

North Central London Sustainability and Transformation plan

Prevention Workstream - High Level 5 Year Delivery Plan and Detailed Plan for
17/18

Objectives and Scope

High level objectives

- To create a workforce for prevention
- To ensure that places where residents and employees live and work promote good health
- To support residents, families and communities to make healthier choices

Scope and Exclusions

- **The interventions and system changes cover all levels of prevention – primary, secondary and tertiary. In scope are:**
 - preventative interventions which have strong evidence of effectiveness
 - preventative interventions that can demonstrate a return on investment within a 5 year period
 - rapid expansion of learning from relevant devolution pilots
 - interventions/wider system change which merit planning and delivery at an NCL level because of economies of scale and/or opportunities for shared learning.
- **Out of scope for this workstream but embedded within other NCL STP workstreams are:**
 - Mental health: employment opportunities (IPS); community resilience; London's digital mental health programme; increased support to mental health services for children and new mothers
 - Health and Care Closer to Home: social prescribing, structured self management and self care, earlier diagnosis and proactive management of atrial fibrillation, high blood pressure and diabetes, including the Diabetes Prevention Programme, scaled up and step down processes and reablement for social care, are all be considered for delivery as part of the CHINS/QISTS plans
 - Cancer: awareness, Be Clear on Cancer, national screening programmes

Constraints & links to other programmes

Constraints

- **Scale and complexity of ongoing public sector system changes:** may constrain effective delivery as attention and capacity may be focussed on other priorities, and change and instability make it difficult to engage with the right people and fully integrate the delivery of services into the right parts of the system.
- **Culture change:** this is a large upscaling of prevention services which will involve substantial cultural change by all parts of the workforce and the system.
- **Scale of delivery:** these proposals advocate for nearly a 10-fold increase in the delivery of some preventative interventions which will require much larger numbers of people to deliver interventions and it is not clear that there will be the skills or capacity within the system to be able to do this in a short timescale.
- **EU Procurement legislation:** means that larger investments particularly those which involve non NHS providers will need to be followed this will impact on timescales.

Links to other work-streams

- **Mental health:** Mental Health First Aid / dementia awareness plans, as well as ensuring targeting of support for healthier choices to those with mental health problems
- **Health and Care Closer to Home:** need to deliver preventative interventions via the plans that are being developed in this programme
- **Cancer:** achieving economies of scale with awareness raising and supporting healthier choices to prevent cancer
- **Urgent and emergency care:** link between the falls ambulance and falls prevention proposals
- **Digital:** population health analytics and potentially the development of some apps (but may be pan London)
- **Workforce:** cultural change required to develop a workforce for prevention

Initiatives & deliverables to 2020/21(1/4)



Work Package	Initiative	Description	Deliverable	Target delivery date
Workforce for prevention	Making Every Contact Count (MECC)	Residents will be appropriately directed to services that might be of benefit to them, including lifestyle interventions and those addressing the social determinants of health e.g. debt, employment, housing. The 'brief advice' given as part of the MECC programmes will increase the numbers of referrals into preventative services.	Appoint programme lead	Within 1 month
			Develop and agree strategy for all training	Within 2 months
			Increase existing contract volumes where contracts allow for 12 months	Within 3 months
	Mental Health First Aid (MHFA)	Residents with mental health issues, including dementia, will be identified more quickly and guided towards the right support service to address their needs.	Tender new contract opportunity	Within 8 months
	Dementia awareness		Appoint provider	Within 12 months
Healthy environments	Haringey devolution pilot	Pioneer new approaches to tackling problem gambling, alcohol misuse and smoking to secure the sustainability of the NHS, and reduce demand on social care by creating a supportive environment where it is easier to make healthy choices.	Rapid application of learning from the Haringey Devolution Pilot across NCL	Within 2 months
		Prevent people with mental health difficulties from becoming long-term unemployed and claiming ESA benefits by providing effective early help and job retention support.		
	Child Obesity	Reduce levels of childhood obesity, reduce the negative impacts on children's physical and mental health over the short and longer terms through ensuring that the settings where are children spend their time are accredited as healthy ,and are prioritising healthy eating and physical activity. Reduce the health and wellbeing gap by targeting settings in our most deprived communities and those with a high proportion of children from some BAME groups who are more likely to be overweight / obese.	Appoint/second project lead	Within 1 month
Write and agree strategy			Within 2 months	
Review current services in each borough			Within 3 months	

Prevention Workstream

Initiatives & deliverables to 2020/21(2/4)



Workstream	Initiative	Description	Deliverable	Target delivery date
Healthier environments (cont.)	Workplace Wellbeing	Build on existing momentum and commitment to promote a culture that improves health and wellbeing of employees, by working with the NCL HEE lead, NCL healthy workplace leads and Healthy London Partnerships to promote a culture that improves health and wellbeing of employees and leads to healthy and productive workplaces.	Appoint programme lead	Within 1 month
			Develop & agree strategy	Within 2 months
			Increase any existing contracts	Within 3 months
			Tender new contract opportunities based on strategy	Within 8 months
			Appoint provider/s depending on strategy	Within 12 months
			Review current services in each Borough	Within 3 months
Healthier choices	Obesity	Develop and up-scale the delivery of weight management programmes which include integrated physical and wellbeing activities. Specifically reduce the health and wellbeing gap by targeting those living with a mental illness and a physical condition and those from Black and South Asian minority ethnic groups living in the most deprived areas.	Negotiate with existing providers to increase service offer	Within 8 months
			Amend contracts	Within 12 months

Initiatives & deliverables to 2020/21(3/4)



