APPENDIX

Worcestershire County Council
All-Age Prevention Policy
November 2015

Introduction

1. Successive evidence, national policy and legislation have highlighted the importance of prevention to improve health and well-being outcomes and reduce demand for health and care services – see Annex 1.

2. A review of the Council's approach to prevention is needed in the light of:
   - A growing number of elderly people with complex health and care needs;
   - Rising numbers of children coming into the social care;
   - An ongoing and rising burden of avoidable ill-health related to lifestyles;
   - Persistent inequalities between the most disadvantaged and the most affluent communities;
   - The growing need for savings due to pressures on public sector finances;
   - Recent national policy and legislation relating to health and social care including the Care Act 2014 and the NHS Five Year Forward View; and
   - The Joint Health and Well-being Strategy 2016-19, which sets out a collective vision and priorities for improving health and well-being across key partners in Worcestershire.

3. The aim of this policy is to set out a clear, consistent and evidence-based approach to prevention by the Council that will inform our work with partners.

4. This policy is part of the overall Council priority theme of demand management which outlines a programme of work to reduce the need for high cost, high intensity services.

Aims and approaches to prevention

5. The **aim of prevention** is to:
   - **Prevent** ill health and the need for care before it occurs.
   - **Reduce** the impact of problems which have occurred, detecting risk and problems as soon as possible and intervening early to limit their impact.
   - **Delay** the need for further help and avoid crises by getting the right help to people who already have needs and giving the right support to prevent those needs escalating.

6. We recognise **five approaches to prevention.** These will inform our work with all ages. The Council will ensure that it can demonstrate these approaches in action. Some examples of work already underway are shown in Annex 2.
   - **Creating a health promoting environment** by developing and enforcing healthy. public policy and taking health impact into account systematically in decision making.
   - **Encouraging and enabling people to take responsibility for themselves, their families and their communities** by promoting resilience, peer support and the development of community assets.
   - **Providing clear information and advice** across the age-range, so that people make choices that favour good health and independence.
   - **Commissioning prevention services** for all ages based on evidence of effectiveness and within the funding available.
   - **Gate-keeping services** in a professional, systematic and evidenced way, so that services are taken up by those who will most benefit and the service offer is

available on the basis of need, regardless of differences between people in terms of where they live or characteristics such as deprivation.

Commissioning prevention services

7. We will pay particular attention to commissioning prevention services in order to maximise benefits from a declining expenditure. We will:
    - **Co-ordinate commissioning** of prevention services around cohorts of individuals.
    - Ensure that **commissioning is conducted to a clear set of standards**, taking into account utilisation, evidence of impact on outcomes and user experience.
    - Embed the principle that we should ensure a **progressively enhanced service for people with higher levels of need.**
    - **Target services** based on local analysis of need, for example on a geographical basis or deprivation.
    - **Develop clear performance measures** for all commissioned services based on outcomes and outputs linked to improving health and/or reducing demand for social care services. Where possible we will try to ensure that these are consistent across services so that we can compare unit costs. We will also ensure robust performance management of providers.

Governance

8. A Corporate Demand Management Board will be established to oversee implementation of this policy and will clarify specific actions and timescales.

Worcestershire County Council
All-age Prevention Policy
October 2015
Annex 1: evidence, national policy and legislation

International evidence

1. Health and well-being is influenced by a range of factors over the course of people's lives. To improve health and well-being and prevent the need for expensive health and care services, we need action to address these influences.

The Determinants of Health (1992) Dahlgren and Whitehead

2. A strong body of evidence about the importance of prevention has accumulated nationally and internationally:

   - The Wanless reports (2002 and 2006) explored how to create a sustainable publicly funded NHS which could meet rising demographic and technological demands, concluding that the only affordable option for the NHS was a 'fully engaged scenario,' in which ill-health was prevented by people taking responsibility for their own health, following healthy lifestyles, and seeking help early when needed. His work on social care too found that prevention had to become a stronger theme within a system that was moving to being entirely focussed on high intensity and high cost interventions.

   - The Marmot report (2010) focussed on the gap in health outcomes between poorer and richer people. Marmot concluded that the right approach to prevention was **proportionate universalism:** providing a basic level of service to all, but ensuring a fuller and targeted service offer to those most in need. Marmot made six specific recommendations: give every child the best start in life; enable all children, young people and adults to maximise their capabilities and have control over their lives; create fair employment and good work for all; ensure healthy standard of living for all; create and develop healthy and sustainable places and communities; strengthen the role and impact of ill-health prevention.

