Coventry and Warwickshire Integrated Care System

Prevention Framework

Prevention is everyone's business

1 Overview

Prevention is a key priority for the Coventry and Warwickshire Integrated Care System (ICS)[1]. The Prevention Framework is intended as a tool to support system partners to embed prevention within their organisations, settings, places and services, by:

- providing a shared understanding of what we mean by prevention
- sharing a set of prevention principles and how they can be embedded within organisations
- providing support to system partners with agreed system areas of focus.

The model below illustrates our approach to Prevention and how we, as a system, will approach the principles outlined in this framework. This includes considering the wider determinants of health and encompasses preventative action within systems, communities and environments.

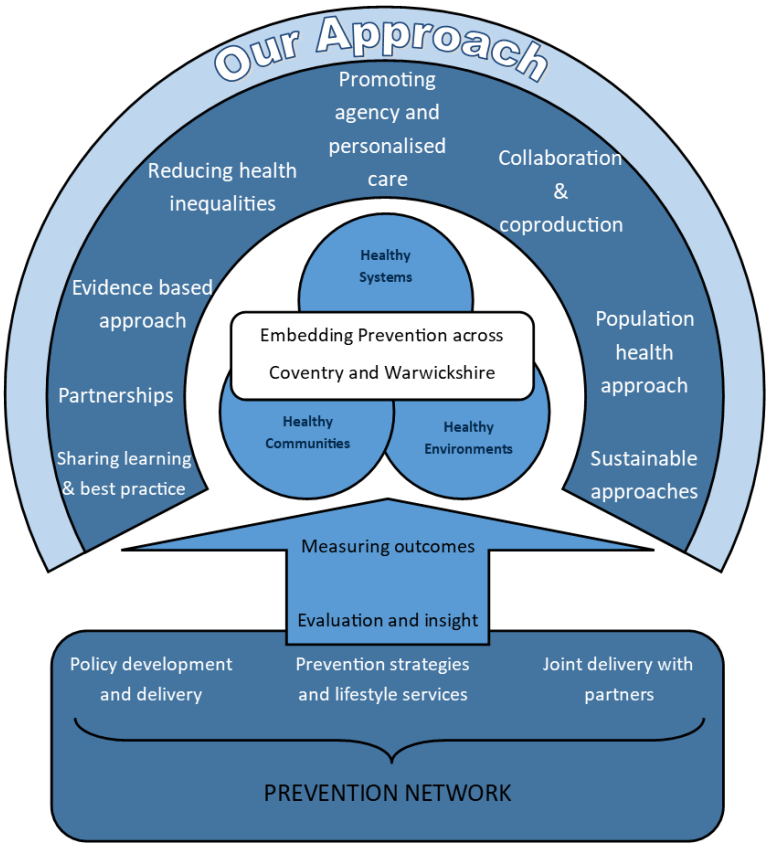

Figure 1: Embedding prevention across Coventry and Warwickshire

This document sets out:

- Who the framework is for
- Rationale for prevention

- Our local approach to prevention – the principles proposed in the framework and outlining the Prevention Network
- How we will share good practice
- Resources

2 Who is the framework for?

The primary audience is the NHS and health and care system, however the framework is aimed at system partners including local authorities, community organisations, and service providers/businesses, as well as individuals and communities. It emphasises that prevention is everyone's business and should be used to embed prevention within organisations, settings, places, and services. The framework provides a shared understanding of prevention, outlines prevention principles, and supports system partners in focusing on agreed areas to improve health outcomes and reduce health inequalities. It is designed to be helpful to commissioners and clinicians, service managers, and frontline staff alike, aiding them in understanding prevention and thinking practically about what they can do to implement it. Additionally, it helps to influence policymakers to include prevention within policies, contracts, and standard operating procedures.

3 Rationale for prevention

3.1 Why Prevention?

The major causes of mortality and morbidity **for those aged 70 and under** in England are preventable diseases caused **in large part due to** behavioural factors such as smoking, poor diet and excessive alcohol consumption.

The gap between healthy life expectancy and life expectancy is indicative of the years people spend in poor health. This is known as the window of need. For the most recent 3 year period, the gap for Coventry is 18.9 for males and 23.6 for females (2021-23) and the gap for Warwickshire is 17.4 for males and 21.5 for females (2021-23).

