

## Board of Directors (Public) Agenda Item : 3.2

**Subject:** Prevention Pledge  
**Date of meeting:** Tuesday 31<sup>st</sup> May 2022  
**Prepared by:** Katie Fitzsimmons, Associate Director  
**Presented by:** Jonathan Develing, Director of Strategic Partnerships  
**Purpose of Report:** To note

BAF Ref	Impact on BAF
BAF 10	Assurance regarding our work within the system for Cardiovascular Disease Prevention

### 1. Executive Summary

The Cheshire and Merseyside Healthcare Partnership (C&M HCP) is supporting NHS Trusts to scale up their prevention efforts to address local prevention priorities. For Liverpool Heart and Chest Hospital (LHCH) the key priority is that of reducing the incidence of cardiovascular disease (CVD) as described within the NHS Long Term Plan (NHS LTP) and national CVD ambitions.

The support comes in the form of the C&M NHS Prevention Pledge (PP), facilitating mechanisms to address prevention and enabling NHS Trusts to consider how their services and environments are shaped to promote good health and increase healthy life expectancy. The pledge consists of 14 core commitments aimed at improving population health, one of LHCHs core strategic objectives and upscaling prevention efforts. Participation in the Pledge demonstrates LHCHs commitment to improving population health through a vehicle of prevention.

The report provides an overview of the Trusts progress since December 2021 which sees LHCH signing up to 8 of the 14 commitments and further describes actions to be taken to ensure uptake of all 14 commitments. The Board of Directors are asked to review the progress presented herein.

### 2. Background

In 2020, Health Equalities Group (HEG), was commissioned by the C&M HCP to develop a PP to support NHS Provider Trusts to better incorporate prevention into secondary and tertiary care services and physical environments. The PP aims to encourage Trusts to shift from treating illness to adopting a disease prevention approach which will reduce the demand of ill-health on NHS services in the medium and long term. The PP supports a whole system approach, aligning policies and procedures and encouraging Trusts to work in partnership, with internal and external stakeholders.

The PP is underpinned by 14 commitments (appendix one), focusing on inequalities, recovery from COVID, Social Value and anchor institutions. They encourage changes to:

- Diet
- Physical activity
- Smoking
- Alcohol
- Promotion of mental wellbeing amongst Trust workforces, patients, and wider communities

The PP was initially piloted in Liverpool University Hospital NHS Foundation Trust (FT) and Warrington and Halton NHS FT, after which the second phase was rolled out amongst seven additional Trusts within C&M:

- Alder Hey Children's NHS FT
- Cheshire and Wirral Partnership NHS FT
- The Clatterbridge Cancer Centre NHS FT
- Countess of Chester Hospital NHS FT
- LHCH
- Mersey Care NHS FT
- The Walton Centre NHS FT

This report focuses on LHCHs involvement with the PP and progress against uptake of the 14 commitments.

### **3. LHCH and PP progress**

This section provides a short overview to the approach LHCH has adopted to in implementing the pledge and associated commitments, including next steps.

#### **3.1 Phased approach to PP implementation**

LHCH has been actively engaged with the PP since December 2021, participating in monthly meetings with external provider colleagues and colleagues internal to the Trust, to work through an established framework (**Refer Appendix 2**). The framework consists of five phases each with associated steps and stakeholders to support Trusts with the adoption of the PP.

LHCH is currently in **phase two**: implementation of the PP, and **step four**: establishing local priorities for which the Strategic Partnership team has aligned the Trust's strategic priorities to the 14 commitments underpinning the PP. Consideration has also been given to local priorities such as those set out in the One Liverpool Strategy providing an opportunity for external stakeholder engagement.

#### **3.2 Commitment progress to date and next steps**

LHCH has agreed on 8 commitments (**Refer Appendix 1**) as a short-term measure with a view to committing to all 14 commitments by March 2023.

Evidence aligning to each commitment is now captured on a newly developed PP tracker enabling actions, metrics, and outcomes to be recorded. (**Refer Appendix 3**) This also collates the ongoing prevention work that is taking place across the Trust and is reviewed

and updated monthly.

In terms of governance associated with the PP and tracker progress, an executive lead has been appointed, the Director of Strategic Partnerships, who facilitates wider multidisciplinary (MDT) engagement sessions with colleagues across the Trust by way of an update. The Strategic Partnership team will also produce updates for the Board of Directors and Operational Board demonstrating that prevention is embedded within the organisation and not an isolated or one off initiative.

