NHS
Somerset
Clinical Commissioning Group

Report to the NHS Somerset Clinical Commissioning Group on 30 January 2020

Title: Annual Report of the Director of Public Health 2019 – Prevention: Getting on the front foot	**Enclosure K**

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Summary and Purpose of Paper

The production of an Annual Report is a statutory requirement of the Director of Public Health, although the contents are entirely discretionary.

This report takes a broad overview of 'prevention'. It can come across a rather a negative term but this report argues that it's far from that. Prevention is about Improving Lives, it's about getting on the front foot and preventing or delaying negative circumstances from happening. The report argues that prevention at the 'high' (and expensive) end of need, is the most effective way to rapidly improve the lives of those that experience the worst outcomes and free up resources, enabling investment in prevention at lower levels of need. The report gives many case studies of good practice in the county. Above all, it shows that prevention is 'everybody's business'.

Recommendations and next steps

Evidence presented in this report suggests that investment in prevention can promote greater wellbeing in the population and financial sustainability in public services.

That the Somerset Clinical Commissioning Group Governing Body:

1. Consider the approaches to prevention discussed in the report
2. Adopt a 'mixed approach' to prevention:
   - Focusing on people 'on the edge' of the highest level of need, improving their lives and releasing resources
   - Investing in prevention right across lower levels of need to have the widest and most long term impact.
3. Support the development of a prevention strategy for the county
4. Endorse this report, and the recommendations therein

Impact Assessments – key issues identified				
Equality	The highest levels of need often concentrated in areas, families or individuals suffering multiple deprivation, as described in this report. Approaches and projects that seek to prevent people reaching this level of need should tend to reduce health, and other equalities.			
Quality	The report addresses the effectiveness of the whole health and care (and wider) system, not the quality of particular practices.			
Privacy	Although no specific recommendations are made in this regard, the importance of working together, and the concomitant sharing information between agencies is stressed in the report.			
Engagement	The report has been produced after discussions and contributions from a range of people across Somerset, including Zing (activities and sports), Spark (voluntary sector), Musgrove Park hospital and others, who have provided case studies of prevention at all levels and types of need.			
Financial / Resource	There are no direct financial implications. Indirectly, the report discusses how spending at the most acute levels of need can be reduced and redirected at lower levels and in earlier intervention.			
Governance or Legal	Production of the report is a statutory requirement; there are no legal implications of the recommendations.			
Risk Description	The Director of Public Health would fail to deliver a statutory requirement and could face censure if a report is not produced.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
	2	0	Green	

Prevention
Getting onto the front foot

2019 Annual Report of the Director of Public Health for Somerset

Trudi Grant

Contents

Foreword

Anyone who has read my previous reports or heard me speak will know how enthusiastic I am about prevention. This year, I want to tackle it head on. Prevention – in all its forms – is essential if we are to build sustainable public services. I want to do three things:

- Describe **what prevention means**, and how many forms it takes, including fantastic examples already in Somerset.
- Show how prevention needs to run through **the whole health and care system, and beyond**.
- **Inspire – and challenge** – us all to do more prevention in our lives, both at home and at work.

We also know that austerity measures have led to increasingly pressured budgets. So how do we invest in preventative action at the same time as meeting increasing demand? This is a really critical question for us to answer if we are to succeed in flipping the Somerset system to focus more on prevention. 'Prevention' has a negative sound, but I will show how it is an essential part of 'Improving Lives' and is in fact, really positive.

What is Prevention?

Prevention is relevant in all aspects of life, it means different things to different people.

It can be about:

- preventing harm,
- preventing the need for a service,
- preventing ill health and disease,
- preventing loss of independence,
- preventing unnecessary waste through recycling,
- preventing risky behaviour
- preventing an existing problem becoming worse,
- preventing the deterioration of local infrastructure

In essence it's all of these and more. We need to keep a broad view of prevention, it relates to both people and place focused services, so we do not miss opportunities to improve the lives of people in Somerset.

Prevention is often split into three parts. This is a useful way to start considering the range of activities.

Primary prevention – 'An apple a day keeps the doctor away'

> Primary prevention refers to actions that reduce the likelihood of something undesirable happening in the first place. As such, it is for people, communities, infrastructure or habitats that are in good condition, and is intended to keep them that way for as long as possible. We can think of it as promoting protective factors and building resilience, such as 'Five Ways to Wellbeing'[i].

Secondary prevention – such as cervical screening

> Secondary prevention is particularly concerned with early identification of harm and acting to stop it worsening, or even reversing it. This may involve screening particular segments of the population to be able to start treatment early, to make lifestyle changes that may ward off the illness or to vaccinate against disease. Focusing social programmes on communities that have multiple forms of deprivation is similarly seeking to stop problems worsening once the signs have started to appear.

