Pennine Lancashire

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Place Based Prevention Framework
2017-2020

5 Principles & 10 Domains for Action

Creating Healthy Communities

through
#Prevention at scale
#social movement
#Changemaking

Vision: "For everyone to have a healthy life that is lived for as long as possible in their own home and community; free from disease and free from dependence on health and social care services"

Aim of this Document

- This document is a 'Place Based Pennine Lancashire Prevention Framework and Action Plan'.
- It is an enabling framework for mobilising 'prevention at scale' for health and wellbeing improvement for all of the 550,000 residents of Pennine Lancashire -through a social movement approach to 'change-making'.
- It has been selected by the Local Government Association as a national pilot for the LGA 'Prevention at Scale' programme to be run jointly with Public Health England in 2017-18.
- It proposes five principles and ten domains for action.
- It is written with the intention that it will be developed iteratively and updated regularly.
- Following agreement on this Framework and Action Plan will be defined.
- This framework is part of a wider population health approach to modernising our plan for improving health and care in Pennine Lancashire.

Why have a Pennine Lancashire Place Based Prevention Framework?

- It is estimated that 80% of chronic diseases (e.g. heart disease, stress, type 2 diabetes) are preventable and could be avoided if common risk factors were managed better or eliminated.
- Research suggests that public health interventions return £14 for every £1 invested; they save money not just in the health and care system, but across the whole of society including criminal justice, children's services and wider welfare support systems.
- The evidence suggests that the most effective way to deliver prevention is to mobilise a 'whole of society' response through a 'Place Based Prevention' approach.
- Prevention also saves lives, creates more equal life chances for all and saves money for essential treatment services [1].
- Preventing disease, illness and hospital admissions is just common sense.

Prevention and the new Population Health and Care System

The NHS needs to move from a system that detects and manages disease in individuals to one that predicts and prevents disease in populations. This is at the core of the new population health approach.

The NHS and social care system that evolved from 1948 is amongst our most successful public institutions- but they are finding it increasingly difficult to deliver continued health improvements within the current delivery model. The focus, structure and models of delivery need to change.

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[1] Recent systematic reviews have suggested that Public Health interventions return £14 for every £1 invested. (Masters R ,Anwar E, Collins B *et al* (2017) Return on investment of public health interventions: a systematic review. Journal of epidemiology and Community Health Online 29 March 2017. doi:10.1136/jech-2016-208141 Via jech.bmj.com) .

The system developed from 1948 with a predominant focus on the challenge of managing urgent and acute illness in individuals in hospital settings. From the outset, acute and episodic periods of care largely focussed on infectious diseases and the consequences of accidents. By the 1960s and 1970s the incidence of these diseases and illnesses reduced dramatically due to improved public health measures, but other more chronic diseases emerged.

From the 1980's, the capacity to manage these chronic diseases and prolong the lives of those suffering from them also increased. In addition, early detection and diagnosis of disease increased the percentage of the population with a diagnosed illness in contact with existing health and care systems.

The health and care system is now poorly designed to meet these new challenges – it needs to modernise and develop a new 'population health' approach.

. For the growing numbers of the population with long term conditions, its challenge is to manage these through out of hospital/care settings- keeping people happy healthy and well living independently in their own homes and communities.

The new population health system needs to support a radical upgrade in prevention, and increase support for diagnosis, treatment and care in the informal settings of families, neighbourhoods and communities . It will need to reduce population dependency on the formal primary, secondary and tertiary care systems which need to be preserved for those whose health needs can only be met with individual professional help in formal health and care settings.

Amongst other things, this will require:

- A radically improved place based prevention system
- A re-design of existing disease management pathways,
- the development of new skills for all health and care staff ,
- a review of health and care systems buildings and estates
- Development of new digital and other information services.
- A new relationship between the health care system and the public

This new population health approach will improve health outcomes, increase independence, reduce health inequalities and reduce health and care system costs.

What is 'Place-based' Prevention?

Only about 20% of the health of populations are determined by the investments and actions of the formal health care system.

Any comprehensive strategy to improve health, prevent disease and reduce avoidable demand costs in the formal health (and care) systems will need to mobilise a 'whole of society approach' across all health outcome determinant influences. (Figure 1)

Effective prevention needs to be 'place based' in order to mobilise all of the resources of 'place' to improve health outcomes. (Figure 2)

Place based prevention creates healthy communities. It requires everyone to do their bit for the greater good, both through formal and informal structures. It mobilises the resources of citizens, communities and their local workplaces and institutions and it is a co-operative and collective exercise. (Figure 3)

Place based prevention requires a different relationship between professionals and the communities they serve. Communities need to take more control and professionals need to learn how to they can support them more.

