Prevention in the Partnership

Harrow Health and Wellbeing Board

20 March 2024

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Prevention approach

- There are opportunities throughout the life-course to prevent poor health from developing, but we can also stop existing issues from worsening, e.g. falls prevention through uptake of strength and balance classes
- More integrated working between key stakeholders presents opportunities, but also challenges for residents and people supporting them to navigate what already exists
- Prevention interventions have been demonstrated to be cost-effective – especially “upstream” interventions, but they need to demonstrate impact on their own merit

This work is therefore to demonstrate the approach and ask for your assistance now and in the future in sharing the prevention opportunities with our residents

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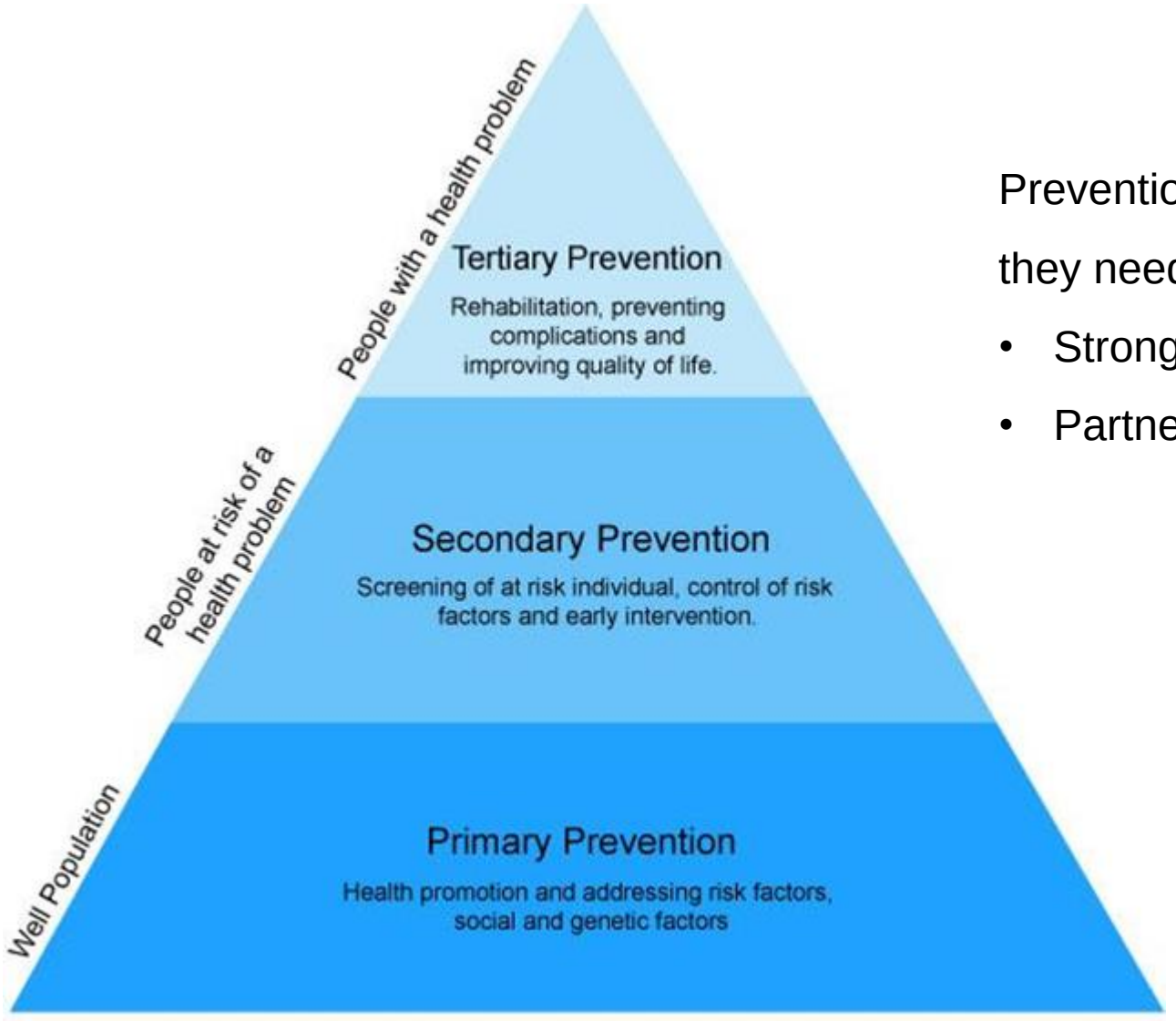
Prevention approach to be driven by the priorities of the Joint Health and Wellbeing Strategy