Tertiary prevention – such as adapting homes so people can enjoy independent living for longer

> 'Prevention' can even be a good approach where problems have already developed. In health, that particularly involves ways of life that make managing the condition better and more manageable. This can include supporting a dignified death. Outside health, it may include factors such as reducing the recurrence of domestic violence, or recovery works after flooding.

Policy Context

Prevention to improve the public's health and reduce inequalities has been central to national policy for many years. Going back only to the Wanless Report; it is sometimes dispiriting to see how long it is taking to be taken seriously and become mainstreamed.

In 2002, Derek Wanless wrote the following speculative, but hopeful, description:

> 'THE HEALTH SERVICE IN 2022
>
> 'Patients are at the heart of the health service of the future. With access to better information, they are involved fully in decisions – not just about treatment, but also about the prevention and management of illness.' [ii]

It is sobering to think how much more work needs to be done in the next two years if that vision is to be realised. It is estimated that currently only 5% of the national NHS budget is spent on *preventing* ill health.

Prevention is however a 'live' issue in the national policy context. The NHS five year forward view called for a 'robust shift-change in prevention'[iii] and similarly, the recent long-term plan for the NHS published in January 2019, makes frequent reference to prevention as a necessary ingredient of sustainability.

This document also highlights the importance of prevention at all levels of need, an issue that I will come back to later in this report.

> '…redesign healthcare so that people get the right care at the right time in the optimal care setting (for example, providing better support to people living in care homes to avoid emergency hospital admissions; providing better social care and community support to slow the development of older people's frailty; and fundamentally redesigning outpatient services so that both patients' time and specialists' expertise are used more appropriately)
>
> 'improving upstream prevention of avoidable illness and its exacerbations. So, for example, smoking cessation, diabetes prevention through obesity reduction, and reduced respiratory hospitalisations from lower air pollution. This can also be achieved through better support for patients, carers and volunteers to enhance 'supported self-management' particularly of long-term health conditions.' [iv]

Similarly, The Care Act published in 2014[v], the Children and Families Act 2014[vi], the Children and Social Work Act 2017[vii], and indeed the Potholes Review of 2012[xiii] all place an emphasis on the need for prevention and early help. Needless to say, there is no lack of policy context supporting prevention. Importantly, we are awaiting the publication of yet another following the Green Paper on Prevention published in 2019. [viii]

The issue for us locally is not one of 'should we be doing this?". The question is 'how should we be doing more prevention?'

To align the Somerset system around prevention, the Somerset Health and Wellbeing Board published the Somerset Prevention Framework in 2017 [ix].

Locally, this Framework has gained commitment to a prevention ethos across the health and care system, which collectively took a very broad view of what the term encompassed

In this charter, a wide range of public bodies in Somerset, under the auspices of the Health and Wellbeing Board and the Sustainability and Transformation Partnership (STP), committed to working individually and collectively to apply prevention principles across the range of their activities.

'Flipping' the Somerset System

This Annual Public Health Report showcases some examples of the excellent prevention work that has been taken forward across Somerset. We are not moving off from a standing start, but similarly we have not yet made significant advances to 'Flip the Somerset System'. These are just examples, there are many more.

As everywhere in the UK, public services are increasingly demand-driven; they are more responsive to increased need rather than reducing need in the first place. Demand, due to high levels of need in our population, currently drives the vast majority of resources and investment. To 'flip' the Somerset system means that we are working toward getting on the front foot: getting ahead of the demand and, where possible, preventing needs from developing or escalating in the first place. Only then can Somerset become a 'prevention-driven system' with more people living improved lives, more people being happy, healthy and independent for as long as possible.

Focusing specifically on the Health and Social Care part of the Somerset system demonstrates clearly the impact that prevention could have.

Current Somerset Expenditure on Health and Care

The exemplify the need for a focus on prevention, we will look at the spending across our health and social care services specifically. Figure 1, (taken from Symphony, an integrated data set covering the health and care of everyone in Somerset), shows that only 4% of the population utilize 50% of the spend locally. Many of these people will have several long-term conditions such as diabetes or dementia, where the complex interactions of the different illnesses makes treatment difficult.

