Lincolnshire Sustainability and Transformation Plan
Prevention Plan
October 2016

For 21st October 2016 STP submission.
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1. Background

Each health care system must produce a Sustainability and Transformation Plan (STP) engaging with local authorities and communities. Plans are place-based and show how local services will evolve and become sustainable over five years. STPs provide clarity about how the locality will close the three gaps highlighted in the Five Year Forward View¹ (health and wellbeing, care and quality, finance and efficiency), and deliver on national and local priorities for their populations between now and 2020/21. A cross partner prevention plan must be part of the STP to reduce demand and improve the health of local people. This document is the prevention plan to support the overall STP for Lincolnshire.

2. The Lincolnshire Health Profile

Some of the key issues for the Lincolnshire STP in relation to the prevention plan are:

- The main causes of premature mortality (<75 years) in Lincolnshire are cancer, cardiovascular disease and respiratory disease.
- A large proportion of the premature deaths are preventable (from public health interventions) or amenable to healthcare (early diagnosis and treatment).
- Overall Lincolnshire has lower levels of deprivation than nationally, although there are areas of Lincolnshire that have significant deprivation.
- There is a social gradient in the prevalence of certain conditions, with more deprived areas experiencing higher levels than less deprived areas.
- Lincolnshire life expectancy (at birth) is similar to that in England but there are differences in the county with the more deprived communities having lower life expectancy.
- Healthy life expectancy (at birth) is similar to England but there are many years different between overall life expectancy and healthy life expectancy (for example 17.2 years for females).
- The prevalence of long term conditions (LTCs) and specifically multiple LTCs is a particular issue in Lincolnshire. Within Lincolnshire, 7.5% of the adult population are on a diabetes register.
- The proportion of obese adults is significantly higher (27.4%) in Lincolnshire than in England. Excessive weight is also higher in Lincolnshire (70.1%) than in England.
- Over one fifth (22%) of children aged 4-5 years and a third of children aged 10-11 years being overweight or obese.
- Overall 17.1% of adults smoke with a higher prevalence in some communities in Lincolnshire.
- It is estimated that in Lincolnshire 75,506 (12.4%) of the 16+ population have non-diabetic hyperglycaemia².
- The mortality from suicide and injury of undetermined intent is similar to England.

Further information on the health of people in Lincolnshire is provided in the STP appendix.

3. Lincolnshire STP Gaps to be Delivered

The Five Year Forward View said that for the sustainability of the NHS, a radical upgrade in prevention and public health is required. It refers to the rising burden of ill health being driven by lifestyles, deprivation and other social and economic influences. It identifies three gaps:

¹ Five Year Forward View. 2014.
The Health and Wellbeing Gap - We are living longer lives but we are not living healthier lives. The overwhelming majority of ill health and premature death in this country is due to diseases that could be prevented.

The Care and Quality Gap - To narrow the gap between the best and the worst whilst raising the quality bar for everyone.

The Finance and Efficiency Gap – The NHS is to achieve efficiency to meet the forecast rise in demand. The demand will continue to grow driven by population growth, an increase in chronic conditions, technological change and an aging society.

The Lincolnshire STP Gaps are:

### 3.1. The Health and Wellbeing Gap

The STP health and wellbeing gap addresses mortality considered preventable (most of which is under 75 years) and the potential lives that can be saved through prevention and disease management interventions.

The Public Health England Segment Tool\(^3\) for life expectancy has the life expectancy at birth in Lincolnshire (2012-2014) to be 79.6 years for males and 83.2 years for females. The county figure is the same as the England value, for both men and women. Within the county there is a difference within life expectancy between the most deprived and least deprived quintile (-6 years for males and -4.6 years for females). This variation within the county is mirrored across numerous indicators for CCGs and district authorities' boundaries and is reflective of the health inequalities/deprivation within the Lincolnshire population. The Segment Tool analysis estimates that there may be over 350 excess deaths in Lincolnshire compared to England, linked mainly with coronary heart disease (135 males, 146 females).

Age-standardised mortality from causes considered preventable (rate per 100,000 population) has been reducing over recent years, in rate and absolute numbers. (In 2012/14, 177/100,000 (number 4167) deaths were considered preventable, compared to 242/100,000 (number 4679) in 2001/03). However, this reduction is seen to be on decline, with less than a 1% annual reduction more recently, compared with 2-3% reductions earlier in this century. The areas of Lincoln and East Lindsey have significantly high levels of preventable mortality than England (see Table 1 for the rate and number for 2012-2014).

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Rate/100,000</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>182.7</td>
<td>267,248</td>
</tr>
<tr>
<td>City of Lincoln</td>
<td>218.5</td>
<td>499</td>
</tr>
<tr>
<td>Boston</td>
<td>200.4</td>
<td>399</td>
</tr>
<tr>
<td>East Lindsey</td>
<td>198.9</td>
<td>1,041</td>
</tr>
<tr>
<td>South Holland</td>
<td>178.0</td>
<td>522</td>
</tr>
<tr>
<td>West Lindsey</td>
<td>160.4</td>
<td>484</td>
</tr>
<tr>
<td>South Kesteven</td>
<td>158.2</td>
<td>679</td>
</tr>
<tr>
<td>North Kesteven</td>
<td>149.7</td>
<td>542</td>
</tr>
</tbody>
</table>

\(^3\) http://fingertips.phe.org.uk/
The STP modelling proposes that upon the predicted trajectory, with less than a 1% reduction annually, there would be the potential to save 150 lives from mortality that is preventable. The aspirational trajectory has the potential to save 300 lives from such mortality during the duration of the STP.

*Figure 1: Mortality from Causes Preventable in Lincolnshire (actual and planned)*

![Mortality graph](image)

Key: Blue = actual (source PHOF). Red = predicted. Green = aspiration

The STP prevention plan seeks to outline that the combination of prevention and the improved identification and management of lifestyle risk and diseases has the potential to save lives. Through the NHS Right Care analysis and various Department of Health and Public Health England investment tools for health improvement interventions there is a hypothecated potential to save between 200-300 lives, dependent on the actions undertaken. This would suggest that an aspirational trajectory would be feasible with suitably scaled and robust interventions.

Prevention and disease management interventions inter-relate with the other gaps: care and quality and finance and efficiency, contributing to efficiencies and savings across the STP. The prevention interventions have the potential to reduce health and social care pressures, for example, reducing unplanned admissions to hospital or reducing the post-operative / rehabilitative period for planned interventions.

Section 5 of this plan provides further information on the interventions that will contribute to the delivery of the health and wellbeing gap.

**3.2. The Care and Quality Gap**

The STP describes the care and quality gap, specifically recognising that quality is inconsistent, despite the best efforts of staff, and there are issues with meeting NHS Constitutional standards.