Through placed based prevention, communities and professionals work together to take action on the preventable things that make us ill. This may mean, for example, challenging the growing normalisation of unhealthy lifestyles, behaviours, consumption, environments and public policy.
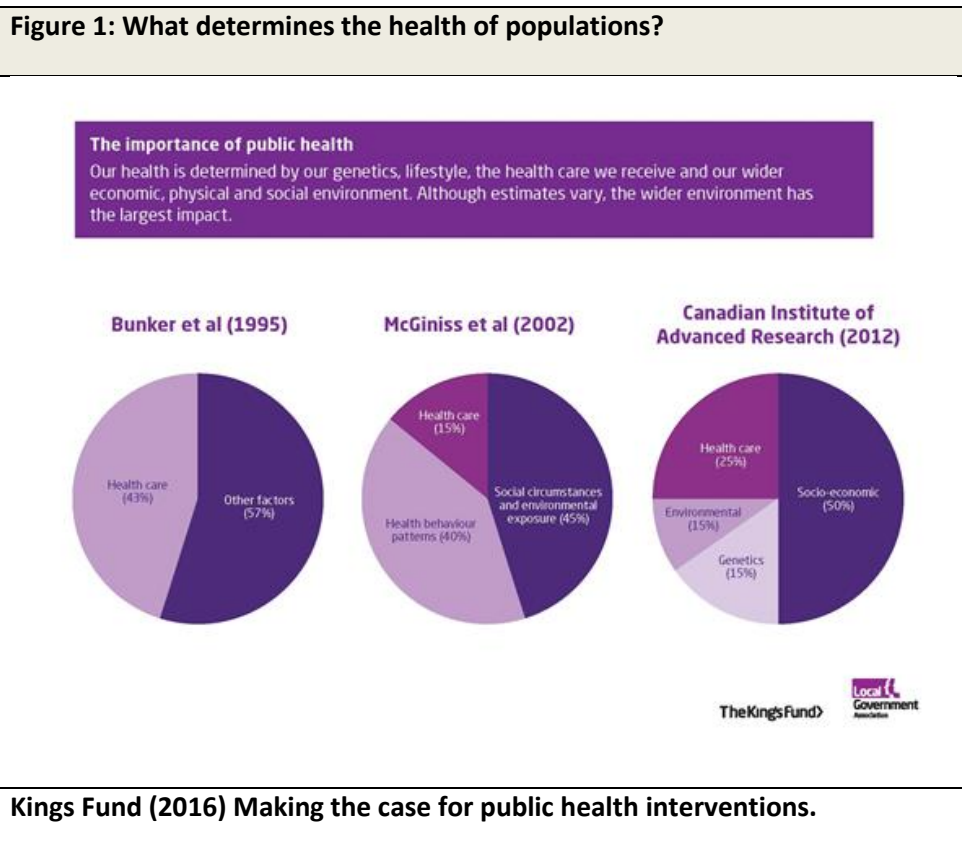
Figure 1: What determines the health of populations?

The importance of public health
Our health is determined by our genetics, lifestyle, the health care we receive and our wider economic, physical and social environment. Although estimates vary, the wider environment has the largest impact.