As we prepare for **phase three**: the Trust will be showcasing progress to date and hosting a Cheshire and Merseyside Community of Practice and Evaluation in May 2022. This is the first-time colleagues from the 9 provider Trusts will meet on a face-to-face basis and can share action plans and progress to date and should bring an opportunity to support further communications with Trusts internal colleagues.

Feedback from Food Active Executive Director regarding LHCH, and its progress thus far has been very positive:

***‘LHCH has been a model Trust to work with on this programme despite the challenges posed by COVID over the last eight months.’***

LHCH will continue to progress through the phased framework and agree to uptake further commitments over the course of the current financial year, 2022/23.

#### **4. Conclusion**

The PP consists of a set of 14 predetermined commitments in which NHS Trusts pledge support to achieve action in improving population health, specifically focusing on prevention measures for the benefit of employees, patients, and the wider community.

LHCH has made excellent progress since December 2021, having signed up to 8 of the 14 commitments with the ambition being to uptake all 14 commitments by March 2023. The Trust has also been recognised with a Social Value award, for which some of this work contributed.

This demonstrates the Trusts commitment to improving population health using preventative measures aimed at reducing inequalities, improving social value, supporting recovery post-COVID and developing LHCH as anchor institution.

#### **5. Recommendations**

The Board of Directors are asked to note:

- Progress to phase 3 of the PP framework
- Participation in the Community of Practice and Evaluation event
- Progress towards uptake of all 14 commitments by March 2023
- Provision of regular updates regarding PP progress

## Appendix one: 14 PP Commitments

No	Commitment description	Progress
1	Prioritise a long-term focus on wellbeing, prevention and early intervention ensuring health policies, embedding prevention within our governance structures, appointing an executive sponsor for prevention (including MECC) and making 'prevention everybody's business'	Commitment in progress
2	Create the conditions to support service managers and staff teams to take a quality improvement approach to review and transform services to embed prevention	Committed
3	Guided by Marmot principles, develop approaches to prevention, working with our partners 'at place' to address inequalities and deliver local priorities and prevention ambitions set out within the NHS Long Term Plan and in COVID recovery plans	Committed
4	Work in partnership in the utilization of common prevention pathways across Trusts, supporting secondary and tertiary prevention that reduces the impact of established disease through lifestyle advice and cardiac or stroke rehabilitation programmes	Committed
5	Establish key anchor institution practices that contribute to a successful application for the C&M Social Value Award, to positively impact on the wider determinants of health and the climate health emergency when making decisions on procurement, purchasing and through our organisations corporate and social responsibilities	Committed
6	Systematically adopting and embedding a 'MECC approach' from commissioning contracts to service delivery, increasing the number of brief or very brief interventions with patients supporting them to eat well, be physically active, reduce harm from alcohol and tobacco and promote mental well-being	Commitment in progress
7	Work with primary care, local authorities and VCSO's to systematically refer to sources of non-clinical support through social prescribing, aligned with community capacity building and to reduce impact on GP consultation rates, A&E attendances, hospital stays and re-admission, medication use and social care	Commitment in progress
8	Support workforce development, providing training and/or resources to frontline staff to offer brief advice and/or referral in supporting patients to eat well, be physically active, reduce harm from tobacco and alcohol and promote mental well-being	Committed
9	Ensure a smoke-free environment, linked to support to stop smoking for patients and staff who need it	Committed
10	Provide workplace health programmes for NHS staff and foster an organisational culture that promotes workplace resilience and creates opportunities for staff to eat well, be active, reduce harm from tobacco and alcohol and promote mental well-being	Committed
11a	Review food and drink provision across all our NHS buildings, facilities and providers in line with Hospital Food Standards and the NHS Standard Contract, to make healthier foods and drinks more available (including vending and onsite catering), convenient and affordable and limit access to less healthy foods and drinks such as those high in fat, sugar and/or salt	Commitment in progress
11b	Increase public access to fresh drinking water on NHS sites (keeping single use plastics to a minimum) and encouraging re-useable bottle refills	Commitment in progress
12	Support sub-regional physical activity strategy; to promote and create opportunities for staff, patients and visitors to be physically active both on and off site and in line with active travel and sustainable management plans	Commitment in progress
13	Sign up to the 'Prevention Concordat for Better Mental Health for All' and to embed the Prevention Concordat across health and care policies and practices	Commitment in progress
14	Monitor the progress of the pledge against all commitments and to publishing the results of our progress at regular intervals	Committed

