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Meeting Health and Well-Being Board

Date 4 October 2012

**Subject Draft Integrated Prevention Plan**

Report of Director for Public Health

Summary of item and decision being sought This draft report sets out the proposed partnership approach to improve people's health and well-being through taking a variety of preventive actions to reduce the incidence of avoidable ill-health.

Health and Well-being Board members are invited to comment on this report before it is finalised.

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Officer Contributors Dr Andrew Burnett

Reason for Report Prevention is a key aspect of improving people's health and using scarce resources effectively and efficiently.

Partnership flexibility being exercised N/A

Wards Affected All wards

Contact for further information

Dr Andrew Burnett, Director for Public Health [andrew.burnett@nclondon.nhs.uk](mailto:andrew.burnett@nclondon.nhs.uk)

## **1. RECOMMENDATION**

- 1.1 Health & Well-being Board members are asked to comment on this draft plan (as set out in Appendix A), with a view to approving it, to enable its finalisation and implementation**

## **2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD**

- 2.1 Health and Well Being Board, 17 November 2011- item 5; developing the Health and Well-Being Strategy. This report agreed the proposed structure of the Health and Well-Being Strategy and delivery mechanisms including the integrated Prevention Plan.

## **3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)**

- 3.1 This draft plan focuses on preventing avoidable ill-health. There is considerable scope for partnership working and it is fully compatible with the draft Health and Well-being Strategy, the draft Integrated Commissioning Plan, the JSNA, and the annual report of the Director for Public Health, Barnet

## **4. NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS**

- 4.1 This draft plan is based on assessed needs and implementing its recommendations can reasonably be expected, over time, to significantly contribute to reductions in health inequalities

## **5. RISK MANAGEMENT**

- 5.1 Failure to address the 'causes of the causes' of avoidable ill-health and health inequality will lead to greater levels of ill-health, greater health and social care costs and widening health inequalities

## **6. LEGAL POWERS AND IMPLICATIONS**

- 6.1 Section 12 of the Health and Social Care Act 2012 introduces section 2B to the NHS Act 2006. This imposes a new *target* duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area. Steps that may be taken include providing information and advice, providing services or facilities designed to promote healthy living, providing services for the *prevention*, diagnosis or treatment of illness, providing financial incentives to encourage individuals to adopt healthier lifestyles, providing assistance (including financial) to help individuals to minimise any risks to health arising from their accommodation or environment, providing or participating in the provision of training for persons working or seeking to work in the field of health improvement, making available the services of any person or any facilities.
- 6.2 In public law terms this *target* duty is owed to the population as a whole and the local authority must act reasonably in the exercise of these functions.
- 6.3 Regulations setting out the detailed obligations are yet to be issued.
- 6.4 Proper consideration will need to be given to the duties arising from the Equality Act 2010 as mentioned above.

## **7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC**

- 7.1 Additional resources will be needed to implement some of the recommendations in this report: these will need to be prioritised from within existing NHS and local authority budget allocations. The ring fenced public health budget will be the main source for this, with resources prioritised against the public health commissioning intentions and the objectives for the new shared Barnet and Harrow public health function.
- 7.2 Every objective is accompanied by a commentary on likely resource implications, but it has not been possible to cost individual projects at present, This will be concluded when the operating model for the new shared public health service for Barnet and Harrow has been finalised, and will be included in future updates of performance against the Plan.
- 7.3 In summary, the financial status of each area of work in the Plan is as follows:

Staff time only required and other resources identified;

- 1.3.1 Non Cancer screening
- 1.3.2 Cancer Screening
- 1.3.3 Immunisation
- 1.3.4 Falls avoidance
- 1.3.5 Winter Well (maintenance of ongoing advice)
- 1.3.6 Smoking Cessation (current work)
- 1.4.2 Home learning Environment (Research)

Resourcing in process of being negotiated or bid for;

- 1.3.5 Winter Well- extension of work
- 1.4.1 Health Checks (to 31/3/13- after that date will require allocation from Public health budget)
- 1.4.2 Overweight and obesity –being explored at London-wide level
- 1.4.3 enabling physical activity (as part of sport and physical activity review)

No resources identified as yet:

- 1.3.6 Smoking cessation- enhanced levels
- 1.4.2 Home Learning Environment- projects arising from research
- 1.4.4 Prevention for people with physical health problems and unrecognised mental health problems
- 1.4.5 Prevention for people with mental; health problems and learning disability and unrecognised physical health problems

- 7.4 The recommendations have been shown by evidence based research to be cost-effective.