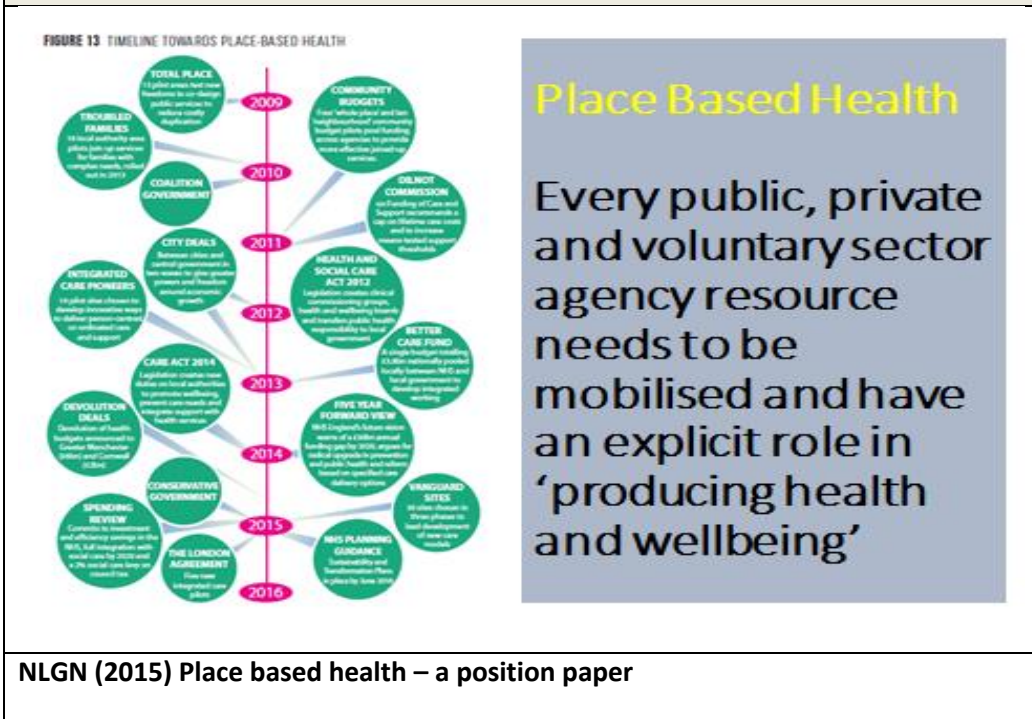**Kings Fund (2016) Making the case for public health interventions.**

Figure 2 : Effective prevention involves mobilising all of societies resources in a 'place'


NLGN (2015) Place based health – a position paper

Figure 3 : Place Based Health definition

Place Based Prevention

Healthy Communities are created when:

- Every citizen, community group, neighbourhood and locality agree to work together to promote good health

And where

- every organisation (voluntary, private and public)
- every management group, governance system, decision making body and scrutiny organisation
- every public policy (especially those without a health label)

are mobilised

to support

good health for all

Prevention – Models

Prevention can be seen across a continuum (figure 4) and needs to be undertaken across all stages of both wellness and illness.

Figure 4: The prevention continuum in disease prevention

Source: https://www.hsc.com.my/heart-stroke-prevention.php
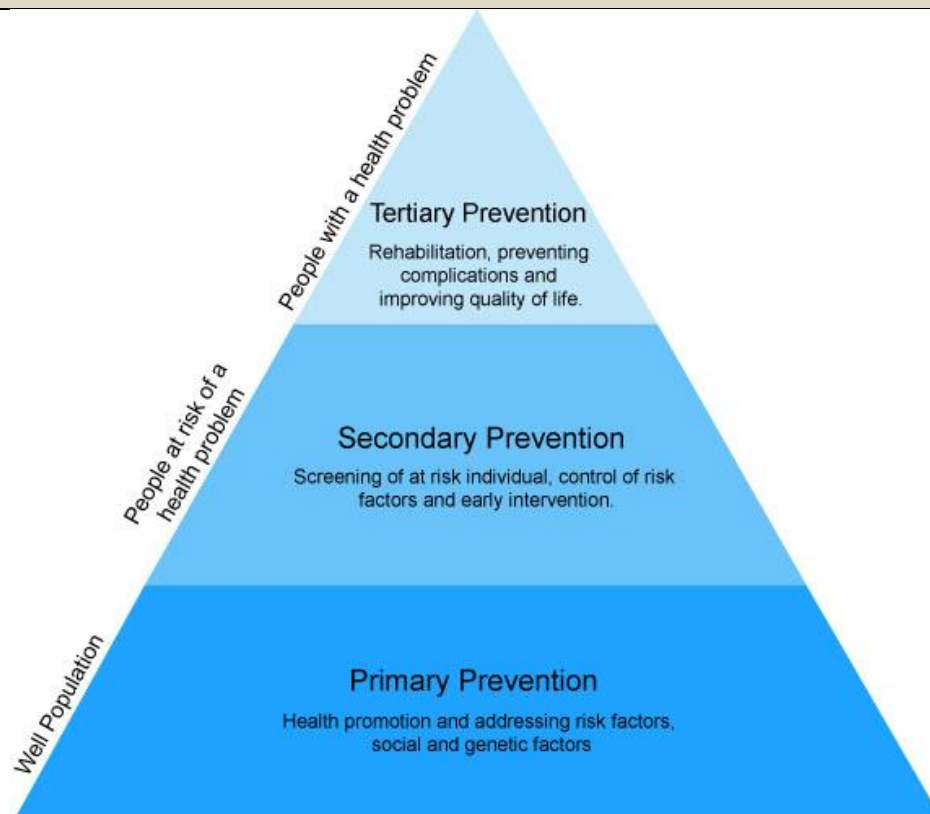
Primary - reducing the incidence of ill health in the population, either through universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups.

