

## **Place Based Prevention: Domains for Action and Implementation**

**Domain 1: Social Movement for Health**

**Domain 2: Healthy Neighbourhoods and Localities**

**Domain 3: Health in All Policies**

**Domain 4: Healthy Settings**

**Domain 5: A Health Promoting Health and Care System**

**Domain 6: Healthy Citizens**

**Domain 7: A Health Promoting Workforce**

**Domain 8: Health Governance**

**Domain 9: Volunteering and Building Community Capacity**

**Domain 10: Digital Health**

**Domain 1: Social Movement for Health**

| Ref. | Intervention  | New or linked to existing  | Actions required  | Resources required  |
|------|---|--|---|---|
| 1.1  | <b>Leading by example – all organisations signing up to and implementing a healthy lifestyle charter.</b>   | New  | <ol style="list-style-type: none"> <li>1. Create a Pennine Lancashire Healthy Lifestyle Charter</li> <li>2. Roll out across Pennine Lancashire core organisations</li> <li>3. Across wider public and third sector</li> <li>4. Create a healthy lifestyle champion within each organisation who is responsible for overseeing the implementation of the Charter within their own organisation, work with the Programme Coordinator</li> </ol> | <ol style="list-style-type: none"> <li>1. Capacity required to scope this and engage with local organisations – costings required for this piece of work</li> </ol> |
| 1.2  | <b>Enabling greater voice and say for NHS and social care staff and the public</b>  | New – linked to 1.1  | <ol style="list-style-type: none"> <li>1. Ensure that the Organisational Development Strategy embeds the need to empower staff and people to have a voice in service development and provision</li> <li>2. Ensure the Healthy Lifestyle Charter embeds this approach across the organisation</li> </ol>   | <ol style="list-style-type: none"> <li>1. Resources would be identified within the work in 1.1</li> </ol>   |
| 1.3  | <b>Ensuring children and young people have a voice in changes that is heard</b>   | <p>New – part of 1.1 and 1.2</p> <p>Reflected in Social Movement for Health and KHHW proposals</p> | <p>As per 1.1 and 1.2</p> <ol style="list-style-type: none"> <li>1. Ensure this continues to be reflected within the detailed design and delivery of Social Movement for Health and KHHW proposals</li> </ol>   | <ol style="list-style-type: none"> <li>1. Ensure costed within Social Movement for Health proposals</li> </ol>  |
| 1.4  | <b>Enable and create the environment for change to happen, through mobilisation, movement building and ongoing programme of celebration and learning</b>  | Social Movement for Health   | <ol style="list-style-type: none"> <li>1. Ensure the Social Movement for Health business case reflects this</li> </ol>  | <ol style="list-style-type: none"> <li>1. Ensure costed within Social Movement for Health proposals</li> </ol>  |
| 1.5  | <b>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.</b> | Social Movement for Health   | <ol style="list-style-type: none"> <li>2. Ensure the Social Movement for Health business case reflects this</li> </ol>  | <ol style="list-style-type: none"> <li>1. Ensure costed within Social Movement for Health proposals</li> </ol>  |

