Bassetlaw Prevention Priorities report

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Introduction

This report was commissioned by the Bassetlaw Accountable Care Partnership (ACP) in cooperation with Nottinghamshire County Council (NCC). Senior members of the ACP felt that the draft Bassetlaw Place Plan [ACP, 2017] would benefit from public health input to further develop the prevention element of the plan. The vision outlined was for a list which included disease-specific, lifestyle and wider determinant focused prevention priorities derived from both routinely collected data and also engagement with the perceived priorities of partner organisations. It was hoped that this could include a more granular look at the specific priorities and needs in Bassetlaw's three different Primary Care Homes, and that action plans could be suggested for the next five years.

Methodology

Ten potential prevention priorities were identified in the draft prevention plan:

- Smoking
- Aspiration of young people
- Cancer detection
- Childhood obesity
- Long-term conditions

- Diabetes
- Housing
- Falls
- Alcohol
- Rural isolation

While it was recognised that all of these priorities corresponded to genuine health and social problems in Bassetlaw, the challenge was to link them with metrics which accurately reflected the problem and would allow for monitoring and evaluation of any progress towards improvement. Regional and national data was used to compare Bassetlaw's outcomes in relevant metrics for each of these potential priorities against the national averages. On this basis, several of the suggestions on the above list were excluded as being either insufficiently specific (i.e. Long-term conditions) or very difficult to measure (i.e. Aspiration of young people). This does not mean that these are not real and important problems for the people of Bassetlaw, but just that they were difficult to address as individual priorities and might be more effectively tackled indirectly. Diabetes was also excluded from the list as it is closely linked to an upstream priority (Childhood obesity), which provides the best opportunity to take a primary prevention approach towards this problem.

The remaining seven potential priorities were incorporated in the stakeholder consultation exercise which was launched in September 2017 via an online survey disseminated by the ACP. This survey invited partner organisations to register their opinions about these proposed priorities and to suggest any additional ones which their own personal experience suggested were a particular local problem. The full text of the online survey can be seen in Appendix I, and anonymised responses in Appendix II.

Twelve different stakeholder organisations responded to the survey, and the results (which will be discussed in more detail below) were analysed and presented at the ACP meeting on 17th October 2017. The discussion of findings in that meeting prompted a review of the literature to generate some evidence based suggestions for individual action plans for the identified local prevention priorities. These will also be discussed below.

Prevention Priorities

Both the current draft of the Bassetlaw Place Plan and Public Health England (PHE) guidance emphasise the importance of prevention as a tool for prolonging healthy life, reducing health service demand and reducing inequalities [ACP, 2017; PHE, 2015]. However, in any area there will be a large number of health and social issues which could legitimately be argued to be important priorities for public health providers to engage with, whether on the basis of national data or local stakeholder experience. Disputes can be had over where to draw the line, between effectively tackling a limited number of priorities and truly encompassing all of the problems experienced by a particular population. The stakeholder consultation asked the question of how many priorities the ACP should adopt. Although there was some diversity of opinion, as can be seen in Figure 1, more than 80% of responses favoured eight or fewer priorities.

How many prevention priorities should Bassetlaw ACP focus on over the next five years?
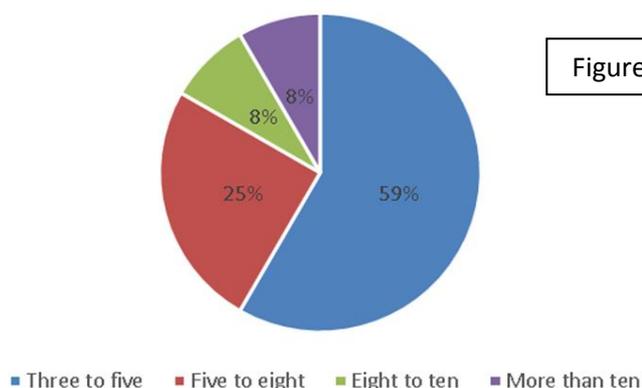
Figure 1

■ Three to five   ■ Five to eight   ■ Eight to ten   ■ More than ten

The individual prevention priorities which were either endorsed or strongly suggested by the survey, as well as being supported by the available data, are discussed individually below.

Childhood obesity

The problem

PHE data has identified percentages of "excess weight in 10-11 year olds" in Bassetlaw that are above national averages, and almost 9% of reception year children (and 20.6% of year 6 children) locally are classified as "obese" [PHE, 2017]. From a public health point of view, childhood obesity represents a very significant preventable risk factor for later health problems such as heart disease, Type II diabetes, and many others. This view was also strongly reflected by the stakeholder survey feedback.

Stakeholder feedback

100% of stakeholders who completed the survey felt that childhood obesity was an important priority for Bassetlaw ACP to focus on. Respondents cited the linkages to familial and adult obesity, the socioeconomic factors and the physical and psychological impacts that it can cause. This priority was fully endorsed by the consultation, and several respondents mentioned that it is so intertwined with adult obesity that these two issues should be tackled in an integrated way [see Appendix II].

Where do we want to be?

Bringing Bassetlaw below the national average for childhood obesity was the target proposed in the consultation, however it was pointed out that the national average may rise or fall over the coming five years, and that targets should therefore be locally calibrated. Any reduction in childhood obesity could be expected to have exponential downstream health benefits for the individual and for society, but it is important for the ACP to set targets that are achievable and which will motivate efforts towards this goal. A 20% reduction in rates of overweight or obesity at age 10-11 years within five years is a possible example of such a target.

…and how do we get there?

Stakeholders stressed the importance of consistent messaging around dietary choices, free access and support to exercise as being important ways of reducing childhood obesity. Engaging with both schools and families was suggested.

Lifestyle interventions are, by their nature, difficult to conduct research upon. However, there is some evidence of the effectiveness of working with schools to reduce childhood obesity. Several studies and reviews have shown that the best effects are obtained by combining (as stakeholders suggested) physical activity and dietary messages [Brown and Summerbell, 2008; Gorely et al, 2009]. Making healthy choices both available and attractive to school children (i.e. free fruit instead of expensive sugary snacks) has also been shown to be effective in reducing obesity levels [Fogarty et al, 2007]. Integrated activity across schools, health and family services provides consistency of input and messaging throughout the life-course [Burke et al, 2010]. These efforts should start during pregnancy (such as the Healthy Start scheme in Bassetlaw), encouraging infant breast feeding, supporting struggling families to make healthy choices and increase their activity levels through brief interventions and engaging with schools to promote active transport and better food choices [ACP, 2017].

Smoking prevalence

The problem

Smoking prevalence in Bassetlaw is estimated to be above 20% (measured as 22.5% in 2013) compared to the national average of 18.4% [ACP, 2017]. Given the well-known health risks associated with smoking, this is a matter of serious concern.

Stakeholder feedback

92% of respondents felt that this was an important priority for the ACP to be focusing on. The only concern expressed was that there may be diminishing returns to continuing to try and tackle this problem, given that the remaining smokers at this point are likely to be those whose behaviour is hardest to change. The point was also made that it may be more beneficial to concentrate on high-risk groups such as pregnant women and young people, rather than spread the net too wide and neglect the sub-groups where prevention efforts could do the most long-term good.