Nationally, tobacco, obesity and diet-related factors, low physical activity and alcohol and drug use account for most of the burden of ill health and early death that has been attributed to known modifiable risk factors. We also know that tackling these risks can impact on a wide range of conditions. These can be physiological factors such as high blood pressure, or behavioural factors such as smoking tobacco.

Similarly, the global burden of disease for Coventry and Warwickshire, in relation to the preventable behavioural risk factors demonstrates:

- Tobacco is the top relevant risk factor for both Coventry and Warwickshire, contributing to respiratory infections and tuberculosis and cardiovascular diseases (CVD).
- High body mass index – third and second relevant risk factor for Coventry and Warwickshire respectively, with CVD, diabetes, and chronic kidney disease as the major preventable associated health conditions.
- Alcohol is the sixth risk factor for both Coventry and Warwickshire and is the major contributing factor to self-harm, violence, and unintentional injuries.

3.2 Picture of health behaviours in Coventry and Warwickshire

Figure 2 shows the number of premature deaths per 100,000 across Coventry and Warwickshire in 2021 which are attributed to the behavioural risk factors of tobacco use, dietary risks, high alcohol use and low physical activity.

Tobacco use and dietary risks are the highest risk factors causing deaths, followed by high alcohol use and low physical activity (figure 2).

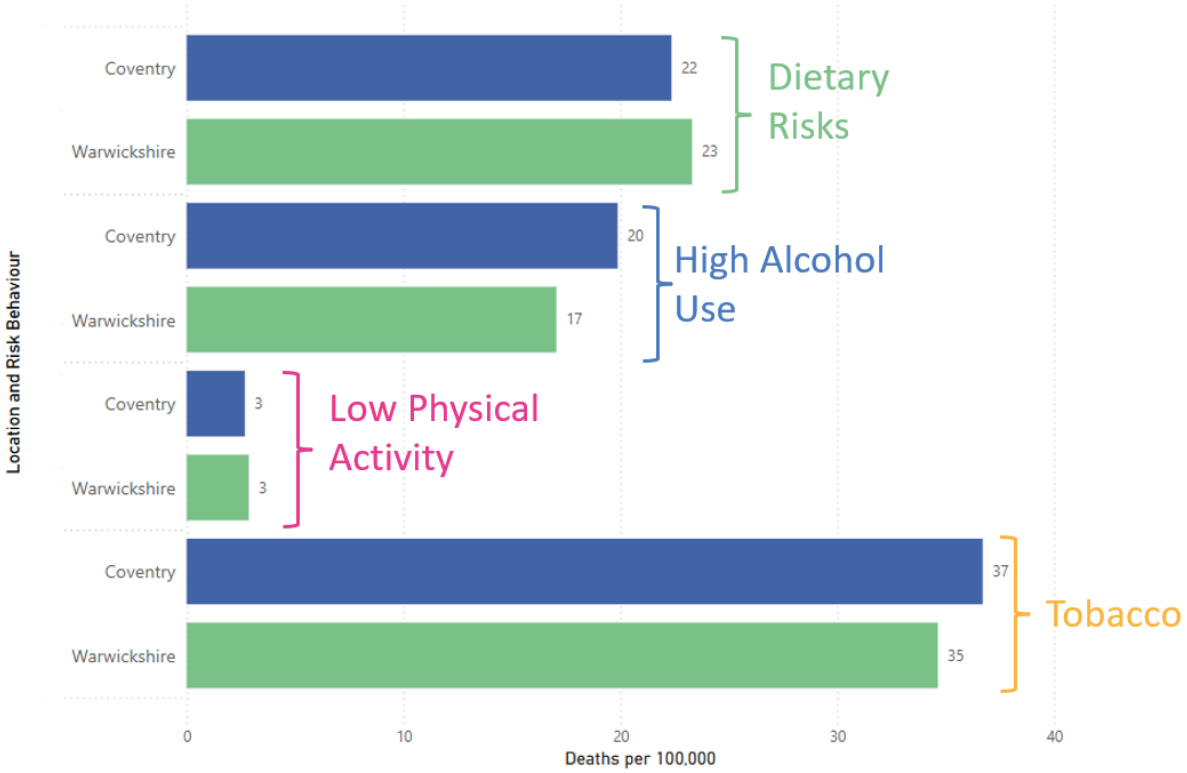

Figure 2: Deaths of those aged under 70 attributable to Behavioural Risks in 2021 across Coventry & Warwickshire

Figure 3 and Figure 4 show local data about the prevalence of these behaviours for 2022/23. In Warwickshire 24.5% of adults were physically inactive, 14.2% smoked, 68.5% were overweight, and 20.5% consumed high levels of alcohol. In Coventry, 21.4% were inactive, 13.0% smoked, 65.3% were overweight, and 24.0% drank heavily. These statistics demonstrate the need for targeted interventions to reduce these behavioural risks and improve public health outcomes.