**Domain 2: Healthy Neighbourhoods and Localities**

| Ref. | Action   | New or linked to existing                          | Actions required  | Resources required   |
|------|--|--|---|--|
| 2.1  | <b>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.</b>                                     | Linked to Out of Hospital Business Case and HWIMPs | <ol style="list-style-type: none"> <li>1. Ensure that the detailed design phase for the Out of Hospital Business Case (Keeping Happy, Healthy and Well/Joined-up Care and Support) maintains a focus on earlier intervention and prevention and greater provision of diagnosis, treatment, care and support in communities.</li> <li>2. Public Health leads to be aligned to each Health and Wellbeing Improvement Priority Partnership to promote prevention and early intervention and ensure embedded within the new models of care for each priority</li> </ol> | <ol style="list-style-type: none"> <li>1. Leadership from Public Health Team</li> <li>2. Leadership from Public Health Team</li> </ol>   |
| 2.2  | <b>Support communities to take action on local healthy environments such as access to local greenspace , allotments and active travel (cycling and walking)</b>  | Social Movement for Health, links to Domain 3      | <ol style="list-style-type: none"> <li>1. Ensure the Social Movement for Health business case reflects this</li> <li>2. Specific link required with district councils needed to encourage them to develop approaches that allow this to happen</li> </ol>   | <ol style="list-style-type: none"> <li>1. Ensure costed within Social Movement for Health proposals</li> <li>2. Capacity for this work needs to be incorporated within the scope of the work for Domain 3</li> </ol> |
| 2.3  | <b>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.</b>   | Reflected in Healthy Child Programme and KHHW      | <ol style="list-style-type: none"> <li>2. Ensure this continues to be reflected within the detailed design and delivery of Healthy Child Programme Proposals and KHHW proposals</li> </ol>  | <ol style="list-style-type: none"> <li>1. Ensure costed within Healthy Child Programme and KHHW proposals</li> </ol>   |
| 2.4  | <b>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</b> | Social movement for health and KHHW proposals      | <ol style="list-style-type: none"> <li>1. Ensure the Keeping Happy, Healthy and Well business case reflects this</li> </ol>   | <ol style="list-style-type: none"> <li>1. Ensure costed accordingly in the Keeping Happy, Healthy and Well business case</li> </ol>  |
| 2.5  | <b>Provide access to information on support available within local communities that help citizens lead active fulfilled healthy lives e.g. though sport, volunteering etc</b>  | Self-care LHHW KHHW                                | <ol style="list-style-type: none"> <li>1. Ensure this continues to be reflected within the detailed design and delivery of Self-care, physical activity and social prescribing proposals</li> </ol>   | <ol style="list-style-type: none"> <li>1. Ensure this is costed accordingly within the Self-care, physical activity and social prescribing proposals</li> </ol>  |

**Domain 3: Prevention: Health in All Policies**

| Ref. | Action  | New or linked to existing         | Actions required  | Resources required   |
|------|---|-----------------------------------|---|--|
| 3.1  | <b>All local Councils in Pennine Lancashire to develop an explicit health in all policies (HIAP) strategy.</b>                                    | New, linked to 3.2, 3.3, 3.4, 3.5 | <ol style="list-style-type: none"> <li>Specific pieces of work required to work with local authorities on this, particular role for Prevention Board to oversee this and linking in with local health scrutiny</li> <li>Conversations required with local authority chief executives and leaders to gain support for this approach</li> </ol> | <ol style="list-style-type: none"> <li>Capacity required to scope this and engage with local councils – costings required for this piece of work</li> <li>Leadership from DPH</li> </ol> |
| 3.2  | <b>All Local Councils to review arrangements and capacity for Health Impact Assessment (HIA) of current and future policies</b>                   | New linked to 3.1, 3.3, 3.4, 3.5  | As above, this would form part of a specific project working with local councils  | As above   |
| 3.3  | <b>All local councils to scrutinise their HIAP strategy and approach through health scrutiny.</b>   | New linked to 3.1, 3.2, 3.4, 3.5  | As above, this would form part of a specific project working with local councils  | As above   |
| 3.4  | <b>All Local Councils to develop an explicit Health and Housing Strategy and approach.</b>  | New linked to 3.1, 3.2, 3.3, 3.5  | As above, this would form part of a specific project working with local councils  | As above   |
| 3.5  | <b>All local Councils to develop an approach to the health development as an outcome of Planning, transport, and economic development policy.</b> | New linked to 3.1, 3.2, 3.3, 3.4  | As above, this would form part of a specific project working with local councils  | As above   |

**Domain 4: Healthy Settings**

| Ref. | Action  | New or linked to existing | Actions required   | Resources required   |
|------|---|---------------------------|--|--|
| 4.1  | <b>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.</b> | New, links to 1.1         | <ol style="list-style-type: none"> <li>1. Specific piece of work required to develop the healthy settings programme, particular role for Prevention Board to oversee this.</li> <li>2. Conversations required with leaders of these organisations to gain support for this approach</li> </ol> | <ol style="list-style-type: none"> <li>1. Capacity required to scope, develop and deliver this piece of work - costings required for this piece of work</li> <li>2. Leadership from DPH</li> </ol> |
| 4.2  | <b>Develop East Lancashire Hospitals Trust Hospitals as a Health Promoting Hospital.</b>  | As above                  | This is already referenced within 4.1  | As above   |
| 4.3  | <b>Enable a Pennine Lancashire Health Promoting Schools Programme.</b>  | As above                  | This is already referenced within 4.1  | As above   |
| 4.4  | <b>Develop and register Pennine Lancashire Care homes as Health promoting Care Homes.</b>   | As above                  | This is already referenced within 4.1  | As above   |
| 4.5  | <b>Each Local Authority area to have at least one Healthy Streets initiative.</b>   | As above                  | This is already referenced within 4.1  | As above   |

