



University Hospitals
of Leicester

NHS Trust

Prevention for healthier lives: making it mainstream

UHL Summary Prevention Report 2022/23

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Prevention at UHL: why it matters

At UHL, our vision is to be leading in healthcare and trusted in communities. A growing focus on prevention is fundamental to this. As an integrated provider of health and care services to the diverse 1.1 million population of Leicester, Leicestershire, and Rutland we have a huge opportunity – and responsibility - to contribute to healthier lives.

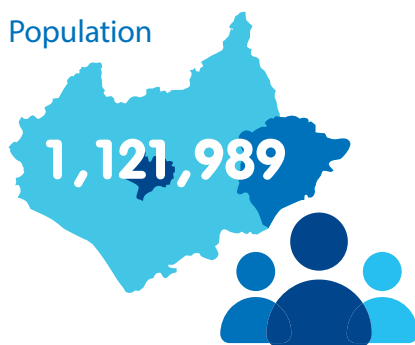
The NHS Long Term Plan, published in 2019, set out the need for prevention work to tackle the

growing demand for health services driven by population growth, ageing and unmet health needs. In our hospital settings, we frequently see the impact that a lack of preventative care can have – on patients' health outcomes, quality of life, and demand on services. Yet we can also play a strong role in making prevention mainstream, by embedding preventative frameworks into our services and making every patient contact count.

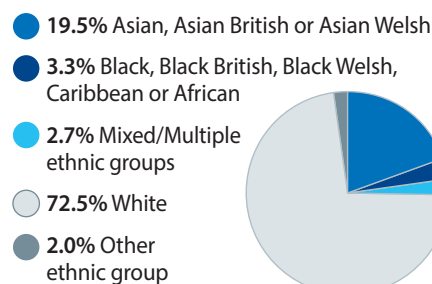
We are already making a difference through targeted intervention on alcohol and tobacco use, tuberculosis, and colleague wellbeing, overseen by UHL's Prevention Taskforce. We know there is much more we can do, working with partners, colleagues and communities.

A picture of our population: Leicester, Leicestershire and Rutland (LLR)

Population



Ethnic Profile (LLR)



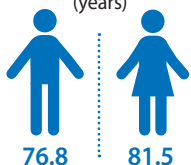
Deprivation

In Leicester City, 122,918 (34.7%) people live in the 20% most deprived areas*.

In Leicestershire, 11,642 (1.6%) people live in the 20% most deprived areas*. *(nationally)

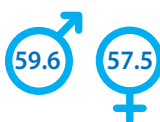
Leicester

Life Expectancy at Birth (years)



Both significantly worse than the national average (2018-20)

Healthy Life Expectancy at Birth (years)



Both significantly worse than the national average (2018-20)

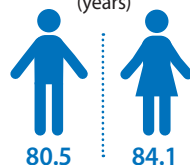
Mortality from causes considered preventable (U75s)

Significantly worse than the national average (2021)



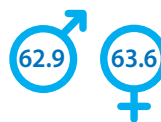
Leicestershire

Life Expectancy at Birth (years)



Both significantly better than the national average (2018-20)

Healthy Life Expectancy at Birth (years)



Both statistically similar to the national average (2018-20)

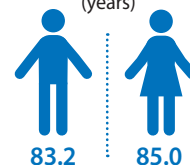
Mortality from causes considered preventable (U75s)

Significantly better than the national average (2021)



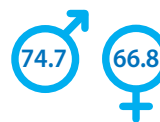
Rutland

Life Expectancy at Birth (years)



Both significantly better than the national average (2018-20)

Healthy Life Expectancy at Birth (years)



Males significantly better & females statistically similar to the national average (2018-20)

Mortality from causes considered preventable (U75s)

Significantly better than the national average (2021)



Our Prevention Taskforce and areas of focus

Our Prevention Taskforce was established in 2022, bringing together colleagues from UHL and the community to coordinate the Trust's response to the NHS Long Term Plan commitments on prevention. The six focus areas of our work are shown below:



