers, 1 will significantly reduce their alcohol consumption from high to low risk, with others also reducing their drinking but not significantly (Moyer et al, 2002). There is a similar pattern and evidence base for brief advice on smoking (Hughes, 2003). Nice Guidance 44 also highlights the huge impact primary care and other associated organisations play in promoting a physically active lifestyle through delivering clear and concise brief advice.

The Kings Fund (2013) highlighted brief advice and associated brief interventions as key to primary prevention, something which fits perfectly with the new delivery model of Lincolnshire Health and Care (LHAC) and Neighbourhood Teams, and the NHS 5 Year Forward View. The National Obesity Observatory (2010) also highlighted the need for brief advice and obesity specific interventions in reducing the obesity burden. The proportion of residents who are overweight (a BMI greater than 25) is as high as 74% in some of Lincolnshire's most deprived wards.

The services and interventions in Appendix A are all linked and can all be accessed if organisations develop and deliver clear brief advice via the Making Every Contact Count (MECC) programme and engage with prevention services, enabling some individuals to act upon the advice given and improve their own health with no need for additional support; some to be signposted into brief intervention based services for additional support to improve their long term health; and people with high needs can be referred into more specific treatment services (i.e. Addaction or DART). There also needs to be a greater awareness amongst health professionals regarding the availability and accessibility of new schemes, and developments within existing ones.

With this in mind, Public Health services have seen mixed engagement across the County from frontline GPs and associated surgeries in recent years. For example Exercise on Referral has seen its numbers double in the past 6 years, to almost 5,000 patients engaging per year. There are also strong levels of referral into Weight Management services (primarily Weight Watchers) and good take up of NHS Health Checks; however these still need to improve to achieve a significant change. In contrast, the Stop Smoking Service has seen a vast decrease in referrals from primary care, disproportionate to the reduction in overall smoking prevalence within the County.

With regards to other signposted services i.e. Walking for Health, community cooking and Vitality, there is very little way of tracking where people are being referred into the schemes from, therefore it is assumed that there is a similar picture for these services as

there is for the ones listed above, and that some are being referred into better than others.

These figures highlight the need for a greater understanding across the County of prevention services, how to access them, how to deliver brief advice, and how to signpost effectively. This can be done in a variety of ways, not least through partners engaging and signing up to the MECC programme which will encompass an ethos of prevention, give staff the confidence to raise lifestyle issues, and provide advice and guidance for staff to deliver brief advice or signpost/refer into lifestyle services. This model works extremely well across the NHS Hospital Trusts, with 1562 referrals into the Phoenix Stop Smoking Service last year alone. However this model still provides opportunities for development; with some organisations only training certain teams clearly, this model could be developed across the majority of frontline staff who can all potentially influence of patient behaviour. Moyer (2002) also suggested that brief advice given by GPs was more effective than when given by any other profession, highlighting the need for full engagement across Lincolnshire.

A summary of some of the key services which are delivered to reduce the overall disease burden are shown in Appendix A.

2. Conclusion

Partners have an important role to play in supporting the population of Lincolnshire to make more positive lifestyle choices. This can be done through better engagement of prevention services, delivery of brief advice, and effective and efficient engagement with MECC. It is shown that Primary Care is the most effective mechanism available to deliver brief advice and some development work needs to be undertaken to ensure this happens consistently and effectively.

LCC commission a number of services that can contribute to resident's health and wellbeing. These services can support residents who are ready to change to adopt healthier life styles, examples of which are found in Appendix A.