**Domain 5: Health Promoting Health and Care System**

| Ref. | Action  | New or linked to existing                        | Actions required  | Resources required   |
|------|---|--|---|--|
| 5.1  | <b>Every Clinical Service Redesign and Clinical Pathway to have comprehensive, evidence based approaches to <i>both</i> prevent and manage disease incidence, as well as secondary and tertiary prevention of disease prevalence.</b>             | Embedded within HWIMP approach and linked to 2.1 | <ol style="list-style-type: none"> <li>1. Ensure this is explicit within the HWIMP Partnership terms of reference</li> <li>2. Public Health leads to be aligned to each Health and Wellbeing Improvement Priority Partnership to promote prevention and early intervention and ensure embedded within the new models of care for each priority</li> <li>3. Wider influence of commissioning framework and system redesign methodology will be required to ensure this hits those areas that sit outside of the HWIMP and business case activities</li> </ol>    | <ol style="list-style-type: none"> <li>1. None – completed</li> <li>2. Leadership from Public Health Team (as per 2.1)</li> <li>3. Leadership and influence from Public Health Team</li> </ol>   |
| 5.2  | <b>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 .</b> | Referenced in KHHW and JUCS                      | <ol style="list-style-type: none"> <li>1. Ensure this action is taken forward through business case implementation</li> <li>2. Task Group being convened to develop this, which incorporates representatives from Public Health</li> </ol>  | <ol style="list-style-type: none"> <li>1. Minimal resource requirement, but need to ensure this is costed within the business cases</li> <li>2. Public Health leadership within risk profiling task group</li> </ol>                           |
| 5.3  | <b>Create a programme to move 10% of current primary care spend on medications / prescriptions into a social prescribing model linked to the local community and voluntary, community and faith sector.</b>                                       | Social prescribing proposals in KHHW             | <ol style="list-style-type: none"> <li>1. Ensure the Keeping Happy, Healthy and Well business case provides proposals for a social prescribing approach that will allow this ambition to be realised</li> <li>2. Piece of work required to establish baseline spend/activity on medication/prescriptions and spend/activity on social prescribing activities and then to agree the financial/activity target for this ambition</li> <li>3. Consider the role of Care Professionals Board in supporting the development and delivery of this approach</li> </ol> | <ol style="list-style-type: none"> <li>1. Ensure proposals are costed accordingly in the Keeping Happy, Healthy and Well business case</li> <li>2. FIG/BI Forum resources required</li> <li>3. Public Health leadership through CPB</li> </ol> |
| 5.4  | <b>The creation of and support for Pennine Lancashire based expert patient/disease support groups – digitally linked to professional support.</b>   | KHHW   | <ol style="list-style-type: none"> <li>1. Ensure the Keeping Happy, Healthy and Well business case adequately reflects these proposals</li> </ol>   | <ol style="list-style-type: none"> <li>1. Ensure proposals are costed accordingly in the Keeping Happy, Healthy and Well business case</li> </ol>  |
| 5.5  | <b>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).</b>  | Linked to Domain 4                               | <ol style="list-style-type: none"> <li>1. This requirement needs to be linked to the work on Healthy Settings and embedded within that framework</li> <li>2. There is a need to embed Social Value as part of this</li> </ol>   | As per Doman 4   |

