Prevention: A Discussion Paper for Doncaster Health and Wellbeing Board

Introduction

The purpose of this discussion paper is to provide the Health and Wellbeing Board sufficient background on the issue of prevention to enable the Board to set the direction for the next phase of prevention work in Doncaster.

Background

Debates about prevention, either by itself or together with early intervention are becoming increasingly common in UK health and social policy. At the most basic level prevention is about intervening before something becomes a problem whilst early intervention is about responding where there is already a problem. The reasons for the interest in prevention are numerous, but in essence boil down to an increased awareness of avoidable early deaths, increasing numbers of people living with one or more chronic diseases, better understanding of causes and interventions for major diseases, a focus on 'high risk' groups and an realisation that unless these increases in demand can be abated there is simply not enough money or resource in the system to cope with the demand of an aging population.

Nationally this situation has reignited the policy debate on prevention with not only the Care Act 2014, but also the Five Year Forward View (FYFV) rediscovering the 'fully engaged scenario' of the Wanless reports of 2002 and 2004. In the FYFV it states 'the NHS needs a radical upgrade in prevention if it is to be sustainable'. Whilst the 2002 Wanless report did not argue that prevention was 'cash saving' it did predict that if the 'fully engaged' scenario was adopted health expenditure would be £30 billion lower than the 'slow progress' scenario by 2022-23. This relates to a 29% increase in costs under a 'fully engaged' scenario as opposed to 44% with 'slow progress'. The funding of prevention is also under the spotlight with reducing budgets lading to organisational decision making as opposed to system wide decisions e.g. HIV prevention.

Locally this is reflected in recent Health and Wellbeing Board discussions and activity. Prevention has been identified and mentioned in the most recent Doncaster Health and Wellbeing strategy in terms of the contribution it could make to the 'areas of focus' especially alcohol, dementia and obesity. Prevention is also focussing in 'Sustainability and Transformation' plans and in the Clinical Commissioning Group's new strategic approach to primary care

Prevention defined

Section 2 of the Care Act 2014 places a duty on local authorities to ensure the provision of services that prevent, reduce or delay the need for care and support. In the statutory guidance that accompanies the Act, these three forms of prevention were emphasised equally.

Prevent = primary prevention/promoting wellbeing.

Aimed at people who have no identified health or care needs

Reduce = secondary prevention/early intervention

Aimed at people who have an increased risk of developing health or care needs

Delay = tertiary prevention

Aimed at minimising the effect of disability or deterioration for people with an established or complex health or care need

These duties are mirrored by the duties on Clinical Commissioning Groups and the NHS to reduce health inequalities.

Challenges of becoming more prevention focussed

If the Board wished to become more prevention focused there are a number of challenges that would need to be overcome and these include:

1. Using a common language to talk about and harness action on prevention.

2. Understanding prevention is not a one off event but applies across the life course.

3. Agreeing what to 'prevent' and 'target' setting.

4. The need to layer interventions and address population, sub-population and individual levels.

5. Recognising that there is a risk that prevention can 'medicalise' wider social issues.

6. Understanding the time horizon for return on investment of preventative interventions.

7. Recognising the dilemma of affordability even for a cost effective approach and the 'dose' of the intervention.

8. Operating collectively and less as individual organisations.

9. Prevention can focus on needs not assets and can divert attention from positive behaviours e.g. eating, eating, sleeping and talking.

Possible Next Steps

Commit to using the prevention definitions of the Care Act 2014.

Commit to a strategic shift to prevention as evidenced by:

Preventive services in every clinical pathway and care pathway
Brief and very brief interventions delivered by frontline staff
Linking clinical with community services including leisure and culture
Embed self management in chronic disease pathways
Increase % of resources in prevention year on year, starting with an allocation from the Better Care Fund

Identify one or more high impact areas and prototype how this area could be addressed

Map prevention spend across Doncaster

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