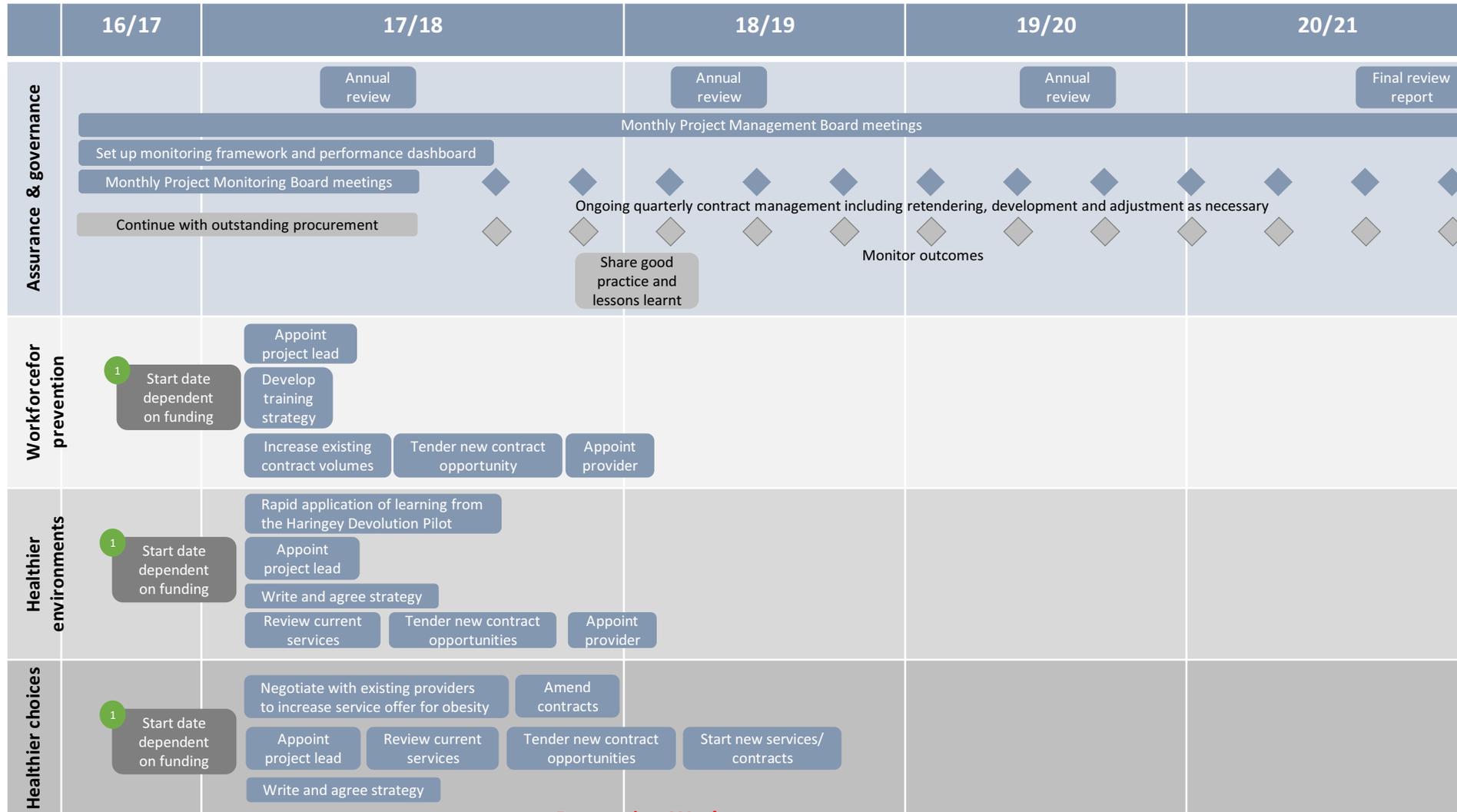
Workstream	Initiative	Description	Deliverable	Target delivery date
Healthier choices (cont.)	Smoking	Radically up-scale the delivery of smoking cessation activities across NCL, and in all parts of the system, as well as increasing the options available to residents who want to quit smoking. This includes the use of digital apps being developed at a pan London level; increasing community support through the use of the voluntary and community sector; and providing more specialist addiction support for those with highly addictive behaviours. To reduce the detrimental health impacts on foetuses and young children, there will also be additional support for pregnant women to quit smoking, including the expansion of CO monitoring. To specifically close the health and wellbeing gap, we will target disadvantaged groups for intervention, including people with serious mental health problems, learning disabilities, specific BAME groups, and those from the most deprived communities.	Appoint /second a project lead	Within 1 month
			Increase existing contract capacity by at least 20% in line with contracts	Within 2 months
			Review existing services and develop, write and agree a strategy	Within 6 months
			Develop tender opportunities where needed	Within 12 months
			Start any new services/contracts	Month 13
	Alcohol	Increase in the capacity and reach of alcohol liaison teams, alcohol outreach teams, as well as an increase in alcohol screening rates across NCL, to identify and intensively and proactively manage a complex cohort of high risk and dependent drinkers so that their health needs are stabilised. This will reduce crises, helping to avoid repeat hospital admissions and call-outs for blue light services. To reduce the health and wellbeing gap, interventions will be targeting high risk and dependent drinkers who are disproportionately from the most deprived communities.	Appoint/second project lead	Within 1 month
			Review current services in each Borough	Within 2 months
			Write and agree a strategy including and procurement strategy	Within 3 months
			Negotiate with existing providers to increase service offer	Within 6-7 months
			Amend contracts	Within 8 months

Initiatives & deliverables to 2020/21(4/4)



Workstream	Initiative	Description	Deliverable	Target delivery date
Healthier choices (cont.)	Falls	Falls-related hospital admissions will be reduced through the use of a multifactorial intervention combining regular exercise (including strength and balance), modifications to people’s homes and regular review of medications, delivered in collaboration across the local public sector organisations and with the voluntary and community sector. This will include collaboration with London Fire Brigade (in Camden and Islington initially) as part of their ‘Safe and Well’ initiative, as well as identifying people who have had minor falls for early intervention.	Appoint/second project lead	Month 1
			Write and agree strategy	Month 3
			Review current services in each borough	Month 3
			Negotiate with existing providers to increase service offer	Month 6
			Amend contracts	Month 6
	Sexual health - contraception	There will be an increase in the offer and uptake of long acting reversible contraceptives to achieve national average expenditure. Residents will have increased choice and convenience of access of contraceptive methods, including via primary care, maternity, abortion, and early pregnancy loss services. There will also be training and skills development for health professionals and awareness raising and outreach in the community.	Appoint/second project lead	Month 1
			Write and agree strategy	Month 3
			Review current services in each borough	Month 4
			Negotiate with existing providers and commissioners to increase service offer	Month 6
			Amend contracts	Month 6
	Sexual health – late HIV diagnoses	There will be an increase in the offer and uptake of HIV testing to diagnose people with HIV earlier across the system. New regional on-line services will also help increase access to HIV testing, as will outreach and promotion with higher risk and more vulnerable groups.	Appoint/second project lead	Month 1
			Write and agree strategy	Month 3
			Review current services in each borough	Month 3
			Negotiate with existing providers to increase service offer	Month 6
			Amend contracts	Month 7

