

Prevention Framework 2021-2025

Richmond upon Thames

Embedding Prevention as a tool across the Council to
reduce health inequalities and
promote good health

Report by the Public Health team of Richmond Council

Richmond Prevention Framework 2021-2025

1. Background

The Prevention Framework (PF) serves as the umbrella framework for delivering a whole-systems approach to preventing ill health and promoting positive health and wellbeing across the work of Richmond Council. The recent focus nationally on recovering from the COVID-19 pandemic and a policy shift towards working within an Integrated Care System across the NHS (National Health Service), local authorities and community partners locally, has significantly elevated prevention of ill-health and reducing health inequalities as key priorities beyond the health sector.

Prevention goes beyond the delivery of lifestyle services and messages about weight management, smoking cessation, and mental health support. It incorporates the wider determinants of health such as housing, crime, employment, and income. It will also stem the demand for health and social care services through promoting independence and self-care, using strengths and assets in the community thus delaying, preventing, or reducing the need for health and social care services.

This 2021-25 PF builds on the learning, excellent outcomes, and work to date from the previous PF (2015-2018). The PF will be the vehicle for embedding prevention throughout the work of the council and the local health care system.

This paper conceptualises the PF and sets out the model, vision, objectives, and how divisions across the council can operationalise the model. It provides some examples from the public health workstreams.

2. The Prevention Framework

2.1 Vision

Through the application of the Prevention Framework, the Council and its partners will prevent ill health, reduce health inequalities, and create an environment and opportunities for people to thrive within a supportive community, sustainable health and care system, and health-promoting environments.

2.2 Objectives

The Prevention Framework's aims are to:

- DELIVER an evidence-based approach to prevention to support the wider council to strengthen delivery of prevention through its work,
- FACILITATE making the healthy choice the easy choice for our residents using positive and assets-based approaches,
- SUPPORT a tailored approach to prevention, defining key outcomes and agreeing success measures across Council Directorates and partners,

- CONNECT with existing and planned policies and initiatives to enable prevention work to be sustainable, and
- CREATE supportive communities and health-promoting environments

2.3 Overview of the Prevention Framework model

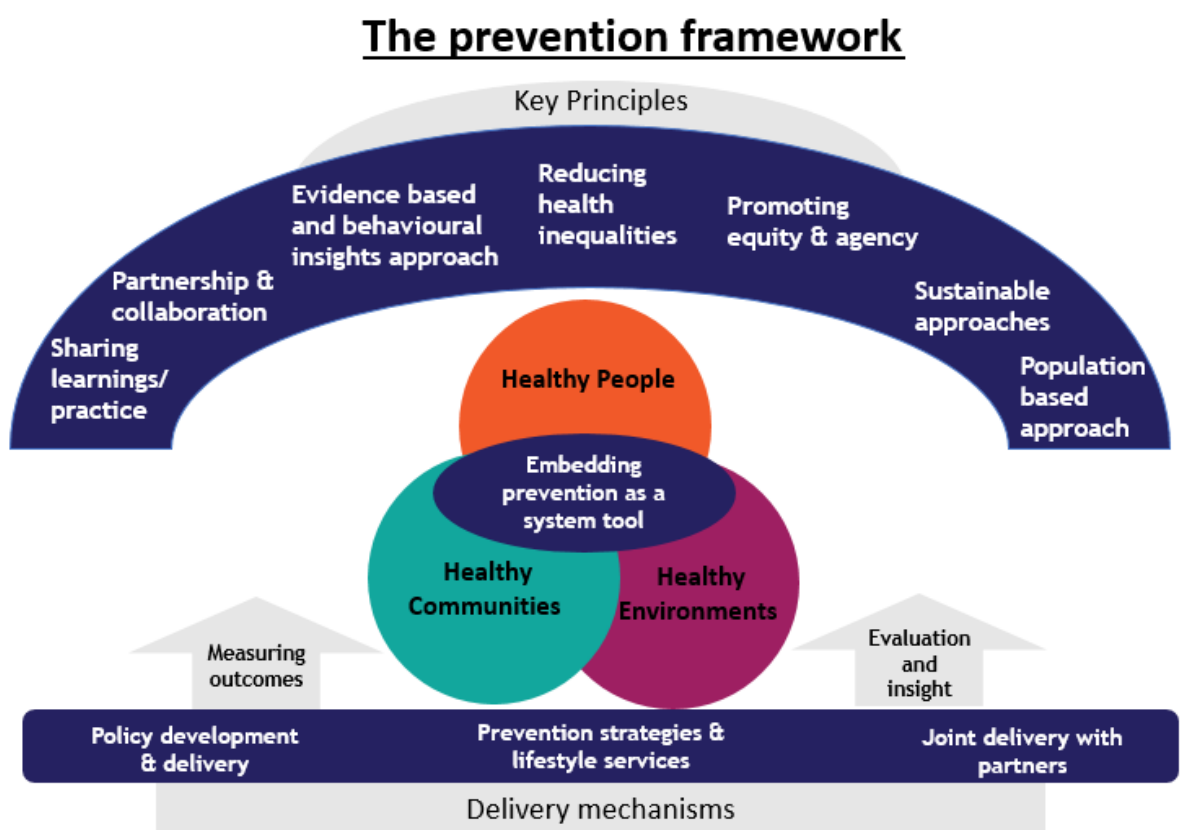
The PF is a strategic model to prevent ill health and need for care, by enabling the Council, health and care system leaders and community partners to work more closely together and complement each other's approaches. It embeds the preventative approach across the health and social care system and the wider determinants of health. It provides a framework to deliver targeted and universal programmes and policies. The Prevention Framework is based on the Office of Health Improvement and Disparities' guidance on Health Inequalities: Place-Based Approaches to Reduce Inequalities.¹

