Strengthening our Prevention Approach

Report To (Meeting):	ONE Stockport Health and Care Board		
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Previously Considered by:	N/A		

Purpose of the report:

To provide an update on the previous development session and its impact on the Locality Board prevention work.

Key points (Executive Summary):

- This report provides the Board with a summary of the recent Board Development Session, held in October, focusing on prevention
- It has proved challenging to translate the ambition to shift resource upstream at the scale required to relieve pressures on the Health & Care system and create a more preventative local system
- The recent workshop used process models and local examples of prevention work to address these challenges and further embed prevention as a system

Recommendation:

The Board are asked to:

- Consider a follow up development session
- Consider the format of future development sessions

Decision		**Discuss/Direction**	X	**Information/Assurance**	

Aims (please indicate x)		
Which integrated care aim(s) is / are supported by this report:	People are happier and healthier and inequalities are reduced	
	There are safe, high-quality services which make best use of the Stockport pound	X
	Everyone takes responsibility for their health with the right support	
	We support local social and economic development together	X

Strengthening our approach to prevention

The One Stockport Health and Care Board held a development session on 30th October 2024 focusing on our approach as a Board to realising our ambition and intention to shift focus and resource further upstream towards prevention.

The burning platform:

Increasing demand and complexity
Large financial deficit
Widening inequalities and worsening health

The objectives of the session were to:

- Explore why it is so hard to convert intention to reality in shifting towards prevention
- Use local examples of prevention work to identify opportunities to scale up and further embed prevention as a system

The session was facilitated by Belinda Weir from Centaura Consulting and provided Board members with some space and time to focus on prevention using two process models:

1. Polarities
2. Thinking Levels

The session enabled the Board to identify some potentially new ways of thinking and progressing our prevention work as a health and care system. The members of Stockport's Health & Care Locality Board made a commitment to shift 1% of resource towards prevention. This has proved hard to realise, so our work focused on the application of the two tools used in systems thinking which can help to move the conversation forward towards actions and change.

Prevention / treatment is best conceptualised not as a problem that can be solved but as a polarity or dilemma. And when we talk about prevention there is a lack of clarity on what we mean, what it is we are trying to prevent. If we flip it on its head, what are we trying to create – thriving places, connected communities, lives lived well, optimal informed choice and control, dying well at the end of one's natural life. Health creation may offer a more positive and asset-based framing for our endeavours.

	Prevention	Treatment
Cost effectiveness	High	Variable
Time horizon	Long	Short
Visible / tangible impact	Sometimes	Usually
Urgency	Low	High
Quantifiable	Not always	Yes

Measurable impact	Less straightforward	Yes
Public demand	Low	High
System incentives	Low	High
Expected to deliver savings	Often	Rarely
Potential to reduce inequalities	Huge	Less

As a polarity, not a problem, prevention becomes something we need to manage not solve. There is no end point and there are inter-dependent alternatives that must be managed together when decisions are made on how to allocate resources, what to prioritise, where the focus of performance management should sit etc.

During the session we considered some local case studies of prevention activity (Primary Care Network (PCN) 'tea with the GP', MMR vaccine uptake work, and the new WorkWell Partnership) and thought about how we could maintain the positive benefits of each polarity, which dilemmas are especially challenging, and how we know if we are over-focused on one or other pole.

The second process tool we used was levels of thinking – from 1. win/lose (competition) to 2. lose / lose (compromise) to 3. win / win (collaborate), to 4. win / win / win (transformation). It was acknowledged by Board members that it can be very difficult to create the necessary space for level 4 thinking when we are required to focus a great deal of energy on 'fire-fighting' and dealing with acute downstream crises and pressures.

Background to the session:
Patricia Hewitt in her 2023 review of ICSs called for the total share of NHS budgets at ICS level going to prevention to be increased by at least 1% over the next five years. The members of Stockport's Health & Care Locality Board made a similar commitment, to shift 1% of spend towards prevention.