As with the Health and Wellbeing indicators, a number of Care and Quality indicators for Lincolnshire often place the county similar or near to the national average. However, there are in-county variations amongst CCGs and local communities. The STP Footprint Analysis Pack and the Quality Outcome Framework datasets illustrate the type of care gaps related with the prevention work. For example, the adult smoking prevalence varies across the CCGs from 17.2% to 21% and across local authority districts from 11.7% in North Kesteven to 23.3% in Boston. A related Quality and Outcome Framework (QOF) indicator for the smoking cessation support and treatment offer to patients with long-term conditions (SMOK005) also varies across the CCGs and GP practices from as little as 6% to 30%. Smoking cessation for people with long-term conditions has a strong evidence base for
success at reducing the burden of disease, hence the inclusion of smoking cessation into the
STP.

Similarly, other preventative approaches to disease management have demonstrated
benefits for primary care in improving upon their demand and related prescribing savings.
Local lifestyle support programmes have enabled clients to lose weight, gain fitness and eat
healthily. The care benefits have also demonstrated a reduction in attendance at GP
practices and changes in prescription use, i.e. self-care.

The NHS Right Care Commissioning for Value ‘where to look’ and ‘focus’ packs provide a
range of prevention opportunities which support the delivery of the STP Care and Quality
gap (see section 5.3.1).

3.3. The Finance and Efficiency Gap

The STP describes the finance and efficiency gap and states that ‘doing nothing’ will result in
a £182million deficit by 2020/21.

There is evidence that preventive interventions make cost savings to the health and care
systems. The proposed STP prevention interventions have been modelled to contribute to
the Lincolnshire financial gap. As part of this STP submission the proposed STP prevention
interventions could generate net savings of £3 million per year when at full capacity, as well
as clinical benefits linked with reducing the demand on healthcare.

There is also the potential to make efficiencies within health and care pathways. A particular
commitment will be to streamline pharmacotherapy options for people engaged with a
smoking quit. Lincolnshire County Council plans to work with CCGs, GPs, NHS Trusts and
community pharmacies to review the prescribing related to smoking cessation to bring
efficiencies into the respective pathways, without impacting upon the clinical effectiveness of
a successful quit.

The interventions in the STP, including this prevention plan, will contribute to the delivery of
these gaps and further information is provided in section 5 of this plan.

4. Health and Wellbeing Priorities for Lincolnshire

The Lincolnshire Health and Wellbeing Board’s Joint Strategic Needs Assessment (JSNA)
sets out four broad themes which have informed the commissioning direction and priorities in

The JSNA themes are:

- Children and young people’s health and wellbeing
- Adult health and wellbeing
- Older people’s health and wellbeing
- Ill health and inequalities.

The themes in the JHWS Strategy are:

- Promoting healthier lifestyles
- Improving the health and wellbeing of older people in Lincolnshire
- Delivering high quality systematic care for major causes of ill health and disability
- Improving health and social outcomes and reducing inequalities for children
- Tackling the social determinants of health.

The Strategy has a number of priorities (see Appendix 1), which by addressing these will contribute to the delivery of the Lincolnshire STP gaps.

During the delivery of the STP, the JSNA is being refreshed which will inform the development of the new JHWS from 2018.

5. Prevention Plan to Address the STP Gaps

5.1. STP Prevention Approach

One of the visions for the STP is for:

more focus and resources targeted at keeping people well and healthy for longer; we will give them the tools, information and support within their community to make healthy lifestyle choices and take more control over their own care. This will improve quality of life for people who live with health conditions and reduce the numbers of people dying early from diseases that can be prevented.

The NHS Mandate sets out objectives to 2020 which includes an objective to lead a step change in the NHS in preventing ill health and supporting people to live healthier lives. The Mandate recognises that the escalating demands of ill health driven by lifestyles, threaten the long-term sustainability of the NHS. It requires the NHS to do more to tackle smoking, alcohol and physical inactivity and helping people to live healthier lives by tackling obesity and preventable illness.

Public Health England identifies the need to develop evidence-based NHS preventative services and implement them at scale. NHS England and Public Health England ‘A Call to Action: Commissioning for Prevention’ identifies that implementing systematic prevention programmes can result in reduced acute activity and capacity over the medium term.

Generally, the upfront costs of most preventive interventions will not be repaid for a number of years. However, these costs will usually be small in comparison with the future health benefits and the long-term cost savings from reductions in type 2 diabetes, cardiovascular disease and some cancers.

The NHS Outcomes Framework and Public Health Outcomes Framework (PHOF) have shared indicators in relation to reducing premature mortality from cardiovascular disease, cancer, respiratory disease and liver disease. The Outcomes Frameworks also include indicators that impact on disease prevalence and mortality, for example, smoking prevalence, excess weight in adults, cancer diagnosed at stage 1 and 2 and cancer screening coverage. There are also indicators which relate to health inequalities, for example, excess mortality (<75 years) in people who have serious mental illness (SMI).

Various evidence-based approaches and interventions have been identified for addressing the main causes of premature mortality. These include:

- Primary prevention and risk management, including smoking cessation, weight management, and sensible alcohol consumption.
- Effective population screening.
- Promoting symptom awareness.

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7 From Evidence into Action: Opportunities to Protect and Improve the Nation’s Health. Public Health England. 2014.
Case finding in primary care, for example through the NHS Health Check Programme and effective management of conditions.
Secondary prevention, for example the nine key care processes for diabetics.

The STP prevention plan includes specific interventions to contribute to the STP health and wellbeing, care and quality and finance and efficiency gaps. The implementation of the plan will also support a number of national and local strategies and programmes, for example:

- Achieving World Class Cancer Outcomes
- The Healthier You: NHS Diabetes Prevention Programme
- From Evidence into Action. Opportunities to Protect and Improve the Nation’s Health
- General Practice Forward View
- Lincolnshire Suicide Prevention Action Plan
- The Lincolnshire Tobacco Control Strategy.

These and other national and local strategies and programmes are referred to throughout the prevention plan in relation to specific interventions.

The STP prevention plan takes the following approaches:

- Leadership for prevention with all organisations having a prevention role.
- Follows a life course approach.
- Targeted interventions across pathways which address primary, secondary and tertiary prevention.
- Making Every Contact Count (MECC) embedded to offer brief advice for behaviour change and referral to services.
- Early identification and management of long term conditions and their risk factors.
- Active support for self-management/care to enable people to be more active in managing their own health.

These approaches require organisations to collectively work together to commission and deliver a range of interventions. The approaches will address conditions that are preventable (by public health interventions) and amenable to healthcare (to early diagnosis and effective treatment).

The Lincolnshire STP system governance structure supports the leadership for prevention, with the Lincolnshire Health and Wellbeing Board and the clinical redesign areas having a key role in delivering the prevention agenda, for example, proactive care and primary care. (The STP document provides further information on the system governance to deliver the STP).