Figure I shows the PF model, the PF model has at its centre the aim of embedding prevention as a system delivery tool to promote health and to reduce health inequalities. It does this at three interconnecting levels within a system — people, community, and environment. To deliver this, the principles underpinning the Prevention Framework are:

- Reducing health inequalities to address those with the poorest health outcomes
- Partnership and collaboration across the council, organisations, and residents
- Evidence-based and behavioural insights approach at a locality level
- Promoting equity and agency among organisations and residents
- Sustainable approaches and long-term solutions
- A population-based approach to achieve population-wide impact.

¹ [Health Inequalities: Place-Based Approaches to Reduce Inequalities](#), Public Health England, September 2021.

Figure 1. Prevention Framework²



The aspirations of the Prevention Framework also address the wider determinants of health and include preventative action from housing, planning, culture and environment, climate change, community and partnerships, community safety and Adult Social Care divisions. The Prevention Framework approach is a lens from which to inform relevant strategies such as the Richmond Local Plan. This framework recognises that the vision cannot be achieved by any one organisation working independently but rather, depends on the efforts of many.

2.4 Measuring Outcomes and Evaluation

A key part of the Prevention Framework is setting indicators to define successful application across the council. Staff operationalising the framework will develop their skills to apply the key principles to the various delivery mechanisms of policy development, commissioning behaviour change interventions, community action and joint delivery with partners. Making Every Contact Count training assists in meeting these objectives.

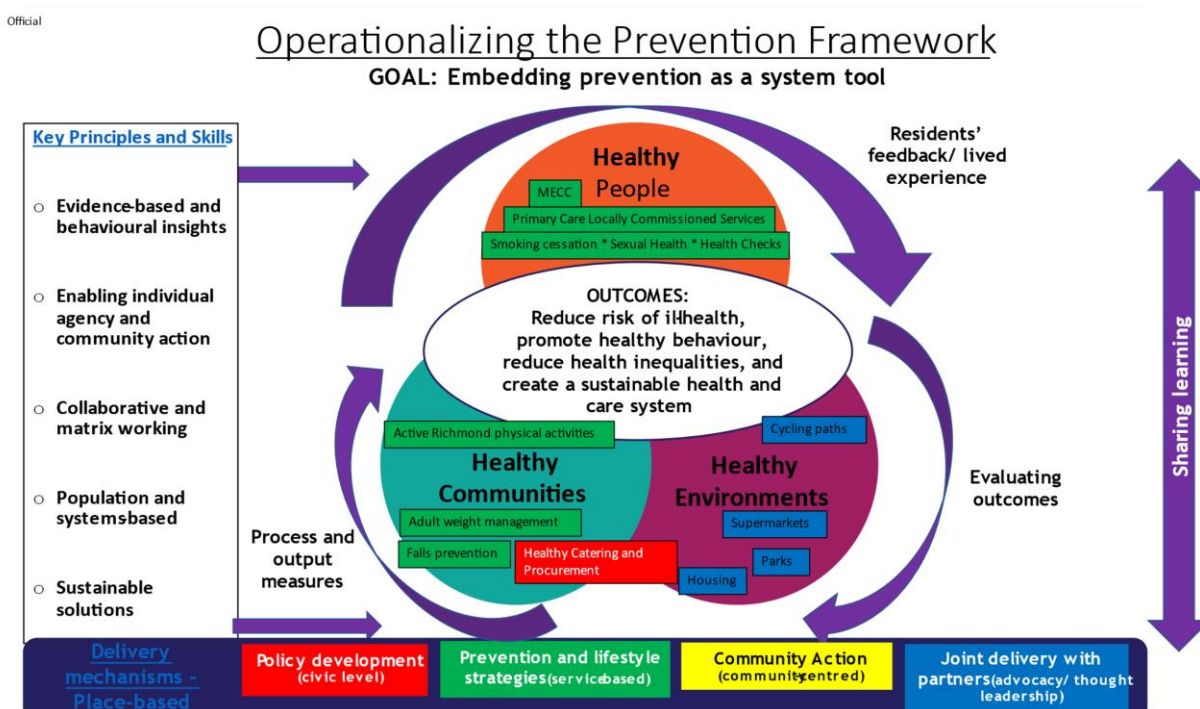
² Framework concept adapted with permission from the Somerset Activity & Sports Partnership

