



Report for: Health and Wellbeing Board

Date of Meeting:	20 March 2024
Subject:	Health & Wellbeing Strategy update: Prevention in Partnership
Responsible Officer:	Carole Furlong Director of Public Health
Public:	Yes
Wards affected:	All
Enclosures:	Prevention in the partnership slide deck

Section 1 – Summary and Recommendations

This report sets out an application of a preventative strategy, and uses the example of physical activity and falls. The paper highlights the role of partners in understanding the opportunities for prevention within their particular settings.

Recommendations:

The Board is requested to:

- Approve the approach
- To identify leads within their organisations to continue the deployment.

Section 2 – Report

The Prevention in the Partnership programme assesses the local offer of opportunities for residents of all ages, to help prevent them from developing adverse health outcomes, or from health conditions from getting worse. Mapping this offer will support its promotion, as well as signposting and navigating.

The opportunities for prevention are numerous and include universal and opportunistic approaches, as well as service engagement and specific prevention initiatives. The work has started with a focus on physical activity

There are three tiers to prevention as demonstrated in Diagram 1. These tiers prove a useful framework onto which we can append the respective programmes of the partnership. The prevention programme will also be driven by the priorities and principles of the draft Health and Wellbeing Strategy, which calls on all partners to demonstrate how we build prevention into every opportunity.

The three tiers of prevention:

Primary prevention: Taking action to reduce the incidence of disease and health problems within the population, either through universal measures that reduce lifestyle risks and their causes, or by targeting high-risk groups. This can include, for example, making it easier for people to be able to make healthier choices and therefore reduce their risk of developing diseases.

For physical activity: this is alerting people to the risks associated with a lack of physical activity, and promoting events that motivate people to increase their level of physical activity.

Secondary prevention: Systematically detecting the early stages of disease and intervening before full symptoms develop.

For physical activity: This is identifying those people at risk of falling in later years and motivating them to increase their strength and balance levels by participating in appropriate exercises.

Tertiary prevention: Softening the impact of an ongoing illness, or injury that has lasting effects. This is done by helping people manage long-term, often complex health problems and injuries (e.g. chronic diseases, permanent impairments), in order to improve as much as possible their ability to function, their quality of life, and their life expectancy.

For physical activity: This is identifying a resident as frail and building in systems and processes to minimise the chance of injury or illness.

Considerations

The Prevention in the Partnership approach is a systematic framework that will help promote any gaps in prevention initiatives. The approach will need a constant monitoring of the prevention initiatives in HARrow, and will initially work through the Integrated Neighbourhood Teams to ensure staff are enabled to acknowledge, promote and refer residents as appropriate.

Resources, costs and risks

Each prevention area will be designed and implemented as separate projects, therefore the resources, and costs for the approach are within the current establishment.

The ongoing risks for the approach are that

Equalities impact

Ward Councillors' comments N/A

Financial Implications/Comments

There are no direct costs associated with delivering the health and wellbeing strategy.

Whilst there are no additional direct financial implications arising from this report, the prioritisation of strategy, through the wider system, will need to be contained within existing partner resources, which includes the annual public health grant.

Legal Implications/Comments

Section 116A of the Local Government and Public Involvement in Health Act 2007, stipulates that it is the responsibility of the local authority and integrated care boards to prepare a local health and wellbeing strategy.

The Health and Social Care Act 2012 provides responsibility to the Health and Wellbeing Board for the oversight of the local health and wellbeing strategy. The purpose of the Board is to improve health and wellbeing for the residents of Harrow and reduce inequalities in outcomes. The Board will hold partner agencies to account for delivering improvements to the provision of health, adult and children's services social care and housing services.

A key responsibility is to consider how to best use the totality of resources available for health and wellbeing, subject to the governance processes of the respective partner organisations as appropriate.

Risk Management Implications

The health and wellbeing strategy does not present any risks, or suggest any mitigation

Risks included on corporate or directorate risk register? **No**

Separate risk register in place? **No**

The relevant risks contained in the register are attached/summarised below.
n/a

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? **No**

Each prevention initiative within the approach will undertake a separate Equalities Impact Assessment before they are deployed, there is no need for an Equalities impact assessment for the Prevention in the Partnership approach.

Council Priorities

- 1. A council that puts residents first**
The work will help to ensure that wherever possible opportunities to prevent morbidity are tailored to the particular needs and desires of residents first.
- 2. A place where those in need are supported**
The approach is based on partnership work between statutory and non statutory bodies to identify and react to those residents at greatest risk.

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Statutory Officer: Sharon Daniels

Signed by the Chief Financial Officer

Date: 07/03/2024

Statutory Officer: Sharon Clarke
Signed on behalf of the Monitoring Officer
Date: 05/03/2024

Chief Officer: Carole furlong on behalf of Senel Arkut
Signed by the Director of Public Health on behalf of Corporate Director
Date: 05/03/2024

Mandatory Checks

Ward Councillors notified: No, as it impacts on all Wards

Section 4 - Contact Details and Background Papers

Contact: Carole Furlong, Director of Public Health
carole.furlong@harrow.gov.uk

Background Papers: None

If appropriate, does the report include the following considerations?

- | | |
|-----------------|----------|
| 1. Consultation | YES / NO |
| 2. Priorities | YES / NO |