Secondary - managing the early stages of ill health to prevent progression e.g. statins to reduce cholesterol or talking therapies to enhance wellbeing.

Tertiary - lessen the impact of a disorder by improving function or quality of life e.g. cardiac rehabilitation after a heart attack or recovery following drug or alcohol addiction.
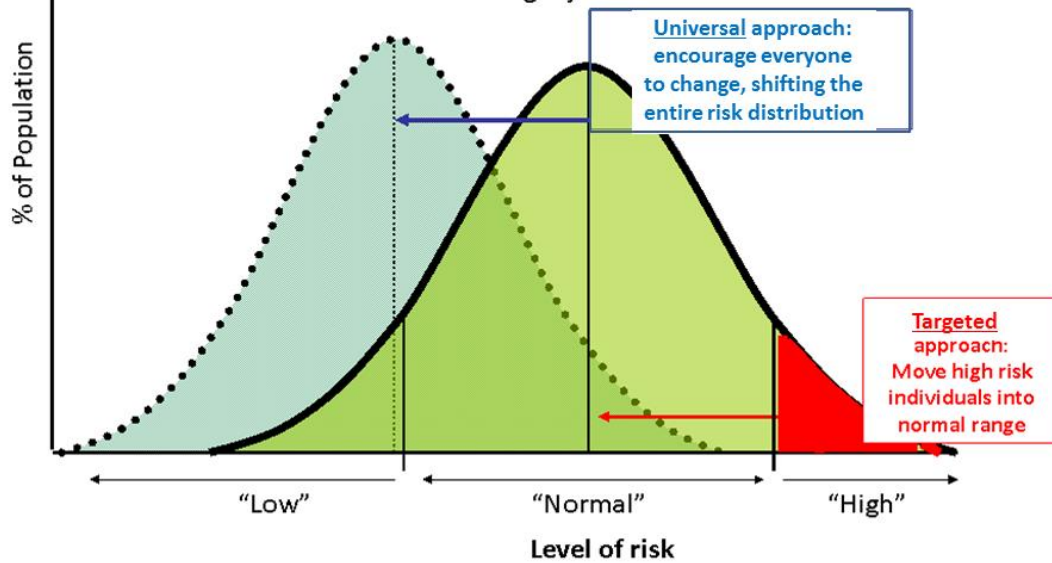
The universal / population health approach to prevention (figure 5) seeks to shift the whole population health risk so as to avoid high cost /worse outcomes (in red below) where most of the cost in the health and care system is currently focussed - in treatment and care. This improves the allocative efficiency of the health and care system and population health outcomes.

Figure 5 Population Approach to prevention.
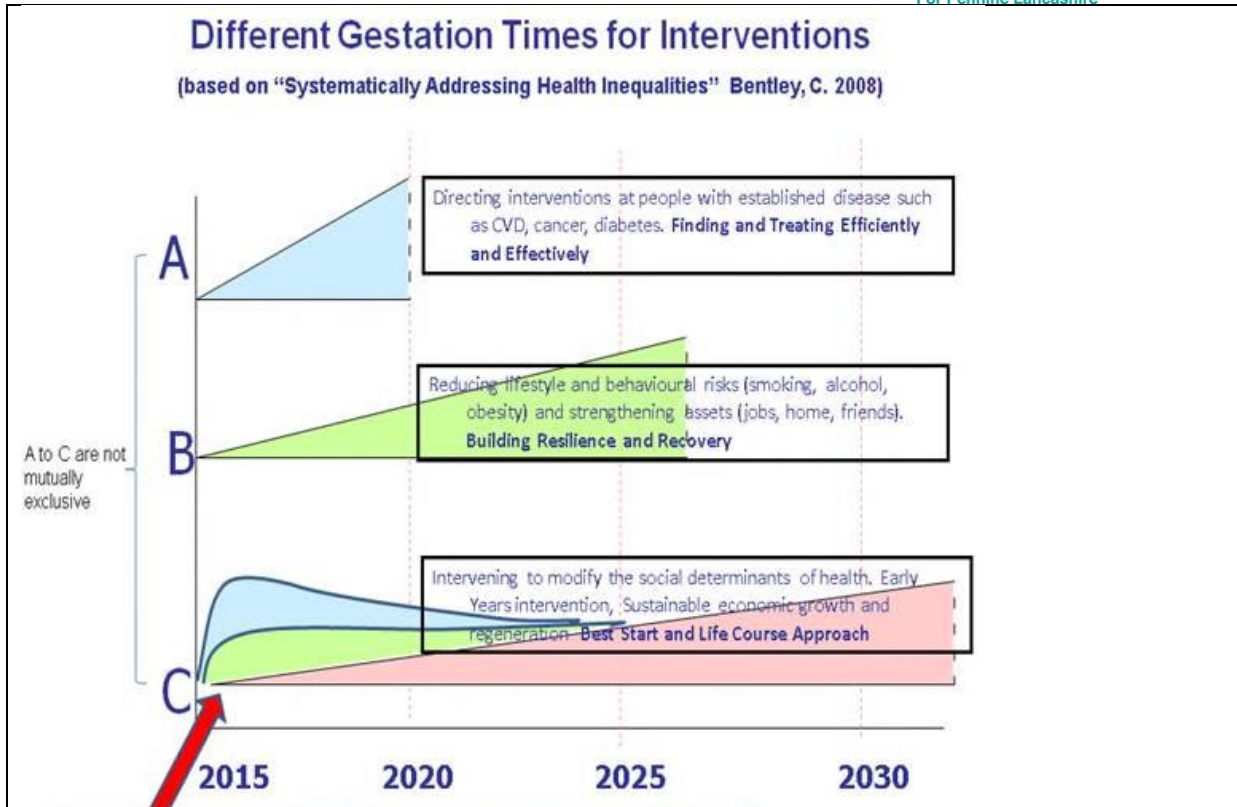
Primary prevention
universal (population) v's targeted (high risk) reduction