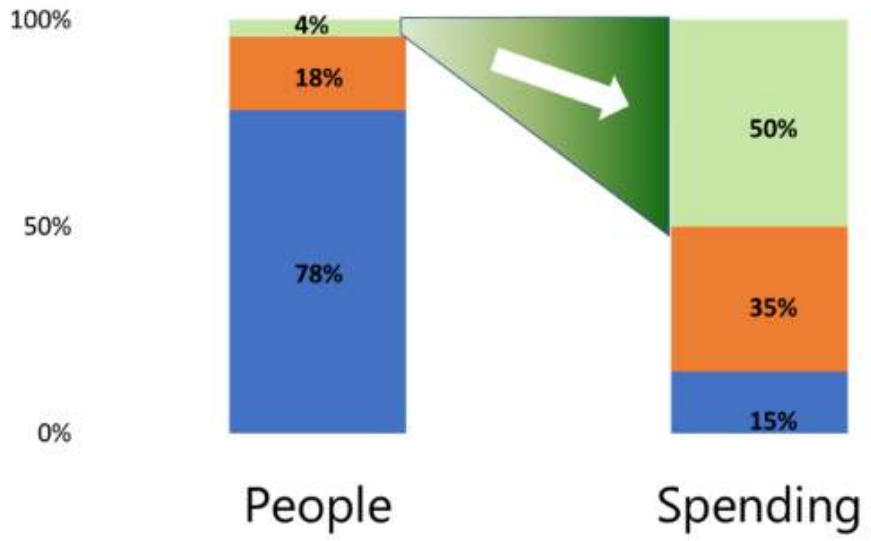

Figure 1: Costs and Numbers of Patients (Symphony data).

It is likely that there will always be a significant proportion of the spend allocated in this way. However, just because this is the current spend profile does not mean that, with greater preventative activity, we cannot redistribute this spend further down the level of need, thereby improving people's lives. Some excellent examples of this can be seen in the case studies within this report.

Prevention and inequality

As Figure 1 shows, we know that the 4% of patients with four or more long term conditions contribute 50% of health and social care expenditure: these are also disproportionately in our deprived communities.

It is no surprise that highest costs go with people who are most ill; long-term benefits, for the person and the system, lie in preventing people from becoming ill and dependent where we can.

Why don't we do more prevention?

So, given what we know about the needs of people in Somerset and the level of demand that is seen in local services, why are we not doing more to prevent need and improve lives in the first place? There are a number of parts to this answer.

A focus on problems

Firstly, agencies are usually set up to deal with 'a problem'. Naturally, then, their aim and funding is to deal with it. For example, the National *Health* Service has a clear focus on *illness*. Treating illness is expensive but it's relatively easily measured, so we can judge the benefits against the cost. Preventing something from happening, such as an illness, is much harder to measure and difficult to judge the benefits against cost.

For example, replacing a broken hip for an 80-year-old person provides an immediate and clear improvement in quality of life and you can tangibly measure the benefit against cost. An 80-year-old person who avoids falling and breaking their hip because they have regularly participated in yoga classes since they were 50, is less measurable. It is difficult to say whether that specific person would have been the one who fell and broke their hip, or perhaps instead the one who does not have heart disease for example because they have exercised regularly. Taking a population health approach (and a preventative approach per se) is a numbers game; a whole population game. It's about encouraging preventative action with everyone, but we have to accept that sometimes we don't know what specific issue or condition we are preventing with specific people.

Prevention at all levels of need

Secondly, as mentioned already, prevention is relevant at all levels of need. Preventing a child needing to go into care is just as much a preventative action as preventing use of single use plastics. Prevention comes in many forms; it can be really specific to an individual's need (this is the kind of prevention often needed when needs are very high and complex). Alternatively, it can be very general and not very person-specific at all (this is often prevention that is relevant to most people at the lower level of need). Despite all the ways in which we *could* apply prevention, we still often miss those opportunities.

Short term versus longer term

Thirdly, it is important we recognise that prevention can have benefits very quickly, like the hip replacement mentioned earlier. This is tertiary prevention that will help return the individual to a level of normal functioning after a significant event. But the

benefits of some types of prevention may not be realised for some time, even over a generation.

Protective factors

At this point I would like to introduce 'protective factors'. There are a number of factors that can help provide 'protection' for everyone. They help ensure we are as resilient as we can be so when life throws us a curveball we are better able to cope.

The best way to consider protective factors is through Maslow's Hierarchy of Need. Maslow put forward a psychological model of motivation based on the needs of the person. Figure 2 shows the familiar model put forward by Maslow.

Figure 2: Maslow's Hierarchy of Needs

He suggested that the top fifth tier is a growth need, required for an individual to really thrive in life. The first four levels of the hierarchy Maslow describes as deficiency needs. Whilst developed for motivational theory, these first four levels show nicely the 'protective factors' that help us to become and remain resilient. Where possible, we should strive to support everyone to have as much of these factors as possible. They are basic building blocks to improving lives and can significantly help to protect us when times get hard, like when illness occurs, for example.

These protective factors are invaluable; we should strive to develop and maintain them throughout our lives, in particular to protect our emotional health and wellbeing.

These protective factors can last a lifetime; the food we eat during childhood, the development of our brains, our educational attainment and our attachment to other humans, are all examples of protective factors that can last a lifetime. They would be extremely difficult to assess using simple cost-benefit analysis, but we all know they are necessary.

The challenge of meeting demand now and investing for the future

A final point to make here is the resource challenge we have currently. How do we do all the things we want to, with the resources we have, all at once? We know people's needs are increasing and getting more complex, as a result we have increasing levels of demand in all services in Somerset.

