



*Heywood, Middleton and Rochdale
Clinical Commissioning Group*

| | |
|-------------------------|--|
| Date of Meeting | 30 th November 2021 |
| Portfolio | Cabinet Member for Health and Wellbeing |
| Report Author | Dianne Gardner, Public Health Specialist |
| Public/Private Document | Public |

All-age Prevention Strategy 2021-2025

Executive Summary

1. This all age, whole system prevention strategy (2021-2025) seeks to advance a shared understanding, vision and action plan for the whole system around prevention. It outlines 10 building blocks and 3 enablers to support the system to work together across boundaries, sharing definitions, resources and information. It will support ways to embed prevention in a broad sense across people's lives, building on the best practice we already see across the borough.

Recommendation

2. For ICB to:
 - Support the Rochdale Borough wide All-age Prevention strategy.
 - Agree the governance and oversight of delivery as outlined in this report.
 - Commit to progress to the implementation phase.

Reason for Recommendation

3. To inform and secure commitment of ICB for the all-age prevention strategy.

Key Points for Consideration

4. Background and context

- 4.1 Early 2021 the prevention programme board, with agreement from wider leadership, identified a need for a shared prevention strategy. This ambitious piece of work was assigned to be collaboratively produced and to accommodate the needs of specific health and social care programmes whilst having a shared language and linking in across the whole system in Rochdale borough: all age / whole life course / whole system.
- 4.2 Prevention is about helping people stay healthy, happy and independent for as long as possible. It is important, for improving lives, keeping them on track, preventing people falling into crisis as well as reducing pressure on the NHS and other public services. But prevention is very complicated, we cannot define for everyone what direction their life will take, because it will be different for different people, one size does not fit all. We need to improve the life chances for residents of the Rochdale borough with short term solutions that target immediate causes and long term solutions that look at improving all the building blocks necessary for a good life.
- 4.3 Engagement has taken place in 2 phases:
 - Phase 1: to inform the development of the strategy (April – June '21)
 - Phase 2: to comment on the draft strategy and capture ideas to feed into the implementation plan (July – September '21).
- 4.4 Whilst undertaking the engagement was challenging, hundreds of people have contributed to the strategy, through a series of workshops, meetings and community events. The intention is that everyone will recognise their input and priorities in a language they understand. An equality impact assessment has been worked on during the development phases of the strategy, and all of the engagement approaches have influenced how the strategy has developed.
- 4.5 This process has been time consuming and ambitious but has led to many breakthroughs in terms of developing shared models and understanding. This puts the borough in a strong position to develop an implementation plan which will bring this strategy to life, building on all the best practice and opportunities we see across the borough, and is equally shared and understood.

Progress to date

- 4.6 The All-age Prevention strategy follows the metaphor of “the building blocks to keep life on track” and is described through the filter of different parts of the system including context, an understanding of prevention, and the challenge. It goes on to outline the 10 “building blocks” which have been identified to help people to stay on track and 3 “enablers”. These are the things the system needs to be able to create opportunities for those building blocks to manifest for everyone including a whole system culture of

prevention, the establishment of neighbourhood prevention networks and better information for residents and for making decisions.

- 4.7 This whole life, systematic, prevention strategy will unfold across two timelines. The first is the recovery period from the pandemic in which the focus will mainly be on the prevention of immediate suffering and disease prevention. Running aside this will be the work to strengthen building blocks, put in place neighbourhood prevention networks, and movement toward a systemic approach to prevention. Underpinning this whole strategy is addressing inequalities. The strategy will complement our existing people and place based approach. Our ambition is that, by doing this, our borough can recover from the pandemic in a fairer, more equitable way.
- 4.8 This strategy is unusual in its ambition to be cross system and so the following governance and operational oversight is proposed:
- Strategic: Joint Wider Leadership Team, the Integrated Care System Board & PSR Board
 - Operational: Community Recovery group and Prevention Programme Board

4.9 **Alternatives Considered**

A number of versions of this strategy have been produced based on the huge amount of information collated through the extensive engagement process. This approach has meant, by necessity, the strategy has gone through a process of being huge, saying everything and yet being too dense to be meaningful to anyone. This was followed by a process of being very carefully and sensitively reduced in size, taking account of the needs and familiar language of different groups, in different parts of the system, to ensure that the final strategy is both meaningful and recognisable to everyone.

| |
|---------------------------------|
| Costs and Budget Summary |
|---------------------------------|

5. Financial implications are difficult to quantify in this context because the strategy will be embedded across different financial portfolios. It is an example of the type of shared financial resource we will need now and in the future in order for us to realise integration and reform across the system.

Therefore we should be able to cost benefit analyse the delivery of the strategy by understanding the investment in prevention that takes place as the implementation plan is delivered; the benefits of those investments and where the benefits land in terms of potential savings or reduced cost demands across the system.

In terms of the delivery of the strategy itself, there is the need for governance, operational and administrative resource in order to maintain momentum. Public health funding has been allocated from April 2022 to

support the VCFS to take a lead in administering the prevention networks with a small investment pot to enable implementation of shared actions.

| |
|-------------------------------------|
| Risk and Policy Implications |
|-------------------------------------|

6. In order for this strategy to secure the roll out and impact intended commitment is required from across the system. It is difficult to define what this means in practical terms but there are expectations from staff development and adapting how we work, through to prevention being embedded in service plans and systems. There is a risk that this system wide impact will not be realised but the extensive engagement, co-production and implementation planning will contribute towards mitigating this risk.

| |
|---------------------|
| Consultation |
|---------------------|



7. Because this is a whole system strategy engagement has played a critical role and has taken place in 2 phases:

Phase 1: to inform the development of the strategy (April – June)
 Phase 2: to comment on the draft strategy and capture thoughts on the implementation plan (July – September).

A stakeholder consultation timetable was developed and included engagement through: multi-agency workshops, community engagement, INT leads, CPAP, Healthwatch, primary schools, CYP Partnership, strategic housing, public health team, carers, Health & Care SMT + others.

The paper has also been to Wider Leadership, LCO Board and Systems Board.

| | |
|--------------------------|----------------------------|
| Background Papers | Place of Inspection |
|--------------------------|----------------------------|

| | |
|---|--|
| <p>8.</p> <div style="text-align: center;">  FINAL all-age prevention strategy </div> <div style="text-align: center; margin-top: 20px;">  FINAL paper all-age prevention strategy </div> | |
|---|--|

| | |
|---|---|
| For Further Information Contact: | Dianne Gardner, 01706 927072, Dianne.gardner@rochdale.gov.uk |
|---|---|