Shifting the whole population into a lower risk category benefits more individuals than shifting high risk individuals into a lower risk category

Universal approach: encourage everyone to change, shifting the entire risk distribution

Targeted approach: Move high risk individuals into normal range

% of Population

"Low"   "Normal"   "High"

Level of risk

Source: Rose G. Sick Individuals and sick populations. *Int J Epidemiol.* 1985; 12:32-38.

Different population based prevention interventions will have different 'payback times' – either in terms of health outcomes or in terms of financial return on investment. (Figure 6).

Different Gestation Times for Interventions

(based on "Systematically Addressing Health Inequalities" Bentley, C. 2008)

A — Directing interventions at people with established disease such as CVD, cancer, diabetes. **Finding and Treating Efficiently and Effectively**

B — Reducing lifestyle and behavioural risks (smoking, alcohol, obesity) and strengthening assets (jobs, home, friends). **Building Resilience and Recovery**

C — Intervening to modify the social determinants of health. Early Years intervention, Sustainable economic growth and regeneration. **Best Start and Life Course Approach**

A to C are not mutually exclusive

2015   2020   2025   2030

The most effective preventive interventions historically have been universal and focussed on creating population health equity (safe clean water and sewerage supplies for all, seatbelts, ban on smoking in public places etc). A focus on changing the 'risk conditions' for populations is more effective and allocatively efficient than investing in public health programmes whose primary aim is to modify the 'risk factors' in individuals.

EQUALITY VERSUS EQUITY

What Public Policy options might do this ???

In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

Place - based Inequality?

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

Place Based Prevention: Principles

Principles of Effective Prevention

The Framework is based on five key principles:

1. **Place based prevention requires a 'whole of society' approach**: Estimates suggest that health care services contribute only to about 20% of the health of the population. Most of the 'determinants of health' are only amenable to effective preventive actions outside of the health care system.

2. **Place based prevention is a co-operative and collective activity that mobilises support for change**. Creating healthy communities through place based prevention requires collective action aimed at generating a co-operative community resilience to health risks at an individual and community level.

3. **Place based prevention involves mobilising all of societies resources in a 'place'**: Place based prevention and health care systems are the most likely to be effective in mobilising all of societies capacities to improve health and wellbeing

4. **Place based prevention involves creating a culture for health that actively enables citizens to take care of themselves and their communities**: Creating a social movement for health that supports citizen action for wellbeing and re-directs the health and care systems towards prevention is critical to the future sustainability and transformation of health and care systems

5. **Place based prevention is aimed at promoting equity of outcomes and equal life chances for all residents.** Creating equity of outcomes may sometimes involve inequalities of inputs - providing more resources to those whose need is greatest, and actively challenging social inequalities that are unjust, unfair and avoidable.

Place Based Prevention: Domains for Action

Healthy communities in healthy places will not happen by themselves. They require a programme of social mobilisation, a programme to get everyone working together for the common good.