Making a plan for prevention

Let's take the example of health and social care services in Somerset to demonstrate the problem we are facing and consider how we might go about making a plan we could all work towards. I have already described how, in our health and care services, a very high proportion of cost is spent on a small proportion of our population. Given that there is little new money to invest in preventative activity, we must move money and resources around and change the way we currently spend.

If we are looking to move more of our spending to help people earlier, then we have to start with the small proportion of service users with the highest need, for the simple reason that they have the greatest potential to experience improved lives and that is where most of the money is spent.

There are three possible ways in which we could do this. A cascade approach, a squeeze or a combination of the two. Figure 3 presents the population and expenditure figures from Figure 1 in a different way and shows figuratively how money could flow to flip the system.

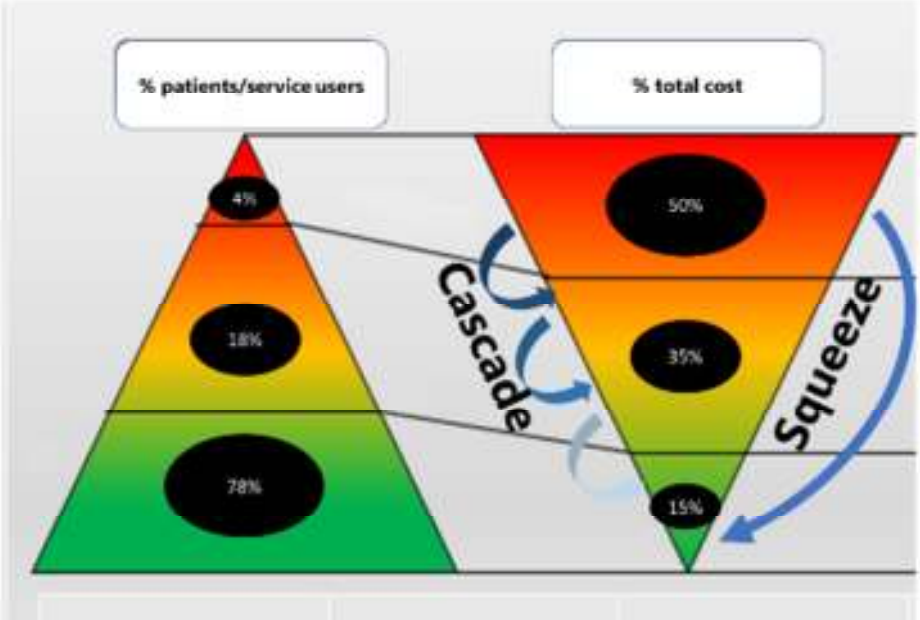

Figure 3: Modelling costs and expenditure on prevention

Cascade Approach

This approach involves initial emphasis for prevention being focused at the highest level of need. People with high need have the poorest life outcomes and require the most expensive and services. Focusing our activity on preventing people's need from escalating to this level would improve lives of some of the worst off fastest. Achieving even relatively small savings here and investing them in the tier below and so on, causing a cascade, could be one approach to safely moving resources over time into more prevention activity. One advantage is that after the first savings are made in the areas of highest expenditure, then attention is given to the next most resource-intensive, and so on.

The downside to this approach is that initially it only benefits a small part of the population and could take a very long time to trickle down to the generally younger and healthier majority. Arguably, the most cost effective and longer-term preventative activity which develops the protective factors would not be focused on for quite some time.

Squeeze Approach

In this approach, again there is an initial focus on prevention at the high level of need. However, in this approach, savings made at the highest level of need would enable investment in prevention across the whole population, particularly focusing on developing protective factors. This would enable prevention activity to be focused earlier in life, giving rise to decades of benefit. Action at this level has been shown to deliver excellent returns on their investment[x]. On the more negative side, this approach does not help with reducing the emerging demand in the system.

High need pressures could be alleviated initially, but it is likely that this will rise again without preventing new demand emerging.

The Mixed Approach

In practice, of course, it is not essential to choose exclusively between the two above approaches. Resources freed up in the system by focusing on prevention at the high and expensive level of need, can be used to help improve lives across all levels of need. A mixed approach to prevention could thereby make efficient use of resources, whilst also ensuring current needs are met and we are improving lives and reducing demand for the short, medium and longer term.

If we could agree a common approach to investing in prevention at a local level, we could achieve far better outcomes for local residents as well as provide opportunities for joining up our prevention activities. A jointly-agreed approach could be formally agreed through a countywide prevention strategy.

Local leadership on prevention

The leaders of health and care in Somerset are committed to an approach based on prevention. Pat Flaherty, Chief Executive of Somerset County Council (Figure 4), has fully endorsed the importance of prevention and the organisation has committed to an improving lives transformation programme which focuses on putting prevention at the heart of the organisation. He is also the Senior Responsible Officer for the Somerset Sustainability and Transformation Partnership, building new models of health and care in the county, again aiming to flip the Somerset system towards more of a prevention-driven focus.

