

# “Be Well” system-wide Prevention Programme

Programme outline,  
Proposal for ‘Programme Development workshop’.

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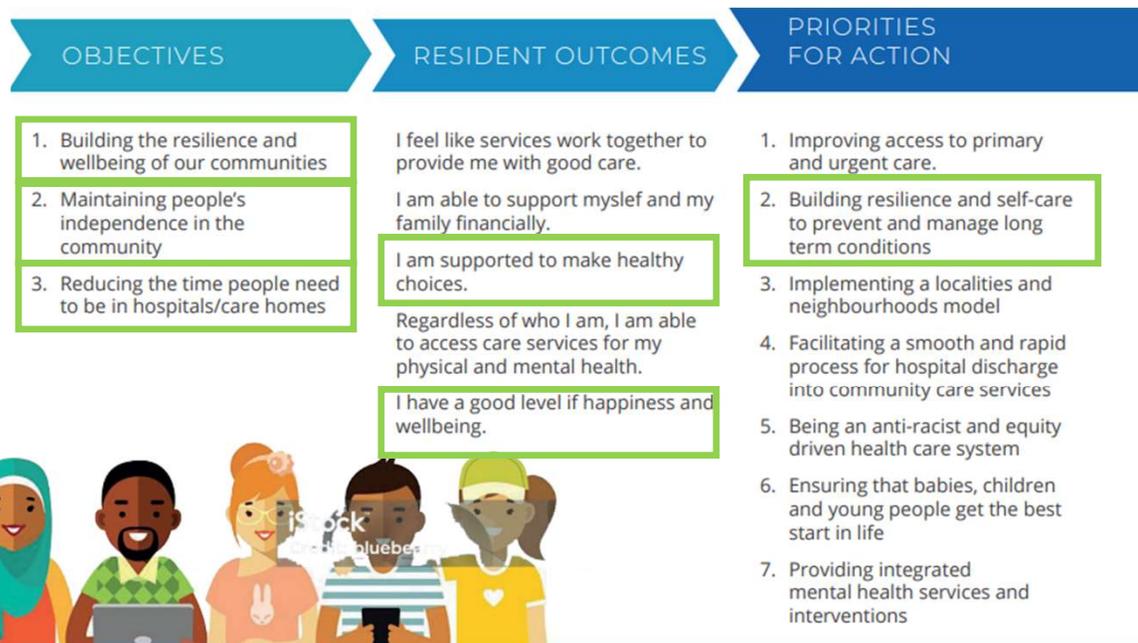
THT Board – 4th April 2024



# This presentation outlines a proposal for a system-wide Programme on prevention: 'Be Well'



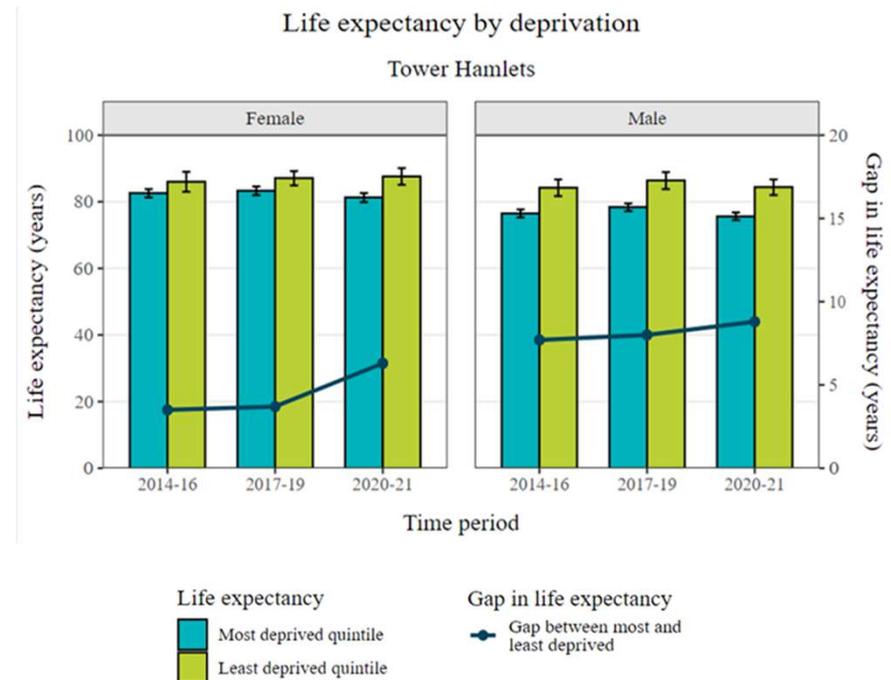
- Preventing poor health among our residents is essential to achieving the aims of the Health and Wellbeing Strategy.
- Several of THT's agreed Objectives, Outcomes, and one of the Priorities for Action, relate to Prevention of poor health, and promotion of good health.
- Enabling our residents to live in better health requires system-wide action on the causes of poor health.
- **The proposal is to establish a THT-wide Prevention programme, 'Be Well', to tackle poor health and enable our residents to live healthy, happy lives.**