5.2. Main Interventions to Address the STP Gaps in Lincolnshire

In order to save lives, reduce or delay the burden of disease and impact upon the demand for healthcare, a broad range of interventions are required. This prevention plan focuses on the main interventions to address the STP gaps and outlines some key STP investment areas, for example, to address smoking and obesity in addition to other core priorities which will be delivered as part of clinical design and other programmes. Appendix 2 provides a summary of some of the prevention plan objectives, metrics etc.

5.2.1. Smoking

Tobacco use remains one of the most significant public health challenges and is the primary cause of preventable morbidity and premature death. Smoking is the largest preventable cause of cancer, with an estimated 19% of cancer cases and more than a quarter of cancer deaths in the UK linked to exposure to tobacco smoke\(^1\).

Although smoking prevalence has fallen sharply in the past 30 years, there is some evidence that this decline is levelling off\textsuperscript{11}. Smoking rates are higher in some social groups, including those with the lowest incomes, which suffer the highest burden of smoking related illness and death. Treating smoking related illness costs the NHS and society significantly\textsuperscript{12}. A third of tobacco is consumed by people with mental health problems.

The three main ambitions for smoking are to reduce smoking prevalence amongst both adults and young people and to reduce smoking in pregnancy. Smoking is a priority for Public Health England\textsuperscript{13} and it has a specific outcome for a reduction in the proportion of 15-year-olds and aims to achieve this by reducing smoking in the world around them and helping adults to quit so that smoking is no longer the norm.

It is estimated that each year in Lincolnshire, smoking costs society approximately £191.2 million, of which £29.16 million is from smoking related disease\textsuperscript{14}. Smoking is responsible for 1,200 - 1,300 premature deaths every year in Lincolnshire and in 2014/15 there were 1,567 (per 100,000 aged 35 years and over) smoking attributable hospital admissions for Lincolnshire.

The Lincolnshire Tobacco Control Strategy (2013-2018)\textsuperscript{15} includes a range of interventions across a number of strands, for example, helping tobacco users to quit, reducing exposure to second hand smoke and effective regulation of tobacco products. These broad approaches in the local strategy will continue to be implemented during the delivery of the STP.

There is a wealth of evidence to support the case for helping smokers to quit smoking and that the benefits will be able to reduce the:

- Pressures on primary and secondary care services, e.g. smokers occupy proportionally more GP, outpatient and emergency interactions than non-smokers.
- Incidence of circulatory disease, cancers and respiratory disease.
- Exacerbations of long term conditions such as asthma and diabetes.
- Post-operative complications and improve surgical recovery.
- Number of low weight babies, stillbirths and miscarriages.

The strong association between smoking and physical and mental ill-health means that many people who use secondary care services are smokers, therefore the STP presents a valuable opportunity to use interventions to initiate and support stop smoking attempts. Stopping smoking for people using secondary care services has additional advantages including shorter hospital stays and fewer complications. Interventions are cost effective for different groups with different conditions. Significant savings will be made by providing smoking advice and referrals to cessation services as part of care plans. This includes for example, pregnant women, people in secondary care with chronic obstructive pulmonary disease (COPD) and cardiac conditions, pre-operative patients and people with common mental health problems\textsuperscript{16}.

The Lincolnshire CCG Quality, Innovation, Productivity and Prevention (QIPP) programme and the STP aims to reduce the activity in primary and secondary care and explore changes to thresholds for planned medical and surgical interventions, for example, being a non-smoker. This places a duty of care to support patients to stop smoking, resulting in thousands of adults requiring effective support for smoking cessation on a scale currently not

\textsuperscript{11} Smoking: harm reduction. NICE Public Health Guideline 45. 2013.
\textsuperscript{13} From Evidence into Action: Opportunities to Protect and Improve the Nation’s Health. Public Health England. 2014.
\textsuperscript{14} ASH Ready Reckoner. V5.3 July 2016.
\textsuperscript{16} Smoking: acute, maternity and mental health services. NICE Public Health Guideline 48. 2013.
available. The STP will provide intensive support for people using acute, mental health and maternity services.

In 2016/17 the available capacity for smoking cessation is 6,115 set quits: 3,172 4-week quits. Through the engagement with primary care, community pharmacies and secondary care providers the capacity would be enhanced to accommodate a stronger clinical focus and outcomes. Modelling the enhancement to a level of 15,227 set quits and 7,790 4-week quits would have the potential to reduce the burden upon primary care from the demands of people with long-term conditions who smoke. This is a cohort who disproportionately impact upon primary care, and subsequently secondary care.

Such an enhancement in services would save lives (estimated at 75 lives per year saved at this scale); reduced or delay the burden of disease; reduced excessive activity in primary care (balanced against the increased engagement with smokers in primary care and pharmacies); reduced post-operative complication and bed days by smokers for planned care and reduced unplanned hospital admissions (estimated -5,000 admissions per annum). The modelling suggests a £2.3m net savings to the NHS across the life of the Lincolnshire STP (£11m savings overall).

5.2.2. Overweight and Obesity
Overweight and obesity represent the most widespread threat to health and wellbeing\(^{17}\). Concerns have been raised that the increasing costs of treating people who are overweight or obese are unsustainable for the NHS and more action should be taken to prevent obesity\(^{18}\). Unless obesity is addressed in childhood, most of the financial consequences are likely to be incurred when treating and managing the obesity-associated diseases or conditions that arise in adulthood\(^{19}\).

Excess weight may increase the risk of coronary heart disease, hypertension, liver disease, osteoarthritis, stroke, type 2 diabetes and some cancers such as breast, colon, endometrial and kidney cancer. People who are overweight or obese may also experience mental health problems, stigmatisation and discrimination because of their weight\(^{20}\).

Regular physical activity is associated with a reduced risk of obesity and therefore addressing physical inactivity is a key strategy for tackling obesity. Physical inactivity is the 4\(^{th}\) leading risk factor for global mortality\(^{21}\). Addressing dietary issues are also essential for tackling overweight/obesity, which is evidenced in many NICE guidelines, in relation to obesity and specific disease prevention, for example, diabetes and cardiovascular disease.

Various diseases or conditions may be associated with obesity in childhood. Type 2 diabetes is a particular concern which usually occurs in middle aged and older people, however, over the past decade, more younger people and children are being diagnosed with this condition. Being overweight as a child has also been associated with other cardiovascular risk factors in childhood or early adulthood, non-alcoholic fatty liver disease, gall stones, asthma, sleep-disordered breathing and musculoskeletal conditions. There is evidence that childhood obesity impacts on self esteem\(^{22}\).

There are inequalities in levels of obesity, with prevalence among children in the most deprived areas being double that of those children in the least deprived areas. If an


\(^{19}\) Weight Management: Lifestyle Services for Overweight or Obese Children and Young People. NICE Public Health Guideline 47. 2013.


\(^{21}\) www.phoutcomes.info.

