

1. Introduction

The [Five Year Forward View](#) sets out that a ‘radical upgrade in prevention’ is needed to improve people’s lives and achieve financial sustainability of the health and care system. The NHS spends more than £15.5 billion per annum treating illness which directly results from alcohol and tobacco consumption, obesity, hypertension, falls, and unhealthy levels of physical activity. Most of this treatment is avoidable.

Sustainability and Transformation Plans (STPs) provide the NHS with an opportunity to work closely with local government and other local partners to build on existing local efforts and strengthen and implement preventative interventions that will close the local health and wellbeing gap, such as:

- Providing targeted advice and integrated care to tackle excessive alcohol consumption and smoking.
- Creating healthy environments in health and care settings to improve diets and keep people in work, and support action to reverse trends in childhood and adult obesity.
- Intervening earlier and managing conditions better to keep people healthier for longer and reduce their care needs.

Prevention is also covered in the standalone guides on mental health and cancer.

2. Success in 2020

i. Targeted advice tackling unhealthy behaviours is provided at the point of care

- Alcohol consumption is reduced and related hospital admissions are lowered by 2020/21, through implementation of system-wide targeted advice and care.
- Smoking prevalence is reduced (in line with the national ambition to reduce prevalence to 13%) and attributable hospital admissions in people aged 35+ lowered by 10% by 2020/21, by implementing a local, joined up approach to advice and care.

ii. A healthier environment is created by health and care providers and local employers

- Prevalence of obesity is significantly lower due to improved approach to food and catering in health and care settings and the implementation of the Government’s forthcoming Childhood Obesity Strategy.
- Employment of people with long-term conditions (LTCs) is improved, so the gap between the overall employment rate and the rate for people with LTCs is reduced, as a result of a more supportive work environment for people living with a LTC, with a focus on people with mental health needs and/ or learning disabilities.
- The health and wellbeing of staff employed by health and care providers is improved through meeting the three indicators outlined in the 2016/17 CQUIN.

iii. Improved patient pathway, from early action to better management

- More patients with diabetes, hypertension, atrial fibrillation and hypercholesterolaemia have their condition diagnosed and optimally managed, through an enhanced use of pharmacies and community settings.
- Number of injuries due to falls in people aged 65+ are lowered, with admissions due to falls decreasing by 10% by 2020/21, through improved and better coordinated preventative services.

3. How are we going to get there?

i. Targeted advice tackling unhealthy behaviours is provided at the point of care

Address high-risk drinkers and emergency admissions

- CCGs and LAs commission providers to establish multidisciplinary [alcohol care teams](#) in all acute hospitals. This is proven to be a cost-saving intervention that coordinates the care across departments and enables rapid access to personalised 'brief advice' and referral to specialist services in other settings.
- CCGs and LAs facilitate local agreements with GPs to screen patients (e.g. [Audit-C scratch card](#)), with medical staff trained to offer and provide very [brief advice](#) and refer to local specialist services as required. This is proven to lead to reductions in alcohol consumption and related hospital admissions.

Screen and refer patients to stop smoking services

- CCGs commission NHS trusts to integrate [NICE guidance PH48](#) on smoking cessation into all secondary care pathways.
- All patients in secondary care are screened so people who smoke are identified at each episode of treatment and offered advice.
- Trust staff can use an electronic [referral system](#), to provide automatic referral to local Stop Smoking Services.
- Local Authorities commission [local Stop Smoking Services](#) to provide high-quality smoking cessation support to referred patients.

ii. A healthier environment is created by health and care providers and local employers

Encourage a healthy diet and improve weight management services

- Health and care employers, particularly NHS providers, address the obesogenic environment through meeting the four healthier food measures outlined in the [2016/17 CQUIN](#), implementation of government buying standards for food and catering services and increasing availability of healthier food and drink choices by [adopting healthier sustainable catering](#), promoting the new Eatwell Guide and introducing an NHS sugar tax subject to consultation.
- CCGs and local government co-commission provision of [weight management services](#) (tier 2, tier 3 and tier 4) and post-surgery services to support overweight and obese individuals to achieve a healthier weight through interventions based on [national guidance](#). Actions should be taken to improve access to these services and support better integration with [mental health services](#).

Support people to remain or get back in work

- Health and care employers sign up to the [Workplace Wellbeing Charter](#) and take a holistic approach to wellbeing within their business: measuring staff wellbeing; providing resources to managers to support employees effectively; and promoting these practices with local employers. In addition, employers support active travel schemes for staff and visitors, implement wider practices that promote healthy workplaces, and promote campaigns e.g. [One You](#).
- NHS providers work with Job Centre Plus to co-locate employment advice services and [individual placement support](#) to get people back in employment, with a focus on people with mental health needs and those with learning disabilities.
- NHS providers improve their mental health and physical activity support offer for all staff as well as improving access to physiotherapy for those staff with musculoskeletal issues.

iii. Improved patient pathway, from early action to better management

Improve detection rates and management of high blood pressure, high cholesterol, atrial fibrillation and raised blood glucose

- Local government commission [NHS Health Checks](#) and CCGs encourage providers to

Identify patients at risk of first or repeat falls and provide preventative support so they remain healthy

- CCGs commission provision of early advice and support from physiotherapists and

increase offer of Health Checks, testing and risk assessment (being more proactive with deprived groups), particularly via GPs and outreach testing e.g. pharmacy.

- CCGs encourage primary care to: ensure patients receive optimal care and drug treatment where relevant e.g. [hypertension](#) and [AF](#) patients; extend the role of pharmacists in clinical management; and support patient activation and self-care.
- CCGs and local government encourage NHS Health Checks, primary care and NHS Diabetes Prevention Programme providers (where in place) to jointly implement effective referral pathways.

consider [self-referral schemes](#) – patients 16+ complete self-referral form, physiotherapist to evaluate urgency and provide service, enabling patients to manage MSK conditions and recover effectively.

- Local authorities and CCGs co-commission [strength and balance exercise](#) programmes targeted at older people, to improve their independence and reduce the likelihood of falls.
- CCGs commission implementation of fracture liaison services in all acute trusts to carry out bone assessments and design patient management plans following their first falls ([toolkit](#)).