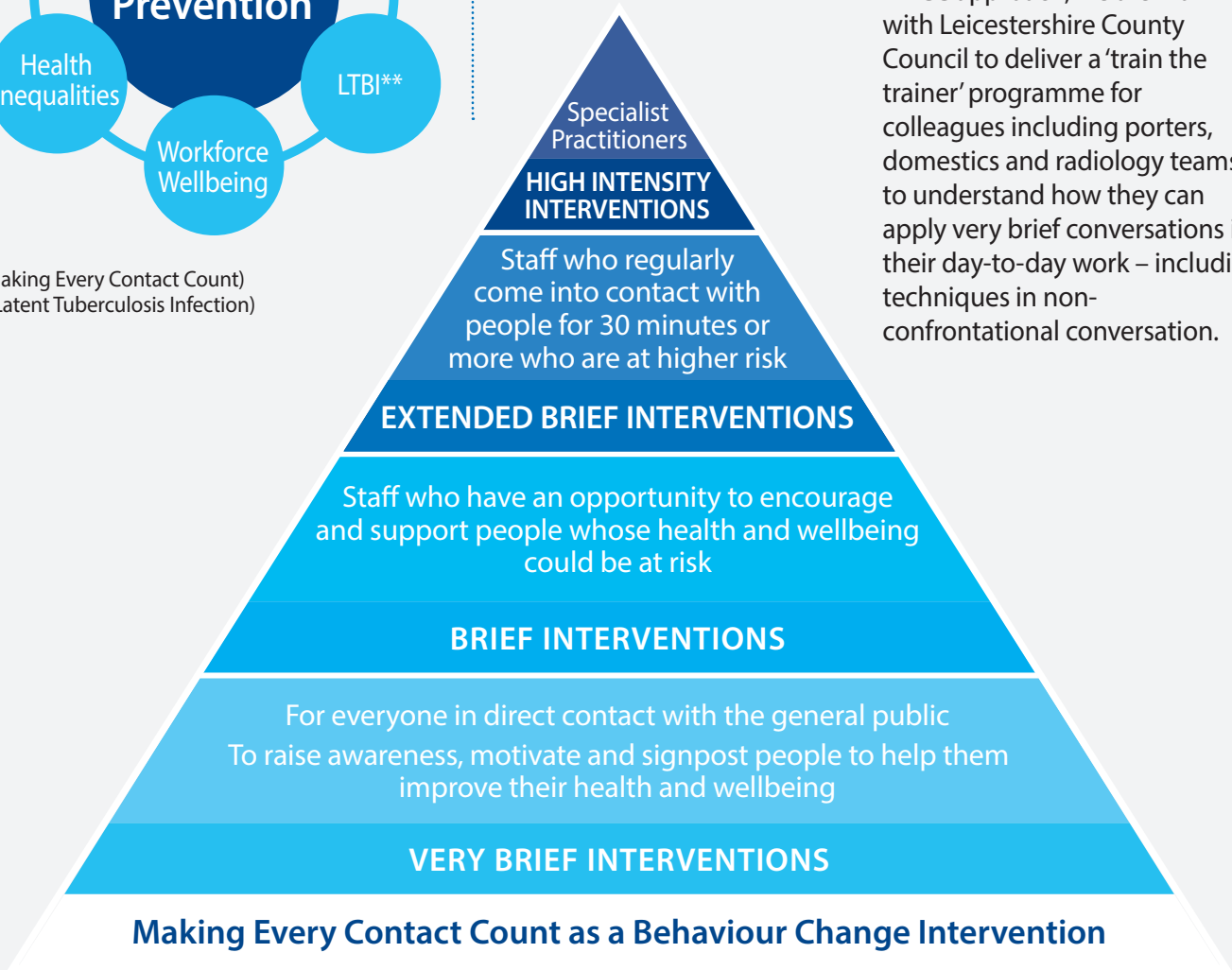
*(Making Every Contact Count)
 **(Latent Tuberculosis Infection)

Embedding the Making Every Contact Count (MECC) approach

"MECC is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing".

At UHL, we are embedding the MECC approach, which encourages colleagues to have conversations with people about how they might make positive improvements to their health and wellbeing. The bottom two layers of the below pyramid show how everyone can make a difference in MECC if they know which services to signpost to and are comfortable having a conversation.

As part of our work to embed a MECC approach, we are working with Leicestershire County Council to deliver a 'train the trainer' programme for colleagues including porters, domestics and radiology teams to understand how they can apply very brief conversations in their day-to-day work – including techniques in non-confrontational conversation.



Our impact in 2022/23

Alcohol-related support

Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49-year-olds in the UK, and the fifth biggest risk factor across all ages. In our area, the rate of alcohol related admissions broadly mirrors the national rate.

UHL's Alcohol Care Team (ACT) is a newly established team working as part of the Substance Misuse Liaison Team at the Leicester Royal Infirmary, a partnership with the Turning Point charity. ACT is a 7-day a week service that provides support to patients with alcohol related illnesses, following referrals from the emergency care pathway and inpatient wards.

"I am glad that I agreed to alcohol treatment in the hospital. I am not sure where I would be now if I didn't. I would recommend treatment to anyone. I am happy to be alive and that I have not had to go back to the hospital."

Service User



In 2022/23, UHL ACT has:

- Provided alcohol-related support to over 1,450 patients. This represents around 22% of emergency and inpatient admissions.
- Rolled out support for over 720 staff to be able to improve care for people with alcohol-related illness. This is expected to rise as additional funding is secured from 2024 onwards.
- Seen referrals increase by 40% as awareness of the service has grown.