3. Consultation

NA

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Outline of the major services linked to the prevention theme

5. Background Papers

The following papers are referenced within this paper:

Hughes, 2003; <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1494968/>

Kings Fund, 2012;

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf

Kings Fund, 2013;

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/10PrioritiesFinal_2.pdf

May et al, 2015. BMC Medicine: *The Impact of a Healthy Lifestyle on Disability Adjusted Life Years: a prospective cohort study.*

<http://www.biomedcentral.com/1741-7015/13/39>

Moyer et al, 2002. *Brief interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment-seeking and non-treatment-seeking populations.*

Nice Guidance 44; <https://www.nice.org.uk/guidance/ph44>

NOO, 2010;

http://www.noo.org.uk/uploads/doc/vid_5189_Adult_weight_management_Final_22_0210.pdf

PHE, 2014: *From evidence into action: opportunities to protect and improve the nation's health*

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Making Every Contact Count (MECC)

MECC has been embedded across the 3 NHS trusts across Lincolnshire to allow the majority of frontline staff, both medical and clerical, to engage with patients regarding unhealthy lifestyle issues and provide brief advice and guidance where appropriate. This allows staff to engage in conversations about smoking, excessive alcohol consumption, weight management, physical inactivity, and mental health with a long term view of improving local residents' lifestyles sufficiently to prevent and/or reduce the risk of long term conditions as highlighted in the NHS 5 year forward view. The 3 NHS trusts cover Lincolnshire's 3 hospitals (primary and secondary care), all NHS community services including: community physio, health visitors, midwives, school nursing and dental services, and NHS mental health services. An example of this work is Lincolnshire Community Health Services NHS Trust (LCHS) which has trained over 80% of frontline staff in the previous year who had over 5300 recorded conversations and referred almost 700 people into smoking or weight management services alone. It's important to note that this does not capture the individuals who have acted upon this advice after leaving the NHS service, or advice that goes uncaptured.

This model has also been, or is in the process of being, rolled out across private medical providers, local district councils, Public Health commissioned services, Lincolnshire County Council customer service centres, and Lincolnshire pharmacy services. MECC is also currently being developed across adult care services, primary care through localised neighbourhood teams, wellbeing services, and volunteer organisations.

This model of delivery and coverage will allow a multi-agency approach to prevention within Lincolnshire with consistent health messages being relayed to the public across all of the associated NHS and health related organisations.

Community Health Champions (CHC)

Lincolnshire's Public Health team have developed a tiered approach to training volunteer health champions across the County. Lincolnshire has its own brand of health champions called Live Well Champions who are trained in brief interventions and have local knowledge of health improvement and lifestyle services, as well as being able to give brief advice to individuals to enable them to make positive lifestyle changes themselves.

The tiered approach allows volunteers to initially develop the simple skills needed to become a volunteer (safeguarding, communication etc) through the Lincolnshire Volunteer Card scheme. Volunteers are then encouraged to take up training opportunities in areas of interest to them, one being Live Well Champions training, which is a 3 hour training session (similar to MECC) which enables individuals to promote health and wellbeing in their local community as Live Well Champions. If individuals then wish to enrol onto the accredited RSPH Level II award in Understanding Health Improvement they have to have gained volunteer experience using their Live Well Champions skills and knowledge.

Since 1st April 2014, we have recruited and trained 94 Live Well Champions with further courses planned for this financial year. Of the 94 we have trained 34 of them have completed the accredited RSPH Level II – Understanding Health Improvement, providing the volunteers with a qualification.

NHS Health Checks

The NHS Health Check is a national risk assessment and prevention programme. Everyone attending their NHS Health Check will have their risk of developing heart disease, stroke, diabetes and kidney disease assessed by looking at their personal details, family history of illness, smoking, alcohol consumption, physical activity, body mass index (BMI), blood pressure and cholesterol levels. They are then provided with individually tailored advice that aims to motivate them and support any necessary lifestyle changes to help them manage their risk. Where additional testing

and follow up is needed, people are referred to primary care services. People aged 65–74 will be told about the signs and symptoms of dementia and informed about memory clinics if needed (in Lincolnshire this element will continue to be covered by one question and a referral on to the patient's GP if any concerns are raised).

Vascular diseases are the biggest cause of death in the UK. Since the beginning of the programme in August 2009 to 31st March 2014, practices in Lincolnshire have assessed over 86,000 patients and diagnosed nearly 5,000 cases of vascular disease as a result. The NHS Health Check also concentrates on offering people tailored lifestyle advice to equip them with the knowledge to enable them to manage their risk of developing vascular disease. The lifestyle services, such as weight management, smoking cessation, exercise on referral, volunteer lead health walk programmes and many more, provide further support that people can be referred to.