Delivery schedule to 2020/21



Prevention Workstream

2017/18 detailed Work Breakdown Structure (1/1)



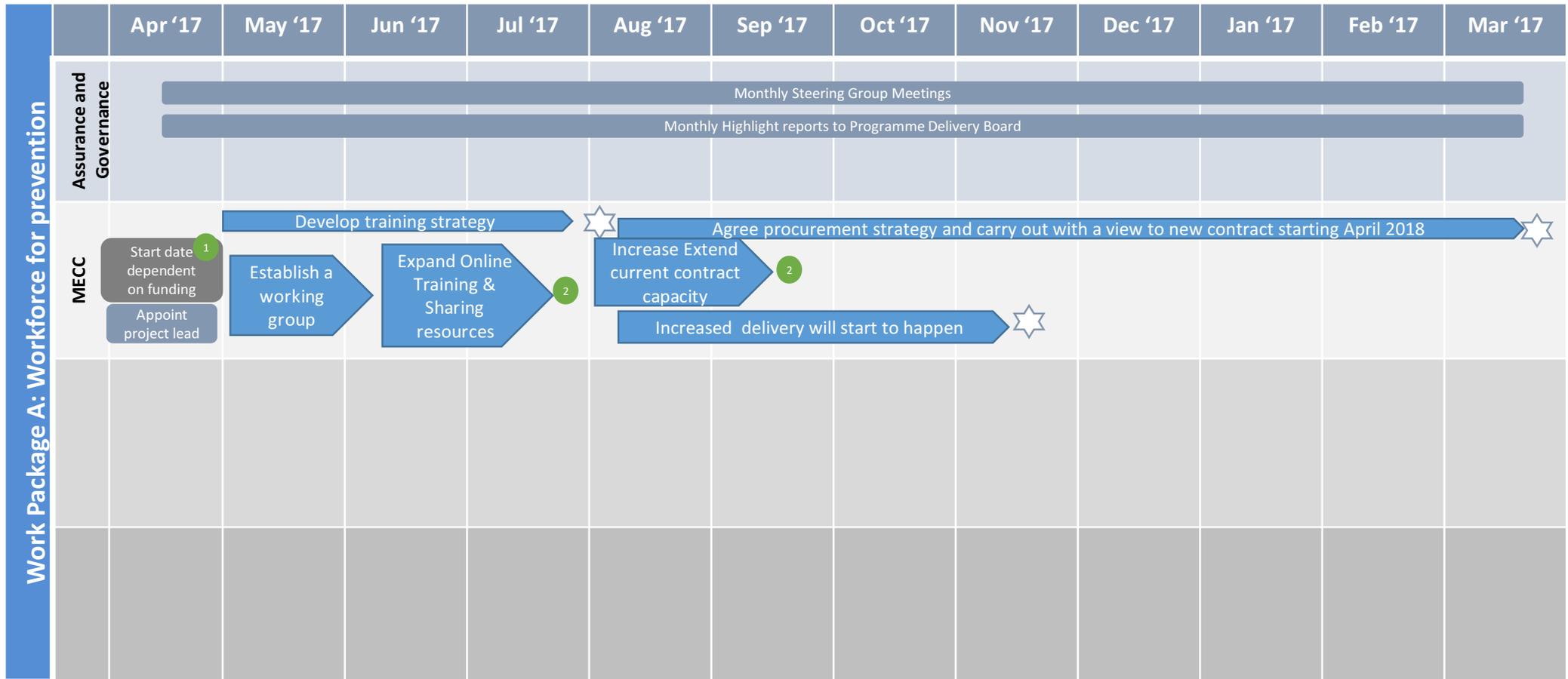
Workpackage	Initiative	Activity / Deliverable	Owner / Lead	Target delivery date
A Workforce for prevention	A.1 Making Every Contact Count (MECC)	A.1.1 Increased offer and take up of MECC training in throughout the STP partnership	Baljinder Heer-Matiana / Ashlee Mulimba (temp)	tbc
	A.2 Mental Health First Aid (MHFA)	A.2.1 Increased offer and take up of MHFA training in throughout the STP partnership	Baljinder Heer-Matiana / Ashlee Mulimba (temp)	tbc
	A.3 Dementia awareness	A.3 NHS staff and social care staff will have been trained in basic dementia awareness, with some frontline staff receiving additional training through a 'train the trainer' model, building on the progress made to date by Health Education England (HEE).	Baljinder Heer-Matiana / Ashlee Mulimba (temp)	tbc
B Healthy environments	B.1 Haringey devolution pilot	Rapid application of learning across NCL	Deborah Millward	tbc
	B.2 Child Obesity	B.2.1 By 20/2021, 4 out of 5 early years' settings and schools in NCL will be accredited as part of the health schools, healthy early years or similarly accredited programme for promoting healthy lives.	Susan Otiti / Natalia Clifford	tbc
	B.3 Workplace Wellbeing	B.3.1. By 2018, all NHS Trusts and all local authorities in NCL will have signed up to at least achievement standard of the healthy workplace charter.	TBC	tbc
C Healthier Choices	C1 Obesity	C1.1 7.5% (50,000 people) of the overweight or obese population will be referred into weight management, an up-scaling of nearly 10-fold on current service delivery levels.	TBC	tbc

2017/18 detailed Work Breakdown Structure (2/2)

Workpackage	Initiative	Activity / Deliverable	Owner / Lead	Target delivery date
Healthier Choices (continued)	C2 Smoking	To increase existing smoking cessation services or re-establish where services don't exist, with closer links to hospitals across the STP partnership.	Charlotte Ashton / Glenn Stewart / Natalia Clifford	tbc
	C3 Alcohol	The uptake of alcohol screening will be increased to 20% through a variety of settings. The capacity of the alcohol liaison and outreach teams will be increased by the addition of 1 alcohol liaison nurse and three band 7/6 team members in each of the 5 hospitals.	Charlotte Ashton / Emma Stubbs	tbc
	C4 Falls	C.4.1.Reduce falls-related admissions by 10% (390 fewer falls-related admissions per year) among adults aged >65 years through multi-disciplinary interventions, including strength and balance and home modifications	Sarah Addiman	tbc
		C.4.2Increase the number of of Safe and Well visits expected and referrals made by London Fire Brigade.		
	C5 Sexual health - contraception	C.5 There will be an increase in the offer and uptake of long acting reversible contraceptives, the most reliable and effective method of contraception, to achieve national average expenditure across NCL.	Jonathan O'Sullivan	tbc
	C6 Sexual health – late HIV diagnoses	C.6.1 Resident experience will be improved by taking a new approach to offering HIV testing. Sexual health services will continue to play a major role in earlier diagnosis, particularly for gay, bisexual and other men who have sex with men.	Jonathan O'Sullivan	tbc