The health and care system has a key role to play in this mobilisation but it requires everyone to do their part using their own energy, skills, capacities and resources. It is also fundamental to the success of the emerging accountable care system.

This Framework proposes ten Domains for Action.

Domain 1: Prevention: Social Movement for Health

Domain 2: Prevention: Healthy Neighbourhoods and Localities

Domain 3: Prevention: Health in All Policies

Domain 4: Prevention: Healthy Settings

Prevention 5: A Health Promoting Health and Care System

Domain 6: Prevention: Healthy Citizens

Domain 7: Prevention: A Health Promoting Workforce

Domain 8: Prevention : Health Governance

Domain 9: Prevention : Volunteering & Building Community Capacity

Domain 10: Prevention : Digital Health

Domain 1: Prevention: Social Movement for Health.

Why:

Making healthy lifestyles and behaviour 'normal' across the whole community needs everyone's' active or tacit consent to any changes required. Creating a social consensus supportive of positive changes for health to be made at individual, community, organisational and public policy levels is a key task of this programme. NHS England have promoted this approach at national level using a large scale behaviour change approach called 'social movement for health'.

How

Leading by example – all organisations signing up to and implementing a healthy lifestyle charter.	1
Enabling greater voice and say for NHS and social care staff and the public	2
Ensuring children and young people have a voice in changes that is heard	3
Enable and create the environment for change to happen, through mobilisation, movement building and ongoing programme of celebration and learning	4
Build a toolkit of approaches to support a citizen-led movement, including creation of communities for action, call for action campaigns, and deliberative democracy enquiries such as Citizen Jurys on key health determinants.	5

Domain 2: Prevention: Healthy Neighbourhoods and Localities

Why?

It is important to re-focus existing health and social care services towards prevention and integrating them further with wider local authority departments and voluntary, community and faith services within local communities to provide out of hospital prevention and care services. This approach will support the building of wider community capacity for prevention, self-help and social support at locality, neighbourhood and community levels and enable earlier intervention and detection of disease and illness.

How

Re-design and integrate existing out of hospital services to create a system capable of earlier intervention and prevention and greater provision of diagnosis , treatment, care and support in communities.	1
Support communities to take action on local healthy environments such as access to local greenspace , allotments and active travel (cycling and walking)	2
To re-design the system to enable children to have the best start in life and to have a strategic approach to putting children and young people at the heart of the emerging accountable care system.	3
Establish and support local support groups that help those with established long term conditions to live independently in their own homes and neighbourhoods – especially local support groups that seek to end loneliness and social isolation	4
Provide access to information on support available within local communities that help citizens lead active fulfilled healthy lives e.g. though sport, volunteering etc	5

Domain 3: Prevention: Health in All Policies

Why

Most of the things that promote health or create illness are to do with the social determinants of health i.e. housing , education, good work, fair pay, transport etc. Health needs to be created not destroyed by these non-health policies, and the accountable care system needs to bring about challenge to ensure that health is created within all policies. This approach should also include a 'consideration of Children in all policies'.

How

All local Councils in Pennine Lancashire to develop an explicit health in all policies (HIAP) strategy.	1
All Local Councils to review arrangements and capacity for Health Impact Assessment (HIA) of current and future policies	2
All local councils to scrutinise their HIAP strategy and approach through health scrutiny.	3
All Local Councils to develop an explicit Health and Housing Strategy and approach.	4
All local Councils to develop an approach to the health development as an outcome of Planning, transport, and economic development policy	5

Domain 4 Healthy Settings

Why

A healthy community requires healthy organisations and institutions within it to play their own role in making healthy choices easier. The World Health Organisation calls this the 'healthy settings approach' and has developed, along with LGA and other national bodies, guidance on how to create healthy towns/cities/villages, schools, hospitals, care homes, streets, communities, pharmacies, workplaces, homes etc. Healthy settings approaches are led by the 'setting' themselves as part of their wider contribution to the societies in which they exist.

How

Create a healthy settings programme for Pennine Lancashire to develop and support healthy settings approaches in towns/cities/villages, schools, hospitals, care homes, streets, communities, pharmacies, workplaces, homes etc	1
Develop East Lancashire Hospitals Trust Hospitals as a Health Promoting Hospital	2
Enable a Pennine Lancashire Health Promoting Schools Programme	3
Develop and register Pennine Lancashire Care homes as Health promoting Care Homes	4
Each Local Authority area to have at least one Healthy Streets initiative	5

Prevention Domain 5: Health Promoting Health and Care System

Why

Health and care systems need to refocus investment and activity on delivering improved health outcomes not just more efficient health and care service activity. To do this they will have to re-design the way they manage disease and illness to focus as much on the prevention of disease incidence as on the management of disease prevalence. This modernisation of clinical pathway design will need to be taken account of in all current service re-designs.