# Poor health affects our residents unfairly, and causes unsustainable pressure on the health and care system.



- Tower Hamlets has high numbers of residents living in poor health.
  - The gap in life expectancy between most and least deprived parts of our community grew in the latest year for which data are available (2020-21). Life expectancy has stopped increasing, and may have fallen slightly, for our most deprived residents.
  - Our deprived residents, and women, live unusually long amounts of their life in poor health.
- Poor health in large parts of the population is a major cause of strain on the health and care system
  - Large amount of pressure from people living with long-term conditions.
  - High rates of multi-morbidity.
- Our population is ageing and becoming more unwell – this will cause unsustainable system pressures unless we act to prevent this.



# 'Be Well' would focus on five modifiable risk factors (rather than conditions) – that underpin a large amount of health inequalities



- Five modifiable risk factors – the 'Vital 5' explain a large proportion of poor health in our population. Improving the population prevalence of these risk factors would improve health of our residents and reduce inequalities.
- Tower Hamlets sees high prevalence of all of these modifiable risk factors, and unequal distribution leading to health inequalities.
- These 'risk factors' are shaped and patterned by the socioeconomic determinants of health.
- **Addressing these risk factors, and the socioeconomic factors that underpin them, is therefore a priority for preventing ill health, and thus preventing health system pressures. 'Be Well' will focus on preventing and reducing prevalence of these risk factors.**
- The Vital 5 is an evidence-based model developed by Kings Health Partners ([kingshealthpartners.org](http://kingshealthpartners.org))

	<b>Smoking</b> rates at 11.7% are <b>similar to London</b> , but rates in BAME and routine/manual workers (34.2%) <b>worse than London</b> .	<b>30,000</b> residents smoke
	48% of adults are <b>overweight or obese</b> , <b>similar to London</b> despite young population. Rates of healthy diet (5-a-day) and of physical inactivity are <b>worse than London</b> .	<b>118,000</b> residents are overweight or obese
	<b>High Blood Pressure:</b> hypertension diagnosis gap 8.1% is <b>similar to London/England</b> . % of GP patients with a BP recording has fallen since 2014, now <b>lower than national average</b>	<b>20,000</b> residents have undiagnosed Hypertension
	<b>Mental health</b> - estimated prevalence of Common Mental Illness– 22.8%– <b>worse than England</b> .	<b>50,000</b> residents have diagnosed CMI
	Overall admission rates for <b>alcohol</b> are <b>better</b> than England but rates among White British are <b>higher</b> .	<b>55,000</b> residents drink at harmful levels



# Be Well will take a system-wide approach to reducing the Vital 5, with action grouped around four pillars



## Strengthening 'building blocks' for health

**Outcome:** Tower Hamlets' socioeconomic environment makes it easier to live healthy lives; Residents are given the right support to improve factors like housing, employment, income

- Pillar may include: action to improve physical, economic, food and social environments to promote healthy lives;
- action to link patients to appropriate support around 'wider determinants' like housing, benefits, employment support etc.