2017/18 detailed delivery plan

-  National /London level milestone
-  Major milestone
-  Enabler activity
-  Dependencies



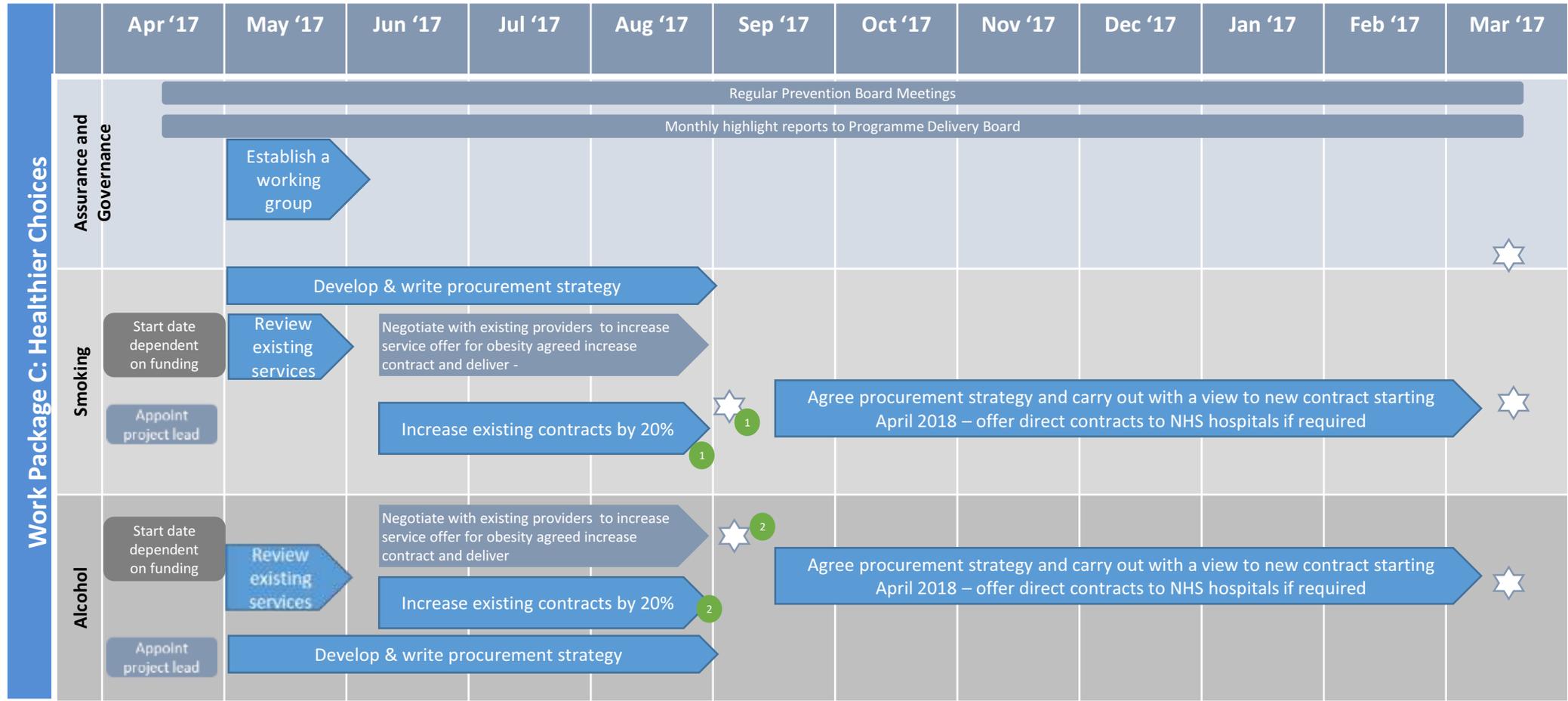
2017/18 detailed delivery plan

-  National /London level milestone
-  Major milestone
-  Enabler activity
-  Dependencies