Weight Management

Weight Watchers provide a weight management on referral service in Lincolnshire. The programme involves helping a person understand about the foods they eat in order to make healthy choices and the importance of regular physical activity, while monitoring weight loss – this is available for all with a BMI of 30+ (or 28+ with co-morbidities). There were 3,854 referrals made in 2013/14 by GP practices and other health professionals.

Health Trainers

The HT concept was launched by the Department of Health (DH) as part of the 2004 White Paper 'Choosing Health: Making Healthy Choices Easier', and extended to incorporate Offender Health Champions and Health Trainers in 'Health Inequalities: Progress and Next Steps' (DH, 2008) . The national vision is to tackle inequalities in health through empowering people to make and maintain healthy lifestyle choices and reduce modifiable health risk factors.

The King's Fund report 'Clustering of unhealthy behaviours over time' Aug 2012 highlights how lifestyle risk factors occur together in the population and that although the overall proportion of the population engaging in unhealthy behaviours has declined, people in lower socio-economic groups are five times more likely to engage in four unhealthy behaviours. The report advocates approaches which address multiple lifestyle issues and work effectively to help people in lower socio-economic groups in order to help reduce the widening health inequalities gap and improve the health of the poorest, most disadvantaged groups.

The key focus of the programme is supporting communities, groups and individuals to make healthy behaviour changes around eating, smoking, physical activity and alcohol consumption. HTs are skilled in working with clients experiencing multiple disadvantage and work to support mental and physical well-being.

Physical Activity

There is strong scientific evidence that physical activity is essential for good health, highlighted in the "Moving More, Living More" paper by Public Health England. Regular moderate intensity physical activity can substantially reduce the risk of developing or dying prematurely from heart disease, diabetes, several forms of cancer and high blood pressure. For example, regular physical activity can reduce the risk of developing coronary heart disease, stroke and type II diabetes by up to 50% and reduce the risk of premature mortality by about 20-30%. Individuals who are active are almost two times less likely to die prematurely from a heart attack than their inactive contemporaries. Regular physical activity can also modify the classical cardiovascular risk factors, such as high blood pressure and adverse lipid profiles. There are many NICE guidance papers recommending physical activity in support to preventing, treating and managing numerous physical and mental health conditions (<http://pathways.nice.org.uk/pathways/physical-activity#path=view%3A/pathways/physical-activity/local-strategy-policy-and-commissioning-for-physical-activity.xml&content=view-node%3Anodes-local-strategy-policy-and-commissioning>)

Exercise Referral Scheme

Exercise referral is a programme for sedentary adults aged 18+ with at-risk or specific medical conditions (Low to Medium risk stratification) who would benefit from regular activity. The service is commissioned in all seven districts, with a minimum capacity of 4,500 places annually across the County, shown below.

Every referred individual follows the referral pathway and receives appropriate guidance from an instructor to ensure their experience is effective and enjoyable. Participants will be supported and encouraged to make long term changes to their activity levels, which may include a range of programmes outside of this scheme.

Individuals who are able to self-motivate and self-fund should be directed to other appropriate services or be offered supported membership packages.

	12/13 half	Performance 2012/13	Performance 13/14	Performance 2014/15	Target 2015/16
BBC	181	363	438	450	450
COL	358	763	670	800	600
ELDC	550	1080	1098	1100	1300
NKDC	0	33	127	250	250
Carres	117	215	200	200	200
SHDC	135	313	417	425	400
SKDC	187	475	414	500	500
WLDC	381	744	940	800	500
YMCA	106	252	238	300	250
	2015	4238	4542	4825	4450

Walking for Health

Walking is the most accessible form of physical activity; it is a gentle, low impact activity. NICE found that walking interventions had costs per quality-adjusted life years (QALY) of less than £10,000. This is well below the accepted value-for money threshold accepted for clinical interventions (£20,000).

Health Walks are delivered across all seven district council areas in Lincolnshire. The network of walks continues to develop and thrive, with dedicated coordinators supported by more than 130 regular volunteers providing 53 weekly walks.