\(^{22}\) Weight management: lifestyle services for overweight or obese children and young people. NICE Public Health Guideline 47. 2013.
individual is poor they are more likely to be affected by obesity and its health and wellbeing consequences\textsuperscript{23}.

Direct healthcare costs attributable to overweight and obesity have been estimated to be £5.1 billion per year. When lost productivity due to unemployment and absenteeism, benefit payments and other indirect costs are taken into account, current estimates of economic losses due to obesity are as high as £50 billion or 3\% of GDP\textsuperscript{24}. It has been estimated that the annual costs to the NHS of diseases related to overweight and obesity in Lincolnshire was £208.6 million in 2015\textsuperscript{25}.

Tackling obesity is a priority for Public Health England, particularly among children, with a specific outcome to increase the proportion of children leaving primary school with a healthy weight, accompanied by a reduction in levels of excess weight in adults. The NHS Mandate has a specific goal for a measureable reduction in childhood obesity.

Prevention, identification and management of obesity (tiers 2, 3 and 4) are vital to reduce the overall prevalence of obesity and reduce the risk of developing associated conditions. Addressing these in the STP will contribute to the delivery of a number of PHOF indicators, for example, excess weight in adults and children, physically active/inactive adults and diabetes.

**Childhood Obesity**

During the early stages of the Lincolnshire STP, a local *Healthy weight in childhood in Lincolnshire* plan will be agreed. This will address four strategic themes:

- Promote a healthy lifestyle (healthy eating and physical activity) and raise awareness of obesity.
- Implement a ‘life course approach’ to reduce childhood obesity.
- Establish evidence based interventions commissioned and delivered by both NHS and local authority providers to cover an obesity care pathway.
- Build capacity and increase partnership working within Lincolnshire, creating stronger links within existing networks.

The plan will have the objective to reduce the rates of overweight and obese children by 2020.

**Adult Obesity**

The Lincolnshire CCG QIPP and STP aim to reduce the activity in primary and secondary care and explore changes to thresholds for planned medical and surgical interventions, for example in relation to body mass index (BMI). This places a duty of care to support patients to lose weight, through a combination of weight management and lifestyle support services.

Locally, a series of health improvement interventions have demonstrated the ability to successfully support adults in the community to lose weight and maintain a healthier weight for up to 12 months (tier 2 services and lifestyle support programmes). The scale of this local demand is known, with 8-12,000 obese adults a year having been engaged with previously. Modelling has been carried out to understand the number of obese/morbidly obese adults likely to require more clinically focused support to lose weight (tier 3). Such services are a requirement to support the specialist bariatric services (tier 4).

\textsuperscript{23} From Evidence into Action: Opportunities to Protect and Improve the Nation’s Health. Public Health England. 2014.

\textsuperscript{24} http://researchbriefings.files.parliament.uk/documents/POST-PN-0495/POST-PN-0495.pdf.

\textsuperscript{25} Tool D3. Estimating the local cost of obesity. Faculty of Public Health.
In order to accommodate for this demand it is estimated that for the respective tiers of service the scale of the interventions could be:

- Tier 2 services - 5,500 adults
- Tier 3 services - 400 adults
- Lifestyle support – 20,000 adults.

The modelling available covering tier 2 weight management services and lifestyle support programmes suggest their impact on the reduction in diseases and premature deaths are of a scale of:

- lives saved 5 per annum;
- diabetes - 137 reduced per annum
- CHD - 18 reduced per annum
- Stroke - 5 reduced per annum
- Cancers - 5 reduced per annum

Local research has demonstrated reduced prescribing rates and less GP attendances from participants who successfully complete programmes, as well as improved health and well-being scores. The modelling for the tier 2 and community-based lifestyle support estimates a net saving for the NHS in the range of £805,000 across the life of the STP (in excess of £10m benefits across a broader economy).

Tier 3 services are of a clinical nature, requiring activity with hospital or specialist community services linked with the range of out-of-county tier 4 bariatric services. Tier 2 and lifestyle services may be initiated (top and tailed) from primary care activity (but not exclusively) and in most cases provided by a range of providers. The future provision of such community-based services would accommodate the diabetes prevention work and the follow up interventions for the NHS Health Check programme.

5.2.3. Diabetes Prevention and Management

Diabetes is a major cause of premature mortality. The prevalence of diabetes is increasing by about 5% per year. Within Lincolnshire, 7.5% of the adult population are on a diabetes register. It is estimated that this could increase to 10.3% by 2035\(^{26}\) (diagnosed and undiagnosed).

The condition doubles the risk of CVD and is the most common reason for end stage kidney disease and blindness in people of working age. It is estimated that diabetes costs the UK approximately 10% of the total health resource expenditure, of which 80% are for treating potentially avoidable complications\(^{27}\).

Targeted diabetes prevention programmes will reduce progression to Type 2 diabetes and managing people with established diabetes will reduce the risk of complications. Providing behavioural intervention programmes for those at high risk of developing diabetes and ensuring treatment targets are being met for people with diabetes are key areas of work in the STP.

The NHS Mandate has a specific goal to support people to reduce their risk of diabetes through the NHS Diabetes Prevention Programme (NDPP) announced in the NHS Five Year Forward View. It aims to deliver services for people already identified with non-diabetic hyperglycaemia, and who are therefore at high risk of developing Type 2 diabetes. High risk individuals are offered a behavioural intervention to enable them to reduce their risk of developing Type 2 diabetes through weight loss, improved diet and increased levels of physical activity. Lincolnshire is included in wave one of the NDPP and this will therefore be a key preventative intervention during the delivery of the STP.

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The Right Care Commissioning for Value pathways provide opportunities to ensure that diabetics are appropriately managed to reduce complications (see section 5.3.1).

5.2.4. Active Support for Self-Management/Care

Active support for self-management/care to enable people to be more active in managing their own health is one of the broad approaches supporting the delivery of the STP prevention plan. This supports the Five Year Forward View ambition for the NHS to become better at helping people to manage their health.

The Prevention, Self-Care and Enhanced Carers Support Strategic Plan for Lincolnshire\(^{28}\) has an ambition for people to have the support they need to access the information, advice, tools and resources needed to improve and maintain their health and wellbeing. The plan has three strategic themes:

- Ensure people are empowered to self-care in order to improve and maintain their health and wellbeing.
- Ensure everyone works together to enable supported self-care.
- Promote self-care and raise awareness of the importance of embedding self-care into all pathways of care.

Social prescribing is one element that supports the delivery of the Lincolnshire Self-Care Strategic Plan. It has been estimated that around 20% of patients consult their GP for what is primarily a social problem. The role of social prescribing is included in the General Practice Forward View\(^{29}\), as a way of enabling GPs to access practical, community based support, including access to advice on employment, housing and debt.