Although impact measures such as a decrease in preventable ill-health and increased adoption of healthy behaviours would be the ultimate measurement of success, it is recommended that the PF measures inputs and outputs such as

- Number of council projects promoting healthy lifestyle behaviours,
- Residents reporting that making a healthy choice is easy,
- Key outcomes achieved in prevention interventions targeting at-risk populations,
- Number of existing and planned policies with prevention of ill-health as one of its aims,
- Feedback and lived experience of residents.

Figure 2 captures the flow of how the Prevention Framework will be in practice.

Figure 2. An operational model of the Prevention Framework along with measuring the outcomes and indicators



Population-level indicators will be collected through the existing channels that feed into the Public Health Outcomes Framework monitoring of the health improvement and wider determinants of health indicators.³

At a community level, the use of the community action model will have a means to capture the progress on people being empowered to take responsibility for their own health and wellbeing. The community action model is a 5-step, community-driven model designed to build communities’ capacity to address health inequalities through mobilisation, building on the strengths of a community to create change from within.

As part of evaluating the refreshed PF, there will be a feedback loop to monitor progress, draw lessons learnt, and share best practice on an annual basis. This will be done using a logic framework model and will include process and impact indicators.

2.5 Public Health delivery of prevention using the Prevention Framework

The Public Health Division takes a systems preventative approach to tackle public health priorities and certain health conditions as set out in Table 2. To support prevention of ill health and encourage healthier lifestyles in residents, the public health programmes of work include Adult Weight Management, the Physical Activity Plan, Health Eating and Nutrition Plan, Workplace Health, Make Every Contact Count training, Dementia Prevention and Care, Winter Warmth, Council planning and procurement.

Examples include:

- i. Combating obesity and long-term conditions (LTC),
- ii. Delivering a Dementia awareness and prevention programme,
- iii. Delivering Making Every Contact Count training across a range of settings, and
- iv. Incorporating preventive interventions that address the wider determinants of health.

Table 2. Public Health Grant Direct Contribution to Prevention Workstreams⁴ across Richmond Council

| Prevention Workstream | Programme of work |
|-------------------------|--|
| Adult Weight Management | <p>Focus: Support people achieve a healthy weight through a lifestyle intervention, including physical activity and nutrition counselling.</p> <p>INTERVENTION: Signposting eligible residents to behaviour change and weight loss programmes referred through a GP, healthcare provider or link worker.</p> <p>DELIVERY: Systems leadership in the ICS Healthy Weight Task Force for Richmond and Kingston to adopt a whole systems approach to promoting a healthy weight.</p> |

³ [Public Health Outcomes Framework.](#)

⁴ Overview of prevention workstreams see Appendix 1.