## Community-centered prevention and health promotion

**Outcome:** Communities in Tower Hamlets are empowered and enabled to take action to improve our health, and health systems link to community assets

- Pillar may include: initiatives to strengthen communities' ability to promote health, such as Communities Keeping Well
- strengthening 'links' to community assets – including via social prescribing, TH Connect etc.
- developing volunteers and community champions to promote health

## Detection and enabling self-care

**Outcome:** Individuals at increased risk are identified, and enabled to reduce their risk

- Pillar may include: initiatives, outreach etc to detect/identify individuals with heightened risks from Vital 5, and make residents aware of risk factors
- strengthening and aligning our support offer to enable self-care, and pathways to access this support

## Active Management

**Outcome:** Systems and pathways of care are effective for proactively meeting residents' needs and reducing risk

- Pillar may include: secondary prevention and management of the outcomes of detection and reduction of Vital 5 within clinical care pathways.
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# In order to deliver this programme, a number of 'enablers' will be required

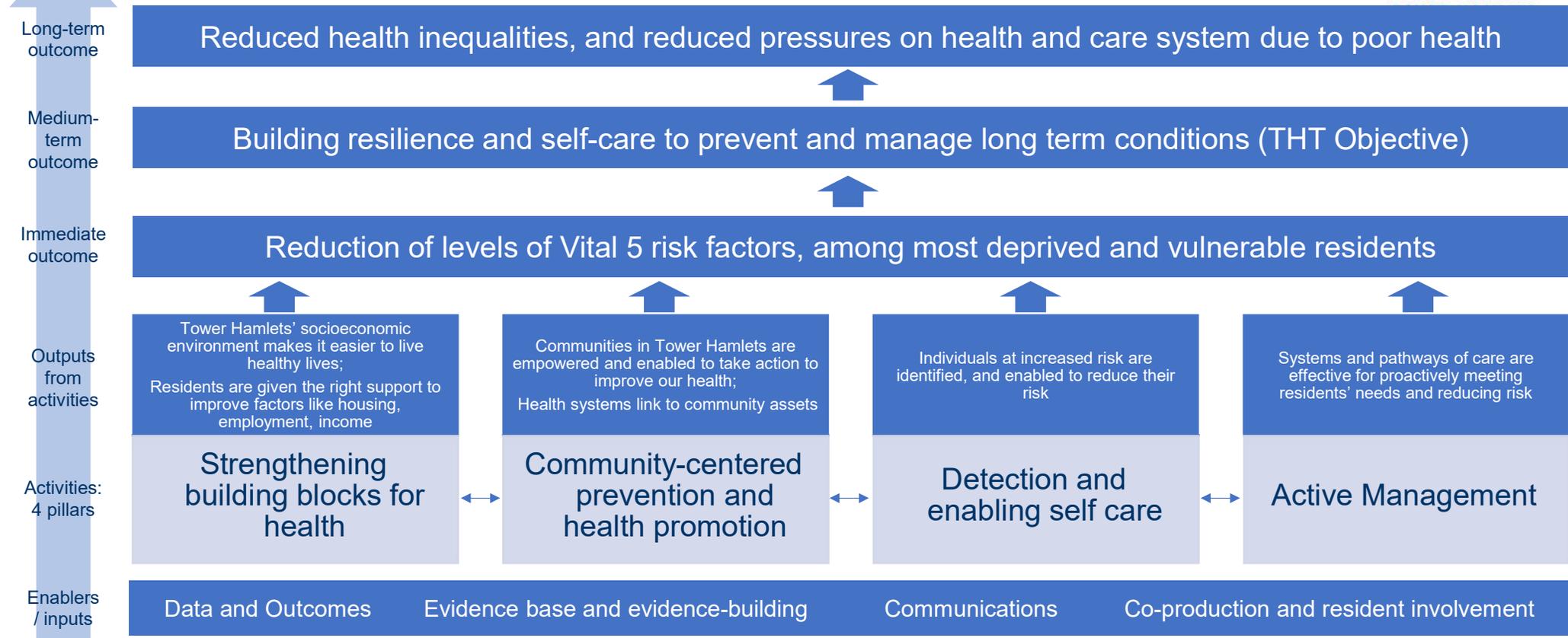


- Data and Outcomes: a shared outcomes framework across the four Pillars of the programme, to focus the work of the system and enable us to adjust and deliver impact.
- Community co-production: ensuring that our residents' voice and insights shape any initiatives to produce this service.
- Communications: to ensure engagement of stakeholders throughout the THT system and beyond.
- Evidence-base and evidence building: linking with our HDRC and wider infrastructure to ensure a solid evidence base for our approach, and that research opportunities are maximised.

These enablers will require appropriate resourcing.



# Be Well programme overall logic model



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in one borough



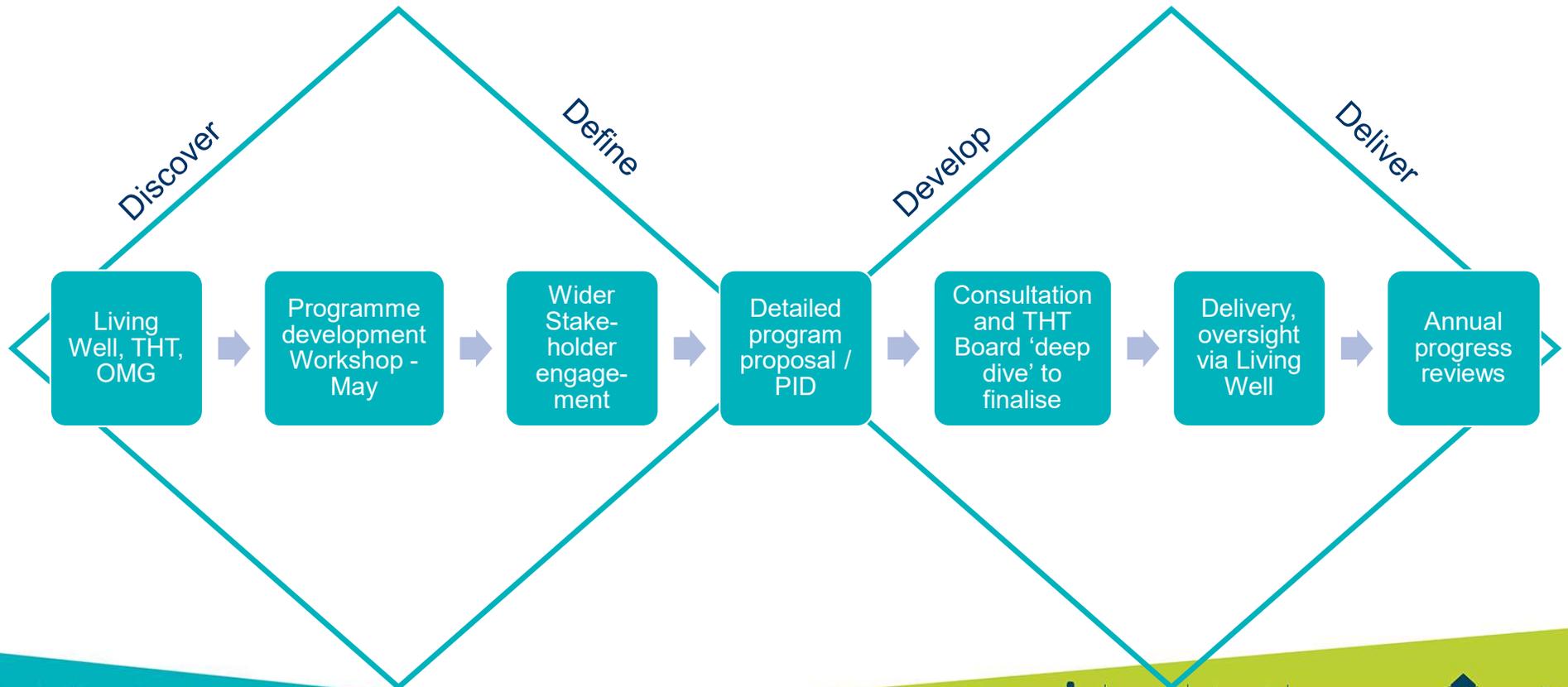
# The programme interfaces with several other work areas, and success will depend on defining a clear scope