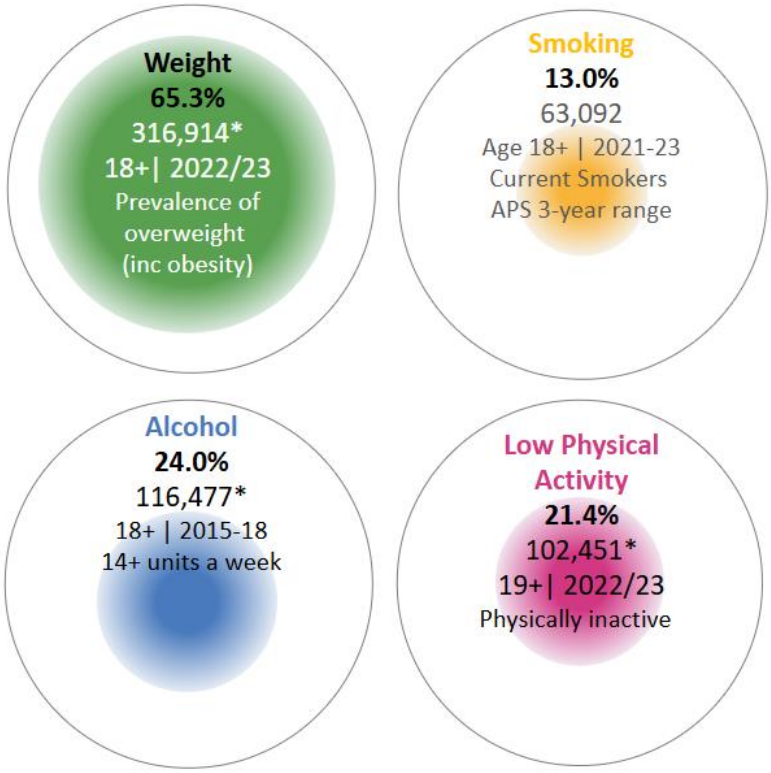

Figure 3: Local Picture in Warwickshire

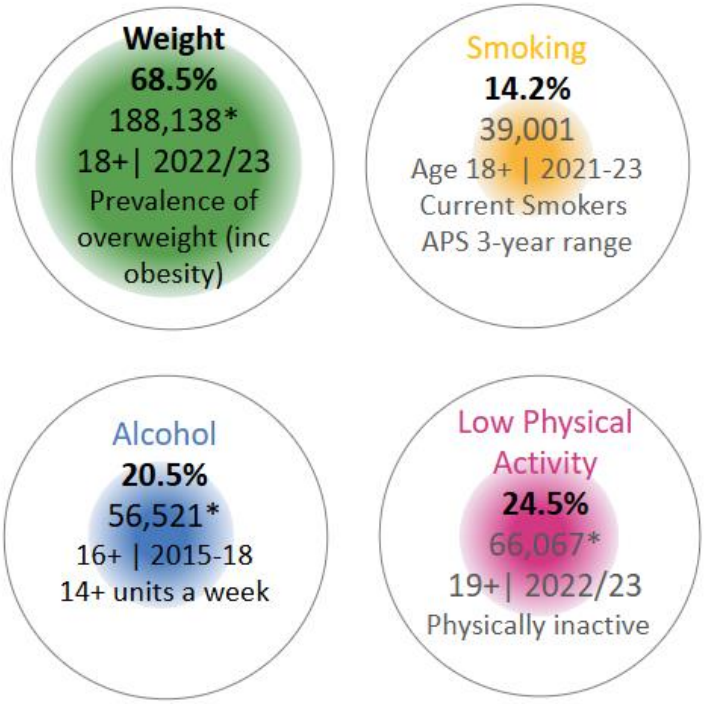

Figure 4: Local Picture in Coventry

3.3 National context

The **Darzi 2024 Report** provides an in-depth analysis of the current state of the NHS in England. Commissioned by the Secretary of State for Health and Social Care, Lord Darzi's investigation highlights significant challenges, including declining public satisfaction and increasing health inequalities. The report emphasizes that preventive interventions are far less costly than dealing with the consequences of illness. It calls for urgent action to address the social determinants of health, such as poor housing and low income, which have exacerbated health issues. By focusing on prevention, the report argues that the NHS can improve public health outcomes and reduce long-term healthcare costs.