Figure 4: Pat Flaherty, Somerset County Council

This view is echoed by James Rimmer, the Chief Executive of Somerset Clinical Commissioning Group (CCG), Figure 5, and other senior leaders of the NHS in Somerset. The CCG commissions all the NHS services in the county and has a key role in rethinking the system.

Figure 5: James Rimmer, Somerset Clinical Commissioning Group

Case Studies

I do want to stress that prevention is something to be done at all levels of need and is everybody's business. This section of the report provides a series of prevention case studies showcasing work at all levels. They are all inspirational and demonstrate how, by acting earlier and having a preventative approach, we can improve lives.

Man v. Fat

MAN v FAT is a country-wide football league for men who want to lose weight, supported locally by Somerset Public Health. Jon was especially motivated to change his lifestyle and lose weight for his wife and family. He told us about his experience on the programme:

> *'It's a change of lifestyle rather than a diet and you just have to keep going.'*

To be honest, I didn't realise how big I'd got. I have always been overweight but over the past couple of years I just kept on piling on the pounds. I overindulged in takeaways and alcohol. Alcohol was probably the biggest contributor to becoming morbidly obese. I just loved to drink and eat rubbish on the weekends, I saw it as a treat after a long week at work but eventually the weekend treats crept into weekday treats.

I saw an advert for MAN v FAT Football on Facebook and after a lot of deliberation, trepidation and fear of the unknown, I decided to just go for it. After my first game I knew straight away that this was for me. To help me between games, I followed the HIIT (high-intensity interval training) session six days a week and curbed my diet.

I restricted myself to two low carb meals and a healthy carb meal to refuel after a HIIT session. The main difference in my diet is that I have cut out all processed food and I now cook everything from scratch.

Figure 6: 'I just feel like a new man. I am a new man'

I also took up long walks with my dog. I walked 10km to 15km every day with a weighted rucksack. In short, I worked bloody hard! I have completely changed my lifestyle and I now live by the rule of walking at least 10k steps a day[xi].

Parish support: Grace, Martock

Grace is 80, and after a fall had to spend some time in hospital. Before, she was highly independent, but afterwards, she became fearful of going out and isolated and lonely. Her GP asked the parish Seniors' Support Coordinator to arrange a volunteer befriender, for visits once or twice a week.

They started with a walk in the garden, slowly progressing to the local shops. She is now confidently back walking to the shops and has resumed her social life.

Safe Families

Safe Families for Children is a charity that supports families going through difficult times and helps to reduce the flow of children into foster care. It has operated in Somerset since 2018 and helps about 120 children each year[xii].

Safe Families worked with a mum with two young children aged three and two following their move to Yeovil from a refuge, having been in an abusive relationship. The mother had received counselling and became pregnant with a new partner but lacked confidence and felt isolated. She wanted friendship and help with the expected baby because of previous problems and risk of premature birth.

Safe Families found a friend and practical help: putting up curtains, removing clutter and a £100 voucher for baby and home, and registering with the doctor, dentist,

schools and a parent/toddler group, extending her social network. The children went to a host family for six nights while mum had her baby, enabling dad to spend time with her and baby, improving bonding, and with the other children visiting daily.

The family no longer need support from other agencies. The eldest child started school in September; the younger attends nursery and mum is planning to join a parent/baby group. Mum has made a friend at the school gates and her confidence is growing, as is the children's, she even enjoyed an evening out on her birthday; the first time they had been out without the children!

High Intensity Users – Musgrove Park

It is well known that a very small number of people make up a disproportionate number of attendances at Accident and Emergency departments; others act in ways that put huge pressure on other public services. In the South West, we have had some people who visit A&E over 50 times each year, and one person's activity, particularly on the motorway, cost public agencies – in this case mainly the police - £½m in a single year. In such cases, neither A&E nor the police are best placed to address their needs, which overwhelmingly tend to involve mental ill-health and social isolation. Rather than addressing these emergencies as they arise – which can indeed often just encourage them to do the same again – we need to think about the root causes and manage their needs very differently. This case study from Musgrove Park, shown in **Error! Reference source not found.**, illustrates the approach.

A frequent patient's son, who typically accompanied him, became so used to the procedures – and so willing to challenge – that he too became a 'high intensity user'. A multi-disciplinary team for the family was set up, including PALS (Patient Advice and Liaison Service), clinicians and paramedics. Clinical-led 'straight talking', including the risks associated with attendance and repeated diagnostic tests, led them to re-assess their behaviour. It also became apparent that the patient's wife was involved, as it was only in the others' hospital visits that she had time to herself; she is now working on her own needs with support from her village agent. Improved management of the patient's health has meant that he has, so far, gone four months without presenting at A&E. Reducing attendance at A&E required understanding the whole family's needs.