Where do we want to be?

Most stakeholders agreed with the idea of aiming for a 20% reduction in smoking prevalence within five years, although the view was again expressed that more benefit could be gained by targeting particularly vulnerable or high-risk groups, such as people with mental health problems, learning disabilities, teenagers and pregnant women. This suggestion would seem to fit with the PHE recommendation to apply the principle of Proportionate Universalism in planning prevention efforts, so as to concentrate activity where it is most needed [PHE, 2015]. Therefore, while smoking cessation services should continue to be universally promoted and accessible, it is recommended that the ACP aim specifically to reduce smoking prevalence by 20% among teenagers, vulnerable groups and pregnant women within five years.

…and how do we get there?

Implementing tobacco control measures in healthcare settings is a useful way of addressing health-damaging behaviours among vulnerable groups in a context where appropriate support can be provided to enable them to overcome the usual physiological and social barriers to quitting. Such interventions have been shown to significantly reduce mortality in participants [Anthonisen et al, 2005]. Group behavioral therapy, prescribed medication, brief interventions, telephone counselling

and nicotine replacement therapy – including the increasingly popular practice of "vapeing" – can all be effective depending on the individual needs [Lemmens et al, 2008; PHE, 2016]. This makes it important to keep a range of services available to the public, to allow people to access the method of quitting that will most benefit them.

Behavioural therapy approaches have also shown to have some success with vulnerable and disadvantaged groups such as prisoners and the homeless, but the literature here is still developing [Bryant et al, 2011]. Counselling and peer-support have been shown to work in reducing smoking prevalence among pregnant women [Miyazaki et al, 2015]. Engaging with schools will also obviously be key in preventing the uptake of smoking by children and teenagers, and Bassetlaw already adopts a Make Every Contact Count (MECC) approach towards smoking cessation, and provides pathways into support services for smokers across all care settings [ACP, 2017].

Alcohol misuse

The problem
Alcohol-related hospital admissions in Bassetlaw are above the national average [ibid]. Alcohol misuse is the catalyst of a great many health and social problems, and harmful behaviours relating to alcohol are strongly associated with deprivation.

Stakeholder feedback
83% of stakeholders felt that reducing alcohol misuse was an important priority for the ACP to be focusing on in Bassetlaw. One respondent stated that it is difficult to compare alcohol-related hospital admissions between areas (or even in the same area over time) because of variations in the way that such admissions are coded [see Appendix II]. This is a very valid point, and it may be useful to work with local acute hospital trusts to better understand what they do and do not classify as an alcohol-related admission.

Where do we want to be?
Alcohol use among adolescents has been declining for a number of years [NatCen for Social Research, 2015], and since problematic alcohol behaviours often start in adolescence, this gives the ACP an opportunity to do some work in an area where the tide is running in their favour. Aiming to achieve a 20% reduction in alcohol-related hospital admissions could be a feasible target.

…and how do we get there?
Screening A&E and primary care patients can help to identify problematic alcohol use before it starts to cause harm, and brief interventions in these settings have shown success in reducing consumption [Bertholet et al, 2005; Rubak et al, 2005; ACP, 2017]. Engagement with teenagers via school services may be a useful way to accelerate the trend of reducing alcohol consumption in this group, and will be likely to have a positive downstream effect as this cohort of adolescents reach adulthood [Tripodi et al, 2010].
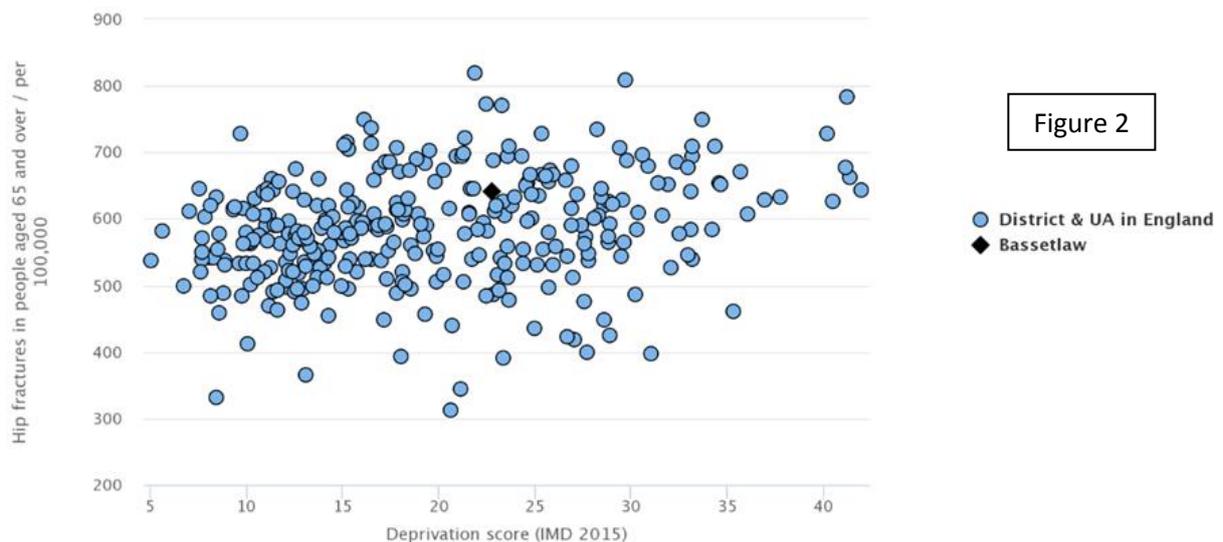
Stakeholder feedback on what the ACP ought to be doing to reduce alcohol misuse included the importance of clear messaging on the risks related to alcohol misuse, broad recommendations about whole system approaches to change the culture of drinking and specific suggestions such as the creation of a locally-based alcohol liaison nurse system. This last recommendation, which would also facilitate the existing ACP goal of engaging with A&E staff to promote the use of brief alcohol assessments, has been shown to be effective in reducing re-attendances and violence against staff [Ryder et al, 2010; ACP, 2017].

Falls in Older People

The problem

In contrast to alcohol misuse, which is displaying a downwards trend currently, falls in older people is a problem which can be expected to increase more and more as the population ages and becomes more frail. Bassetlaw has a higher rate of hip fractures in people aged 65 or older than the national average (see Figure 2), and this is often used as a proxy measure for falls in general. However, this is not without its problems as a metric, as will be discussed below.

Hip fractures in people aged 65 and over/100,000 (against local Deprivation Score) by District in England

From: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/10/gid/1000044/pat/6/par/E12000004/ati/101/are/E07000171/iid/41401/age/27/sex/4

Stakeholder feedback

There was 100% agreement from stakeholders that this is an important priority for the ACP to concentrate on. There was, however, some dispute about the proposed metric (see below).

Where do we want to be?