The **Chief Medical Officer's Annual Report 2023** focuses on health in an ageing society. Professor Chris Whitty outlines strategies to maximize independence and minimise ill health among older adults. The report stresses the importance of reducing disease and creating supportive environments to maintain independence. It highlights preventive measures, such as vaccination and early disease detection, are crucial in reducing the burden of illness and associated healthcare costs. The report also calls for targeted efforts in areas with rapidly growing older populations and emphasizes the need for enhanced medical training and NHS services to address multimorbidity.

The **NHS Long Term Plan** sets out a comprehensive strategy to improve care, prevent ill health, and reduce inequalities. Key initiatives include new funding, service models, and standards aimed at enhancing patient care and supporting NHS staff. The plan emphasizes the importance of prevention, early detection, and addressing the social determinants of health to create a sustainable healthcare system. It highlights how preventive interventions, such as lifestyle changes and early screening, can significantly reduce the incidence of chronic diseases and lower healthcare costs.

The **Hewitt Review** examines the oversight and governance of Integrated Care Systems (ICSs) in England. The review advocates for greater autonomy for ICSs to prevent ill health and improve NHS productivity. It recommends fewer central targets and increased investment in prevention to enhance population health. The review also calls for a cultural shift towards collaboration and transparency to ensure effective and lasting change. By prioritizing preventive measures, the review suggests that ICSs can reduce the long-term burden on the healthcare system.

The **Marmot Review 10 Years On** highlights widening health inequalities and stalling life expectancy in England. It emphasises that preventive interventions, such as improving living conditions and reducing poverty, are far less costly than dealing with the consequences of illness. The report calls for action across social determinants of health to create fair employment, healthy communities, and better early childhood development. By focusing on prevention, the review argues that health outcomes can be significantly improved, and long-term healthcare costs reduced.

These reports collectively highlight the critical importance of investing in prevention and fostering collaboration across the healthcare system to prevent ill health and promote well-being.

3.4 Local context

Coventry and Warwickshire Integrated Care Strategy (2022) outlines the system's commitment to prevention. The strategy highlights that it is by prioritising prevention across all we do that we have a real opportunity as an ICS to shift the dial on population health outcomes and inequalities. A pledge to be 'prevention minded' is also a key commitment underpinning the strategy, and one of the three core priorities is 'Prioritising prevention and improving future health outcomes through tackling inequalities'.

The Integrated Care Strategy was built from the statutory Health and Wellbeing Strategies for Coventry and Warwickshire, which have a clear focus on the wider determinants of health and upstream prevention to drive improvements in population health and address health inequalities – as reflected in the population health model that has been adopted across the ICS (see section 4). The Health and Wellbeing Concordat for Coventry and Warwickshire underpins the ICS vision and provides principles for how partners will work together. The first of those principles is prioritising prevention and describes a commitment to tackle the root causes of health-related problems to reduce the impact of ill-health on people's lives. This continues to be a key emerging theme in initial work to refresh the Health and Wellbeing Strategies. In Warwickshire this is being built up from the priorities of the Place Partnerships, where wider partners come together to address the social determinants of health.

Across the ICS there are a variety of preventative services and interventions commissioned and delivered by local authorities, NHS providers, and VCSFE partners. Increasingly, we are seeing prevention integrated into system strategies and plans, such as the Clinical Strategy, the Primary Care Strategy and the Healthcare Inequalities Strategic Plan. Our system Population Health Management Roadmap recognises the importance of building PHM capability as an enabler for more proactive and preventative care.

4 Our local approach to prevention

Through our Prevention Framework, we are aiming to embed a local approach to prevention right across the health and social care system which enables all ICS partners to work more closely together and complement each other's approaches. This is underpinned by our system **population health approach** (The King's Fund population health model, figure 5) and bound up with action to reduce health inequalities.

