

Health and Wellbeing Board

20 July 2016

Report title	Making prevention everyone's business - Public Health overview	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Paul Sweet Public Health and Wellbeing	
Key decision	No	
In forward plan	No	
Wards affected	All	
Accountable director	Linda Sanders, People Directorate	
Originating service	Public Health	
Accountable employee(s)	Ros Jervis	Service Director for Public Health and Wellbeing
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Report has been considered by	People Leadership Team	11 July 2016

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. Prioritise the discussion and debate of 'prevention' including the showcasing by all member partners their contribution to the promotion of good health through prevention activities.

1.0 Purpose

- 1.1 The purpose of this discussion paper is to raise the profile of the prevention agenda across the health and social care system and begin to understand how partners are contributing to health improvement across the City through prevention and how this might be maximised through the collective effort of the Health & wellbeing Board.

2.0 Background

- 2.1 Last year as members of the Health & Wellbeing Board (HWBB) were discussing a new mission statement it was agreed that 'Prevention' would form an over-arching principle.
- 2.2 Prevention of a condition or of poor outcomes can be interpreted a number of ways from preventing its occurrence, its progression or the consequences. The example in the table below describes different levels of prevention with regard to the prevention of disease.

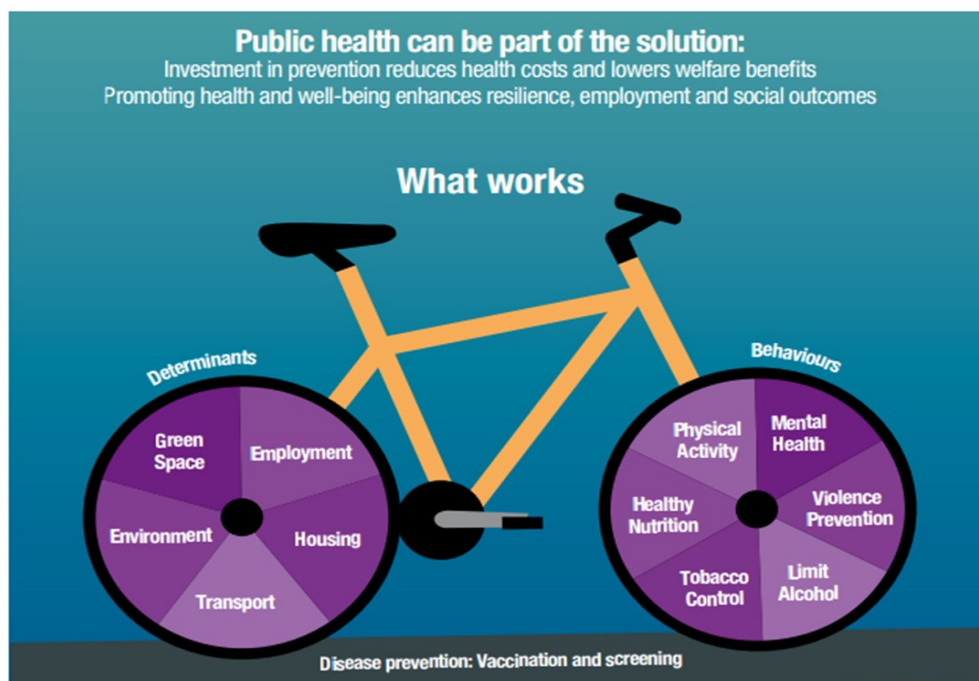
Table 1: Levels of Prevention

Level of Prevention	Definition	Example
Primary	Preventing the onset of disease by reducing risk 'stop it starting'	Promoting healthy eating and physical activity to prevent obesity and conditions associated with excess weight
Secondary	Detecting asymptomatic disease at an early stage to slow or reverse disease progression 'catch it early and treat'	Weight management programmes and promotion of physical activity for overweight and obese individuals to prevent development of conditions associated with excess weight
Tertiary	Reduce the damage of symptomatic disease to prevent progressive disability 'minimise consequences'	Clinical management of obesity induced diabetes and liver disease

Adapted from: Goldston, S. E. (Ed.) (1987) Concepts of primary prevention: A framework for program development. Sacramento: California Department of Mental Health

- 2.3. Last year, in response to lower than national average life expectancy and healthy life expectancy figures across Wolverhampton the Director of Public Health's annual report launched a prevention plan with a particular focus on lifestyle choices.

It is estimated that around 80% of deaths from major diseases such as heart disease and cancer are attributable to lifestyle factors such as smoking, excess alcohol consumption, lack of physical exercise and an unhealthy diet. To improve life chances and reduce the burden of disease we collectively need to be looking at ways we can make an impact.



Source: WHO (2013)

- 2.4 The Health & Wellbeing Board holds a unique position across the local health and social care system to begin to bridge the divide between population-based behaviour change at scale (the non-NHS part of the system) and individual behaviour change (the NHS part of the system) and harness the capacity of the whole system to prevent ill health – both of which should be considered to be the front wheel of the bicycle. The HWBBs shared interest in people, families and communities provides the common ground on which collectively we can improve health outcomes in Wolverhampton.

3.0 Next steps for Wolverhampton

- 3.1 **Clear priorities:** last year's annual report highlighted priorities to reduce infant mortality, heart, lung and liver related disease through action on smoking, the harms caused by excess alcohol consumption, lack of exercise and a healthy diet. However we need to understand how this influences those factors that trigger the need for both adult and children's social care and overall how poor mental health effects the progression of poor health outcomes.
- 3.2 **Strategies for action:** dedicated prevention work streams that focus on reducing infant mortality, the obesity challenge, tobacco & substance misuse and suicide prevention do exist but could be enhanced through the system leadership of the HWBB.

3.3 **Understanding roles:** clarity of purpose and understanding how member organisations can contribute to and drive a radical upgrade in prevention across the whole system should be prioritised by the HWBB.

4.0 Financial implications

4.1 Any costs associated with the prioritisation of a radical upgrade in prevention will be met by member organisations of the HWBB.
[GS/11072016/N]

5.0 Legal implications

5.1 There are no legal implications related to this discussion paper.
[RB/11072016/F]

6.0 Equalities implications

6.1 Although this discussion paper does not highlight specific equalities issues the prevention agenda does provide opportunity to reduce inequalities particularly in health.

7.0 Environmental implications

7.1 There are no environmental implications of the discussion paper.

8.0 Human resources implications

8.1 There are no human resource implications related to this discussion paper.

9.0 Corporate landlord implications

9.1 There are no corporate landlord implications for the Council's property portfolio in relation to this discussion paper.

10.0 Schedule of background papers

10.1 There are no background papers in relation to this discussion paper.