Support to quit smoking

Smoking is a leading cause of preventable disease and premature death in England, the UK and globally. Smoking in pregnancy has well known detrimental effects on the mother, as well as the baby's growth and development.

Leicestershire and Rutland's smoking rates are statistically similar to the national picture, while smoking prevalence is significantly higher in Leicester. Smoking attributable hospital admissions in Leicester city are also higher than the national average.

UHL's CURE (Conversation, Understand, Replace, Expert & Evidence based treatments) Tobacco Dependency Service started at the Glenfield Hospital in 2021, expanding to the Leicester Royal Infirmary in early 2022 and the Leicester General in 2023. The service is an in-reach service run in partnership with Tobacco Dependency Advisers employed by Leicester City Council.

"I've been smoke-free for seven weeks now and I haven't looked back."

Danni,
UHL student midwife



In 2022/23 the UHL CURE service has:

- Provided over 3,000 people with tobacco dependency support
- Seen 100% referral rates of inpatients identifying as smokers
- Launched a new, colleague-facing service, treating around 150 people to date

Inpatient stop smoking pathway



Tuberculosis (TB) screening

Tuberculosis is a serious infectious disease, which can be life-threatening without appropriate treatment. Latent Tuberculosis Infection (LTBI) occurs when infection is present in the body, but symptoms are not present. The aim of LTBI testing is to try and treat the infection before it becomes active, therefore reducing the risk of spread. Leicester city has among the second highest rates of TB in the country, with certain groups, including new entrants to the UK, at much higher risk.

In Leicester, General Practitioners refer newly registered patients into a UHL service for further clinical assessment and scans if they have tested positive for LTBI. TB is curable, and the treatment offered to those diagnosed with LTBI include a course of antibiotics over three months.

All patients diagnosed with either Latent or active TB have a named TB specialist nurse as their case manager.



In 2022/23 the TB rapid access clinic at the Glenfield Hospital has:

- Received 294 referrals, of which 90 cases were diagnosed with active TB (31%)
- Supported 173 people with active TB AND 252 people with Latent TB Infection

Colleague wellbeing

We are one of the largest employers in the East Midlands – more than 18,000 people work at UHL. One of our four strategic goals is to be a great place to work. That means supporting colleague health and wellbeing, recognising that we are all part of the wider communities we serve.

Our colleague support services are increasingly preventative. UHL is one of only three NHS Trusts in England to provide in-house physical and mental health services for staff. All UHL colleagues, including students, receive mandatory occupational health checks upon placement. These include screening, blood tests, health assessment, immunisation against all known viruses, and recommended health-protecting adjustments or immunisation boosters.

In addition, our embedded prevention offer means that colleagues can benefit from an accessible in-house Occupational Health (OH) service, psychological counselling and critical incident support service (Amica), and other support provided by a dedicated Health and Wellbeing Team.



In 2022/23 UHL's colleague wellbeing programme has provided:

- Occupational Health support to over 2,100 people.
- Over 1,700 with psychological or critical incident support through a 24/7 accessible service.
- Making Every Contact Count wellbeing conversations training to around 140 people.
- Over 2,000 people with a range of additional practical support including on weight management, finances and cost-of-living, gambling addiction, compassion fatigue, and mental health.