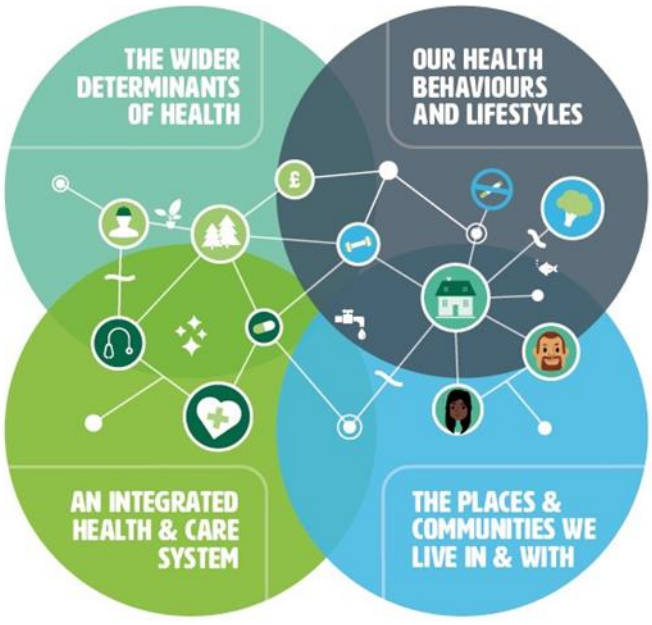

Figure 5: The King's Fund Population Health Model

We know that our health is shaped by a range of factors including education, work, living conditions, and housing, as well as our lifestyles and health behaviours. There is also now greater recognition of the importance of the communities we live and work in, and the social networks we belong to. The

greatest contribution to life chances and reducing health inequalities sits outside of direct health and care services, and we recognise the need to embrace all four aspects of the population health model – and importantly the connections between them – in our approach to prevention.

Our holistic approach to health and wellbeing emphasises the importance of proactive measures which address the root causes of health issues. This is enabled by **population health management** capability which helps to identify target cohorts of patients and enables integrated teams to design and deliver specific interventions to address identified needs.

We also recognise the important intersection between prevention and **health inequality**. Our communities with the highest burden of long-term conditions are often those that experience poorer access to and uptake of available healthcare. Inequalities in health outcomes are being driven by a higher prevalence of modifiable behavioural risk factors within particular population groups. Our prevention activity must be informed by the knowledge and learning from our strategic system work to tackle health inequalities and target those cohorts with the most significant need. We need to work at a place and neighbourhood level to understand population differences and be prepared to vary our approaches, working with communities to enable and develop preventative interventions that best serve the needs and circumstances of particular population groups.

Alignment between system-wide action on health inequalities and prevention is important, supported by population health management (PHM) as a key enabler. But we also need to understand how each is different and how they relate to each other (table 1).

Table 1: Strategic alignment between PHM, health inequalities and prevention

What do we mean by PHM and Health Inequalities?	What are we doing?
PHM improves population health through data-driven planning and delivery of proactive care. It employs analytical tools to identify local 'at risk' groups of people and brings multi-disciplinary teams together to use these insights to design and target activity to prevent ill-health, improve health outcomes and reduce inequalities.	Our ICS PHM Roadmap sets out our plan to spread, scale and sustain PHM capability and capacity at all levels of the system, framed around four key areas of infrastructure, intelligence, interventions and incentives ('4Is'). Our system PHM data platform forms a significant element of our system PHM infrastructure. We are working to embed PHM as 'business as usual' at system, place and neighbourhood levels.
Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health*care* inequalities are differences that exist for groups in our population with regards to access, experience and outcomes in health care services.	Our Health Inequalities Strategic Plan sets out how the ICB and wider partners are embedding tackling healthcare inequalities throughout the system. This is based around the Core20Plus5 models for adults and children with a focus on • people living in areas within the 20% most deprived in the country • local groups identified as having worse healthcare outcomes • clinical priorities where there is evidence of impact on health inequalities. One of the key priorities in our strategy is to accelerate preventative programmes.

4.1 Shared understanding of prevention

Prevention can mean different things to different people; however, the main concept is to help Coventry and Warwickshire's population to stay happy, healthy, and independent. We aim to develop a local shared understanding of prevention which reflects the different perspectives that partners will have on what prevention means to them. This will encompass the nationally understood definitions below (figure 6) and recognise the wide range of prevention activity already happening every day within our system. The value of the Framework is in helping to give visibility and bring strategic alignment to this activity.