   - The World Health Organisation (2014) carried out a major review for its 'The Case for Investing in Public Health' report. It found that there are a range of cost-effective approaches, including those that address the social determinants of health, build resilience and promote healthy behaviours, which will give short and long term returns on investment as well as wider social benefits. Examples of prevention activity that can give returns on investment in 1-2 years include: mental health promotion; violence prevention; healthy employment; road traffic injury prevention; promoting physical activity; housing insulation; and some vaccinations.

National policy

3. Two Government White Papers on public health in the last decade have focussed on the need to develop a wide-ranging and effective approach to prevention. These have made recommendations from changing individual behaviour through education and empowerment, to changing what choices are available by regulating the availability and sales of tobacco, unhealthy food and alcohol. Throughout, there is an emphasis on a **system wide** and **all-age** approach to prevention.

4. These have not yet proved sufficient to reduce the burden of avoidable disease. In response to this, the NHS has recently produced a **Five Year Forward View**, which argues that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a **radical upgrade in prevention and public health**. It particularly calls for all parts of the system to work together on prevention, and for prevention to take place right through the life course.

Legislation

5. Prevention duties are increasingly being articulated within legislation and statutory guidance:
   - The Care Act 2014 requires the Council to promote health and well-being and prevent the need for care where possible
   - The Health and Social Care Act 2012 gave the Council a duty to improve the health and well-being of residents.
   - The Childcare Act 2006 requires the Council to improve the well-being of young children and reduce inequalities between them by securing integrated early childhood services and a sufficient number of Children's Centres.
   - The Education and Inspections Act 2006, requires the Council to secure equality of access for all young people to the positive, preventive and early help they need to improve their well-being.
   - Section 10 of the Children Act 2004, requires the Council to promote inter-agency cooperation to improve the welfare of children. The revised 'Working together to safeguard children' (2015) guidance re-emphasises the crucial role of effective early help.

6. The Care Act 2014 articulated three levels of prevention services and noted that these were a shared responsibility across the health and care system. These apply across all ages:
   - **Primary prevention** (**prevent**): these services are designed for people who currently have no particular health and care needs, and they help people to avoid developing needs. They focus on promoting well-being, good health, and independence;
   - **Secondary prevention** (**reduce**): these services are designed for people who have an increased risk of developing needs, where provision of services or resources may slow down or reduce the development of that need. They focus on detecting problems and treating them early; and
   - **Tertiary prevention** (**delay**): these services are designed for people with established health conditions who need this support to regain skills or to delay deterioration.

Worcestershire County Council
All-age Prevention Policy
October 2015
Annex 2: examples of prevention in action

Approach	Actions underway
Creating a health promoting environment	• Producing guidance on Planning and Health to inform planning decisions across the County. • Producing a health impact toolkit for use at district level, including training in use of JSNA data. • Supporting hyper local evidence base on obesity and alcohol to inform local planning and licensing decisions.
Encouraging and enabling people to take responsibility for themselves, their families and their communities	• Developing a community resilience and volunteering plan. • Ensuring volunteering and peer support is embedded in commissioned services and organisational governance whenever possible. • Developing social prescribing for use by front line staff across the County to link people to community assets; • Sharing practice and evidence from initiatives such as 'community connectors' and 'well-being champions', to develop a single preferred model.
Providing clear information and advice	• Developing single sources of information and advice on-line. • Actively promoting and enabling digital inclusion - for example by making public access to the internet available and promoting recruitment and training of digital champions. • Developing social marketing with a small number of agreed priorities throughout the year. • Ensuring that front-line staff can promote clear and consistent clear messages and the digital offer.
Commissioning prevention services	• Producing evidence reviews of what works, including user experience. • Evaluating effectiveness of current services. • Clarifying the universal offer and a tiered approach.
Gate-keeping services	• Clarification of eligibility criteria and commitment to audit and review to ensure systematic application. • Working with people and communities to understand and overcome barriers to services. • Ensuring joined-up pathways between services and reducing duplication and delay. • Prototyping a revised model of service for families who already need help in one part of the county.