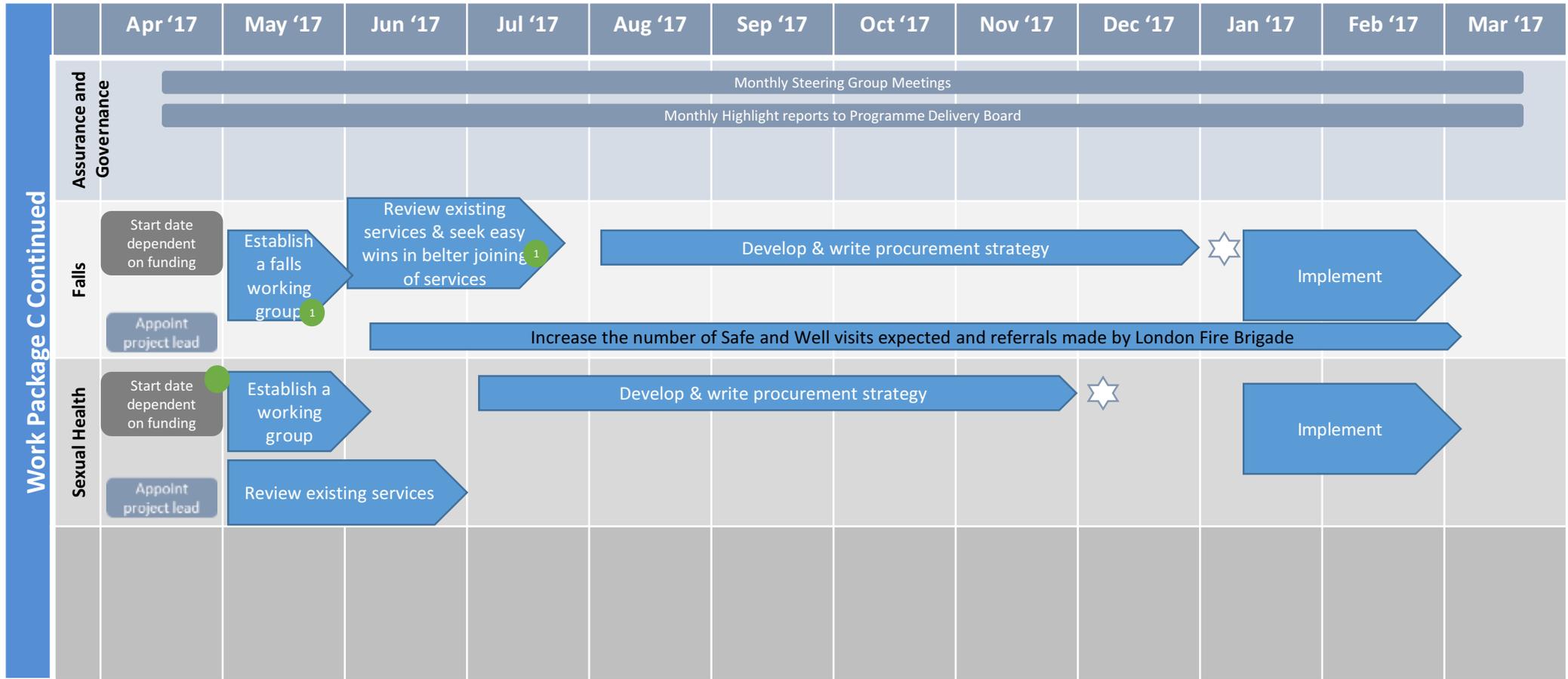
2017/18 detailed delivery plan

-  National /London level milestone
-  Major milestone
-  Enabler activity
-  Dependencies



2017/18 detailed delivery plan

-  National /London level milestone
-  Major milestone
-  Enabler activity
-  Dependencies



2017/18 Programme management capacity (1/1)

Work Package	Initiative	Resources required (specify required roles)	AfC Grade	Cost*	Rationale	Start date	End date
A. Support across prevention workstream	Programme management	Programme manager, 0.6WTE	PO6 (LA)	£44K	To manage the programme (note that the NCL LAs are providing the funding for this role)	01/04/2017	31/03/2018
		Administrator, 0.6WTE	5	£28K	To help administer the programme directly supporting the programme manager	01/04/2017	31/03/2018
	Analytics	Data analyst, 1WTE	PO6 (LA)	£74K	To support the monitoring and evaluation of preventative interventions across NCL	01/04/2017	31/03/2018
	Finance	Finance officer, 0.5WTE	6	£30K	To support monitoring and expenditure of investments	01/04/2017	31/03/2018
B. Workforce for prevention	MECC, MHFA, Dementia awareness	Support officer, 0.5WTE	7	£34K	To support the further development and roll out of this workstream	01/04/2017	31/03/2018
C. Healthier environments	Workplace wellbeing, child obesity, Haringey Devo Pilot	Support officer, 1WTE	7	£68K	To support the development and roll out of this workstream	01/04/2017	31/03/2018
D. Supporting healthier choices	Smoking, alcohol, falls, unwanted pregnancy, weight management	Support officers (some PH trained), 4.5WTE	7	£306K	To support the development and up-scaling of these initiatives across all parts of the health and care system within NCL, including the VCS	01/04/2017	31/03/2018

*the costs are based on AfC/ LA pay scale mid-point, they include NI and employer's pension contribution and an estimated 13% on local management charges (based on Islington LA charges)

Prevention Workstream

Proposed recruitment plan (1/1)

Resources required (specify required roles)	AfC Grade / LA grade where indicated	Cost	Start date	End date	How the post will be filled
Programme manager, 0.6WTE	PO6 (LA)	£44K	01/04/2017	31/03/2018	Recruitment via Islington Council
Administrator, 0.6WTE	5	£28K	01/04/2017	31/03/2018	Via NHS or recruitment through LA
Data analyst, 1WTE	PO6 (LA)	£74K	01/04/2017	31/03/2018	Recruitment through LA (PH specialist)
Finance officer, 0.5WTE	6	£30K	01/04/2017	31/03/2018	Via NHS or recruitment through LA
Support officer, 0.5WTE	7	£34K	01/04/2017	31/03/2018	Mixture of from NHS or recruitment through LA (for PH specialists)
Support officer, 1WTE	7	£68K	01/04/2017	31/03/2018	
Support officers (some PH trained), 4.5WTE	7	£306K	01/04/2017	31/03/2018	

Workstream finance and activity impact - 2017/18 (if applicable)

Work Package	Initiative	Recurrent	Non Recurrent	Savings (gross)*	Net savings	Activity change +/-
Healthier environments	Alcohol liaison service	£0.30m	-	-	-	-
	Alcohol outreach team	£0.72m				
	Smoking cessation	£0.76m	-	-	-	-
	Falls prevention	£0.55m	-	-	-	-
	Unplanned pregnancies	£0.34m	-	-	-	-
Workforce for prevention	Making every contact count (MECC)	£0.79m	-	-	-	-
Healthier choices	Workplace wellbeing charter (WWC)	£0.23m	-	-	-	-
	Total	£3.69m	-	-	-	-

Detailed Investment Plan and Finance and Activity Impact Model



Investment plan (where applicable)

Month	CCG / Borough / Trust	Rationale
Apr 2017	£143,200	This funding profile takes into account the fact that where possible, it would be our intention to increase existing contracts immediately to increase activity.
May 2017	£143,200	
Jun 2017	£143,200	
Jul 2017	£340,600	However, it is usually only possible to increase a contract value by circa 20%; higher increases would be considered a significant change and would trigger the need for competitive tendering. Therefore, this profile takes into account that existing smoking, alcohol and MECC services can be increased by around 20% from April onwards with new contracts coming online after July.
Aug 2017	£364,400	
Sep 2017	£364,400	
Oct 2017	£364,400	
Nov 2017	£364,400	For the falls intervention, the money has been spread evenly over the period to enhance existing projects.
Dec 2017	£364,400	
Jan 2018	£364,400	MECC will see the largest increase based on current spend and will therefore likely to trigger a competitive tender quicker than other contracts.
Feb 2018	£364,400	
Mar 2018	£364,400	