Social prescribing, sometimes called community referrals, is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of non-clinical services. Often they are provided by the local voluntary sector although statutory services provided by councils, housing associations or the NHS can also be involved. The prescriptions can include referrals to everything from arts groups, befriending and volunteering to activities that involve physical exercise, such as gardening and dance clubs. They can also involve simply putting people in contact with services that can provide help and advice with issues such as debt, income maximisation, housing and fuel poverty.

Social prescribing can facilitate access to a range of support services that will enable individuals to significantly improve their health and wellbeing. A number of findings have emerged from summarised evidence on social prescribing:

- Improvements in psychological or mental wellbeing and improved emotional resilience.
- Improvements in physical health and healthier lifestyles.
- Reduction in GP visits.
- GPs provided with a range of options to complement medical care using a more holistic and person centred approach.
- Increases sociability, communication skills and making social connections.
- Reduction in social isolation and loneliness.


5.2.5. Making Every Contact Count (MECC)
MECC is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing\textsuperscript{30}. MECC draws on evidence-based behavioural science approaches and on techniques such as motivational interviewing to equip people with the skills needed to encourage and support individuals to take greater control of their own health and wellbeing. The programme is designed to be delivered to individuals, but at scale, that also has an impact at the community and population levels. MECC supports the NICE individual behaviour change approach by providing very brief interventions\textsuperscript{31}.

MECC is one of the broad approaches supporting the delivery of the Lincolnshire STP prevention plan. MECC training will be provided to frontline staff across a range of organisations and will support many STP prevention priorities for example, smoking, obesity, physical activity, alcohol, independence and welfare. MECC enables the transition of people into local supportive community interventions and services and is therefore a key programme for delivering the self-management/care part of the STP.

5.2.6. Investments for the Main STP Prevention Interventions
Tables 2 and 3 provide further information on the STP prevention plan interventions, activity, benefits and costs. Whilst there is a requirement for STP investment in these preventative interventions, there is also some level of financial benefits because of reduced demand for some NHS services.

\textsuperscript{31} Behaviour change: individual approaches. NICE Public Health Guideline 49. 2014.
<table>
<thead>
<tr>
<th>Intervention</th>
<th>Activity</th>
<th>Benefits</th>
<th>Costs (£.000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Cessation</td>
<td>15,227 set quits 7,790 4-week quits cross: routine &amp; manual; pregnancy; long-term conditions; medical; mental health; surgical care settings.</td>
<td>Lives saved = 75 p.a. Reduced burden of diseases Reduced admissions within unplanned, planned care setting and activity in primary care Net savings £2.3m</td>
<td>Interventions: £339k to £1,740k Pharmacotherapy: £240k to £1,200k</td>
</tr>
<tr>
<td>Obesity Tier 2</td>
<td>5,500 people</td>
<td>Lives saved = 2 p.a. Reduced burden of disease = 70 p.a.</td>
<td>£274k p.a</td>
</tr>
<tr>
<td>Obesity Tier 3</td>
<td>400 people</td>
<td>Lives saved Reduced burden of diseases Net savings</td>
<td>£400k p.a estimate</td>
</tr>
<tr>
<td>Obesity Lifestyle Support</td>
<td>20,000 people</td>
<td>Lives saved = 3 p.a. Reduced burden of diseases = 100 p.a. Net savings £417k</td>
<td>£1,200k p.a</td>
</tr>
<tr>
<td>Making Every Contact Count (MECC)</td>
<td>15,000 staff</td>
<td>MECC competent staff Sign-posting and referrals to services</td>
<td>£20-50k p.a</td>
</tr>
<tr>
<td>Social Prescribing</td>
<td>3,000 people</td>
<td>Reduced burden on primary care activity Reduced non-elective admissions Greater independence, welfare, employment and well-being</td>
<td>£1,500k p.a</td>
</tr>
<tr>
<td>Six Interventions</td>
<td>38,000 people, 15,000 staff engaged</td>
<td>Lives saved approx. 80 p.a. Savings £11.989k *Discounted Net savings £3,000k</td>
<td>Costs £6,365k</td>
</tr>
</tbody>
</table>

*Savings discounted against the cost of healthcare capacity commitments to implement prevention activities*
<table>
<thead>
<tr>
<th>Intervention</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking: Intervention Pharmacology</td>
<td>200 (640 LA*)</td>
<td>514 (640 LA)</td>
<td>1,740 1,200</td>
<td>1,740 1,200</td>
</tr>
<tr>
<td></td>
<td>240 (600 LA)</td>
<td>500 (600 LA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity Tier 2</td>
<td>150</td>
<td>274</td>
<td>274</td>
<td>274</td>
</tr>
<tr>
<td>Obesity Tier 3</td>
<td>0</td>
<td>300</td>
<td>400</td>
<td>400</td>
</tr>
<tr>
<td>Obesity Lifestyle Support</td>
<td>600</td>
<td>800</td>
<td>1,200</td>
<td>1,200</td>
</tr>
<tr>
<td>MECC</td>
<td>20</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Social Prescribing</td>
<td>500</td>
<td>1,000</td>
<td>1,500</td>
<td>1,500</td>
</tr>
<tr>
<td>Total (NHS/STP)</td>
<td>1,710</td>
<td>3,238</td>
<td>6,364</td>
<td>6,364</td>
</tr>
</tbody>
</table>

(*Local Authority monies)

### 5.3. Additional Interventions in the STP Prevention Plan

#### 5.3.1. Embed NHS Right Care Commissioning for Value Opportunities

The NHS Right Care Commissioning for Value programme identifies opportunities to improve in the highest spending programmes covered by the commissioning for value packs. By using the information from the programme, in addition to local intelligence, the CCGs can ensure that plans focus on those opportunities that have the potential to provide the biggest improvements in outcomes, resource allocations and reducing inequalities. The 'where to look' and 'focus' packs, for example, cancer, cardiovascular, maternity and COPD, provide a range of prevention opportunities which will be embedded in the commissioning and public health agendas for the CCGs during the delivery of the STP. This includes:

- Obesity, hypertension, diabetes and smoking prevalence
- Successful smoking quitters
- Smoking at time of delivery
- Cancer detection at an early stage
- Blood pressure and cholesterol management
- Immunisation and vaccination take up
- Breastfeeding
- Serious mental illness health checks
- Injury prevention 0-24 years.

In addition to contributing to the STP health and wellbeing gap, addressing the Commissioning for Value opportunities will significantly contribute to the care and quality gap. The STP has a specific NHS Right Care programme, with a range of initiatives.

#### 5.3.2. Alcohol

Harmful alcohol consumption is on the rise nationally and locally. Alcohol is one of the main causes of liver disease and actions are required at a number of levels to reduce the impact of this on liver disease and other health conditions.

In addition to contributing to the STP health and wellbeing gap, addressing the Commissioning for Value opportunities will significantly contribute to the care and quality gap. The STP has a specific NHS Right Care programme, with a range of initiatives.