Not all falls lead to hip fractures (which can be life threatening, since they almost always require surgical repair and a hospital stay) but rather hip fractures are usually a late sign of an individual person being at risk of falls. The earlier warning signs (e.g. falls which merely cause bruising, rib or wrist fractures) would better capture the risk that we want to reduce, but may not always present at hospital, which creates a data completeness problem. Certainly it would be advisable to find a way of targeting every elderly person who presents in A&E or primary care having suffered a fall, whatever the outcome of that fall may be.

On this basis, choosing a metric which captured all falls would be strongly recommended. This would require local multidisciplinary partnership working between organisations to see what can reasonably be achieved in terms of collating routinely collected data.

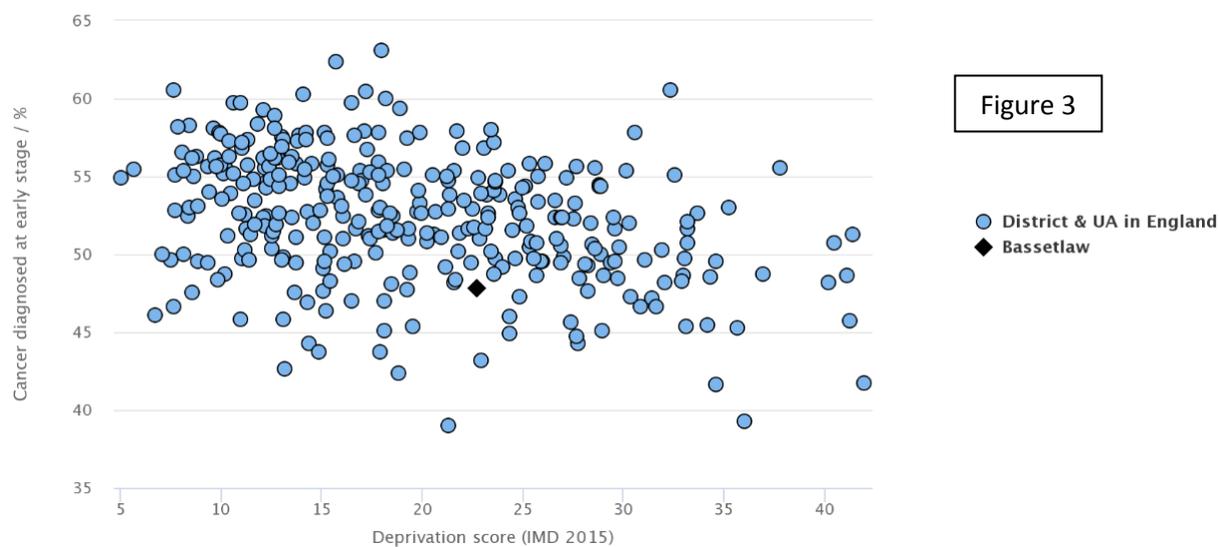### …and how do we get there?

Stakeholder suggestions for how the ACP might act to reduce the number of falls suffered by elderly people in Bassetlaw were once again well supported by the evidence review. Access to exercise programmes, integrated working, DEXA scanning and the use of bone sparing medications were all mentioned, and these are all components of well-established fall prevention programmes [Chang et al, 2004; Ziljstra et al, 2007; Gillespie et al, 2009].
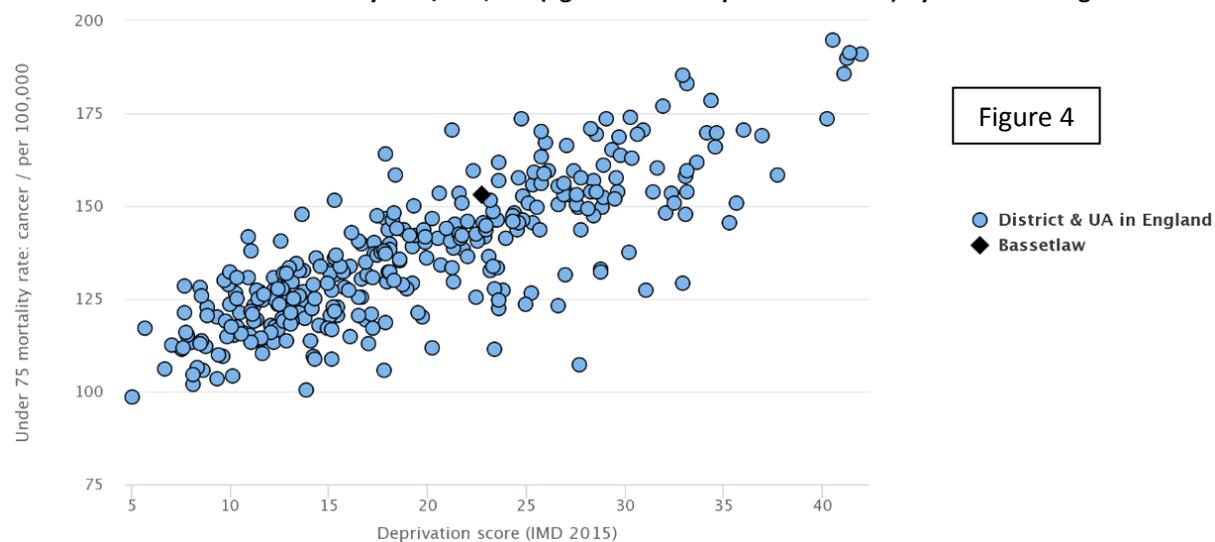
Cancer detection / survival

The problem

The issue of cancer survival in Bassetlaw can be looked at from several different angles. Early diagnosis rates are low compared to the national data (see Figure 3) and the under-75 mortality rate is high (see Figure 4). The percentage of people diagnosed with any form of cancer who are still alive a year later is also low (67.9% compared to 69.6% nationally).

Percentage of cancers diagnosed at an early stage (against local Deprivation Score) by District in England

From: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/10/gid/1000042/pat/6/par/E12000004/ati/101/are/E07000171/iid/90834/age/1/sex/4

Under 75 cancer mortality rate/100,000 (against local Deprivation Score) by District in England

From: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/10/gid/1000044/pat/6/par/E12000004/ati/101/are/E07000171/iid/40501/age/163/sex/4

Stakeholder feedback

All respondents to the stakeholder survey agreed that improving cancer survival rates was an important priority for Bassetlaw ACP. The comments section made some useful points about the root causes of the discrepancy, how they are not yet fully understood, and that investigating these reasons would be the best way to guide remedial action.

Where do we want to be?

Early diagnosis would be the most fruitful area to concentrate upon, since improving this would be likely to have a positive downstream effect on both one-year survival and overall mortality. Improving the percentage of cancers diagnosed at an early stage from its current level of 47.8% to 60% over the next five years would create a very significant benefit for the local population.

…and how do we get there?

Stakeholder feedback and the Place Plan both emphasised the importance of increasing awareness of early warning signs and maximising uptake of screening services particularly in high risk groups [ACP, 2017]. This is another area where MECC techniques can be adopted, with brief advice serving the dual purpose of alerting an individual to the risks and guiding them towards ways that they can mitigate them. Physical exercise and BMI reduction have both been shown to decrease cancer risk, so a high BMI and a sedentary lifestyle could therefore trigger a brief intervention as part of a routine medical consultation [Warburton et al, 2006; Renehan et al, 2008].