Figure 7: Entrance to Musgrove Park A&E

Zing: Food, Fun and Families

We began working with Somerset Bridge Primary School in January 2019 to pilot 'Food, Fun and Families'. It is a cooking and nutrition programme. Two trial courses were run in spring 2019, with eight families. Parents reported an increase in enjoyment of cooking, cooking meals as a family, understanding a balanced diet and a decrease in perceived difficulty and course to another group of families.

Figure 8: Food, fun and families in Highbridge

During the holidays, they organised a summer club for children in years 2-4, from particularly disadvantaged families. The Community Lifestyle Officer supported this with cookery sessions for about 20 children, collecting feedback such as:

- We have enjoyed having fun cooking
- We have learnt how to chop vegetables
- We have enjoyed eating healthy food
- Thank you for helping us cook for each other

Somerset Bridge Primary is now planning an after-school cookery club, and the programme has been extended to other schools in Sedgemoor and Taunton.

My Diabetes My Way

Diabetes takes up about 10% of the NHS budget, as well as having impacts on other aspects of public finance, such as reducing workers' productivity. Whilst the projects described here that promote healthy eating and exercise can reduce the risk of Type 2 Diabetes – the pathway of diabetes often starts long before diagnosis - a preventative, self-management approach can reduce the impact of the condition on those who have already developed it.

My Diabetes My Way was launched in 2019 and has over 3,100 patients registered. The app provides people with access to test results, clinic letters and treatment plans, as well as information about diabetes, monitoring glucose levels and complications from diabetes and lifestyle advice. This gives patients control of their health, managing their condition and preventing escalation.

Figure 9: My Diabetes My Way

Health Coaches: Queen Camel Medical Centre

Doris is 80 years old. She lives alone in sheltered housing and has complex health issues.

When she first met a Health Coach from Queen Camel Medical Centre she was isolated and didn't want to go out. Doris is very spirited and funny and bonded well with the Coach when she visited. This simple emotional support built up her confidence, and she began to attend the weekly village tea parties. The Health Coach also checked Doris' medication, and signposted her to financial advice from Citizens Advice South Somerset.

Figure 10: One of the Queen Camel tea parties

A volunteer visits her once a week, which she loves. The Befriending Scheme was set up with help from Spark Somerset, the voluntary sector support charity, which advised on policies, insurance and DBS (Disclosure & Barring Service) checks. The scheme has seven volunteers making home visits. Doris has now made friends with a neighbor and they help each other with shopping.

Managing our Infrastructure

The publicly maintainable highway network in Somerset is the County Council's most valuable asset; valued in excess of £6 billion replacement cost. The 6,600 kilometres of highway network in Somerset require a robust method of management and maintenance to ensure the highway asset remain safe and serviceable.

Highway asset management as an approach has been promoted by the Department for Transport (DfT) for use by local highway authorities since the middle of the last decade. Somerset County Council has complied with this advice and applied these principles to the management of its highway assets for the past ten years. Road surfaces deteriorate because of two main factors – traffic and weather. The greater number and weight of vehicles using a road, the faster the road surface wears out. Over time, flexibility – derived from bitumen - diminishes and the surface essentially 'snaps'.

The Highway Maintenance Efficiency Programme (HMEP)[xiii] stated that local authorities should adopt the principle that prevention is better than cure. This is best achieved through asset life-cycle planning, investment strategies and preventative maintenance treatments. Rather than waiting for assets to get to a state of disrepair, our preventative maintenance approach seeks to intervene at the most cost-favourable point, which may be resurfacing, replacing a light column, traffic sign or white line. Each asset requires a different intervention and response depending on the relative risk.

Figure 11: Highway Maintenance[xiv]

Exercise: Zing[xv] and the Priorswood Lap Challenge

Physical exercise has been described as a 'miracle cure'[xvi]. It also has a powerful role in building up resilience.

Priorswood Community Centre (PCC) in Taunton runs the 'Priorswood Lap Challenge' and uses sponsorship to make and uses sponsorship to make the activity days sustainable. The community was challenged to run, walk, dance or challenged to run, walk, dance or skip their way around a pre-measured route in Lyngford Park, shown in

Lyngford Park, shown in

Figure 12. After each lap they receive a stamp on a card, contributing to a calculated distance over the summer and evidence for the sponsors.

Lesley – the PCC manager – leads the way. She first asked a volunteer from the centre to join her for a walk, suggesting a half lap. The volunteer has health issues and needed to increase her activity. She agreed and managed the half lap, then took on her own stamp card and planned more half laps across the summer.

Figure 12: Lyngford Park

The final figures for the challenge were 161 laps, or 54 miles, despite being hampered by persistent rain in the first two weeks. Participants raised £455 in sponsorship and the personal achievement stories indicate that this project could carry on. The health benefits, wellbeing and sense of achievement are being widely talked about around the community.

Parent Family Support Advisors

Parent Family Support Advisors help young people and parents understand their needs and gives individual support.