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32 [http://www.rightcare.nhs.uk/](http://www.rightcare.nhs.uk/)

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alcohol dependence – if you drink too much, you put your mental health at risk. If you have a mental health problem, you are more likely to drink at levels that put your health at risk.\textsuperscript{33}

A range of interventions are required to address the impact of alcohol, for example, managing the availability of alcohol, public health responding to licencing decisions, alcohol identification and brief advice to help reduce the health risks in people who drink above the lower risk guidelines and providing hospital based alcohol services.

The Lincolnshire Alcohol and Drug Strategy (2014-2019)\textsuperscript{34} has a number of strategic themes which will be continued to be delivered during the delivery of the STP. This includes for example, promoting responsible drinking and preventing alcohol and drug related harm, and delivering high quality alcohol and drug treatment systems.

Providing screening, advice and referral to alcohol services are essential interventions to address the STP gaps. Recently re-commissioned services for alcohol treatment and several community safety initiatives contribute to this theme. Much of this work is community-based, but it does include a hospital-based component, for example, alcohol liaison nurses. In addition, community safety interventions aim to stop or divert people away from accident and emergency attendance. One such example is the Blue Light Project, which supports a small number of persistent users with their alcohol and drug use to reduce such attendance.

5.3.3. Dementia

Dementia is one of the most pressing challenges for health and social care services both nationally and locally.\textsuperscript{35}

Dementia is a priority for Public Health England and it has a specific outcome to reduce the risk of dementia, its incidence and prevalence in 65-75 year olds. Dementia is one of the areas in the NHS Mandate as part of the preventing ill health and supporting people to live healthier lives.

The Lincolnshire Joint Strategy for Dementia 2014-2017 complements the National Strategy and has four priority areas: good quality early diagnosis and intervention; improved quality of care in general hospitals; living well with dementia in care homes and reduced use of antipsychotic medication. During the early stages of the implementation of the STP a decision will be made on what form of dementia strategy statement should be made when the current Joint Strategy expires in 2017. This time frame will align with the Prime Minister's Challenge on Dementia 2020.

Promoting the STP lifestyle interventions (for example physical activity) is vital to contributing to the prevention of dementia as up to half of dementia have a vascular component.\textsuperscript{36} Lifestyle and self-care interventions in the pre and early diagnosis stages also improve mental wellbeing.

5.3.4. Population Screening

The Local Authority has a duty to ensure that the programmes are commissioned and maintained to a high standard by the commissioners (NHS England). It is also committed to a programme of health promotion around the screening, addressing inequality and improving uptake to ensure the population have the most effective outcomes.

Providing population screening to identify people who are at increased risk and enabling treatment or preventative measures are essential to address the STP gaps. The NHS Right Care Commissioning for Value programme identifies screening opportunities that will be part

\textsuperscript{33} The Government's Alcohol Strategy. 2012.
\textsuperscript{34} Lincolnshire Alcohol and Drug Strategy 2014-2019. Safer Communities Lincolnshire.
\textsuperscript{36} www.phoutcomes.info
of the STP delivery. Delivering the cancer screening programmes during the delivery of the STP will support the cancer services transformation planning requirements in relation to increasing the update of cancer screening.

### 5.3.5. Vaccination and Immunisation

The Local Authority has a duty to ensure that the programmes are commissioned and maintained to a high standard by the commissioners (NHS England). It is also committed to a programme of health promotion around the immunisation programmes, addressing inequality and improving uptake to ensure the population have the most effective outcome.

Providing vaccinations and immunisations to prevent the spread of disease, complications and mortality are essential to address the STP gaps. The NHS Right Care Commissioning for Value programme identifies vaccination and immunisation opportunities that will be part of the STP delivery.

### 5.3.6. Health and Employment

Employment is a primary determinant of health and unemployment is associated with an increased risk of mortality and morbidity. The General Practice Forward View mentions the evidence that good quality work is good for health and the role that general practice staff have in supporting this.

During the delivery of the STP a particular focus will be supporting people with long term conditions, mental health needs and learning disabilities in to work and to remain in work. This will require collaborative working with the Department of Work and Pension (DWP) through Job Centre Plus as well as voluntary and community sector organisations and is another element of social prescribing.

### 5.3.7. Older People’s Independence

Lincolnshire has a high proportion of older people. Older people are at higher risk of developing chronic health conditions such as diabetes and osteoarthritis. Loneliness affects 1 million older people which is linked to the onset of dementia and associated with depression. Improving the mental wellbeing of older people and helping them to retain their independence can benefit families, communities and society as a whole. Helping those at risk of poor mental wellbeing or losing their independence may also reduce, delay or avoid their use of health and social care services.

Self-care initiatives have an important role in promoting older people’s independence.

Falls are a major cause of disability amongst older people. About a third of all people aged over 65 fall each year. The impact of falls includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falls are estimated to cost the NHS more than £2.3 billion per year.

Reducing excess winter deaths and illnesses associated with cold homes in line with NICE guidance needs to be a priority for supporting older people to remain independent.

The prevalence of multiple long conditions amongst older people is a significant issue in parts of Lincolnshire. Supporting people with their multiple long term health conditions, reducing the number of injuries due to falls and reducing excess winter deaths and illnesses are key activities in the STP, for example through the proactive care and primary care clinical design areas.

A particular contribution to Lincolnshire’s independence work is the Wellbeing Service, a generic service providing a solution to an assessment of service users’ needs. The service

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37 Older people: independence and mental wellbeing. NICE Guideline NG32. 2015.
39 Excess winter deaths and illness and the health risks associated with cold homes. NICE Guideline NG6. 2015.
promotes independence and the development of personal self-care strategies through the delivery of community based support, with in-reach to care settings to enable people to return to their community.

The service supports the trend towards independent living; in an individual's own home. Investing in helping people remain independent in safer, more accessible homes will support the health and care agenda to reduce accidents, admissions and re-admissions to hospital and support earlier discharge.

5.3.8. Mental Health and Wellbeing
Mental health problems are widespread, at times disabling, yet often hidden. One in four adults experiences at least one diagnosable mental health problem in any given year. Mental health problems represent the largest single cause of disability in the UK. The cost to the economy is estimated at £105 billion a year, approximately the cost of the entire NHS. Physical and mental health are closely linked in people with severe and prolonged mental illness at risk of dying on average 15 to 20 years earlier than other people. Two thirds of these deaths are from avoidable physical illnesses, including heart disease and cancer, many caused by smoking.40

The introduction of new models of care and system changes that support better recording, case finding and identification and management of both low level anxiety and depression and severe mental illness are key elements to the STP. Building emotional resilience in those with poor mental health, and promoting self-care opportunities which help reduce social isolation; enabling and simplifying access to psychological therapies and information will support better outcomes for those with mental health.