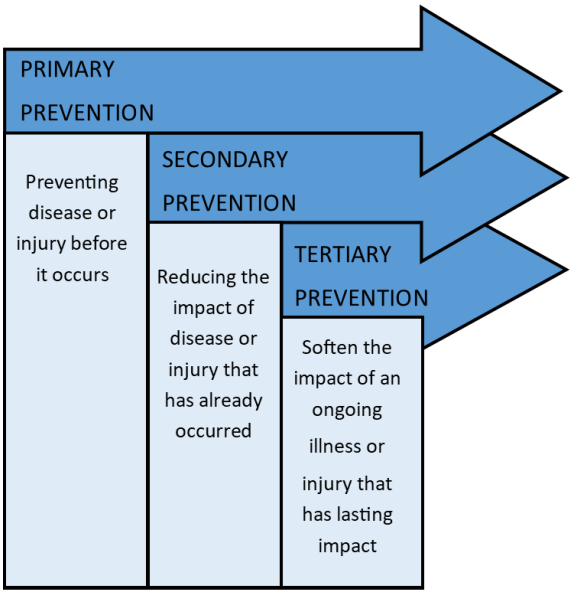

Figure 6: Defining Prevention

Across Coventry and Warwickshire, preventative workstreams are already well established (see table 2) and delivered through different governing bodies and organisations. The list below is not exhaustive and is to highlight examples of preventative work, which span across differing levels of prevention.

Table 2: Examples of current prevention work areas

Prevention work areas
• **Active Travel initiatives** • **Active waiting lists / Healthy Hospitals** • **Weight management services** e.g. Tier 2, 3, 4, Diabetes Prevention Programme, pathways • **Locally commissioned services** e.g. stop smoking, weight management, non-dependant alcohol consumption, drug and alcohol services, domestic abuse services, sexual health, NHS Health Checks

- **Physical activity programmes and opportunities** including funded programmes, referral programmes, Sports Partnership work, place-based interventions, hyperlocal interventions
- **Mental Health Services and programmes** including physical health checks, suicide prevention
- **NHS Long Term Plan Prevention** e.g. NHS Tobacco Dependency Programme
- **Long Term Conditions Management** e.g. CVD
- **Screening programmes** – such as, cervical, bowel and breast cancer
- **Early Years programmes and Family Health services**
- **CYP focussed work programmes** including violence reduction, diversionary activities
- **Recovery Pathways** e.g. cancer, cardiac, covid

4.2 Our Prevention Principles - How we embed prevention first

We need all ICS organisations and partners to embed prevention in their services, workforce, and future planning to reduce the global burden of disease, and to work collectively to address the wider determinants of health to tackle health inequalities and drive improved population health outcomes. Prevention can help every part of the health and care system and should cut across all of our strategies and plans.

To help partners to prioritise and embed a culture of prevention, we have developed a set of 'Prevention FIRST' principles. These principles provide a simple framework that partners can use as the basis for considering any service, priority, or activity through a prevention lens – they help us to put our Prevention First commitment into practice. Below we describe what these principles mean.

Figure 7: Prevent First Principles

‘For everyone’ means our approach to prevention is collaborative and inclusive

Prevention is everyone’s business and there should be a system-wide and long-term approach to influencing and embedding this. Our health and care services need to transition from a culture where we treat illness, towards a culture that promotes health and wellbeing. A shift towards a culture of prevention will not only improve the health and wellbeing and reduce health inequalities for our residents and patients but also help secure the future of our organisations to meet the predicted increase in need and have a long-term financial benefit.

We need a systematic approach, with strategic leadership, adopting a ‘health in all policies’ approach that embraces the contribution of every part of the health and care system, in our neighbourhoods, our places and at a Coventry and Warwickshire and even a regional level.

Importantly, this means embracing the role that local communities play in prevention – recognising the significance of “the places and communities we live in and with” from our population health model. We need to work collaboratively and flexibly, taking an asset-based approach built on a deep understanding of communities, rather than delivering a ‘one size fits all’ approach. Public services should work together with local communities to help build healthy communities, where the community assets that help keep people well and prevent ill health are mobilised and valued.

‘Impact focused’ means our approach to prevention is insight-driven and evidence-based

Through our Prevention Framework we expect to develop high impact prevention interventions, in relation to the biggest health risk factors, which are co-produced with local communities and informed by our population health management capability and evidence about what works.