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| <p>Dementia Prevention and Care</p> | <p><u>Focus:</u> Increase awareness of dementia risk factors in the community and in the health and care system and to ensure equitable access to preventative services for communities at higher risk of dementia.</p> <p>INTERVENTIONS: Awareness raising of dementia risk factors in community and health and care system to increase dementia recognition and signposting. Includes training and promotion of an awareness assessment.</p> <p>Developing a ‘What is good for you heart is good for your brain’ campaign.</p> <p>Dementia Friendly Communities and developing a psychosocial support offer for carers.</p> <p>DELIVERY: Systems leadership to the Dementia Prevention and Care Leadership Group, which oversees the dementia pathway framework.</p> |
| <p>Healthy Eating and Nutrition</p> | <p><u>Focus:</u> Increase the acceptability and accessibility to healthier food, especially for those with long-term conditions and to achieve a healthier weight</p> <p>INTERVENTION: Promoting healthy eating in behaviour-change weight loss programme and community-based initiatives</p> <p>DELIVERY: Systems leadership in the Healthy Weight Task Force for Richmond and Kingston to adopt a whole systems approach to promoting a healthy weight. Promoting healthier catering guidelines for businesses and workplaces.</p> |
| <p>Healthy Workplaces</p> | <p><u>Focus:</u> Increase the proportion of businesses and community organisations across the local economy that could maximise the benefits of working towards adopting a health promoting environment for their employees.</p> <p>POLICY/GUIDELINES: Promote achievement of London Healthy Workplace Award. From 2022, this will be the Good Work Standard, under the guidance of Greater London Authority.</p> <p>DELIVERY: Within the SSA (Shared Staffing Arrangement), Occupational Health implements initiatives to achieve the London Healthy Workplace award and follow healthy workplace standards. Public Health with the Economic Development Office (EDO) approach businesses to adopt the healthy workplace standards.</p> |

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| <p>Making Every Contact Count</p> | <p><u>Focus:</u> Targeted at SSA and community frontline workers by training them with the skills to identify opportunities for early intervention and signposting residents to appropriate services</p> <p>POLICY: Embedding MECC (Making Every Contact Count) in the council induction programme</p> <p>INTERVENTION: On-line training modules in Introduction to MECC, Emotional Health and Wellbeing, Loneliness and Isolation, Dementia Awareness, Accessing New Technologies, Carer's module, Supporting Winter Warmth, and Active Travel</p> <p>DELIVERY: Including introduction to MECC in the SSA new staff induction programme</p> |
| <p>Physical Activity</p> | <p><u>Focus:</u> Increase support to inactive populations to become more active</p> <p>POLICY: Promoting active living approaches such as exercise in open spaces and supported infrastructure for cycling and walking</p> <p>INTERVENTIONS</p> <ul style="list-style-type: none"> - Behaviour-change programmes to prevent long-term conditions like diabetes - Falls prevention and carers strategies to promote physical activity, including Active Friends – a befriending programme <p>DELIVERY: Council funded community-led group physical activities like dancing and walking groups</p> |
| <p>Winter Warmth</p> | <p><u>Focus:</u> Help vulnerable residents stay warm and well.</p> <p>INTERVENTION: (Wandsworth and Richmond Assessment Point (WRAP))</p> <ul style="list-style-type: none"> - Provision of energy saving measures and advice, and an assessment to assess the energy efficiency of a home, finances, and health, to determine what help is available. - Council-funded fuel vouchers for prepayment meter customers with little or no credit, subject to eligibility and survey <p>DELIVERY: Delivered as part of the Council's Winter plan</p> |

3. Implementing the Prevention Framework to facilitate the Council as a Public Health organisation

This section provides examples at each of the place-based levels of what the Prevention Framework looks like in practice and its positive impact on residents based on the lives they lead, the community they are part of and the physical environment in which they live. These pieces of work highlight how prevention and reducing health inequalities has been embedded across the work of the Council.

HEALTHY PEOPLE

Tailored approaches for older people

In Richmond, collaborative work is in place between the Public Health team, Adult Social Care, Environment and Community Services, NHS primary care provider and local voluntary sector organisations to deliver a range of falls prevention activities tailored for older residents. Some older people at an increased risk of falling need specialist interventions, while many more simply require access to evidence-based strength and balance classes. The Council and its partners are working to ensure that these classes are easily accessible to all residents and that referral pathways are robust. During the pandemic, this has meant offering more online classes and developing one-to-one active befriending services. This tailored approach recognises that long periods of isolation and lack of activity may increase the risk of falls.