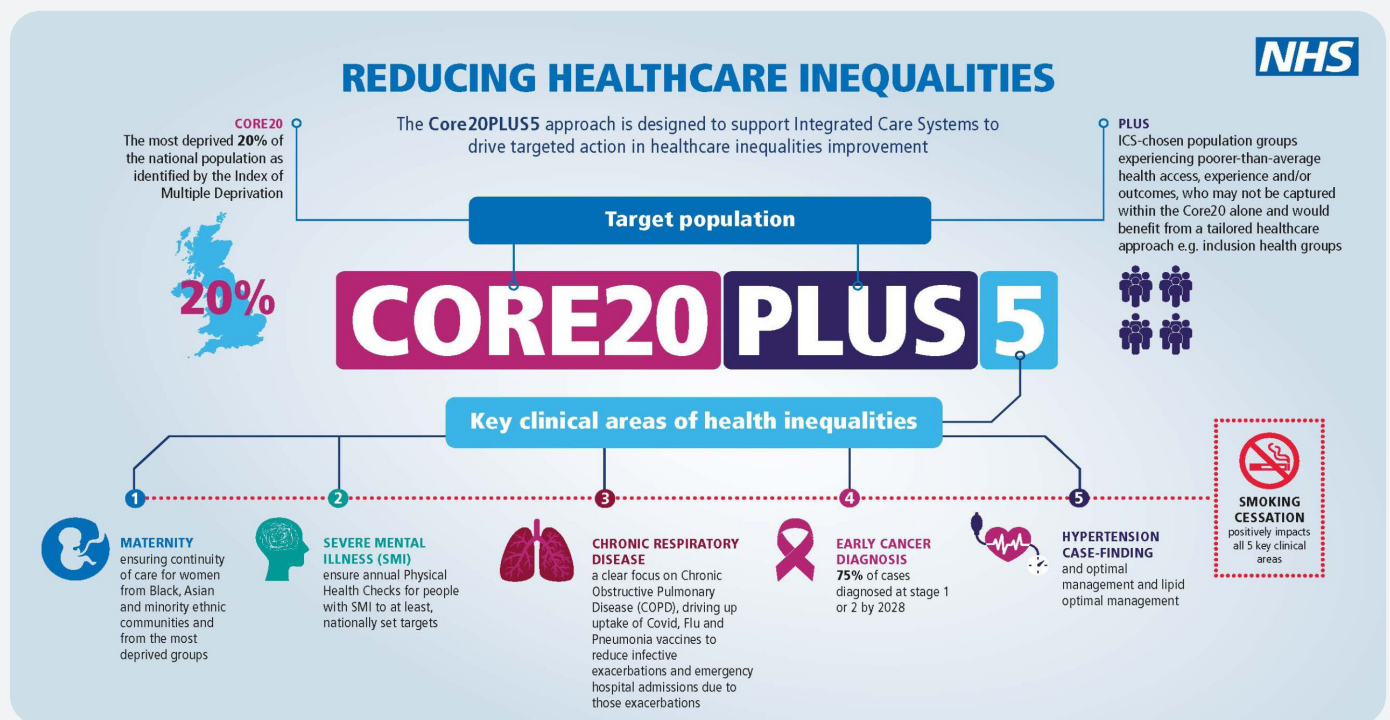
Our impact in 2022/23

Tackling health inequalities

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities are prevalent in Leicester, Leicestershire and Rutland. For example, there is currently a 10-year life expectancy gap between the most and least deprived wards in our area. Inequalities in access, outcomes and experience also vary based on gender, ethnicity, disability, and other protected characteristics.

UHL is working to the national CORE20PLUS5 framework, in which interventions are targeted at the

20% most deprived populations as determined by national data, and the 'plus' groups are determined locally based on evidence around poorer experience and outcomes. At UHL, we are using data, evidence and engagement to guide specific programmes of work to reduce health inequalities. A commitment to embed health equality and inclusion in all we do is written into our new strategic framework, with support provided to teams to make this real as strategy is operationalised. A Director of Health Inequality and Inclusion was appointed to the Trust in 2022 to oversee this work.



In 22/23, a dedicated focus on health inequality and inclusion at UHL has:

- Created over 30 live projects, including action on black maternal health, since June 2022.
- Reduced the 'Did Not Attend' rate for all patients in the Core20 population in the most deprived areas of Leicester through proactive outreach - now in line with the Trust average.
- Launched an Innovation for Health Inequalities programme to improve differential access to cardiovascular and diabetes services.



Recommendations and next steps

Our full annual report can be found here:

<https://www.leicestershospitals.nhs.uk/aboutus/our-purpose-strategy-and-values/prevention/>.

The report sets out the following recommendations to make prevention mainstream, which will be included in UHL's first prevention strategy, due to be published in 2024:

- 1 Ensure all health and care professionals receive Making Every Contact Count training and are regularly updated on UHL prevention efforts and opportunities.**
- 2 Improve alcohol intake data collection, so that every appropriate patient can be identified and supported by the Alcohol Care Team (ACT).**
- 3 Improve smoking data collection, including developing data capture systems for outpatient and other settings.**
- 4 Establish broader prevention data collection, recording smoking status, alcohol status and Body Mass Index (BMI) of all admitted patients.**
- 5 Increase access to intelligence and relevant data on prevention.**

The strategy will be overseen by UHL's Prevention Taskforce, which reports into UHL's Board via the Health Inequalities Taskforce and Trust Leadership Team.

Join the movement!

We believe that everyone has a role to play in making prevention mainstream and ensuring healthier lives for people in our communities.

If you are a UHL colleague and would like to talk about what you can do in your area or service, or work you are already doing, please get in touch: sanjay.agrawal@uhl-tr.nhs.uk

If you are a partner, stakeholder, or community group with an interest in this area, we are keen to talk to you as we develop our UHL prevention strategy.

You can make contact here: ruw.abeyratne@uhl-tr.nhs.uk

Getting in touch:

- CURE tobacco dependency service: AcuteCureService@uhl-tr.nhs.uk
- UHL Occupational Health and Wellbeing teams: ohadmin@uhl-tr.nhs.uk

If you would like this information in another language or format such as EasyRead or Braille, please telephone **0116 250 2959** or email **equality@uhl-tr.nhs.uk**

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો.

Leading in healthcare,
trusted in communities