A Shared Approach to Prevention in Bucks

Aim
To have a shared focus and approach in Buckinghamshire to the promotion of health and wellbeing and the prevention of ill health designed and owned by all partners.

This will enable us to work more effectively together with the resources we have to produce better outcomes for the people who live and work here, reduce demand on services and improve lives of staff.

Outcomes sought
- Better health and wellbeing for all
- Reduce inequalities in health
- Shift to a greater role for individuals and communities in prevention and care, building on individual and community assets
- Reduce demand on public sector services
- Reduce variation in access to prevention initiatives
- Increase in engagement in prevention/self-care/health promotion actions by partners in Bucks in a co-ordinated way

Principles
- Enabling individuals, their families and support networks to help themselves to maintain and improve their health, wellbeing and independence. Take a strength based approach building on the strengths and assets of individuals, families, friends and communities. Shared decision making and co-design of services.
- Holistic approach encompassing physical and mental health, lifestyles and the broader determinants of health e.g. housing, environment, income
- Supporting communities to be safe, resilient, identify community needs and develop local solutions and assets and have a say in decisions affecting them and co-design services where possible.
- Adopt a systematic whole system approach to prevention at scale so that prevention is mainstreamed and part of business as usual for all organisations. As part of this to build capacity and increase the role of partners in prevention/early help eg fire and rescue, housing association, voluntary sector, local communities
- Ensure resources are targeted proportionately according to need
- Increase actions to promote prevention and improve health and wellbeing
- Adopt a place based approach alongside system wide initiatives
- Our approach will encompass primary, secondary and tertiary prevention*
- Prevention throughout life from before birth and into old age

What would we need to make this approach work ?
- System leaders to commit to prevention principles, embed prevention within their organisation, adopt a health and prevention in all policies approach and "board" level champion for prevention.
- Working with communities, voluntary sector, faith sector, business, DWP, other public sector

- Workforce trained to support the prevention agenda and strengths based approach and signpost to preventive services/assets
- Systems, processes and tools to support our prevention approach e.g. access to quality information on population health, access to training, community asset database
- To work with planners and communities to develop healthy neighbourhoods
- To enable communities to access information on local assets more easily

What would this mean for your organisation? What would you need to do to make this a reality?
- Examples have been added to stimulate organisational thinking
- Organisational buy-in which translates into policy, commissioning/delivery models, workforce development, processes and systems which enable prevention activity
- Identifying and training front line staff who would benefit from making every contact count and strength based conversations training
- Undertaking holistic assessments to identify wider factors which could be impacting on health and wellbeing
- Active signposting and referral to other forms of support and advice
- Tailoring approaches to meet the needs of those who are more vulnerable to poor health

Definitions

Primary prevention - prevents ill health happening in the first place – e.g. people being regularly physically active helps promote physical and mental health, maintaining strong social networks is good for physical and mental health. Local examples include Active Bucks, Street Associations, Smoking Cessation Support, Home Fire Risk Checks

Secondary prevention - early help/early intervention when some ill health/markers of ill health are appearing e.g. high blood pressure– changing lifestyles and medication can help reduce blood pressure and prevent other complications, helping people to manage their long term conditions. Another example is early help for older people at risk of social isolation or loneliness. Local examples include NHS Health Check follow up, Use it or Lose it Exercise Sessions for people with Arthritis, effective management of people with high blood pressure, Dementia Friendly Communities, Prevention Matters

Tertiary prevention –helping people regain best possible function e.g. people admitted to hospital offered reablement to help them cope well when they return home. Local examples include cardiac and pulmonary rehabilitation, housing adaptations