Rural isolation

The problem

Mapping undertaken by the health intelligence team at Nottinghamshire County Council supports the stakeholder view that rural isolation is a significant problem in Bassetlaw, although there are no formal or widely agreed upon metrics for this issue. The problem of housing-related mortality (which in isolation was the least supported potential priority in the stakeholder consultation) has been amalgamated with the issue of rural/social isolation, because they are in many cases linked.

Stakeholder feedback

92% of stakeholders agreed that this is a priority which the ACP should be focusing upon, with people mentioning the mental health problems, obesity, suicide risk, disproportionate emergency services & primary care use that can result from social isolation [see Appendix II].

Where do we want to be?

Metrics are a challenge with this priority. Stakeholders pointed out that isolated people may over-use health services out of either loneliness or a lack of personal coping mechanisms. It was suggested that unnecessary ambulance call-outs and/or GP attendances could be tracked as a proxy measure for this priority.
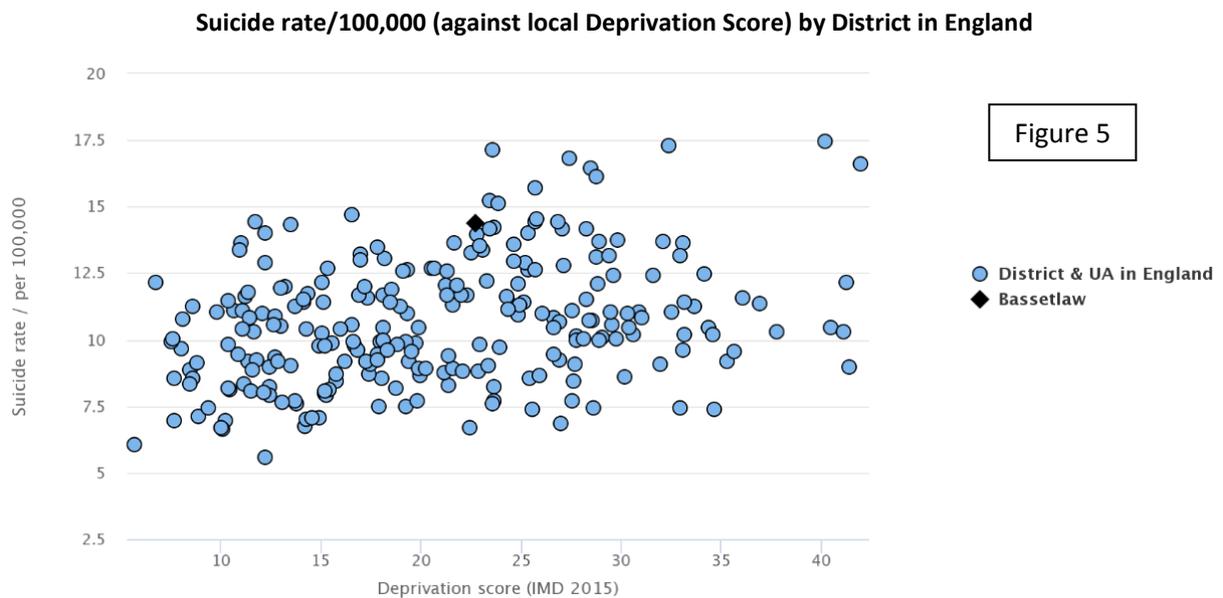
…and how do we get there?

In terms of reducing isolation, the importance of engaging with the voluntary sector and community groups was strongly emphasised by the stakeholders. Group social and educational activities have been shown to prevent isolation and there is mixed evidence regarding home visiting/befriending schemes [Catton et al, 2005]. Improving community dynamics and integration throughout the life course is known to have a positive effect on later years social capital, which can indirectly prevent some of the negative health outcomes, such as coronary heart disease, which have been linked to social isolation [Cacioppo and Hawkley, 2003; Valtorta et al, 2016].

Suicide/emotional resilience

The problem

A number of respondents to the stakeholder survey identified priorities they felt were missing from the current list which were related to emotional resilience, mental health promotion and suicide prevention. Given the current emphasis on parity of esteem for mental health, and the fact that this priority fits well with themes of the forthcoming Nottinghamshire County Council Director of Public Health annual report, it was decided that this priority should be included in the list.

Suicide rate/100,000 (against local Deprivation Score) by District in England

Figure 5

From: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/10/gid/1000044/pat/6/par/E12000004/ati/101/are/E07000171/iid/41001/age/285/sex/4

As can be seen from Figure 5, Bassetlaw has a higher than average suicide rate for the country. As with hip fractures, this is both a late and extremely serious indicator of pre-existing poor mental health and/or lack of resilience, but it is also possibly the most tangible indicator available.

Stakeholder feedback

Stakeholders cited increased A&E attendances for deliberate self-harm and mental health crises, as well as the elevated suicide rate.

Where do we want to be?

Any and every suicide averted is of incalculable benefit to the community, on a social, economic and personal level. As an entirely preventable occurrence, it could be argued that the target should be to achieve a complete eradication of suicide within five years. There are increasing numbers of charitable organisations and subject matter experts who promote this goal, through a combination of improving general wellbeing, making more support available and restricting access to lethal means [Zero Suicide Alliance, 2017].

…and how do we get there?

As with alcohol, there is a need for a systems-wide approach to improved emotional resilience and reduced suicide rates. Engaging with schools to address how anti-social behaviour (which is often a symptom of trauma) is dealt with, so that warning signs that should prompt support and intervention are not merely punished, is an important aspect of this effort [NCC, 2017]. Integrating emotional resilience into the educational curriculum of local schools was also suggested by

stakeholders, and the Adverse Childhood Experiences (ACEs) model may be useful in this context [Bellis et al, 2014]. The WHO recommends taking steps to decrease the stigma surrounding mental health problems and suicide, and increasing public and professional awareness of places where help is available [WHO, 2012]. Stakeholders stressed the importance of educating clinicians in warning signs in order to be able to intervene before a suicide attempt takes place [Mann et al, 2005].

Other important points raised by the stakeholder survey

As well as a majority preference for eight priorities or fewer, the survey also highlighted the importance of partnership working across the area, something that the ACP is keen to promote. It was also suggested that the prevention plan targets should not be static, but rather should be adjusted as performance against certain indicators improves or declines. This is arguably reasonable if performance exceeds expectations (i.e. if after three years a 20% reduction in priority X has already been achieved), but if little or no progress towards a particular target has been made after a year then it would be better to review and adjust activity rather than lower the bar for success.