In the case shown in the video, the school identified a young person's needs, a 'Team around the Child' – including education and social care – was brought together, improving her confidence and learning, and working with her family. Rather than falling into greater need, it has meant that she can go on to college and continue her education instead.

Figure 13: Parent Family Support Advisors

https://www.youtube.com/watch?v=QIGTpQcE7XQ&feature=youtu.be

Talking Cafés

Public Health increasingly recognises social isolation as a factor contributing hugely to poor levels of wellbeing. It has been suggested that being lonely is as bad for health as smoking 15 cigarettes a day. One way in which isolation is being tackled in Somerset is through 'talking cafés', which offer social contact as well as practical advice. Figure 144 shows one such café being held by a Village Agent in Williton.

Figure 14: Talking Cafe in Williton

Avoiding hospital admissions: Ruby Care

Hospital treatment can be necessary, but it is not a place many people would choose to spend time. Helping patients get into another setting – which for many at the least well may be a care home – is good for everyone, as it also saves NHS costs. Ruby Care, one of our care providers, is helping minimise the time that residents, many of whom have dementia, in its care homes spend in hospital.

Figure 15: Ruby Care[xvii]

As one service user's (Figure 15) daughter described:

'I have been very impressed with Ruby Care, they looked are my Mum exceptionally well after she left hospital. My Mum was quite ill in hospital for many weeks and I didn't think she was going to be able to come home again as she was so confused and poorly. However due to the care provided by Ruby Care we managed to get her settled back in at home and her memory has improved massively.

'The hospital dropped my Mum home and a member of the Ruby Care staff was waiting to help the minute Mum arrived. They offered 24-hour care for a couple of days to make sure she was settled in and happy. They bent over backwards to help out at a very difficult time. Further to that they came up with some very helpful recommendations to make Mum's life at home easier.'

Smokefree Mums2Be: Sarah

'Hanging out with friends led me to my first cigarette. I was just 14. Somehow, I managed to hide it from my parents for about 2 years, I have no idea how!

'In 2015 I gave up, after discovering I had cervical cancer. I managed a year before I started again. I soon regretted it but the addiction was too much. I met the Mums2be Smokefree team after being referred by my midwife. I was trying to quit by myself, but I was finding it hard. I tried to vape but it didn't work for me.

Figure 16: Smokefree Sarah and her baby

'I really did not want to use nicotine replacement products. I was sure I could do it with support alone. I did find mixing with smokers difficult, but when I got that craving, I would take myself out of the situation for a while. It was far from easy, the habits of rolling and going outside were hard to break, but my non-smoking partner really supported me. I suffer with a personality disorder, depression and anxiety and during my pregnancy this had increased in severity, making me worry about what would happen once my son was born. I knew it was best for my children and me to stay smokefree.

'Forward 10 months, I still have my moments of wanting a cigarette, my life has many stressful situations and I know that my nicotine monster is waiting to grab me at any opportunity, but I have stayed smokefree. I feel so much happier and healthier, I will never go back to feeling dirty or smelling of smoke. I have done it for my children, they deserve to have a mum who is there for them.'

Zing day, Play days: Yeovil

'Zing has been busy at Birchfield Community Centre. We have been lucky enough to have a pop-up sport kit kindly lent to us by Somerset Activity and Sports Partnership (SASP), and we added some of our own.

'In the first week we set up a net and started to teach them badminton. They learnt about the racket and shuttlecock, how to serve and how to keep a game going. We started with the net low but by the end of the summer we put it up to full size. The Zing team showed over 30 children how to play badminton, tennis and lots of traditional games that children seem to have forgotten. One girl wanted to hula hoop: by the end of the summer she could do it, and she was only three years old.

Figure 17: Zing Day, Play Day

'All the families were keen to learn new games and how to be active. We had chats about snack swaps and how to introduce healthy food to lunch boxes. As the summer went on, we found that they seemed more interested in traditional games and we were happy to show them. By the end of the summer the children started to use their imagination and make up games, and in the autumn we noticed that the green areas in the community were still used by families who attended the Zing day, Play Days. '

Breastfeeding: 'Carry me Kate'[xviii]

The use of slings contributes to close and loving relationships, bonds and attachment parenting. Skin to skin contact and closeness creates oxytocin in both mother and baby, supporting a positive milk supply. This all helps mothers to start, and continue, to breastfeed. Kate Mahoney offers a universal sling library service across Somerset, and their use is supported by Somerset County Council Health Visitors. Here is the story of one client:

Figure 18: Mother and baby using a sling

My client (a new mother of 18) was isolated, suffering with anxiety and worried about attachment with her baby; she has no family support. She has said she can go for a meal with her partner with baby in the sling, improving her mood and lack of isolation. She is breastfeeding while using the sling and may have given up without it. She finds going for a walk with baby in sling reassuring, having a positive impact

on her mood and reducing the risk of postnatal depression. She also does the housework with baby in the sling, which lessens her anxiety and provides baby with a warm, safe and clean environment to grow up in.