## **8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS**

- 8.1 The development of the Prevention Plan has taken account of the substantial feedback received through the public consultation on the Health and Well-Being Strategy, particularly taking account of feedback from residents regarding lifestyle issues. Formal

engagement and communication with users and stakeholders for the integrated prevention plan will occur following approval by the Board..

## 9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 None yet for the reasons outlined in paragraph 8.

## 10. DETAILS

10.1 Preventing avoidable ill-health and disability is an important way of improving people's well-being, as well as releasing resources for use in other services. This draft plan sets out activities, some of which are currently undertaken and should be continued, others that are currently undertaken and should be developed to enable more people to benefit, and still other activities that are currently not undertaken and should be if we are to improve people's health in Barnet as best we can.

10.2 There are three types of prevention and all are relevant to improving the health and well-being of people in Barnet:

- primary – that is, trying to prevent something from happening in the first place, by, for example, hand washing; breast feeding; encouraging and enabling people not to start smoking, being immunised, eating healthily;
- secondary – that is, preventing the early phases of a condition from developing further, such as detecting and treating conditions (for example, high blood pressure, diabetes) at a sufficiently early stage so that they can be controlled before the onset of complications; and
- tertiary – which is aimed at minimising established effects and complications of established disease to reduce disability and restore functioning as far as possible.

10.3 This is referred to as an 'integrated' prevention plan because (i) activities need to be integrated with other organisations, and (ii) activities need to be integrated with policies and as part of everyday service provision. This is a significant component of what is meant by 'joined-up care'.

10.4 This plan is structured in the same way as the draft Health and Well-Being Strategy, that is:

- preparation for a healthy life – that is, enabling the delivery of effective pre-natal advice and maternity care and early-years development;
- wellbeing in the community – that is creating circumstances that better enable people to be healthier and have greater life opportunities;
- how we live – that is enabling and encouraging healthier lifestyles; and
- care when needed – that is providing appropriate care and support to facilitate good outcomes.

10.5 The key prevention activities that need to be developed further in Barnet are:

- non-cancer screening;
- cancer screening;
- immunisation;
- falls avoidance;
- Winter-well programme; and
- smoking cessation.

- 10.6 The key prevention activities that need to be started in Barnet are:
- avoidance of overweight and obesity; reduction of existing overweight and obesity;
  - improving the home learning environment for children living in poverty;
  - enabling people to be more physically active;
  - secondary and tertiary prevention for people with physical health problems and unrecognised mental health problems; and
  - secondary and tertiary prevention for people with mental health problems and those with learning disability and unrecognised physical health problems
- 10.7 This draft Plan will inform the priorities for the shared Public Health function for Barnet and Harrow and the detailed Implementation Plan will be brought forward to the Health and Well-being Board by the Joint Director for Public Health in early 2013, once the resources for Public Health are clear and commissioning intentions have been consulted on.

## 11 BACKGROUND PAPERS

- 11.1 Joint Strategic Needs Assessment (2011-2015):  
[http://www.barnet.gov.uk/downloads/download/356/joint\\_strategic\\_needs\\_assessment\\_2011-2015](http://www.barnet.gov.uk/downloads/download/356/joint_strategic_needs_assessment_2011-2015)
- 11.2 Barnet Health & Well-being Strategy (elsewhere on this agenda)
- 11.3 Annual Report of the Barnet Director for Public Health:  
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CIId=177&MIId=6565&Ver=4>.

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