Summary

The prevention priorities for Bassetlaw ACP suggested by the available data and stakeholder consultation break down well across the life course, and include diseases, lifestyle issues and wider determinants of health. They also generally align well with the updated list of indicators in the CCG Improvement and Assessment Framework 2017/18 [NHS England, 2017]. The life course breakdown of prevention priorities is displayed below in Figure 6:
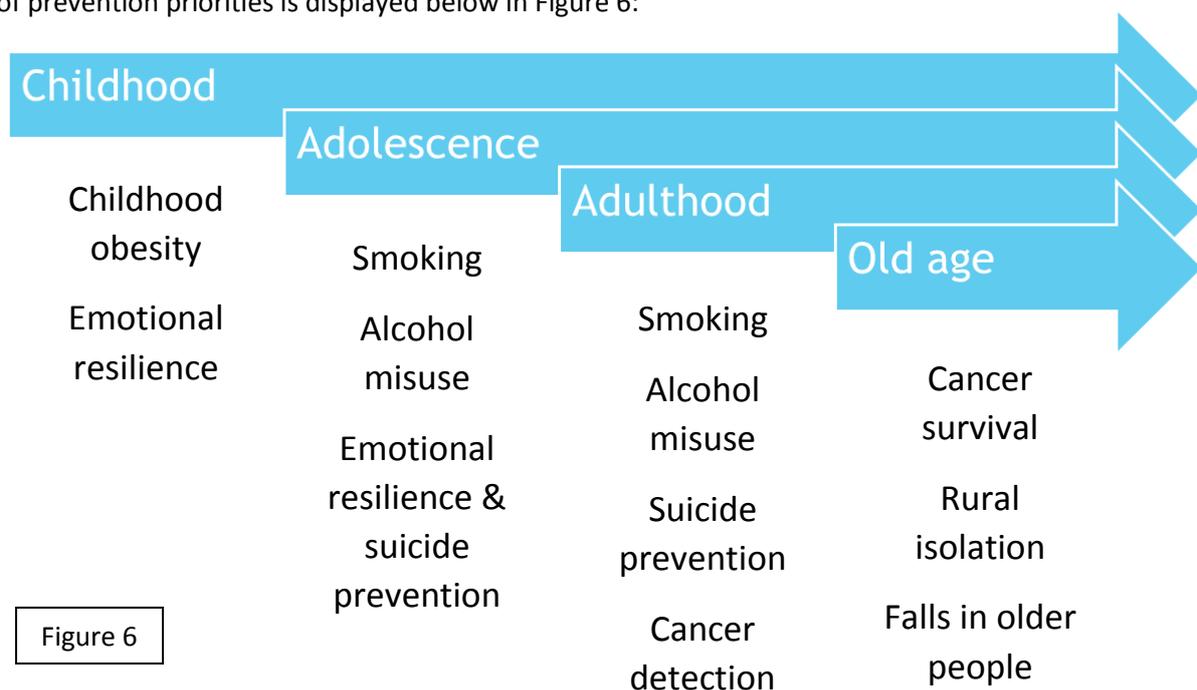

Figure 6

Childhood	Adolescence	Adulthood	Old age
Childhood obesity	Smoking	Smoking	Cancer survival
Emotional resilience	Alcohol misuse	Alcohol misuse	Rural isolation
	Emotional resilience & suicide prevention	Suicide prevention	Falls in older people
		Cancer detection	

It was not possible to examine the different outcomes/levels of need for these individual priorities at a Primary Care Home level with the data available. However, with the development of Primary Care Home profiles by the public health intelligence team at Nottingham County Council some metrics at this level will be available in the near future.

The suggested prevention priorities with proposed metrics and action plan outlines are summarised overleaf.

Priority	Metric & target	Action plan
Childhood obesity	Local rate of overweight or obesity at age 10-11yrs. 20% reduction within five years.	• Consistent messaging on dietary choices across the ACP. • Increase access to free exercise opportunities. • Engage with schools and families. • Make healthy choices available to children (i.e. free fruit in schools). • Consistent whole childhood approach starting during pregnancy.
Smoking prevalence	Local smoking prevalence as measured by national/regional surveys. 20% reduction within five years, particularly in vulnerable or high-risk groups, such as people with mental health problems, teens and pregnant women.	• Implement tobacco control measures in healthcare settings with support provided to help both patients and staff to quit. • Maintain a variety of quit methods to allow people to select the most suitable one. • Engage with schools using health education to prevent the initiation of smoking. • Work with maternity services to support pregnant women to quit.
Alcohol misuse	Alcohol-related hospital admissions (coding of this to be clarified with local hospital trusts). 20% reduction within five years.	• Implement and maintain patient screening in A&E and primary care settings to identify high-risk individuals. • Use brief interventions to raise awareness of the risk and signpost support services. • Engage with schools using health education to raise awareness of the risks. • Consider the creation of an Alcohol Liaison Nurse service based in A&E departments to spearhead this priority.
Falls in older people	To be confirmed. Investigate the possibility of collating all available falls data to better capture the full scope of the problem. A feasible target could be agreed by the ACP after this has been done.	• Support access to exercise programmes for the elderly. • Encourage uptake of DEXA scanning and use of bone sparing medications in primary care.
Cancer detection / survival	% of cancers diagnosed at an early stage. To improve from 47.8% to 60% over the next five years.	• Increase awareness of early warning signs and maximise uptake of screening services through targeted health education. • Use MECC to offer brief advice to high-risk individuals in primary care settings.
Rural isolation	To be confirmed. Investigate the possibility of collating 999 calls and GP attendances categorised as "unnecessary" and suggestive of social isolation.	• Engage with the voluntary sector and community groups to provide activities that will reduce social isolation. • Befriending/home visiting schemes have mixed evidence, but could also be considered.

	A feasible target could be agreed by the ACP after this has been done.	• Encourage and support any activities (farmers' markets, parades or historical celebrations) which may improve community cohesion and social capital.
Suicide/ emotional resilience	Suicide rate per 100,000. 0/100,000 in five years.	• Take a systems-wide approach to improving emotional resilience throughout the life course. • Engage with schools to promote trauma-informed practice, decrease stigma around mental health issues and implement ACE-based approaches to education. • Provide training for clinicians and health education to the public about how to identify warning signs and where to get help. • Work closely with voluntary sector organisations (such as The Samaritans).

Recommendations

This report has used a mixture of routinely collected data and local stakeholder feedback to propose a list of prevention priorities for Bassetlaw ACP over the next five years. Targets have been suggested which are considered to be a reasonable compromise between ambitious and achievable, although there is little or no data by which to calibrate this balance. It is recommended that the ACP should:

- Review this report as a group in order to discuss and ratify the priorities and targets proposed.
- Investigate and identify metrics that can be used to take a baseline and then monitor progress in the priorities where an appropriate metric could not be established (Falls in older people and Rural isolation).
- Incorporate these proposals, including all the agreed upon metrics and targets, into the final draft of the Place Plan.

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Appendix I

The text of the online consultation survey disseminated to Bassetlaw partner organisations by the ACP:

Bassetlaw CCG, working with all members of the Accountable Care Partnership (ACP) and in cooperation with Nottinghamshire County Council public health team, are keen to engage with local stakeholders and service providers about the proposed prevention plan, an element of the Bassetlaw Place Plan. The basis for the specifics of the prevention plan has been analysing local and national data to see how Bassetlaw compares in terms of public health outcomes, and therefore where we can improve. However, we recognise that colleagues across many different professions and sectors will have useful insights and knowledge to feed in to this process.

