

## NHS London Board July 2009

<b>Title:</b>	<b>Improving public health outcomes: Developing an NHS London prevention strategy</b>		
<b>Agenda item:</b>	5	<b>Paper</b>	E
<b>Action requested:</b>	For discussion		
<b>Executive Summary:</b>	This paper sets out the NHS London's strategic response to the prevention of ill-health in London and proposes a set of priority areas for immediate action in 2009/10		
<b>Summary of recommendations</b>	The Board is asked to consider this prevention strategy		
<b>Fit with NHSL strategy:</b>	This strategy is core to the delivery of Healthcare for London and addresses one of the key themes in the Next Stage Review		
<b>Reference to other documents:</b>	n/a		
<b>Date paper completed:</b>	8 June 2009		
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# Improving public health outcomes: Developing an NHS London prevention strategy

## 1. Introduction

This paper sets out a strategic approach to the prevention of ill-health across London. In a world city, with a diverse population and an almost incalculable number of health issues, it is easy to get lost in the detail of their management, rather than planning to prevent ill-health in the first place.

London has some of the worst health outcomes in the country in some key areas, and poor performance in prevention activity. Gross inequalities exist across the capital, both in the quality of preventive services and in health outcomes.

The public health system has become uncoordinated, and there is a lack of focus and drive for results. Battles are being fought on too many fronts, without a clear focus on what matters and what works. To many outside observers, the system is incomprehensible, with no clear idea of responsibility for delivery, nor accountability for achieving improvement. There is a need for clarification and simplification.

But improving health is complex. The NHS has a large part to play in leading health improvement and in securing high quality health care. In the 20<sup>th</sup> century, the majority of health improvement could be attributed to better health technology and better organization of health services. However, the other determinants of good health; environmental, economic and social, can only be tackled through good partnership working at a local, regional and national level.

## 2. Description of the proposal

The strategy will:

- Aim to improve health outcomes across the breadth of a number of priority areas through co-ordinated action from the health services and its partners.
- Propose a set of priority areas for immediate action in 2009/10.
- Strike the balance between short-term delivery with longer-term actions and individual actions versus population wide interventions.
- Track progress and ensure focus to deliver measurable health outcomes.

Five priority areas have been selected for 2009/10 on the basis that a targeted approach this year will achieve the greatest health impact. They are:

- Vascular health
- Tobacco control and smoking cessation
- Immunisation
- Screening
- Sexual health

The rationale for their inclusion and the relevant key performance indicators (KPIs) are set out in Table 1. In 2009/10, particular emphasis will be placed on three indicators, which are marked in bold in Table 1.

Table 1

Priority area	Rationale	Key Performance Indicator (KPI)
Vascular health	Heart attack and stroke is London's biggest killer with over 17,000 deaths per year, of which 5,000 occur in people aged under 75. CVD accounts for over 100,000 hospital episodes per year in London.	Coverage of vascular checks programme
Tobacco control and smoking cessation	Smoking prevalence is decreasing but it is still the greatest cause of preventable death and morbidity. There are over 1 million smokers in London and an estimated 9,000 or more deaths per year in London are attributable to smoking.	<b>Smoking quitters at 4 weeks</b>
Immunisation	London has the lowest immunisation rates in England. Measles is of particular concern with continuing risks of measles outbreaks in London due to the number of unvaccinated and therefore susceptible children.	<b>Childhood immunization coverage</b>
Screening	Nationally it is estimated the programme in the UK has screened over 19 million women and has detected around 117,000 breast cancers. A report by the Department of Health Advisory Committee (1991) estimates the programme will save 1,250 lives each year by 2010. London currently has the poorest coverage and uptake of breast screening in England. High coverage is essential to maximize the number of lives saved.	<b>Breast screening coverage</b>
Sexual health	The prevalence of diagnosed HIV in London is almost three and a half times the rate for England. Over the last 10 years, the number of chlamydia infections has doubled in London while gonorrhoea infections increased by one third. London and particularly inner London has a higher rate of teenage conceptions compared to the average for England and a higher proportion of these end in abortion.	Chlamydia screening coverage

### **3. Impact on the work of NHS London and the NHS in London**

The Government has set out its plans for the NHS in the Next Stage Review *High Quality Care for All*. Amongst a host of initiatives to improve the quality of health service delivery, a very strong thread of prevention is sewn through the document. London's own strategy *Healthcare for London* also makes a strong case for preventive activity to keep the population healthy.

The delivery of health improvement in the five priority areas listed above will necessitate a multi-dimensional approach. This will include developmental support as well as the application of systematic performance management of the NHS. The strategy consists of four key workstreams:

#### *Performance management*

- Achieving delivery through vigorous performance management of public health KPIs relating to the priority areas by building on the programme of work being led by the Performance Directorate in NHS London.

#### *Priority Programme alignment*

- Promoting delivery through the potential of the NHS London Priority Programmes to deliver the specified health outcomes.

#### *Performance improvement*

- Supporting delivery through the creation of a London Health Improvement Program which will build upon the work done in 2008/9 to establish a public health presence in Commissioning Support for London (CSL).

#### *Partnership working*

- Ensuring delivery through joint working between the Government Office for London, the Mayor and the Greater London Authority at a regional level; and between PCTs, Local Authorities, third sector and private sector bodies at a local level.

### **4. Next steps**

- Refine and confirm the metrics, targets and trajectories for performance management (July 09).
- Determine and agree the programme of work within the priority programmes (July 09).
- Establish the infrastructure for the London Health Improvement Programme (September 09).
- Report to Board on baseline performance against KPIs (September 2009)