Naturally Healthy Somerset: Areas of Outstanding Natural Beauty

Being outside and enjoying nature is both enjoyable and good for your health. This project targets people for whom access to the countryside may be of great benefit but who are currently not making use of the hills. Their engagement may be affected by social-economic status, ethnicity, age, disability or mental health. For the Quantocks, the target areas are Bridgwater, Taunton and Williton.

Figure 19: Naturally Healthy Somerset in the Quantock Hills

The project provides supported visits, volunteering opportunities, monitoring and evaluation. As well as the Quantocks there are projects in the Blackdowns (focused on Taunton, Chard and Wellington) and Mendips (Wells, Burnham-on-Sea and Cheddar).

https://www.youtube.com/watch?v=KptxjHQ9wY8

Sense-ational Christmas Pop Up Shops

Finding proper work experience when you're close to leaving education is vital for any student. If you're a young person with Special Educational Needs and/or Disabilities it can be very difficult to access this kind of opportunity. A project involving pupils from special schools across the county is aiming to fill that gap.

A unique business venture in Somerset, led by Special Educational Needs. Somerset Expertise (sen.se), with the support of charity Young Somerset and Somerset County Council, is a partnership between special schools and specialist provision within Somerset.

Sense-ational appeared in Taunton's High Street last year, and this year also opened in Yeovil's Quedam Centre, Frome and Bridgwater. The shops are being run by young people and the stock is created by pupils from special schools across the county. Products ranged from gifts, ornaments, jams and upcycled furniture, to beautiful limited-edition paintings, cards, sweets and plants, silk scarves, lavender products, candles, bird feeders printed aprons, bags and mugs.

Figure 20: Sense-ational Pop Up Shop

The pop-up shop has demonstrated the power of collaboration, enabling partners to provide more opportunities for young people to gain valuable work experience and skills for life.

CRESCO GLOBE LTD helped the team find the premises in Bridgwater have provided the space for the shop. The project so far has been a major success and was chosen as a finalist in the Somerset Education Business Partnership Awards 2019. It was also nominated for the Careers Inspiration in Education Award. Please see links below for footage:

https://www.facebook.com/bbcsomerset/videos/909797292701529/
https://twitter.com/bbcsomerset/status/1147163520607412229

Summary and recommendations

Prevention means many things to many people but essentially is about:

- preventing
- delaying
- de-escalating

At the high end of need, prevention is about understanding the very specific needs of individuals and families and can often mean doing things specific to their needs. At the lower end of need, prevention is cheaper, less bespoke and more about what we can do ourselves by changing our behaviors and helping each other more.

Finally, those all-important protective factors; these are the basics. The more we have of these, the more able we are to cope with the stresses and strains and trials of everyday life.

Recommendations

At the end of each Annual Public Health Report I make a series of recommendations which help to focus the conversations. This year is no different. I would like to make the following recommendations to improve the lives of Somerset residents:

Recommendation 1

That through the Health and Wellbeing Board there is consideration given to a joined-up approach to prevention across Somerset. It is recommended that the mixed approach to the rebalance of investment is agreed.

Recommendation 2

That there continues to be development of a compendium of prevention case studies to inspire and draw on examples of good practice as the system moves towards becoming prevent-driven.

Recommendation 3

That the Health and Wellbeing Board develop a Somerset Prevention Strategy and the characteristics of a prevention-driven system and the constituent organisations drive to 'flip the system' to become prevention-driven by 2030.

Recommendation 4

That all organisations across the system give greater consideration to how an increased focus on prevention can be built into the commissioning, provision and scrutiny of all services. Prevention is everybody's business.

Recommendation 5

That for health and social care services, a policy of 'no care pathway starts with diagnosis' is adopted and driven through the senior leadership of the system.

Afterword

This has been a different type of Annual Public Health Report. It has aimed to open a debate about how we go about 'flipping' to a more prevention-driven system. It has also hopefully inspired you with some real examples of how we are building more prevention into what we do. But most importantly I hope it's made you think. I hope it has made you think about what public and voluntary organisations are here for. Yes, we are here to provide services but, overall, we are here to ***improve lives.***

It has hopefully inspired you, hearing about the prevention activities going on here in Somerset. If you think that any could work for you, then feel free to adopt them. Everyone who has helped me write this report is happy to see their ideas taken up more widely. Even better, if you have ideas of your own, I hope you will try them out.

What these examples show, though, is *thinking* differently and innovatively about the services we provide. Not, 'how can I help and treat more people?' but, 'how can I help improve the lives of the people I encounter?' We often hear about improving the quality of our services but actually we need to be considering how we improve the quality (and quality) of our prevention activity so the need for services is reduced in the first place.

We have made a good start in Somerset. We have some good examples of preventative activity going on. Now we need more, much, much more.

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