A health promoting health and care system will need to increase its spend on prevention. In adult social care this will mean increasing prevention to 15% of its overall spend whereas in the NHS this will mean moving year on year to a 10% spend on prevention. The overall aim is for both health and social care systems to move from the current 'detect and manage' model to a 'predict and prevent' model of investment and outcome delivery. In addition the system should be looking to shift investment and provision from adult-facing investment to the next generation of children and young people, to stem the onset of adult disease and prevent future avoidable illness.

How

Every Clinical Service Redesign and Clinical Pathway to have comprehensive, evidence based approaches to *both* prevent and manage disease incidence, as well as secondary and tertiary prevention of disease prevalence	1
The development and adoption of a comprehensive Risk Profiling Tool that covers disease determinants risk and prevention as well as prevalence identification and management, for universal use across Pennine Lancashire health economy .	2
Create a programme to move 10% of current primary care medications / prescriptions onto a social prescribing model linked to the local community and voluntary, community and faith sector	3
The creation of and support for Pennine Lancashire based expert patient/disease support groups – digitally linked to professional support	4
Each NHS and social care organisation to develop a Sustainability/One Planet approach to future service models and organisational carbon footprint (in line with NHS England guidance)	5

Domain 6: Prevention: Healthy Citizens

Why

Every citizen has the right and duty to manage their own health – particularly minor illness, in ways that do not require dependence on the paid for health and care system. Citizens may need support to re-appropriate their own health and wellbeing through eating healthier, taking exercise, reducing alcohol consumption avoiding tobacco smoke and preventing accidents in their own homes. They also need to be supported to use increasingly scarce NHS resources in ways that do not put at risk their own (and others) right to access treatment when they need it. A particular focus here will need to be enabling children, young people and their families to have the skills and knowledge to manage minor ailments for this cohort.

How

To support citizens own actions to improve their own health through quarterly focussed health promotion comms/digital campaigns across Pennine Lancashire	1
To promote responsible use of NHS services through a targeted campaign of public education and information on alternatives.	2
To promote self-care and management of minor illness through community pharmacies and wider community assets self-care through dentists, optometrists.	3
To promote new self-care and self-management skills for public and patients through adult and community education, pre and antenatal care education.	4
To continue and expand targeted self-care support programmes for high health care system use patients (such as MEAM)	5

Domain 7: Prevention: Health Promoting Workforce

Why

The health and social care system workforce as well as workforces from the wider public services need support to develop new skills in prevention, early intervention and supporting the public in self-care and disease management. There are a number of programmes that enable this kind of universal training e.g. by The Royal Society of Health (RSPH). The workforce itself needs access to good health promotion in workplace settings and it needs to develop a universal 'Make Every Contact Count' approach to routine citizen interactions and service delivery.

How

Develop a universal training programme in public health prevention for NHS and social care staff – and where relevant wider public services staff in partnership with the RSPH and FPH??.	1
Develop a Pennine Lancashire MECC programme across the health and care system	2
Review and upgrade staff health promotion and occupational health programmes in Pennine Lancashire	3
Develop a universal approach to Mental Health First Aid training for all Pennine Lancashire public sector staff, and members of the community.	4
Ensure that all basic training undertaken in Pennine Lancashire's further education institutions for health and social care staff include modules for population health/ public health / prevention	5

Domain 8: Prevention: Governance

Why

The new governance models for health articulated by the World Health Organisation argue that for a new 'whole of society' approach to health improvement, new forms of health governance need to be developed. These need to be able to exercise influence (if not control) over the wider factors determining the populations health outcomes- at a social cultural and political level. This is health governance beyond the governance of health and care systems. The latter will still be needed but they will be inadequate to governance the illness production systems as we now understand them.