Prevention initiatives need to be addressed over three tiers, they need to be based on;

- Strong themes of engagement and trust-building
- Partners being aware of the offer available

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Work so far

Identified priorities physical activity, falls, and frailty. Other subjects now include mental health, immunisation, oral health and screening

Mapping of services and opportunities

- We have identified existing services and opportunities by life-stage
- We are developing a more comprehensive physical activity programme built on the gaps identified through the mapping
- Ensuring listing on JOY directory, MECC Link, and Harrow CYP support map (BBP)

Initial engagement approaches

- We are building a targeted and appropriate engagement and communications response which includes MECC, conversation café, citizens panel, community touchpoint etc. The framework is based on;
  - Universal communications to the public – e.g. green flag parks
  - Opportunistic engagement – e.g. conversation cafe
  - Service engagement – e.g. MECC
  - Specific prevention initiative – social prescribing

Sharing approach with relevant workstream/ T&F groups

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A worked example, physical activity. We know;

Physical activity ensures healthy growth and development in young people

Physical activity enhances thinking, learning, and judgment skills

Physical activity contributes to preventing and managing cardiovascular diseases, cancer and diabetes

Physical activity reduces symptoms of depression and anxiety

Physical activity improves overall well-being

Physical activity will help enhance functional capacity and prevent falls

Source: Physical activity (who.int)

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Primary Prevention – support residents to maintain a healthy level of physical activity

1. MECC program for physical activity
2. Utilise Street Tag as a promotional tool
3. Promote the current range of healthy walks with parks
    1. Specify new themed walks for particular cohorts of the community.
    2. Ensure appropriate and appealing signage, working with local schools.
4. Commission cycle route and cycle leader training
5. Collate the digital weight management offer
6. Promote Exercise of Referral and Shape Up in target areas
7. Develop linkage with dietetic teams and Health and Wellbeing Coaches in support of weight management and NHS Health checks
8. Identify council and partner facilities which can be used for instructor led classes

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Secondary Prevention – strength and balance classes for people at risk of falling

- Falls and fractures in older people are often preventable.
- There are significant mortality and morbidity impacts due to a hip fracture.
- Harrow had over 1100 admissions due to falls in 2021-2022 and 150 hip fractures (the majority of these notably over the age of 80).
- 50% increase in falls, and similar in falls related hospital admissions predicted based on population predictions by 2040.
- Falls needs assessment completed in 2023 to:
  assess the current provision of falls services in Harrow
  review the current needs of the population in terms of falls
  recommendations to improve the pathway to prevent and treat the occurrence of falls in the Harrow population

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Falls in Harrow - Secondary Prevention

Key findings from the needs assessment included:

- Lack of accountability for the oversight of falls across Harrow
- Pathways in place, but not reflective of the latest evidence
- No evidence-based falls (secondary) prevention
- Good examples of community-based exercise provision that can ensure people stay active
- A requirement to improve awareness of services to prevent falls and ways to stay active

Progress to date:

- Strength and balance pilot for winter 22/23, now commissioned for 1 year from April 2024
- Falls prevention working group set up
- Falls pathway updated
- Falls communications developed and shared with primary care

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Tertiary Prevention – prevent frail residents from causing themselves further injury

1. Early identification and early intervention is key i.e. utilisation of the Escalating Risk Methodology (ERM).

   Commissioned the Enhanced Frailty Service (EFS) which provides proactive and reactive care, focusing on case identification and early interventions to prevent further frailty deterioration, avoidable hospitalisations and re-admissions.

   Jointly commission the Frailty Digital Dashboard (FDD) with Brent, an innovation tool utilising the escalating risk methodology to identify patients at risk of deteriorating without additional support

2. Collaboration between health and care providers to deliver joined up coordinated care and support to frail patients.

3. To increase awareness of appropriate services on offer in Harrow through the development of Easy-Guides that details provide pathways, services available and the criteria for referral.