This survey will provide an opportunity for you to contribute to the decision-making process around prevention priorities, outcomes and action plans. We would be very grateful if our partners and colleagues could give feedback on each of these, based upon their experience of service provision and the problems experienced by local people.

It is envisaged that the results of this consultation will be shared and discussed at the next ACP meeting on October 17th 2017

1)   Please state your organisation and your position within it. All responses will be kept in the strictest confidence, but it will be useful to have some context to the answers provided:

-        [box]

2)   How many prevention priorities should Bassetlaw ACP focus on over the next five years?

-        Three to five

-        Five to eight

-        Eight to ten

-        More than ten

3)   Proposed prevention priority 1 - Childhood obesity. Do you see this as an important priority?

-        Yes

-        No

4)   The reason that we consider this a priority is that the percentage of 10-11yr olds who are overweight in Bassetlaw (35%) is higher than the England average (33.2%). If you have any views about this measure or priority please write your comments below:

-        [box]

5)   The main outcome chosen as a target for this priority is to reduce local childhood obesity levels to below the national average by 2022. Do you agree with and support this as a target?

-        Yes

-        No

-        Please leave a comment if you wish [box]

6)   What do you think the ACP ought to be doing about childhood obesity?

-        [box]

7)   Proposed prevention priority 2 – Reducing smoking prevalence. Do you see this as an important priority?

- Yes

- No

8) The reason that we consider this a priority is that smoking is a major cause of preventable illness and death, and one which reinforces socioeconomic inequalities. If you have any comments about this proposed priority please leave them below:

- [box]

9) The main outcome that has been selected as a target for this priority is to reduce adult smoking prevalence in Bassetlaw by 20% by 2022. Do you agree with and support this as a target?

- Yes

- No

- Please leave a comment if you wish [box]

10) What do you think the ACP ought to be doing to reduce levels of smoking?

- [box]

11) Proposed prevention priority 3 – Reducing alcohol abuse. Do you see this as an important priority?

- Yes

- No

12) The reason that we consider this a priority is because the local rate of alcohol-related hospital admissions is higher than the national average. If you have any comments about this measure or the priority please leave them below:

- [box]

13) The main outcome that has been selected as a target for this priority is to reduce alcohol-related hospital admissions to below the national average by 2022. Do you agree with and support this as a target?

- Yes

- No

- Please leave a comment if you wish [box]

14) What do you think the ACP ought to be doing to reduce levels of harmful drinking?

- [box]

15) Proposed prevention priority 4 – Reducing falls in older people. Do you see this as an important priority?

- Yes

- No

16) The reason that we consider this a priority is because the local rate of hip fractures in people over the age of 65 is higher than the national average. If you have any comments about this measure or the priority, please leave them below:

- [box]

17) The main outcome that has been selected as a target for this priority is to reduce the local rate of hip fractures in people over the age of 65 to below the national average by 2022. Do you agree with and support this as a target?

- Yes

- No

- Please leave a comment if you wish [box]

18) What do you think the ACP ought to be doing to reduce falls in older people?

- [box]

19) Proposed prevention priority 5 – improving cancer survival rates. Do you see this as an important priority?

- Yes

- No

20) The reason that we consider this a priority is because the local one-year survival rate for all cancers is lower than the national average. If you have any comments about this measure and the priority, please leave them below:

- [box]

21) The main outcome that has been selected as a target for this priority is to improve the one-year survival rate for all cancers to above the national average by 2022. Do you agree with and support this as a target?

- Yes

- No

- Please leave a comment if you wish [box]

22) What do you think the ACP ought to be doing to improve cancer survival?

- [box]

23) Proposed prevention priority 6 – improving housing-related mortality. Do you see this as an important priority?

- Yes

- No

24) The reason that we consider this a priority is because cold weather deaths in Bassetlaw are more common than the national averages. If you have any comments about this measure and the priority, please leave them below:

- [box]

25) The main outcome that has been selected as a target for this priority is to reduce the local excess winter death rates below the national average by 2022. Do you agree with and support this as a target?

- Yes

- No

- Please leave a comment if you wish [box]

26) What do you think the ACP ought to be doing to reduce housing-related mortality?

- [box]

27) Proposed prevention priority 7 – reducing social isolation. Do you see this as an important priority?

- Yes

- No

28) The reason that we consider this a priority is because local analysis indicates that social isolation (especially for rural and elderly residents) is particularly high. If you have any comments about this measure and the priority, please leave them below:

- [box]

29) Outcome measures for this proposed priority are difficult to define. We would be interested in your views about how we could more accurately measure social isolation and evaluate any programmes aimed at reducing it.

- [box]

30) What do you think the ACP ought to be doing to reduce social isolation?

- [box]

31) Proposed prevention priority 8 – please feel free to suggest a priority that you think it is important for the ACP to adopt.

- [box]

32) What particularly gives you cause for concern about this issue (please be as specific as possible)?

- [box]

33) What would you suggest as a reasonable target for prevention efforts to aim for by 2022?

- [box]

34) What action do you think should be taken in order to reach this objective?

- [box]

35) Proposed prevention priority 9 – please feel free to suggest a priority that you think it is important for the ACP to adopt.

- [box]

36) What particularly gives you cause for concern about this issue (please be as specific as possible)?

- [box]

37) What would you suggest as a reasonable target for prevention efforts to aim for by 2022?

- [box]

38) What action do you think should be taken in order to reach this objective?

- [box]

39) Is there anything else you would like to say about prevention in Bassetlaw over the next 5 years?

- [box]

Appendix II

1)   Please state your organisation and your position within it. All responses will be kept in the strictest confidence, but it will be useful to have some context to the answers provided:

[Anonymised]

2)   How many prevention priorities should Bassetlaw ACP focus on over the next five years?

See Figure 1 in the text.

3)   Proposed prevention priority 1 - Childhood obesity. Do you see this as an important priority?

Yes - 100%

4)   The reason that we consider this a priority is that the percentage of 10-11yr olds who are overweight in Bassetlaw (35%) is higher than the England average (33.2%). If you have any views about this measure or priority please write your comments below:

"Today's children's are tomorrows future and if they are obese today they are likely to have significant health problems in future. Thus tackling childhood obesity is paramount in dealing with problems today and in future."

"Directly related to adult obesity. I fear the focus will be on trying to increase activity levels amongst children which will have very little to no effect on obesity. What kids eat is far far more important and far more difficult to change. This is further distorted by the fact that what most of us would consider a balanced diet is not."

"It is essential to tackle this now to avoid the potential physical and psychological issues for young people in the future"

"Good measure to compare. If obesity in Bassetlaw is mapped against socioeconomic status that will give more information for targeted action, if needed"

5)   The main outcome chosen as a target for this priority is to reduce local childhood obesity levels to below the national average by 2022. Do you agree with and support this as a target?