Initiative impact trajectory to 2020/21

Initiative impact trajectory - Activity

Initiative	POD	ACTIVITY - Impact (gross savings achieved by year)				
		16/17	17/18	18/19	19/20	20/21
Alcohol liaison service	A&E	-	-	485	485	485
	NEL	-	-	285	285	285
Alcohol outreach team	NEL (<i>will have impact on A&E, currently being modelled</i>)	-	-	397	397	397
Alcohol screening	A&E	-	-	3,204	3,204	3,204
	NEL	-	-	2,917	2,917	2,917
Smoking cessation	Outpatients	-	-	1,161	2,322	2,322
	NEL	-	-	213	426	426
	Other	-	-	-	-	-
Falls prevention	A&E	-	-	392	392	392
	NEL	-	-	392	392	392
	Other	-	-	392	392	392
Obesity	Other	-	-	-	-	-
Prevention of unplanned pregnancies	NELNE	-	-	887	887	887
A workforce for prevention	Other	-	-	-	-	-
Workplace wellbeing charter	Other			1,615	1,615	1,615

Prevention Workstream

Initiative impact trajectory to 2020/21

Initiative impact trajectory - £

Initiative	POD	£ (millions) - Impact (gross savings achieved by year)				
		16/17	17/18	18/19	19/20	20/21
Alcohol liaison service	A&E, NEL	-	-	£0.06m	£0.06m	£0.06m
	NEL	-	-	£0.40m	£0.40m	£0.40m
Alcohol outreach team	NEL (<i>will have impact on A&E, currently being modelled</i>)	-	-	£0.85m	£0.85m	£0.85m
Alcohol screening	A&E	-	-	£0.22m	£0.22m	£0.22m
	NEL	-	-	£2.3m	£2.3m	£2.3m
Smoking cessation	Outpatients	-	-	£0.17m	£0.35m	£0.35m
	NEL	-	-	£0.45m	£0.90m	£0.90m
	Other	-	-	£0.38m	£0.76m	£0.76m
Falls prevention	A&E	-	-	£0.05m	£0.05m	£0.05m
	NEL	-	-	£0.90m	£0.90m	£0.90m
	Other	-	-	£1.81m	£1.81m	£1.81m
Obesity	Other	-	-	-	£0.50m	£1.00m
Prevention of unplanned pregnancies	NELNE	-	-	£1.25m	£1.25m	£1.25m
A workforce for prevention	Other	-	-	-	-	-
Workplace wellbeing charter	Other	-	-	£0.44m	£0.44m	£0.44m
TOTAL	Prevention Workstream			£9.3m	£10.8m	£11.3m

Benefits realisation and KPIs (1/5)

Initiative	Impact	Key Performance Indicator Influenced (include details of baseline information which will be used for measurement)	Target	Validation date
Alcohol liaison service, outreach team and screening	Reduction in alcohol-related hospital admissions	Alcohol-related hospital admissions (<i>source: SUS aligned to PHOF, indicator 10.1</i>) .	10% reduction.	SUS data regularly available
	Increase in alcohol screening rates	Alcohol screening rates (<i>source: local providers</i>)	Increase uptake to 20%.	Quarterly
Smoking cessation	Reduction in smoking prevalence	Smoking prevalence(<i>source: annual population survey</i>).	Reduce smoking prevalence from 19% to 13%.	Annual population survey – year lag at least
	Reduction in smoking attributable hospital admissions	4-week smoking quitters (<i>source: stop smoking services</i>) Smoking attributable hospital admissions (aged 35+) (<i>source: SUS aligned to PHOF</i>).	Increase 4-week smoking quitters to 121,000 per year. Reduce admissions by 10%, equivalent to 900 fewer admissions.	
Prevention Workstream				
				SUS data regularly available

Benefits realisation and KPIs (2/5)

Initiative	Impact	Key Performance Indicator Influenced (include details of baseline information which will be used for measurement)	Target	Validation date
Falls prevention	Reduction in falls-related hospital admissions	Falls-related hospital admissions among individuals aged 35+ years <i>(source: SUS aligned to PHOF, indicator 2.24i).</i>	10% reduction, equivalent to 390 fewer admissions.	Track locally through SUS.
Obesity	Increase numbers referred into weight management and achieve increase in reductions of BMI.	Numbers referred into weight management programmes <i>(source: service provider).</i> Body mass index (BMI) following 12 week weight management programme <i>(source: service provider).</i>	7.5% (50,000 residents) of the overweight/obese population referred. At 12 weeks : 15,000 people will lose ≥3% of their body weight; a further 25,000 will lose >5% weight loss at 12 weeks.	Quarterly with lag on completion rates

Benefits realisation and KPIs (3/5)

Initiative	Impact	Key Performance Indicator Influenced (include details of baseline information which will be used for measurement)	Target	Validation date
Sexual health - contraception	<p>Increase in the offer and uptake of long acting reversible contraceptives to achieve national average expenditure.</p> <p>Reduction in unwanted pregnancies</p>	Percentage of unplanned pregnancies (<i>source: PHE, Sexual and Reproductive Health profile</i>).	13% reduction	TBC
Sexual health – late HIV diagnoses	Reduction in late HIV diagnoses	Proportion of HIV infections diagnosed at a late stage (<i>source: PHOF, indicator 3.04</i>).	50% reduction in late HIV diagnoses.	<p>Current data is 13-15.</p> <p>Due to delay in data reporting-validation date 20/21</p>

Benefits realisation and KPIs (4/5)

Initiative	Impact	Key Performance Indicator Influenced (include details of baseline information which will be used for measurement)	Target	Validation date
Making Every Contact Count	Residents will be appropriately directed to services that might benefit them through MECC.	Number of staff receiving appropriate training. <i>(Source: service providers).</i>	49,000 NCL public sector staff trained online. 32,000 frontline staff trained face-to-face.	Quarterly
Mental Health First Aid	Quicker identification of residents with mental health issues followed by guiding them towards the right support service.		25,000 non-medical frontline staff (NHS and LA) trained.	Quarterly
Dementia awareness	Quicker identification of and support for patients with dementia.		34,000 NHS and social care staff trained in basic dementia awareness, with some frontline staff receiving additional training. A minimum of 50 dementia friendly GP practices.	Quarterly

Benefits realisation and KPIs (5/5)

Initiative	Impact	Key Performance Indicator Influenced (include details of baseline information which will be used for measurement)	Target	Validation date
Child Obesity	Increase numbers of schools and early years' setting achieving accredited status.	Number of schools accredited for programmes promoting healthy lives (e.g. healthy schools, healthy early years) <i>(source: service provider)</i> .	4 out of 5 early years' settings and schools in NCL will be accredited.	Quarterly
Workplace Wellbeing	Improve employee health and wellbeing and reduce rates of sickness absence of health and care professionals.	Number of organisations signed up to charter <i>(source: service provider)</i> . Percentage of staff who can access stress management programme.	All NCL public sector organisations sign up to at least achievement standard of the healthy workplace charter. 5% of staff to be able to access stress management programme.	Quarterly