<http://lincolnshiresports.com/physical-activity/getting-started-for-adults-18/health-walks/>

Health walks come in all shapes and sizes but all should: be regular and follow a frequent basis; be relatively short and last between 10 and 90 minutes dependent on the group; be free; and be led by volunteers.

Walking for Health 2015/16 Targets

Area	Boston BC	C of L	ELDC	NKDC	SHDC	SKDC	WLDC
Active Walkers	250-275	175-200	275-300	225-250	275-300	300-325	140-180
Lincolnshire Total							1825-2000

Vitality

Vitality is a Lincolnshire programme of exercise and movement to music for participants aged 60 years and over, or for individuals who have medical conditions that prevent them from exercising in a 'normal' setting. The project is designed to provide a number of health and wellbeing benefits to participants through carefully planned physiotherapy based standing and seated exercise routines to music in a class environment.

The classes, which take place in community and church halls throughout Lincolnshire, are taken by specially trained teachers who guide participants to take part in the routines regardless of their

ability or mobility. The classes not only provide a safe and fun environment to exercise in, but they also aim to provide a number of social benefits and encourage laughter and friendship as participants meet on a weekly basis. Further info can be found at: <http://www.vitalitylincs.co.uk/>

Cancer Screening Programmes

National screening programmes are commissioned by NHS England. There are 3 cancer screening programmes (for breast, cervical and bowel cancer) which, like all screening programmes, aim to identify apparently healthy people who are at increased risk of disease. Both nationally and locally, there has been a general downward trend in coverage (i.e. the proportion of the eligible population adequately screened within the required time period) for both the breast and cervical cancer screening programmes over the period 2010 – 14 although there was a slight increase in coverage in 2014. In Lincolnshire, uptake is above the England average, however within Lincolnshire, there is some variation and for cervical cancer, Boston and Lincoln are both areas where coverage is significantly lower (71.2% in Boston and 72.6% in Lincoln in 2014 compared to 80.4% in West Lindsey). The Early Presentation of Cancer programme aims to challenge existing behaviour and beliefs associated with cancer; raise awareness of signs and symptoms; and encourage early presentation and early referral of patients with suspected cancer. This is achieved through the development of messages that will resonate with target groups. In addition the team have worked with GPs and a range of other healthcare professionals across the 4 Lincolnshire CCGs to highlight key messages and contribute at a strategic level. GP practices are particularly important in improving the uptake of cervical screening as the screening test is undertaken in primary care. Reminders to attend appointments, opportunistic support from GPs and other healthcare professionals and tailored information about risk could all help to increase coverage.

Alcohol and Drug Treatment Services

Both DART and Addaction have a full range of treatment services available for both alcohol and drug misuse. Resource sites are located in Lincoln, Grantham and Boston but satellite sites are also used across all areas of Lincolnshire. Addaction also provide an online Skype service.

DART (LPFT)

Internet - <http://www.lpft.nhs.uk/our-services/specialist-services/dart>, Telephone - 0303 123 4000

Addaction

Full contact details -

<http://www.addaction.org.uk/page.asp?section=660§ionTitle=Contact+Us> Telephone – Lincoln 01522 305518, Grantham – 01476 512950, Boston – 01205 319920

Needle and Syringe programme

There is a County wide needle and syringe programme providing free needles and syringes for people who continue to inject drugs. This service supplies clean equipment to prevent the transmission of infections that can occur if needles and syringes are not sterile. Specialist services are provided at each of Addaction's three main resource sites, but also in 17 pharmacies across Lincolnshire. A full list of sites can be found here: <http://www.addaction.org.uk/page.asp?section=656§ionTitle=Needle+Syringe+Provision>

Tobacco Control

Smoking is the major cause of preventable death in England and harms not just smokers but the people around them, through the damaging effects of second-hand smoke (DH: Healthy Lives, Healthy People: A Tobacco Control Plan for England, 2011)

During 2011-13, 3968 people died in Lincolnshire as a result of smoking.