HEALTHY COMMUNITIES

Links with the community reaching people living with disabilities

Through the council's Voluntary Sector team, a Public Health Grant funded Active Richmond Fund supports local voluntary organisations to extend the range of activities for residents to promote an active lifestyle. Residents are signposted through the council-funded Social Prescribing service and Culture Offer. One project was Richmond's United Response which reached people living with disabilities to keep fit through sport and wellbeing classes. The funding was used to run classes over a 6-month period, enabling 100 disabled people to become involved in sports, as well as using these sessions to promote not only the aims of the physical activity workstream but also addressed wider determinants of health - social connectedness and isolation. This example demonstrates how linking with communities can make a difference and reduce health inequalities among vulnerable populations.

HEALTHY ENVIRONMENT

Local Spatial Planning

The Environment and Community Directorate gathered inputs from the Public Health team to draft the refreshed Local Plan for Richmond. The Local Plan outlines what kind of development is permitted and where, shaping infrastructure investments and determining the future pattern of development in the borough. The key health and wellbeing areas reflect supporting healthy lifestyles, designing housing and neighbourhoods, restricting fast food outlets to reduce unhealthy eating, active travel and health infrastructure including access to GPs, pharmacies, and hospitals.

4. Conclusion

The refreshed Prevention Framework continues to be a tool for the Council in developing a whole systems approach to prevention to meet the key priorities of promoting good health and reducing health inequalities. Collaboration across the Council with community, health and care partners, will make a bigger impact on residents' health and wellbeing. Helping individuals to make healthier choices and creating opportunities for greater involvement in the community and local environment will ensure the Prevention Framework's vision is achieved and can be sustained.

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Appendix 1: Overview of the Prevention Framework Public Health Workstreams

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| <p>i. Combatting obesity and long-term conditions</p> |
| <p>The Healthy Eating and Nutrition Plan delivers the PF to enable: Healthy eating people through awareness raising Healthy food and nutrition through catering and procurement in communities Healthy food promoted in environments</p> |
| <p>The Physical Activity Plan delivers the PF to enable: Active individuals at home, outdoors and virtually Active communities through getting inactive groups active Active environments through walking and cycling paths</p> |
| <p>Adult Weight Management delivers the PF to enable: Healthy active people on-line and in person Healthy, connected, and motivated communities to lose weight</p> |
| <p>ii. Delivering a Dementia awareness and prevention programme</p> |
| <p>The Dementia awareness and prevention programme delivers the PF to enable: Healthy older people Healthy paid and unpaid carers Healthy dementia-friendly communities Healthy supportive environments</p> |
| <p>iii. Delivering Making Every Contact Count training across a range of settings</p> |
| <p>Make Every Contact Count is delivering training for: Healthy trained and connected people Healthy communities and workplaces Healthy and active environments</p> |
| <p>iv. Incorporating preventative interventions that address the wider determinants of health</p> |
| <p>Healthy Workplace delivers the PF to address wider determinants of health through: Healthy people Health promoting workplaces Healthy supportive environments</p> |

Appendix 2: Draft plan for workshop for the Council, planned for February 2022

Workshop Objectives:

- For participants to gain understanding of application of the Prevention Framework
- For Public Health team to gain feedback on the use of the Prevention Framework and mechanisms for evaluation
- For Participants to identify opportunities for delivering prevention activities as part of the Prevention Framework

Table 1: Pre-workshop questions

Understanding of prevention

- What do you understand prevention to be and what do you do in your work/planning already that aims to improve the health of residents, can you map out what you are doing already?
- Can you give some examples of prevention best practice and case studies of what works well and has achieved good outcomes?
- What evidence needs are there? What behavioural change insights and evidence base do you need to support the work?

Public Health knowledge and skills support needs

- What do you feel you would need support with to embed prevention in the work of your Directorate or organisation and what technical expertise is required?
- What opportunities are there for Public Health input?
- Are there any working groups, meetings, or upcoming strategies that bring a prevention lens to the work?

Use of Public Health devolved funding and Council funding

- How are devolved funds from Public Health used?
- What other funding can be used to contribute to Prevention?
- What mechanisms are in place in your department to evaluate the impact of this funding and link this to PHOF, ASC Outcomes Framework and/or NHS Outcomes Framework?

Measuring impact and PHOF (Public Health Outcomes Framework) Outcomes:

- What is your interpretation of PHOF Outcomes and relevance to your work?
- What related outcome/s is your department organisation delivering on?
- How could the impact of this be best measured? Do you have any existing data collection or reporting mechanisms where you could include Public Health Measures or Public Health Outcomes Framework indicators?