5.3.9. Suicide Prevention
Suicide is a major issue for society and a leading cause of years of life lost. The impact of suicide can be devastating – economically, psychologically and spiritually – for all those affected. The Preventing Suicide in England Strategy has two overall objectives: a reduction in the suicide rate in the general population in England; and better support for those bereaved or affected by suicide41. Six key areas for action support the delivery of these objectives. The PHOF has suicide as one of its indicators because of the significant cause of death in young adults. The NHS Operational Planning Guidance has a specific deliverable to reduce suicides by 10% with local government and other partners as part of wider mental health transformation in the Five Year Forward View for Mental Health.

The Lincolnshire Suicide Prevention Action Plan42 supports the delivering of the national strategy and has four strategic areas:

- Prevention - reduce suicide in Lincolnshire, by timely and appropriate intervention.
- Awareness - raise awareness of suicide prevention in Lincolnshire, including causes, symptoms and how to help.
- Crisis care - recognise risk for those who present in crisis, ensuring robust and timely support and clear pathways to professional care.
- Data, monitoring and research - develop efficient systems to access & use data to understand strategy and improve service provision.

During the delivery of the STP, the local suicide prevention action plan will continue to be implemented to contribute to the mental health transformation deliverable for suicide.

5.4. **STP Prevention Deliverables by 2020/21**

The following sets out some of the key deliverables in relation to the STP prevention plan interventions:

- Develop a comprehensive strategy which addresses the prevention, identification and management of obesity (children and adults).
- Address lifestyle risk factors including smoking, alcohol, excess weight, diet and physical activity, through:
  - Developing Public Health England One You programme of tiered lifestyle support
  - Screening and referring people to stop smoking services
  - Addressing high risk drinkers and emergency admissions
  - Providing weight management services (tiers, 2, 3 and 4)
  - Embedding MECC into organisations/programmes
- Promote the cancer screening programmes and ensure local services can respond to the Be Clear on Cancer programme.
- Provide NHS Health Checks and promote/ provide the necessary interventions.
- Identify the at risk population with existing non diabetic hyperglycaemia and offer evidenced based lifestyle interventions, for example, the National Diabetes Prevention Programme.
- Provide access to lifestyle programmes for women and their families before, during and after pregnancy.
- Diagnose and optimally manage people with conditions such as diabetes, dementia, hypertension and atrial fibrillation.
- Increase the uptake of annual health checks amongst people with learning disabilities.
- Deliver employment support for people with mental health problems and long term conditions.
- Implement the suicide prevention plan.
- Provide coordinated preventative services to reduce the number of falls in older people.
- Embed care planning and self-care into how care is delivered (for example by segmentation and social prescribing).

The STP clinical redesign areas and enablers, for example, organisational development and workforce, are key interdependencies for the delivery of the STP prevention plan.

5.5. **Key Milestones and Metrics**

The following sets out some of the key milestones in relation to the prevention interventions. These are subject to change as further scoping takes place and additional milestones will be included reflecting the broader interventions in the prevention plan (section 5.3 of the plan).

**2016/17 (Quarter Three):**
- Scope the interventions' options
- CCGs explore commissioning of tier 3 obesity services
- Negotiate the commissioning options: partnerships/collaboration and/or procurement/competition
- Prevention implementation plan by January 2017

**2016/17 (Quarter Four):**
- Build capacity for smoking cessation enhancements
- Commission community-based weight management services
- Commissioning plan for lifestyle support services - `One You Approaches`
- MECC developments
- Commissioning plan for Social Prescribing Programme

2017/18 (Quarter One)
- Smoking cessation service enhancement developments
- One You healthy lifestyles programme developments
- MECC e-forum to access up-to-date resources and information and MECC training to frontline staff
- Commissioning of the Social Prescribing Programme

2017/18 (Quarter Three/Four)
- Smoking cessation services enhancement implementation
- Healthy Lifestyles programme implementation
- Current timescale for completing National Diabetes Prevention Programme
- Community-based weight management support implementation
- Recommissioning of the Wellbeing Service
- Implementation of the Social Prescribing Programme

2018/19 (Quarter Three) to 2020/21
- Full implementation of prevention interventions

Appendix 2 provides some metrics for the key areas in the prevention plan.
Appendix 1 - Priorities for Lincolnshire Health and Wellbeing Board


**Promoting healthier lifestyles:**
- Reduce the number of people who smoke by supporting those who want to quit, discouraging people from taking up smoking and normalising smoke free environments.
- Reduce the number of adults who are overweight or obese.
- Enable people to be more active more often.
- Enable people to drink alcohol sensibly.
- Improve people’s sense of mental wellbeing.

**Improve the health and wellbeing of older people in Lincolnshire:**
- Spend a greater proportion of our money on helping older people to stay safe and well at home.
- Develop a network of services to help older people lead a more healthy and active life and cope with frailty.
- Increase respect and support for older people within their communities.

**Delivering high quality systematic care for major causes of ill health and disability:**
- Improve the diagnosis and care for people with diabetes.
- Reduce unplanned hospital admissions and mortality for people with COPD.
- Reduce mortality rates from CHD, and improve treatment for patients following a heart attack.
- Reduce the number of people having a stroke and improve the speed and effectiveness of care provided to people who suffer a stroke.
- Reduce mortality rates from cancer, and improve take up of screening programmes.
- Minimise the impact of long-term conditions on people’s mental health.

**Improving health and social outcomes and reducing inequalities for children:**
- Improving education attainment for all children:
  - Improving parenting confidence and ability to support their child’s healthy development through access to a defined early help offer.
  - Reduce childhood obesity.
- Ensure children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable or disadvantaged.

**Tackling the social determinants of health:**
- Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their need.
- Support more vulnerable people into good quality work (such as young people, carers and people with learning disabilities, mental health and long term health conditions).
- Ensure public sector policies on getting best value for money include clear reference and judgment criteria about local social impact with particular reference to protection and promotion of work opportunities and investment in workforce health and wellbeing.
## Appendix 2 - Prevention Programme Objectives

This outlines further detail in relation to some of the initiatives that support the prevention agenda of the STP. This will be further developed during the scoping of the STP prevention plan which will take place during year 1 of the delivery of the STP (latter part of 2016/17).