Interfaces / dependencies	In scope	Out of scope
<ul style="list-style-type: none"><li>• <b>Localities and Neighbourhoods programme:</b> many of the outputs – such as INTs and Neighbourhood Forums, will be ‘Enablers’ to the Be Well prevention programme</li><li>• <b>LBTH Leisure insourcing programme:</b> a ‘Be Well’ brand has been developed that can be utilised for this programme</li><li>• <b>Ongoing programmes of work</b> from Public Health, ICB, wider THT Partners</li><li>• <b>Agreement and buy-in</b> from across THT including primary care, secondary care, ICB, LBTH.</li></ul>	<ul style="list-style-type: none"><li>• Initiatives that can support in reducing the level of Vital 5 modifiable risk factors across LBTH</li><li>• The four ‘pillars’ of the programmes, with their proposed outcomes, determine the scope of the programme</li></ul>	<ul style="list-style-type: none"><li>• Wider initiatives to improve the healthiness of Tower Hamlets’ environments: this programme will focus on <u>linking</u> support around ‘wider determinants’ with health and care services, and on specific most relevant environmental issues (food, physical activity).</li><li>• Wider health promotion initiatives focused beyond the Vital 5 (e.g. uptake of screening, imms, etc)</li><li>• Children and Young People will not be explicitly a focus – there are already initiatives such as the Family Hub programme to support health promotion in this group. However the programme will support CYP by virtue of enabling parents to be healthier.</li></ul>



# We are at early stages of programme development, and beginning stakeholder engagement to co-produce



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# A Programme Development workshop in May will gather input to shape the programme



**Aim:** To co-produce the Be Well programme, establishing a joined-up, strategic approach to Prevention across THT. To agree to a deliverable programme of work with buy-in from across the partnership

## Objectives:

1. To co-develop the success measures and outcome metrics of the Be Well programme, and to develop a shared understanding of its scope
2. To gain input from stakeholders about what deliverables THT Partners can commit to leading
3. To identify additional actions that we can prioritise in partnership in order to improve our local approach to Prevention.
4. To gain input about what enabling factors are needed to deliver this programme, to inform future business case for additional resource.

- **Date:** 21<sup>st</sup> May, 0930-1300
- **Location:** Tower Hamlets Town Hall
- **Invitees to include** Up to 80 THT decision-making members who can align work to this programme:
  - THT Board members;
  - Primary Care commissioners and GPCG, clinical leads;
  - Secondary care providers;
  - VCS – key representatives;
  - Providers of health promotion services;
  - Selected representatives from services addressing housing, employment, benefits.



# Ask of Health and Wellbeing Board



HWB Board is asked to:

1. Comment upon the scope and outline structure of the proposed Be Well programme, as set out above
2. Commit to organisational representation at the Programme Development workshop,
3. In advance of the workshop, to consider what specific commitments can be made to deliver this programme – and bringing those commitments to the workshop.

