

Title	Shared Approach to Prevention for Buckinghamshire
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Purpose of this report:

This report presents the Buckinghamshire Shared Approach to Prevention to the Health and Wellbeing Board. It has been developed through a multi-agency process involving a wide range of partners.

Summary of main issues:

In Buckinghamshire partners are already working together to deliver specific actions related to the delivery of the Joint Health and Wellbeing strategy. This includes, for example, development of multiagency strategies and action plans such as the Physical Activity Strategy and the Suicide Prevention Action Plan. The Healthy Communities Partnership is the overarching strategic prevention partnership in Buckinghamshire. Mapping work undertaken through this partnership, identified that there is already a significant amount of prevention related activity being undertaken across a range of organisations. This presents key opportunities to improve health and wellbeing outcomes through improved co-ordination, preventing duplication and identifying and responding to key gaps.

A commitment to a shared approach to prevention offers additional key benefits:

- A shared direction of travel enables the system to identify priority areas for joint working, with the potential to deliver solutions at scale and avoid duplication.
- It enables individual organisations to plan their own projects and programmes with reference to the wider system and what support might be available outside their own organisation e.g. joint training.
- It ensures a consistent approach to prevention, behaviour change, self-care and approaches that build on the strengths of individuals and communities by key partner organisations. This enables us to give residents and communities a consistent message.

The shared approach was developed through an engagement process, which culminated at a multi-agency workshop held on 27th September. Through the pre-

work for the workshop partners had identified a number of initial priority areas of interest to their organisation. These were:

- Smoking
- Sedentary behaviour
- Obesity
- Mental health/wellbeing
- Tackling loneliness and social isolation

Partner organisations co-designed the shared approach to prevention and then refined it at the workshop. The final proposal is attached as appendix 1. Participants were also asked to propose an area of work to be pursued by all agencies as a system wide priority. They were asked to consider the priorities identified through the pre-work and any additional priorities they would want to propose. The following criteria were provided to inform this process. The priority area should:

- Be relevant to all partners so all partners can contribute
- Address significant issues or gaps
- Deliver a significant impact if we can deliver at scale
- Enable a focus on those at greatest risk of poor health

Social Isolation was selected as the system wide priority and plans are currently being developed to undertake a co-design process, engaging with a wide range of stakeholders. The co-design process will aim to identify and co-ordinate current activity which can reduce social isolation and to identify a small number of high impact actions for development and implementation.

Partner organisations are now working to approve the Shared Approach to Prevention through their own governance processes and so far this has been completed by Bucks Healthcare Trust, South Central Ambulance Trust, Oxford Health Foundation Trust, Buckinghamshire Clinical Commissioning Group and the Integrated Care System Partnership Board. The approach is also supported by Buckinghamshire County Council. Chiltern District Council and South Bucks District Council have endorsed the approach as this reflects their current approach.

Work is now being undertaken with individual organisations to confirm their specific contributions to the approach. The Healthy Communities Partnership is currently developing its 2019/20 work programme, which will ensure that multi-agency strategies and action plans work within the principles of the Shared Approach to Prevention.

Recommendation for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

1. Note and endorse the Shared Approach to Prevention and support the focus on social isolation.

Appendix 1: 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