<http://www.tobaccoprofiles.info/profile/tobacco-control/data#gid/1000110/pat/6/ati/102/page/1/par/E12000004/are/E10000019>

Currently an estimated 19.1% of adults in Lincolnshire smoke, however this varies across the local authority areas from 24.1% in Boston to 14.6% in South Kesteven - see table below (ref tobacco profiles as above)

Local Tobacco Control Profiles - Lincolnshire

	Prevalence (percentage 18+ smoker) IHS, 2013	Smoking related mortality (value per 100,000) 2011-13	Lung cancer registrations (value per 100,000) 2009-11	Oral cancer registrations (value per 100,000) 2009-11
Boston BC	24.1	281.6	75.2	9.6
East Lindsey	21.4	328.2	76.0	13.1
Lincoln City	19.5	344.5	88.2	12.7
North Kesteven	17.3	250.8	65.0	11.6
South Holland	23.0	274.9	70.7	7.1
South Kesteven	14.6	241.9	59.8	13.2
West Lindsey	16.7	270.3	63.7	8.9
Lincolnshire	19.1	283.5	70.2	11.3
England	18.4	288.7	75.5	12.8

GPs are one of the most important advocates for encouraging smokers to quit; they have first-hand knowledge and experiences of the harm caused by smoking and have the authority to speak out about that experience.

GPs can directly refer clients to the stop smoking service, or become part of the service network and provide smoking cessation within their own clinical setting. Whilst it is beneficial for any smoker to quit it is particularly beneficial to any patient who may be pregnant, has long term medical conditions, has mental health conditions or those preparing to undergo elective treatment/surgery.

NB: Currently the stop smoking service is provided by LCHS however as of the 1st October 2015 this service will be provided by a new organisation. In the coming months GPs should continue to support smokers and refer to the service in the usual manner, information on the new provider and any procedural changes will be disseminated in due course.

Wellbeing Services

The Wellbeing Service is designed to promote confidence in living independently for adults aged 18+. Following assessment, the range of services that are offered are face to face support (generic support), simple aids to daily living, minor adaptations, Telecare, a 24 hour responder service, and monitoring of Telecare alarm and signposting.

The service aims to promote independence by offering low level interventions at the earliest point of need, to reduce the impact and likelihood of negative behaviours and lifestyles.

The service is available to Lincolnshire residents aged 18+ who meet 4 out of 11 eligibility triggers

To find out more please visit www.lincolnshire.gov.uk/wellbeingservice or by calling 01522 782 140

Lincolnshire Community Assistance Scheme

The Lincolnshire Community Assistance Scheme (LCAS) was introduced in 2013 with funding for 2 years provided by DWP. The scheme was designed to replace Crisis Loans and Community Grants (previously managed by DWP), with responsibility being placed upon local government to provide emergency support and assistance to those in need. The scheme provides goods and services to those members of the public who find themselves subject to unexpected emergency situations. Goods and services are usually provided in the form of food, water, utilities, furniture and white goods. There are eligibility criteria, but cases are judged on an individual case basis. To access LCAS call **01522 716040**.

Applicants must:

- Be over 16
- Have been resident in Lincolnshire for 3 months prior to making an application. (Those who are returning from prison or another institution, who lived in Lincolnshire immediately before custody may make an application straight away.)
- Have exhausted all other forms of assistance, e.g. family/friends, benefits, work and pensions agencies and regulated financial services providers, including credit unions.
- Be receiving welfare benefits (work and unemployment, housing and disability related); or be living in a low income household (as determined by HMRC) and experiencing an extreme situation; and meet the other criteria.

Applications are usually only accepted from people in receipt of welfare benefits such as:

- Income Support
- Jobseeker's Allowance
- Employment and Support Allowance
- Pension Credit

The County Council uses the information provided to make a referral to other organisations for longer-term support. If further applications for help with basic needs from LCAS are needed (up to a maximum number of 3 times per year per household except in extreme circumstances), clients need to be receiving support from these organisations to be eligible.

Lines are open: Monday to Thursday 8:30am - 4.30pm, Friday 8.30am - 4pm

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