How

Develop a wider approach to health governance (i.e. related also to health determinants) through the new Pennine Lancashire Health Partnership and the Pan-lancashire Health and Wellbeing Board	1
Develop social movements for health that address key drivers of ill health in Pennine Lancashire (Child poverty, poor housing/ landlords, hidden sugar in childrens food etc)	2
Support the development of health, children, social care and other Scrutiny Committees to review actions defined within this prevention Framework	3
Develop a Citizen's Jury Programme to review key themes of this prevention framework (e.g. Health and Economic Growth / transport and make recommendations for action by partners	4
Ensure that patients representatives and disease management groups are actively engaged in clinical pathway redesign – especially re-design of incidence management strategies.	5

Domain 9: Prevention: Volunteering & Building Community capacity

Why

The system in place since 1948 that funded public services to meet health and social care need through general taxation has been the most effective way of mobilising public assets to improve citizen life chances we have ever seen. However, it is also apparent that communities also have capacities and assets to improve their life chances separate from these 'paid for' public services. These have not been well recognised, supported or mobilised across society. Encouraging volunteering and building community capacity to complement public services is a key strategy for improving health and wellbeing through prevention.

How

Develop and support local community initiatives for self-help and local action at neighbourhood level through programmes such as 'Well North' and other Asset Based Community Development projects.	1
Work with District and First tier Councils to develop a single infrastructure / entry point for Wellbeing Volunteering across Pennine Lancashire.	2
Establish a bidding network to work together with support from the health and care system to gain funds from national sources for the Pennine Lancashire voluntary and community sector &Establish a community grants fund for health and wellbeing in Pennine Lancashire	3
Establish a primary care Social Prescribing Programme capable of diverting upto 10% of current Primary care Prescribing costs to voluntary and community sector infrastructure investment over 3 years.	4
Establish a digital register accessible at locality (postcode) levels of all community support capacity available across Pennine Lancashire	5

Domain 10: Prevention: Digital Health

Why

Accessing prevention, diagnosis, treatment and care through digital health routes will become increasingly common in the future. Digital wellbeing , self help and prevention advice have an enormous contribution to make to enabling citizens take control of their own health related life chances . Developing both staff and population digital health literacy and capacity for telehealth and telecare is a key route to future health and care system efficiencies.

How

Establish a digital first / first tier access route to health and care services starting with Prevention & Public health services (including obesity/Healthy weight, Smoking, Drugs and Alcohol, Sexual Health, mental health.	1
Establish routine digital referral system for Social Prescribing options in all GP practices.	2
Establish an on-going programme of digital Literacy Training for all NHS/Social care staff and patients /public.	3
Establish effective shared care platforms and integrated IG MOUs.	4
Work with ORCHA to normalise Digital Apps use by general population and with other voluntary commercial agencies to increase uptake of Telehealth and Telecare.	5

Place based Prevention: Implementation, management and accountability

The Pennine Lancashire Place Based Prevention programme will require systems for implementation, management and accountability. It needs itself to be a social movement drawing together a wide range of participating agencies in a joint enterprise who are mutually supportive collaborative and accountable to each other .

The following Implementation, management, accountability arrangements will be put in place by September 2017.

Implementation

1. Following discussion and agreement by the Pennine Lancashire Health and Social Care Systems Leaders Board in July 2017 – this document will be taken as agreed strategy for the Pennine Lancashire Transformation Board.
2. A detailed costed Action Plan will be developed by September 2017.
3. Both Framework and Action Plan will be tabled as a discussion item at the first Pennine Lancashire LDP Partnership Board (Autumn 2017).
4. It should be noted that implementation on many of the key actions identified in the Framework are already underway through various mechanisms with various partners already (at July 2017).
5. It is anticipated that initial core costs of enabling the delivery of this Frameworks objectives will be supported by the Health and Care system itself as part of the LDP/STP programme.
6. The programme will be part of the Local Government Associations (LGA) national 'Prevention at Scale' pilots which run from September 2017 – September 2018. Evaluation of the initiative will form part of a national case study publication in 2018 to be published by the LGA.

Management and Accountability

1. It is proposed that management of the various projects and programmes required to deliver this Frameworks priority objectives is undertaken through the existing Pennine Lancashire LDP Project Office.
2. Accountability and reporting would be triggered by a quarterly meeting of the Pennine Lancashire LDP Partnership Board – either as a special meeting of a 'Prevention Board' or as a routine but additional part of the planned meeting agenda.
3. Any reporting and meetings of the quarterly 'Prevention Board' would be open to all participating agencies and the public.

Resources: What do we need to get started?

1. It is anticipated that (as a minimum) this Framework would require a senior project manager, administrative support and a non-pay budget totalling in all , £100,000 a year for a minimum of two years.
2. The LGA 'Prevention at Scale' national programme will offer considerable national support in terms of consultancy, development and evaluation.
3. Further details and costings will be outlined in the Action Plan (and supporting Business Plan).