

# Joint Public Health Board

Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	19 September 2016
Officer	Director of Public Health
<b>Subject of Report</b>	<b>Developing prevention at scale</b>
Executive Summary	This report presents an update on work by the public health team to develop the prevention at scale approach within the Sustainability and Transformation Plan for Dorset.
Impact Assessment:  <i>Please refer to the <a href="#">protocol</a> for writing reports.</i>	Equalities Impact Assessment:  N/A
	Use of Evidence:  The prevention at scale work and presentations have drawn on national sources of evidence for effectiveness of public health interventions, including return on investment. This includes work by the National Institute for Health and Clinical Excellence, Public Health England, and individual research reports.
	Budget:  The report discusses the impact on budgets for all health and care organisations if our local system does not adopt a more preventive and sustainable approach.
	Risk Assessment:  Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: MEDIUM

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	Residual Risk MEDIUM <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i>
	Other Implications: N/A
Recommendations	1) Members of the Joint Public Health Board are asked to note the progress with developing the approach to prevention at scale as part of the Sustainability and Transformation Plan (STP) for Dorset.
Reason for Recommendation	The STP presents an important opportunity for all health and care organisations in Dorset to take a more prevention oriented approach. This is considered an integral part of the other transformation plans set out in the STP, including changing the way acute hospitals work, developing integrated community services, and strengthening primary care.
Appendices	Annex A – Prevention at scale presentation
Background Papers	None.
Report Originator and Contact	Name: Sam Crowe Tel: 01305-225884 Email: s.crowe@dorsetcc.gov.uk

### 1. Recommendations

- 1.1 Members of the Joint Public Health Board are asked to note the progress with developing the approach to prevention at scale as part of the Sustainability and Transformation Plan (STP) for Dorset.

### 2. Reason

- 2.1 The STP presents an important opportunity for all health and care organisations in Dorset to take a more prevention oriented approach. This is considered an integral part of the other transformation plans set out in the STP, including changing the way acute hospitals work, developing integrated community services, and strengthening primary care. It is an important aspect of our priority in the business plan around systems leadership, and advocacy for improved population health and wellbeing.

### 3. Background

- 3.1 The Sustainability and Transformation Plan for Dorset sets out how the local health and care system intends to make changes over the next 5 years to close three important gaps.

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- The health and wellbeing gap;
- Finance and efficiency gap;
- Care and quality gap.

3.2 These gaps represent important risks to the future sustainability of health and care services in Dorset. All local health and care systems in England have been asked to collaborate to produce STPs, setting out how transformed health and care services will work to ensure a more sustainable system in future, focusing on how the gaps will be closed.

3.3 The NHS and Public Health England, working with Councils, have called for “a radical upgrade in prevention” as part of these local plans. This paper sets out Public Health Dorset’s work to date in building the local case for delivering Prevention at Scale, as part of the STP.

### **4. A clear story on prevention**

4.1 Part of the work to develop plans for prevention at scale involves developing a clear and consistent story of what the issues are facing our population, and highlighting actions that could be delivered at scale with a judgement about likely effectiveness.

4.2 While it might be tempting to see Prevention at Scale as a separate programme, or series of interventions and activities that could be commissioned, the challenges facing Dorset will not necessarily lend themselves to being solved by this approach.

4.3 For example, many of the risk factors that we know contribute to the development of chronic diseases like diabetes and heart disease, are so prevalent in the population that providing support to change lifestyles on an individual basis alone will not be sufficient. Further, our evidence suggests that it is the variation in how these conditions affect populations in Dorset, and are managed and treated, that contributes to much of the observed health and wellbeing, and care and quality gaps.

4.4 For these reasons, a more integrated approach to prevention needs to be adopted right across the whole system, involving actions for individuals, actions for organisations, and actions for those most influential in shaping the development of places and communities. We also need to be clear what we mean by prevention, including the different approaches at different stages of life, and in different settings.

4.5 Over the summer Public Health Dorset has started work on developing a clearer story on prevention, and what it might mean in practice. We are trying to be clear and consistent wherever possible, in getting these messages across to influence our partners and the wider system.

4.6 Work so far has included:

- Ensuring there is a common story in the refreshed Joint Health and Wellbeing Strategies of both the Dorset Board and Bournemouth and Poole Boards;
- Describing prevention by using a clear life course approach, with the stages Starting Well, Living Well, Ageing Well used to segment and describe challenges and potential solutions;
- Annual Report of the Director of Public Health – due to be published this autumn, the report will make the case for prevention in Dorset using clear and simple language;
- Developing a slide deck that makes the case as to why a prevention at scale approach is needed in Dorset (see Appendix A). This has been used at Systems

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Leadership Team and other Director level meetings over the summer to build the engagement with the PAS approach.

### **5. Next steps**

- 5.1 During the autumn there will be a workshop hosted by both Health and Wellbeing Boards to scope and agree the elements of a Dorset Prevention at Scale programme. The output from the workshop will be presented back to both boards for agreement, and it is envisaged that a delivery group reporting to the Boards will take on responsibility for taking forward the actions that have been signed up to.

### **6. Conclusion**

- 6.1. This paper summarises progress to date with developing the approach in Dorset to a systematic Prevention at Scale approach within the STP. Board Members are asked to consider the presentation attached as Appendix A, which sets out the background and rationale for the approach that we are taking in developing the options.

**Director's name: Dr David Phillips**  
**Director of Public Health**  
September 2016