<table>
<thead>
<tr>
<th>Vision</th>
<th>Objective</th>
<th>Description Key Initiatives</th>
<th>Impact on care and quality</th>
<th>Metric</th>
<th>Delivery date</th>
</tr>
</thead>
<tbody>
<tr>
<td>More focus and resources targeted at keeping people well and healthy for longer; we will give them the tools, information and support within their community to make healthy lifestyle choices and take more control over their own care. This will improve quality of life for people who live with health conditions and reduce the numbers of people dying early from diseases that can be prevented.</td>
<td><strong>Smoking Cessation</strong> To provide evidenced based smoking cessation services to reduce the burden of disease and the demand in healthcare settings caused by smoking. To develop further smoking cessation services to support smokers with medical conditions, mental health and pregnancy.</td>
<td>To reduce the: - Pressure on primary and secondary care services - Incidence of circulatory disease, cancers and respiratory disease - Exacerbations of long term conditions such as asthma and diabetes - Post-operative complications and improve surgical recovery - Number of low weight babies, stillbirths and miscarriages.</td>
<td>Increase the number of primary care, community pharmacy and secondary care engagement with smoking cessation. Increase the capacity for smoking cessation from 6,115 set quits and 3,172 4-week quits to 15,227 set quits and 7,790 4-week quits.</td>
<td>Implementation aligned with current service provision. April 2017. Build capacity to target by March 2018 and maintain during the STP</td>
<td></td>
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<td></td>
<td><strong>Adult Obesity</strong> To provide evidenced based weight management and lifestyle support services to help people loose weight to reduce the burden of</td>
<td>To develop tier 2 adult weight management services for patients with a BMI 30+ (or a BMI of 28 to 29.9 with existing co-morbidities) aged 16+.</td>
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<table>
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<tr>
<th>Vision</th>
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<td></td>
<td>disease and the demand in healthcare settings.</td>
<td>To develop a multi-disciplinary team tier 3 Adult Weight Management service for people with a BMI 35+ and who have completed a minimum of 12 months in a tier 2 weight management service.</td>
<td>- Post-operative complications and improve surgical recovery</td>
<td>As for tier 2 weight management.</td>
<td>TBC</td>
</tr>
<tr>
<td></td>
<td>The develop a Healthy Lifestyles programme (based on PHE One You) to deliver integrated services to support people to adopt and maintain a more healthy way of life through a multiple approach of physical activity, healthy eating and behavior change. To provide and equivalent to the National Diabetes Prevention Programme (as part of the Greater Lincolnshire first wave).</td>
<td>Interventions will:</td>
<td>Potential scale per annum: 5,000-10,000 new One You clients and/or supported with digital technology. 8-12,000 adults supported locally to achieve the One You goals through multiple local providers. The NDPP has a range of metrics that are used as part of the Greater Lincolnshire Programme.</td>
<td>Implement April 2017 and maintain during the life of the STP</td>
<td></td>
</tr>
<tr>
<td>Childhood Obesity</td>
<td>Halt the growth in the</td>
<td>Lincolnshire will support a workforce skilled to promote healthy interventions and influence behaviour. A 'making every contact count' ( MECC) approach will raise awareness and offer support to families every time a child comes into contact with a</td>
<td>Childhood obesity has both immediate and long-term effects on health and well-being; a reduction in the</td>
<td>Halt the trend. Reduce rates of overweight and</td>
<td>TBC – Based on the plan being agreed.</td>
</tr>
<tr>
<td>Vision</td>
<td>Objective</td>
<td>Description Key Initiatives</td>
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| number of children who are overweight or obese by 2017, and reduce numbers by at least 2% in both categories by 2020. | Professional or care worker, resulting in improved health outcomes for children and their families. Agree a local *Healthy weight in childhood in Lincolnshire* plan to address four strategic themes:  
• Promote a healthy lifestyle (healthy eating and physical activity) and raise awareness of the health risks of obesity.  
• Implement a ‘life course approach’ to reduce childhood obesity.  
• Continually review evidence based interventions to inform NHS and other partners’ commissioning across clinical and wider determinants of health, constructing a multi-agency, holistic obesity prevention and care pathway.  
• Build capacity and increase partnership working within Lincolnshire, creating stronger links and joined up activity within existing networks | Number of children becoming overweight or obese will:  
• Reduce the number of children suffering from bone and joint problems, sleep apnoea, and social and psychological problems, such as stigmatisation and low self-esteem in childhood.  
• Reduce the likelihood of obese children becoming obese adults with these same health problems, plus other health problems including type 2 diabetes, pregnancy complications, cardiovascular disease and cancer  
• Reduce the risk of morbidity, disability and premature mortality in adulthood. | Obese children by 2020:  
Reduce overweight levels in reception and year six primary school children from 22% in 2014/15 to 19% and from 33% to 28% respectively.  
Reduce obesity levels in reception and year six primary school children from 8% in 2014/15 to below 7% and from 19% to 16% respectively. | | |

**Making Every Contact Count (MECC)**

To deliver MECC training to frontline staff across a wide range of organisations (face to face and e-learning).  
To provide an e-forum through which trained staff can access up-to-date resources and information and can share ideas and experiences.

- Supporting people to make small changes to their behaviour (for example in relation to alcohol, diet and exercise)
- Increase the number of trained staff (15,000 staff by 2020/21)

Implement enhancement from April 2017.
<table>
<thead>
<tr>
<th>Vision</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>of existing day-to-day interactions in order to support people to make positive changes to their lifestyles.</td>
<td>good practice. To coordinate a network of MECC Champions to promote ongoing engagement with MECC principles.</td>
<td>physical activity levels) will have a significant impact on their health across the life course. - MECC forms a key part of the self-care agenda by increasing individuals’ health literacy in order that they can take greater control of their own health. - Diverting people away from health services through the provision of timely advice and signposting. - Changing organisational cultures towards a focus on prevention.</td>
<td>- Creation and coordination of network of MECC Champions (200 over two years, starting 2017)). - Increase referrals to lifestyle services (10,000 depends upon which lifestyle services are being commissioned).</td>
<td>Implement enhancement from April 2017. Build infrastructure during 2017/18 and activity to be maintained during the life of the STP</td>
</tr>
<tr>
<td>Self-Management /Care</td>
<td>Active support to enable people to be more active in managing their health.</td>
<td>Initiatives will relate to the proactive work, in relation to neighbourhood teams, self-care and the re-commissioning of the Wellbeing Service (LCC). The role of social prescribing is being explored as multifactorial non-medicalised support within communities as part of the STP.</td>
<td>The offer a gateway to refer patients with long term conditions to community-based services to complement traditional medical interventions: - reducing the demand on costly primary care, hospitalisation and other specialist services - broadening and diversifying provision for</td>
<td>TBC – metrics to be developed to define - Improved health and wellbeing - Increased confidence and self-esteem - More opportunities for social contact - Greater ability to</td>
<td>Implement linked with the delivery of the Self Care Plan for Lincolnshire and the Wellbeing Service re-procurement for Sept 2017.</td>
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<tr>
<td>Vision</td>
<td>Objective</td>
<td>Description</td>
<td>Key Initiatives</td>
<td>Impact on care and quality</td>
<td>Metric</td>
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<td>patients with complex needs, and</td>
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<td>- offering an alternative and holistic approach.</td>
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<td>manage own condition</td>
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<td>- Increased independence and more control over decisions</td>
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<td>- Stronger economic / welfare resilience</td>
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<td>- Greater opportunities for employment and meaningful occupation.</td>
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<td>3,000 service user capacity to be developed across 2017 &amp; 2018</td>
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