Health economic analysis for Greater Manchester conducted by Carnall Farrar predicted that the health of our population will deteriorate significantly without a significant shift to prevention and concluded that this is the only viable longer-term solution to the pressures in the system.

The new government has committed to a major shift towards prevention and the Darzi Review talks about the need to 'lock in the shift of care closer to home by hardwiring financial flows to expand general practice, mental health and community services'.

There is a clear intent to 'left shift' alongside a reality of right drift. And while there are many examples of cross system preventative work, we lack both the resource and the architecture to do prevention systematically and at the scale and pace required to reduce future demand in the health & care system.

Spending on prevention is often the first to go when we face challenging fiscal conditions. Investment in prevention has been shown to deliver results. Some prevention interventions (e.g. falls prevention) are cost saving, i.e. they have been shown to generate short term cashable savings. Health protection measures typically have very high return on investment, MMR vaccination for example has an ROI (Return of Investment) of 14:1. Why therefore have we found it so hard to translate our intent to reallocation of resource upstream at the scale required?

There is a time horizon challenge, such that some of the reduction in demand resulting from prevention activity will not be delivered until years hence. However, that is not always the case and many interventions deliver on a much shorter time horizon, such as screening and immunisation, early cancer detection, and measures to reduce smoking.

There is also a challenge when the organisation making an investment isn't the one where savings accrue. None of this is a reason not to pursue a prevention agenda. The concept of a resource for the population as opposed to separate organisational silos is key.

An NHS Confederation survey of ICS leaders found that in order to balance budgets today, they are being forced to cut back, delay or defer the programmes that will lead to tomorrow's financial sustainability as well as improved outcomes.

Whilst the vast majority of ICSs have made a strategic commitment to shift the allocation of resources to allow more people to be treated in their local community and access more care closer to home, only half felt that their system is making progress towards this. In fact, between 2006 and 2022, 'the share of the NHS budget spent on hospitals increased from 47 per cent to 58 per cent' (Darzi Review).

As a system, it may be helpful to recognise that we have the totality of resource we need between us (or if not enough at least we cannot expect a significant injection of additional resource) but aren't using it in the best way to serve the population of Stockport. We'll need to find ways to scale up existing successful preventative programmes and develop further test cases for preventative experimentation.

Stockport's Neighbourhood and Prevention Programme is the key vehicle for delivering these changes, creating thriving communities, with more care delivered outside hospital, scaling up of population health management approaches, and joined up early support and information for people within their communities.

Area Leadership Teams (ALTs) have been convened in Stockport with a purpose of bringing together the leadership from the local area across health, social care and wider organisations to drive change in the neighbourhood and address the needs of the local population ensuring alignment to the deliverables within the Neighbourhood and Prevention programme and the NHS GM Primary Care blueprint for integrated neighbourhood teams. We have used the financial levers of Locally Commissioned Services by writing in the need for PCNs to deliver a population health plan.

Stockport's Provider Partnership has prioritised four key prevention workstreams, diabetes, CVD (Cardiovascular disease), alcohol-related harm, and frailty, and workstreams are in place to drive system change towards greater prevention across these areas.

The GM Sustainability Plan includes pillars focusing on reducing prevalence and proactive care, and recognises that radical changes in both our care model and in tackling the social determinants of health will be needed to achieve sustainability.

What will it take for us to translate our commitment to tangible shifts:

- Courage
- Shared purpose
- Risk sharing
- System working
- Enabling financial instruments

Next steps:

The core group of system leaders who planned the workshop will continue to drive forward this work on our approach to prevention and identify one or two specific parts of the system where we have been struggling to shift resource upstream, perhaps even where the opposite has happened. It is suggested we use these as a proof of concept for level 4 (transformation) thinking. The Board to also consider a follow up development session to take this forward as a Board. This session was longer and more interactive, with an external facilitator. The Board is also asked to reflect on the format of future development sessions.