"By definition if every area in the country tried to reduce numbers to below the nation average many would fail as the national average would drop. The target should be for eaxample: Within 2% of the national average."

6)   What do you think the ACP ought to be doing about childhood obesity?

"Insensitive schools to promote healthy living and regular exercise"

"link health professionals with education. Give consistent messages around diet"

"All stake holders need to have some agreement around what a healthy diet might look like. I would recommend they consider some of the work that PHCUK (public health collaboration uk) have done to guide them."

"working with all stake holders (health, Notts CC public health & schools)"

"Harnessing technology and innovation to make diet, exercise and a healthy lifestyle important"

"Encourage sport participation by supporting/partnering   voluntary sporting clubs run for local children"

"individual and family support to make better choices in diet and exercise; target activity in schools."

"Obesity data mapped against each ward in Bassetlaw, what are the or likely determinant that predisposes to obesity and target action towards it."

"In general people know childhood obesity and risks but need more information on easy to read format - what that ACTUAL risk means to an individual."

"Identify obesity lead for each ward / locality and get regular report and scrutiny based on clinical evidence."

"Getting more help in to primary schools and directly approaching parents who have the blinkers on or are in denial about their child's problem."

"Engage with local Education sector to understand what is already delivered in schools and Childcare settings regarding this priority, leverage in resources and best practice. Consistency of message is important and has to be from bottom up not top down."

7)   Proposed prevention priority 2 – Reducing smoking prevalence. Do you see this as an important priority?

Yes – 92%

8)   The reason that we consider this a priority is that smoking is a major cause of preventable illness and death, and one which reinforces socioeconomic inequalities. If you have any comments about this proposed priority please leave them below:

"reduce risk of COPD/lung cancer which are major health problems putting significant strain on health resources."

9)   The main outcome that has been selected as a target for this priority is to reduce adult smoking prevalence in Bassetlaw by 20% by 2022. Do you agree with and support this as a target?

"Would like to see smoking prevalence down in certain high risk patients eg) Pregnancy, teenage, learning disability, recovering from cancer"

"Like to see differential targets as the benefits varies in different groups. While a 90 years old smoking isn't good, but in reality smoking hasn't had as much ill effect to that person in compared to a general public."

"It's been tackled for years, not sure can make greater improvements. GP's are already really good at this."

10)   What do you think the ACP ought to be doing to reduce levels of smoking?

"Since smoking cessation services have moved out of GP surgeries engagement with service has been poor. So I think the more the services are present in surgeries the better the engagement and better the chance of success in achieving this target."

"Align CQUINs and QIPP across providers and commissioners. Implement every contact counts across all professionals"

"making smoking cessation help more accessible"

"Supporting vapeing as an alternative to quitting"

"Education in schools to deter young people from starting smoking"

"Targeting this issue within Primary care, with links to national campaigns"

"Apply evidence based medicine in a patient centered way. Here not only tailoring medicine management is important but access to service is equally important."

"What services we have for hard to reach patients - rural, no transport, housebound, shift workers? identify gap and action."

"Easy access and freely available smoking cessation support."

11)   Proposed prevention priority 3 – Reducing alcohol abuse. Do you see this as an important priority?

Yes – 83%

12)   The reason that we consider this a priority is because the local rate of alcohol-related hospital admissions is higher than the national average. If you have any comments about this measure or the priority please leave them below:

"again as drug and alcohol services are now separate the engagement with service is poor so we need to bring the service back to GP surgeries."

"Getting alcohol related death over last 5-10 years will give a starting point - this including death related to alcohol related driving etc"

"Nationally it's coming down.. so expect trend to continue here. It's important, but not as much as childhood obesity."

13)   The main outcome that has been selected as a target for this priority is to reduce alcohol-related hospital admissions to below the national average by 2022. Do you agree with and support this as a target?

"Targets around national averages are non sensical."

"Very poor measure because of various reasons including coding by hospital variation, one patient had 10s of admissions over few months for planned abdominal fluid drainage skewing the data, primary care coding of alcohol on patient record variation etc"

14)   What do you think the ACP ought to be doing to reduce levels of harmful drinking?

"Align CQUINS and QIPP around proactive screening and advice across all settings. CGL integration with primary care, mental health and secondary care has been very poor."

"CGL has not been proactive in maintaining engagement with these patients who are vulnerable and are at risk of non engagement. Often too quick to discharge the most frail and vulnerable. This should be addressed."

"an area were health & social services & voluntary organisations can work together"

"review what has worked well so far, then link with partners to establish what else can be done to achieve a set percentage reduction in hospital admissions"

"Clear message regarding ill effects. Many people believe alcohol kills by affecting liver but in reality it causes more heart attacks and strokes predominantly by increasing blood pressure etc. When getting older we should drink less than general recommended alcohol limit. Also clear message that alcohol causes cancer."

"Alcoholics gets cognitive impairment and that means advises we give may not get in their head. They need social support (not an alcohol worker but a support worker) to hold their hands - currently we lack this."

"We have a handful of patients with alcohol issue attend a&e, more than 20 or 25 times a year, identifying them and a worker taking then in their case load and support with social needs for a finite period - saves NHS thousands of pounds and above all patients get right care. Please note, these patients may not access GP service and GPs may not know this patient"

"Investment in an Alcohol Liaison Nurse Specialist Service"

"Alcohol team resident locally, not in Nottingham."

"This is a system wide issue and like smoking is about chaining the culture within communities and generations. As with all these priorities, the challenge will be to engage partners in the understanding that this is not just a health priority."

15)   Proposed prevention priority 4 – Reducing falls in older people. Do you see this as an important priority?

Yes – 100%

16)   The reason that we consider this a priority is because the local rate of hip fractures in people over the age of 65 is higher than the national average. If you have any comments about this measure or the priority, please leave them below:

"we need to understand this further i.e to find out the reasons for falls then target the causation."

"incorrect. Falls rate and conveyance rates from falls are higher locally. Hip fracture rates are not an outlier and has been static for several years."

"we have to reduce the actual impact of this on older people and support them to live safe and happier lives in their own homes"

"Poor measure. Would suggest to take fragility fracture - including spine wrist etc. The data I have from Public Health Outcome gateway - Accessed 1st Feb 15 - Bassetlaw have less overall osteoporotic fracture and this marry nicely with the spend for this in Bassetlaw - lower than national average."

17)   The main outcome that has been selected as a target for this priority is to reduce the local rate of hip fractures in people over the age of 65 to below the national average by 2022. Do you agree with and support this as a target?

"should be focusing on falls reduction. reducing all fragility fractures and admissions or A&E attendances as a result of falls"

"Targets around national averages are non sensical."

18)   What do you think the ACP ought to be doing to reduce falls in older people?

"Focus on holistic care. Most vulnerable are in care homes and health don't have any direct mechanisms to contractually implement change."