**Domain 6: Healthy Citizens**

| Ref. | Action  | New or linked to existing                     | Actions required   | Resources required   |
|------|---|---|--|--|
| 6.1  | To support citizens own actions to improve their own health through quarterly focussed health promotion communications/digital campaigns across Pennine Lancashire. | Self-care<br><br>(Me & My Family, LHHW& KHHW) | 1. Ensure the Self-Care proposals in Living Happy, Health and Well and Keeping Happy, Healthy and Well business case adequately reflects these proposals | 1. Ensure proposals are costed accordingly in the in Living Happy, Health and Well and Keeping Happy, Healthy and Well business case |
| 6.2  | To promote responsible use of NHS services through a targeted campaign of public education and information on alternatives.   | Self-care<br><br>(Me & My Family, LHHW& KHHW) | 1. Ensure the Self-Care proposals in Living Happy, Health and Well and Keeping Happy, Healthy and Well business case adequately reflects these proposals | 1. Ensure proposals are costed accordingly in the in Living Happy, Health and Well and Keeping Happy, Healthy and Well business case |
| 6.3  | To promote self-care and management of minor illness through community pharmacies and wider community assets self-care through dentists, optometrists.              | KHHW proposals                                | 1. Ensure the Keeping Happy, Healthy and Well business case adequately reflects these proposals  | 1. Ensure proposals are costed accordingly in the Keeping Happy, Healthy and Well business case                                      |
| 6.4  | To promote new self-care and self-management skills for public and patients through adult and community education, pre and antenatal care education.                | Self-care<br><br>(LHHW& KHHW)                 | 1. Ensure the Self-Care proposals in Living Happy, Health and Well and Keeping Happy, Healthy and Well business case adequately reflects these proposals | 1. Ensure proposals are costed accordingly in the in Living Happy, Health and Well and Keeping Happy, Healthy and Well business case |
| 6.5  | To continue and expand targeted self-care support programmes for high health care system use patients (such as MEAM).   | JUCS  | 1. This needs articulation within the Joined-Up Care and Support business case   | 1. Needs exploration and appropriate costing   |



**Domain 7: Health Promoting Workforce**

| Ref. | Action  | New or linked to existing                   | Actions required  | Resources required  |
|------|---|---|---|---|
| 7.1  | <b>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 Royal Society for Public Health and Faculty Public Health.</b> | Linked to 1.1<br>Embed within One Workforce | 1. Ensure the One Workforce and Leadership, OD and Engagement programme articulates these proposals                                       | 1. To be scoped and costed within One Workforce and Leadership, OD and Engagement proposals |
| 7.2  | <b>Develop a Pennine Lancashire MECC programme across the health and care system</b>  | Embed within One Workforce                  | 1. Ensure the One Workforce and Leadership, OD and Engagement programme articulates these proposals                                       | 1. To be scoped and costed within One Workforce and Leadership, OD and Engagement proposals |
| 7.3  | <b>Review and upgrade staff health promotion and occupational health programmes in Pennine Lancashire.</b>  | Embed within One Workforce                  | 1. Ensure the One Workforce and Leadership, OD and Engagement programme articulates these proposals                                       | 1. To be scoped and costed within One Workforce and Leadership, OD and Engagement proposals |
| 7.4  | <b>Develop a universal approach to Mental Health First Aid training for all Pennine Lancashire public sector staff, and members of the community.</b>   | Embed within One Workforce                  | 1. Ensure the One Workforce and Leadership, OD and Engagement programme articulates these proposals                                       | 1. To be scoped and costed within One Workforce and Leadership, OD and Engagement proposals |
| 7.5  | <b>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.</b>                                 | New<br>Linked to 7.1                        | 1. Use existing Workforce infrastructure and HE/FE networks to scope, design and deliver this, building on the approach taken through 7.1 | 1. To be scoped and costed within One Workforce and Leadership, OD and Engagement proposals |



**Domain 8: Health Governance**

| Ref. | Action  | New or linked to existing   | Actions required  | Resources required  |
|------|---|-----------------------------|---|---|
| 8.1  | 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.       | New                         | 1. Proposals to be developed  | 1. Resource implications need scoping   |
| 8.2  | Develop new approaches to health governance that address key drivers of ill health of ill health in Pennine Lancashire (Child poverty, poor housing/ landlords, hidden sugar in children's food, etc.). | New                         | 1. Proposals to be developed  | 1. Resource implications need scoping   |
| 8.3  | Support the development of health, children, social care and other Scrutiny Committees to review actions defined within this prevention Framework.  | New                         | 1. Proposals to be developed  | 1. Resource implications need scoping   |
| 8.4  | 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.                      | New                         | 1. Proposals to be developed  | 1. Resource implications need scoping   |
| 8.5  | Ensure that patient representatives and disease management groups are actively engaged in clinical pathway redesign – especially re-design of incidence management strategies.                          | Linked to HWIMP Partnership | 1. HWIMP Partnership are to champion patient and public engagement in pathway redesign and lay-representatives have been allocated to each Partnership in order to ensure this happens<br><br>2. Need to consider the role of the Care Professionals Board in overseeing this work and ensuring that engagement has adequately influenced the redesign work.<br><br>3. Ensure people and patient engagement in redesign is a key test in any commissioning process developed for support the Accountable Care System. | 1. None – action completed<br><br>2. Public Health Leadership - Discussion required with Care Professionals Board<br><br>3. Public Health Leadership – influencing proposals for the System Wide Commissioning Function |