## Appendix two: PP Framework

PHASE ONE: Scoping & Building Support	Stakeholders	Suggested Timescale
<b>STEP 1: Help frame the problem.</b>	ICS/P Prevention Lead Chief Executive/Chairperson, Organisational Lead, Strategic Sponsor or Champion's for Preventions, Director of Public Health and Wellbeing Board	1 month from the start date of the process.
<b>STEP 2: Work with senior officers and relevant strategy groups.</b>	Chief Executive/ Chairperson, Service Directors/Asst Directors, Clinical Service leads, Organisational Lead, Strategic Sponsor or Champion's for Prevention, MECC Lead, Workforce Development Lead, Facilities & Estates Lead	Dependent on the cycle of meetings: 6 weeks from completion of step 1.
<b>PHASE TWO: Implementation of the Prevention Pledge</b>		
<b>STEP 3: Make sure all relevant directorates or service divisions are involved.</b>	Chief Executive/Chairperson, Service Directors/Asst Directors, Organisation Lead, Strategic Sponsor or Champion's for Prevention, Staff working groups (including Governance group for the Pledge), Organisational champions/ambassadors, Communications Lead, External Partners	1 to 2 months in total. There may be overlap between step 2 and step 3.
<b>STEP 4: Establishing local priorities.</b>	Chief Executive/Chairperson, Strategic Sponsor or Champion's for Prevention, Organisation Lead, Staff working Groups (including Governance group for the Pledge), Health and Well-being Board, CCG/ICS, Local Authority Public Health Teams, Adult Social Care, Other NHS Trusts, General Practice, Primary Care, Other Public services; fire & police	1 month
<b>PHASE THREE: Communications</b>		
<b>STEP 5: Sign up and celebrate!</b>	Comms Team, Strategic Sponsor or Champion's for Prevention Chief Executive / Chairperson, Health and Well-being Board, ICs/ICP Prevention Lead, Cheshire & Merseyside Public Health Network	4-5 months
<b>PHASE FOUR: Keeping the Pledge Alive</b>		
<b>STEP 6: Make sure you maintain the momentum</b>	Prevention Pledge Stakeholder Group, Strategic Sponsor or Champion's for Prevention, Chief Executive/Chairperson, Health and Well-being Board, ICS/ICP Prevention Lead, External stakeholders, Local Academia, Quality Improvement Teams, NHS England/PHE Lead, Comms Lead	Ongoing: regular communications and monitoring will aid in maintaining momentum and reviewing action.
<b>PHASE FIVE: Evaluating Impact</b>		
<b>STEP 7: Monitor and evaluate the Pledge</b>	Prevention Pledge Stakeholder Group, Strategic Sponsor or Champion's for Prevention, Internal & External Stakeholders, Local Academia, Quality & Improvement Teams, Health and Wellbeing Board	Ongoing: from the start date of the process in step 1.

### Appendix three: LHCH PP Tracker

No	Aligned PP Commitment	Programme	Context	Baseline data	Intervention	Data source	Anticipated outcome	Status	Short term action	Owner	Completion date
1	Guided by Marmot principles; develop approaches to prevention, working with our partners 'at place' to address inequalities & deliver local priorities and ambitions set out within the NHS LTP and COVID recover plans	BP programme (BPM)	To demonstrate progress towards the national detection and management targets for the ABC programme	National CVD ambitions (ABC), happy hearts, PHE, Fingertips, HIID dashboard, Membership, Minutes, Agendas, Action plans	BP@HOME, BPQI, BP accelerator sites, BP Kiosks	Number of deployed BP machines, number of GPs to download BPQI.  Wellbeing kiosks are reporting over 1000 tests by September 2021	Increased high BP case findings and increased number of patients managed to target		PM in place to support BPM programme and deploy BP machines	JD (CVD prevention group), IA, Champs, Clinical Network	March 2022  From March 2022 an additional 10,000 BP machines have been procured and a digital programme manager is in post for 12 months to support