Any impact on consolidation of services



Initiative	Impact	Mitigation	Timeframe
None identified to date			

Further opportunities to extend / bring forward savings



Proposal 1	<ul style="list-style-type: none">••••••
Proposal 2	<ul style="list-style-type: none">••••••
Proposal 3	<ul style="list-style-type: none">••••••

Equalities impact assessment

Equalities Impact Assessment

The prevention workstream is based on ground principles that specifically aim to reduce inequality. This includes following a model of proportionate universalism, which seeks to offer a universal service that is accessible to all but also target communities and groups where additional needs exist. Accordingly, disproportionately affected groups are expected to benefit, thus decreasing health inequalities.

Some cross-cutting actions in the prevention workstream guarantee this outcome :

- Setting specific targets for communities that carry a disproportionate weight of ill-health, in order to guarantee that their increased need is met with adequate services;
- Working with a variety of organizations, such as public, voluntary, and community sector, allowing a wider reach and ensuring residents of many social groups have the opportunity to be involved;
- Working in a variety of formats, such as the better use digital technologies, facilitating a wide reach of NCL residents;
- Maintaining a focus on contextual determinants – such as opportunities to eat a balanced diet, to exercise, or to work in a health-promoting environment – as a key to guarantee equality of opportunities, absence of discrimination, and promotion of good relationships between communities.



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Governance structure

Organisational Structure Chart



Governance group membership (1/2)

Role	Name	Job Title and Contact Details	Organisation	Email
Co-chair prevention board	Zina Etheridge	Deputy Chief Executive	London Borough of Haringey	Zina.Etheridge@haringey.gov.uk
	Neil Griffiths	Deputy Chief Executive	UCLH	Neil.Griffiths@uclh.nhs.uk
Prevention SRO	Julie Billett	Joint Director of Public Health	London Boroughs of Camden & Islington	Julie.Billett@islington.gov.uk
Prevention programme lead	Sarah Dougan	Deputy Director of Public Health	London Boroughs of Camden & Islington	Sarah.Dougan@islington.gov.uk
Resident engagement	TBC	HealthWatch	NCL HealthWatch TBC	
CCG Lead	Alison Blair	Chief Officer	Islington CCG	alison.blair3@nhs.net
Clinician Lead for Prevention	TBC	TBC	NCL CCG / provider	
Clinician Lead for Prevention	TBC	TBC	NCL CCG / provider	
Adult social care	John Everson	Assistant Director for Adult Services	London Borough of Haringey	John.Everson@haringey.gov.uk
Children's services	Martin Pratt	Director of Supporting People	London Borough of Camden	Martin.Pratt@camden.gov.uk

Governance group membership (2/2)

Role	Name	Job Title and Contact Details	Organisation	Email
Nursing representative	Helen Donovan	Executive Nurse lead / Professional Lead for Public Health Nursing	Barnet CCG / Royal College of Nursing	Helen.Donovan@rcn.org.uk
Nursing representative	Cerdic Hall	Primary Care Nursing Consultant	Camden & Islington Foundation Trust	Cerdic.Hall@Candi.nhs.uk
Public health senior leadership	Jeffery Lake	Assistant Director of Public Health	London Boroughs of Barnet & Harrow	Jeffrey.Lake@barnet.gov.uk
	Tessa Lindfield	Director of Public Health	London Borough of Enfield	Tessa.Lindfield@enfield.gov.uk
	Jeanelle De Gruchy	Director of Public Health	London Borough of Haringey	Jeanelle.degruchy@haringey.gov.uk
	Angela Bartley	Deputy Director of Public Health	Royal Free	Angela.Bartley@nhs.net
Finance and Activity Modelling rep	Ailsa Bawn	Acting Director Of Finance	NMUH	ailsa.bawn@nhs.net
NHS England (Public Health)	Matthew Bazeley	Director of Public Health Commissioning	NHS England	m.bazeley@nhs.net
Healthy London Partnerships	Jemma Gilbert	Director of Prevention and Quality Improvement	Healthy London Partnerships	jemma.gilbert2@nhs.net

