

# **Prevention Framework**

*Start Well, Live Well, Age Well*

SW London principles & priorities

June 2018

# Prevention Framework

- Purpose = whole-system approach = interventions at different levels
  - Population/place & community & individual
  - **Optimisation of roles** and responsibilities across health & care system
  - **Rebalancing** of activity **between levels** ( without creating false dichotomies)
  - **Embedding prevention** systematically: policy, strategy, commissioning & service delivery
    - **Impact at scale** within resources available
- Scope = prevention across the life-course (start well, live well, age well)
  - Focus on **healthy lifestyle** (smoking, alcohol, diet, PA) underpinned by **social, emotional & mental wellbeing**
  - Specific other high priority areas: **falls, winter warmth, loneliness**
  - Interfaces with many other prevention activity incl **screening, immunisation, sexual health, clinical risk factor reduction such as high blood pressure, atrial fibrillation** etc
- Outcomes
  - Healthy start in life, prevention /delay of long term conditions; increase in resilience and independence
  - Cost-effective sustainable response to financial constraints

# Priority areas for action

- **Making every contact count (MECC)** = staff training (to raise healthy lifestyles)
  - Training front-line health and social care staff (& wider front-line workforce such as benefits, fire service etc)
  - Training of commissioners / policy & strategy staff
- **Integrating prevention into care pathways**
  - Healthy lifestyle support for major LTCs (CVD incl diabetes; respiratory)
  - Healthy lifestyle support (ie BMI/smoking) for elective surgery/ECI policy
  - Falls prevention
  - Winter warmth
- **Social prescribing**
  - Linking clinicians (& others) with non-clinical support options (incl loneliness)
- **Healthy Workplace Charter**
  - All LAS, health & care providers (and other businesses)
- **Childhood obesity**
  - Whole system mobilisation at all levels (leadership & engagement; food and physical environment; early yrs and school settings; family orientated services)
- **C&YP Emotional and Mental Wellbeing** (focus on reducing self harm )
- **Air pollution** (NHS role linked to healthy workforce & sustainability plans)
- **Diabetes** (whole system exemplar, cutting across all of the above priority areas)

# Implementation considerations

- **Action plans for priority areas**
  - Focus on **how** to achieve defined outcomes at scale
  - Recognise this is **complex** with no blueprint; need to test & learn
  - Possibly bundle priorities for **concerted effort**; **stage** priority actions realistically
  - Essential to **work with the communities we serve** and the workforce
  - Build on what is already happening in individual boroughs/CCGs
  - Be clear about added value through STP footprint / or not
  - FYFV (NHS) and Care Act (social care) national reference points
  - Clarity of governance (STP, LTBs, HWBB); need for dedicated project/programme support
- **Honesty** about what prevention can and cannot achieve re short-term financial gap closure
- **Roles & responsibilities**
  - Who is doing what across NHS and LAs (and others), now and future
  - Covering all levels (Population, community, individual)
  - Main roles and supporting role, ie NHS = also place shaper, advocacy
  - New roles: ie fire service pilot (falls, stop smoking, winter warmth)
- **Funding sources** (in addition to better use of existing money)
  - Transformation money
  - HEE, PH academy, GLA; CQUIN
  - Social investment: London fund?, SIB
- **Synergies**
  - Mayor's strategies and initiatives (ie inequality strategy, London plan, Thrive)
  - Devolution asks (ie use of sugar tax); HLP priorities