"I would encourage Healthy diet and nutrition, safe sun exposure, avoiding PJ paralysis and reducing polypharmacy as main priorities"

"Integrated preventative services"

"Continue the good work we are doing now, our fracture neck of femur in Bassetlaw is static over 10 years when patients are getting older and frailer. Wouldn't spend any extra money"

"increased uptake of DEXA scanning for at risk groups"

"Increased prescribing of bone sparing agents"

"Easier access to free exercise programmes, without having to go via GP and fill in loads of forms."

"Join up the work that's already taking place in Bassetlaw."

19)   Proposed prevention priority 5 – improving cancer survival rates. Do you see this as an important priority?

Yes – 100%

20)   The reason that we consider this a priority is because the local one-year survival rate for all cancers is lower than the national average. If you have any comments about this measure and the priority, please leave them below:

No comments.

21)   The main outcome that has been selected as a target for this priority is to improve the one-year survival rate for all cancers to above the national average by 2022. Do you agree with and support this as a target?

"Targets around national averages are non sensical."

22)   What do you think the ACP ought to be doing to improve cancer survival?

"need to understand the cause of discrepancy in rates and then target the same."

"address wider determinants of health by promoting healthier lifestyles. Improve knowledge among citizens around symptoms and screening in a balanced way preventing avoidable fear so that citizens seek help early. Move diagnostics closer to the community and primary care."

"Early detection and treatment. Target obesity, smoking, alcohol abuse and improve exercise and healthy eating."

"Acute hospital isn't in position to give accurate figures on what stage patient presented to hospital (non operated patients). Getting this data helps us to understand the possible issue. Unless we find the issue we cant solve the problem. At the moment we don't know where to concentrate - primary care or secondary care"

"Emphasis on survivorship and living with cancer"

"Speed up diagnosis to first treatment."

23)   Proposed prevention priority 6 – improving housing-related mortality. Do you see this as an important priority?

Yes – 75%

24)   The reason that we consider this a priority is because cold weather deaths in Bassetlaw are more common than the national averages. If you have any comments about this measure and the priority, please leave them below:

"There is variation between ages and sex. Overall excess winter deaths over 3 years (both sexes) isn't bad at all"

25)   The main outcome that has been selected as a target for this priority is to reduce the local excess winter death rates below the national average by 2022. Do you agree with and support this as a target?

"Targets around national averages are non sensical."

26)   What do you think the ACP ought to be doing to reduce housing-related mortality?

"Again need to understand the cause of discrepancy between local and national averages."

"knowledge and poverty are the main issues. Therefore involve citizens in improving knowledge and co-creating solutions"

"work with A1 house & private landlords to improve housing insulation etc"

"Review the appropriate housing available to vunerable people"

"Overall winter death we are almost in line with England average but there are high risk cohort - over 85 yrs."

"Would suggest to concentrate on house heating for those who don't demand but they are high risk eg) dementia patients who live alone, frail elderly living on their own. Primary care now using frailty index and been remunerated through NHS England - linking housing need with this cohort is an option to consider seriously"

"This should be one of the first priorities as it involves a wide number of partners and will build the traction of the ACP."

*27)	Proposed prevention priority 7 – reducing social isolation. Do you see this as an important priority?*

Yes – 92%

*28)	The reason that we consider this a priority is because local analysis indicates that social isolation (especially for rural and elderly residents) is particularly high. If you have any comments about this measure and the priority, please leave them below:*

"significant cause of depression, obesity, hospital and GP appointments."

"This is key due to the impact on mental health and possible self harm, suicidal behaviours that can occur from this."

"This is vital for Bassetlaw. This could save NHS in the region of 1.5 million for Bassetlaw alone."

"I think this is a social care/ society issue, not the NHS."

*29)	Outcome measures for this proposed priority are difficult to define. We would be interested in your views about how we could more accurately measure social isolation and evaluate any programmes aimed at reducing it.*

"I would suggest PREMs around citizens views on contact with family, neighbours and local communities"

"You could consider measurment via high volume users at GP surgeries, A&E and social care departments, information from the Campaign to End Loneliness and data from BCVS"

"There are standard definitions to follow to identify patients. As rightly requested how to measure the outcome of a successful programme - Below are few hard outcome we could measure. Social isolation patients

1.8 times more likely to visit GP

1.6 times more likely to visit A&E

1.3 times more likely to have emergency admisison

3.5 times more likely to enter local authority funded residential care

3.4 times more likely to be suffering with depression

2-5 times more likely to die prematurely - Marmot Review

There are various papers in this subject eg) https://iotuk.org.uk"

"The most powerful indicator is testimony."

*30)	What do you think the ACP ought to be doing to reduce social isolation?*

"Encourage development of local charities to reduce social isolation."

"This should be the responsibility of all citizens. Link welfare, taxation pensions with personal health budgets promoting social inclusion."

"Coordinated voluntary provision via Social Prescribing schemes and education."

"Firstly collect data for social isolation, apply above (eg) hard outcomes, monitor performance and change as we go along"

"Continue to support Social Prescribing and wider VCS participation in this priority."

31)   Proposed prevention priority 8 – please feel free to suggest a priority that you think it is important for the ACP to adopt.

"I think above mentioned priorities are enough to focus on for next one year."

"Obesity in adults and diabetes prevention"

"Emotional resilience amongst children and Young people"

"Drug Misuse reduction"

"Mental health - Children predominantly and Adult suicide rate"

"Type 2 diabetes reduction via reduced general levels of obesity."

32)   What particularly gives you cause for concern about this issue (please be as specific as possible)?

"Evidence around obesity is readily available locally and nationally. Increasing incidence of deliberate self harm and mental health related attendances amongst Children and young people."

"The number of possible drug related deaths"

"Early life experience makes child and young adult vulnerable. Currently there is a big gap between CAMHS threshold to take up children and other services to pick up those not taken by CAMHS. Bassetlaw was RED in suicide rate in published Public health outcomes framework 2013 -15 (latest in Public Health Profiles)"

"Rising numbers of new diabetics. Obese parents tend to have obese children, so I think it should go hand in hand with the childhood obesity issue."

33)   What would you suggest as a reasonable target for prevention efforts to aim for by 2022?

"reduce adult obesity to below national levels by 2022."

"Integrate emotional resilience in educational curriculum in all schools, linked in with IAPT and primary care services"

"reduction of harm by 20%"

"Suicide rate is in line with national average or above"

"Have Bassetlaw below national average for obesity."

34)   What action do you think should be taken in order to reach this objective?

"Consistent message around dietary choices. Consider working collaboratively with public health collaboration UK to co-create solutions."

"Integrate education with primary care and mental health services"

"Review of and a more proactive approach to addressing individuals with substance misues difficulities."

"As stated above as an example identify gaps and make a robust patient pathway"

"Educate clinicians about suicide demographics - teenage deaths is at highest in 18 and 19 yrs old, 43 % of completed suicide in children didn't access any service - message that absence of suicide ideas shouldn't be assumed as lack of risk etc etc."

"Free and easy access to exercise, support to exercise."

35)   Proposed prevention priority 9 – please feel free to suggest a priority that you think it is important for the ACP to adopt.

No further suggestions made by respondents.