How CCGs/providers/LAs are being engaged in the period to 31 March

Summary

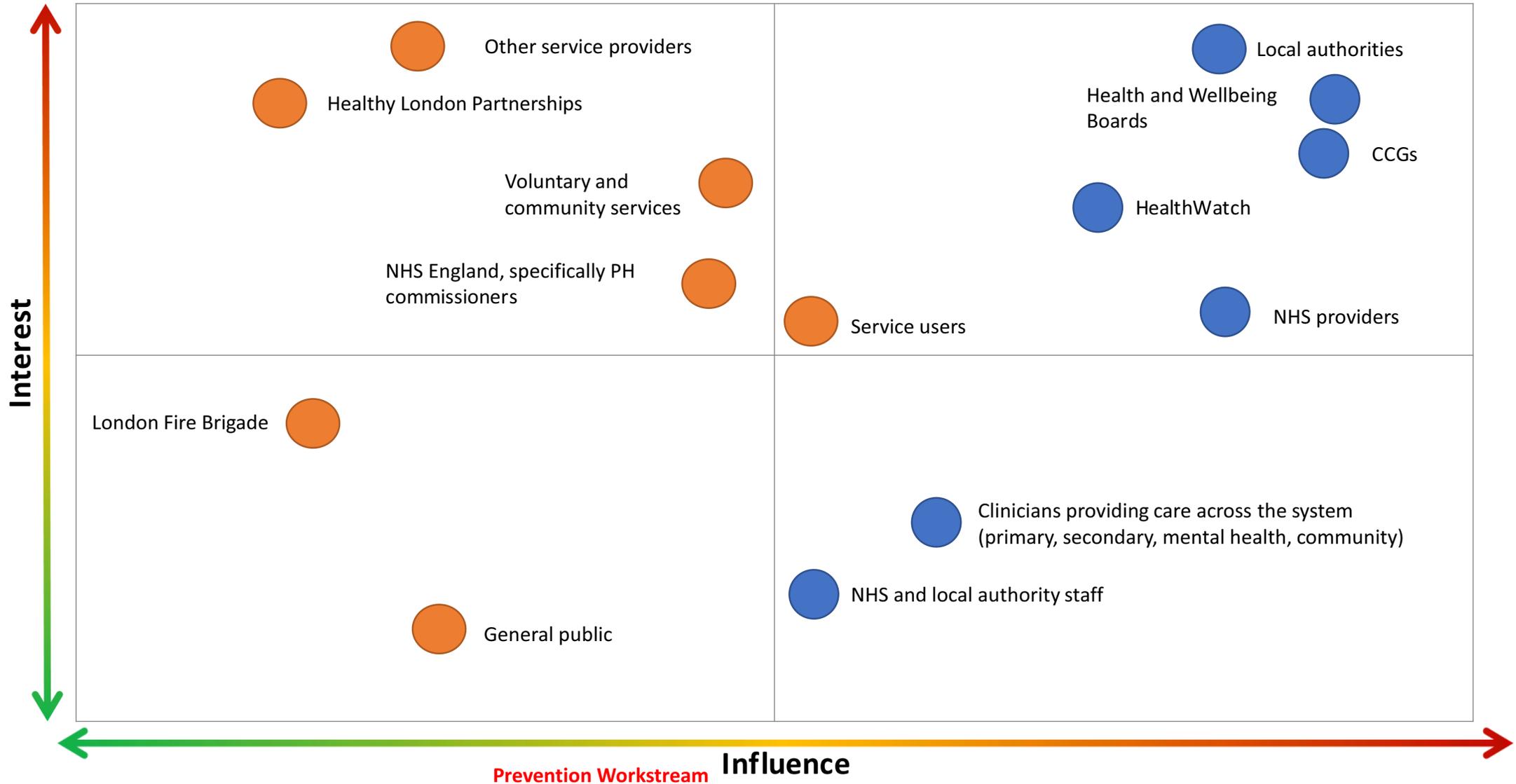
We are in the process of setting up the prevention board with a first meeting being arranged for February. This board will include a range of different senior leaders from across the system, including HealthWatch, as well as the DsPH from each of the five boroughs and the DDPH Royal Free to provide strong links into the NCL public health system.

Additionally, we have a delivery group underneath the prevention board which will be chaired by the prevention SRO and will include specific intervention and workstream leads from across NCL (mainly PH consultants at the moment, including the provider based team), as well as key programmes leads and clinical leads from across the STP to enable us to ensure that prevention is being delivered systematically and at scale across the system.

More locally, DsPH and PH consultants will be engaging within their own local authorities (including local councillors) or provider about this work, as well as working directly with their CCGs through their local structures for STP delivery (e.g. Local Care Strategy, Camden; Wellbeing Partnership, Haringey & Islington).

Stakeholder map

- Internal stakeholder
- External stakeholder



Key messages

Overarching message

Every member of the local public sector workforce in NCL will be a champion for prevention and will take proactive steps to close the health and wellbeing gap;

Our residents, families and communities will be supported to look after their health: smoking and drinking less, eating more healthily, and being more active, as well as looking after their sexual health and mental health wellbeing;

There will be far fewer hospital admissions from preventable causes such as smoking, alcohol, and falls, and reductions in associated ill health and early deaths;

We will make NCL a fairer place to live, through disproportionately greater improvements in health for people with mental health problems and learning disabilities, specific BAME groups, and those in the most deprived communities;

We will start to reverse the trend in childhood obesity, by proactively working across different settings to promote healthier eating and more physical activity among children and young people, as well as using our regulatory powers;

Through a focus on workplace wellbeing, those working in NCL will become healthier, through increased levels of active travel, supporting positive mental health wellbeing, by supporting employees to quit smoking and to eat more healthily, leading to reduced absences and increased productivity.

Outline Stakeholder Engagement Plan

Plan to 31 March 2017

- The evidence-based initiatives proposed within this workstream are already being delivered at a smaller scale within NCL and have been developed following appropriate engagement with service users, residents and those providing services. We have collated information on all of this engagement activity that has been undertaken over the past 2 years.
- We have established a Prevention Board and a Prevention Delivery Group with representation from key internal stakeholders from across the health and care system within NCL.
- As soon as the investment is identified and confirmed, we will specifically engage with the HWBBs, and start conversations with the voluntary and community sector, alongside HealthWatch, to further shape and deliver the interventions.

Plan for 2017/18

There are a number of diverse interventions proposed within the prevention workstream which will require communications and engagement with different groups of people at different levels.

- Depending on the size of the contracts for other interventions there may need to be formal consultation with residents and providers, in which case we will follow the standard policies and procedures for doing this. As we do with most of our preventative programmes, where we do not already have qualitative information on what residents want, then we will seek to address this gap through specific engagement work to understand the needs of the whole population for example, or particular 'at risk' groups to inform the design and delivery of the interventions. We will use a mixture of methods to achieve this, depending on the specific requirements.
- Where appropriate, we will engage with clinicians on implementation through established groups, e.g. LMCs GPs; LPCs pharmacists
- Workforce initiatives on training and workplace wellbeing will require us to communicate with and engage with staff groups which we will do in partnership with the workforce workstream

Lead for Comms and Engagement

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Prevention Workstream

Key workstream risks

Risk	Risk level	Risk description	Mitigating action
1. Pace		External factors impact on progress / direction of the workstream e.g. national steer and direction from NHS England, policy change, regulator intervention etc,	Include 'external' stakeholders within engagement plan, ensure they are briefed and up to speed with the workstream as it progresses to gain buy-in, visibility and traction; and mitigate the likelihood of external intervention through alignment of national and local objectives.
2. Engagement		Lack of 'buy in' from staff, preventing cultural change to step up delivery of prevention across NCL	Foster ownership of proposals across NCL; strong engagement with staff about proposals, including the importance for residents' health and wellbeing, and ensure that staff ideas about how to make this work on the ground are incorporated. Strong leadership around necessity to deliver.
3. Legal		Potential lack of compliance with EU procurement leading to challenges received	Ensure legislation is followed correctly, get advice from legal and procurement.
4. Resource		Lack of 'provider' capacity to deliver scale of interventions required within timescales	Ensure early engagement with providers around plans; flexibility in thinking about how we deliver; explore whether commissioning some things across a larger area (e.g. pan London) would be better as part of workstream planning.
		Inability to recruit skilled and trained staff to programme office	Ensure adverts make jobs attractive, with targeted marketing of jobs.