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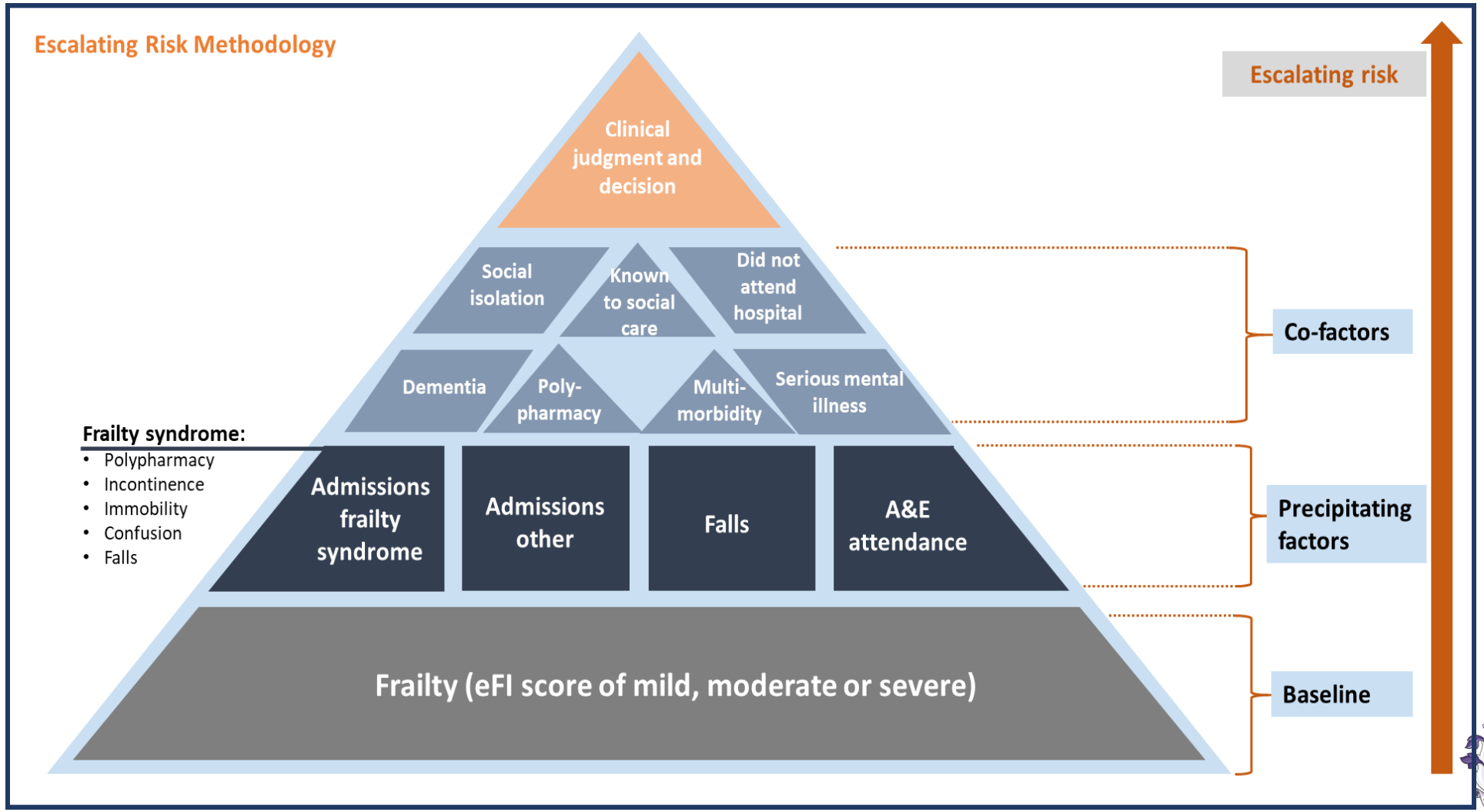
Reference: Escalating Risk Methodology



Escalating Risk Methodology: Identification of patients at highest risk of escalation.

Generates a RAG list of patients with the highest risk of admission or increasing risk of frailty, so that clinicians can act accordingly and proactively.

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Asks

How can your organisation support this work?

(Focused version of the prevention mapping can be shared):

- Anything missing/ incorrect?
- Need to consider service capacity limits (e.g. in terms of further promotion), or decommissioning in near future?
- Any immediate service gaps?
- Other feedback, e.g. uses of the map?

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Questions?

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