**Domain 9: Volunteering and Building Community capacity**

| Ref. | Action   | New or linked to existing  | Actions required  | Resources required   |
|------|--|--|---|--|
| 9.1  | <b>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.</b>   | Social movement for health   | 1. More detailed articulation and scoping required within social movement for health proposals  | 1. Further resource implications need to be identified   |
| 9.2  | <b>Work with District and First tier Councils to develop a single infrastructure / entry point for Wellbeing Volunteering across Pennine Lancashire.</b>   | New<br><br>Linked to social movement for health and community connectors | 1. Further scoping required within social movement for health proposals or social prescribing/community connector proposals<br><br>2. Need to ensure the links with the Volunteering for Health work being developed through the TAHF Programme Team and the Lancashire Wide Public Sector Volunteering Programme (delivered through Lancashire Constabulary and LCC) | 1. Further resource implications need to be identified<br><br>2. Resource implications will require scoping                          |
| 9.3  | <b>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 and establish a community grants fund for health and wellbeing in Pennine Lancashire.</b> | Social prescribing proposals in KHHW                                     | 1. Ensure the Keeping Happy, Healthy and Well business case provides proposals for a social prescribing approach that will allow this ambition to be realised   | 1. Ensure proposals are costed accordingly in the Keeping Happy, Healthy and Well business case                                      |
| 9.4  | <b>Establish a primary care Social Prescribing Programme capable of diverting up to 10% of current Primary care Prescribing costs to voluntary and community sector infrastructure investment over 3 years.</b>  | Cross reference 5.3  | As per 5.3  | As per 5.3   |
| 9.5  | <b>Establish a digital register accessible at locality (postcode) levels of all community support capacity available across Pennine Lancashire.</b>  | Self-care (LHHW& KHHW)   | 1. Ensure the Self-Care proposals in Living Happy, Health and Well and Keeping Happy, Healthy and Well business case adequately reflects these proposals  | 1. Ensure proposals are costed accordingly in the in Living Happy, Health and Well and Keeping Happy, Healthy and Well business case |

**Domain 10: Digital Health**

| Ref. | Action   | New or linked to existing                       | Actions required   | Resources required   |
|------|--|---|--|--|
| 10.1 | <b>Establish a digital first / first tier access route to health and care services starting with Prevention &amp; Public health services (including obesity/Healthy weight, Smoking, Drugs and Alcohol, Sexual Health, mental health).</b> | New<br><br>Needs to link to HWIMP redesign work | 1. Proposals to be developed<br><br>2. Embed digital first as a principle throughout HWIMP pathway redesign work   | 1. Resource implications need scoping<br><br>2. Public health leadership through HWIMP Partnerships                        |
| 10.2 | <b>Establish routine digital referral system for Social Prescribing options in all GP practices.</b>   | Social Prescribing (KHHW)                       | 1. Ensure the social prescribing proposals in Keeping Happy, Healthy and Well business case adequately reflects these proposals<br><br>2. Exploit opportunities through the Lancashire and South Cumbria Digital Board for transformation funding linked to our social prescribing proposals | 1. Ensure proposals are costed accordingly in the Keeping Happy, Healthy and Well business case<br><br>2. Local leadership |
| 10.3 | <b>Establish an on-going programme of digital Literacy Training for all NHS/Social care staff and patients /public.</b>  | New   | 1. Proposals to be developed   | 1. Resource implications need scoping  |
| 10.4 | <b>Establish effective shared care platforms and integrated information governance MOUs.</b>   | New   | 1. Develop a Tier 2 information sharing protocol to enable the work of the Transformation Programme  | 1. Commitment from IG leads and BI Forum   |
| 10.5 | <b>Work with ORCHA to normalise Digital Apps use by general population and with other voluntary commercial agencies to increase uptake of Telehealth and Telecare.</b>   | New<br><br>Links to LHHW and KHHW proposals     | 1. Need to ensure this is embedded within Self-care and Condition Specific Self-management Interventions<br><br>2. Local approach to be developed through Digital Group  | 1. Local leadership<br><br>2. Resource implications need scoping   |