Population health intelligence and performance data inform the system’s priorities and help to identify opportunities for intervention. We have a plethora of data about unmet health need, access to services, health inequality and service outcomes. We need to work collaboratively and to share data, where appropriate, to ensure evidence-based decisions are taken for the benefit of the general population. Joint Strategic Needs Assessments should be used routinely to inform service planning, and our developing Population Health Management capability used to enable design and delivery of targeted, proactive health and care interventions for at risk cohorts.

We must also ensure that our prevention activity is developed with our communities, equally involving people who use services, alongside carers, families and communities, throughout the commissioning cycle.

We will work through our Prevention Network to facilitate sharing of best practice across the system and raise awareness of local and national evidence and resources so that our activity is consistently evidence-based and supported by a culture of learning and evaluation.

‘Reducing inequalities’ means our approach to prevention is a key part of our efforts to reduce health inequalities

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. In Coventry and Warwickshire there are significant inequalities in life expectancy and in healthy life expectancy, with people living in our more deprived communities spending a longer period of their already shorter lives in poor health. These inequalities

are driven by significantly higher rates of premature mortality from avoidable conditions such as cardiovascular disease and respiratory illness, in turn driven by worse rates of risk factors such as smoking, poor diet, physical inactivity and obesity across the life course. Prevention is therefore a fundamental part of work to reduce health inequalities by addressing both the wider determinants of health and protective factors.

But prevention activity will not automatically lead to reduced inequalities. We need to ensure that a focus on reducing healthcare inequalities is embedded in our prevention activity, and that this is informed by the knowledge and learning from our strategic system work to tackle health inequalities. This means focusing delivery particularly for specific groups that experience inequalities in healthcare access, experience and outcomes and using the Health Equity Assessment Tool (HEAT) to understand and address the inequalities impacts of planned services and interventions.

'Social context' means our approach to prevention addresses the wider context and root causes of ill health

It is commonly recognised that 80% of our health and wellbeing is driven by factors outside of health and care services. The wider determinants of health refer to a diverse range of economic, social and environmental factors that impact people's lives, including housing, education, employment, transport, and access to healthy food, for example. There is a clear link between wider determinants and health outcomes, which in turn creates health inequalities. It is therefore important that our prevention activity pays attention to the wider context in which people live and how this then impacts on their health behaviours and outcomes, and engages with wider system partners at a local level.

This includes thinking about how we can create healthy communities and workplaces where individuals and families can make simple and easy positive lifestyle choices. For example, liaising with local businesses and organisations provides a great opportunity for embedding prevention within the workplace. A workplace culture that promotes positive health and wellbeing will not only benefit individuals but also the wider organisation through reduced sickness leave, and an engaged workforce with lower staff turnover. Businesses and organisations can also support staff to be active, eat well, reduce harm from alcohol and smoking and promote mental well-being.

Prevention should also take a life course approach (see 4.3). There are a wide range of protective and risk factors that interplay in health and wellbeing over the life span and a life course approach considers the critical stages, transitions and settings where large differences can be made in promoting or improving health and wellbeing. This capitalises on the potential to deliver an inter-generational approach, with health improvements and a reduction in health inequalities from generation to generation.

At an individual level we can pay attention to social context by embedding a personalised care approach, especially for those living with complex health conditions and comorbidities. This means that people are consistently empowered to be equal and active participants in their health and wellbeing by having more choice and control over the way that their care and treatment is planned and delivered based on what matters to them and their individual strengths, needs and preferences.

‘Tools and resources’ is about how we embed prevention into routine practice

We are committed to supporting the frontline professionals to embed prevention in their everyday practice and equipping them with resources and tools to do this. For health and care, we want to see prevention as the first step in every clinical pathway and to recognise that this is wider than what we define as secondary prevention. It’s a whole system approach that embraces the wider determinants of health and the contribution of all partners.

Making Every Contact County (MECC) should be systematically adopted from commissioning to service delivery due to the fact front line staff interact with individuals every day. Leaders and managers can support MECC by ensuring staff keep up to date with the latest local versions of the MECC training offer. Clinical leaders and service managers can also be supported to guide their teams through the process of re-designing services to include prevention. Details of helpful tools and resources can be found in section 6.

4.3 Where we can make a difference

The following are high impact areas for the local system based on the data and intelligence outlined in section 3, and they are aligned to the NHS Long Term Plan priorities. The Prevention Network could support and initiate high impact prevention activity within these focus areas.

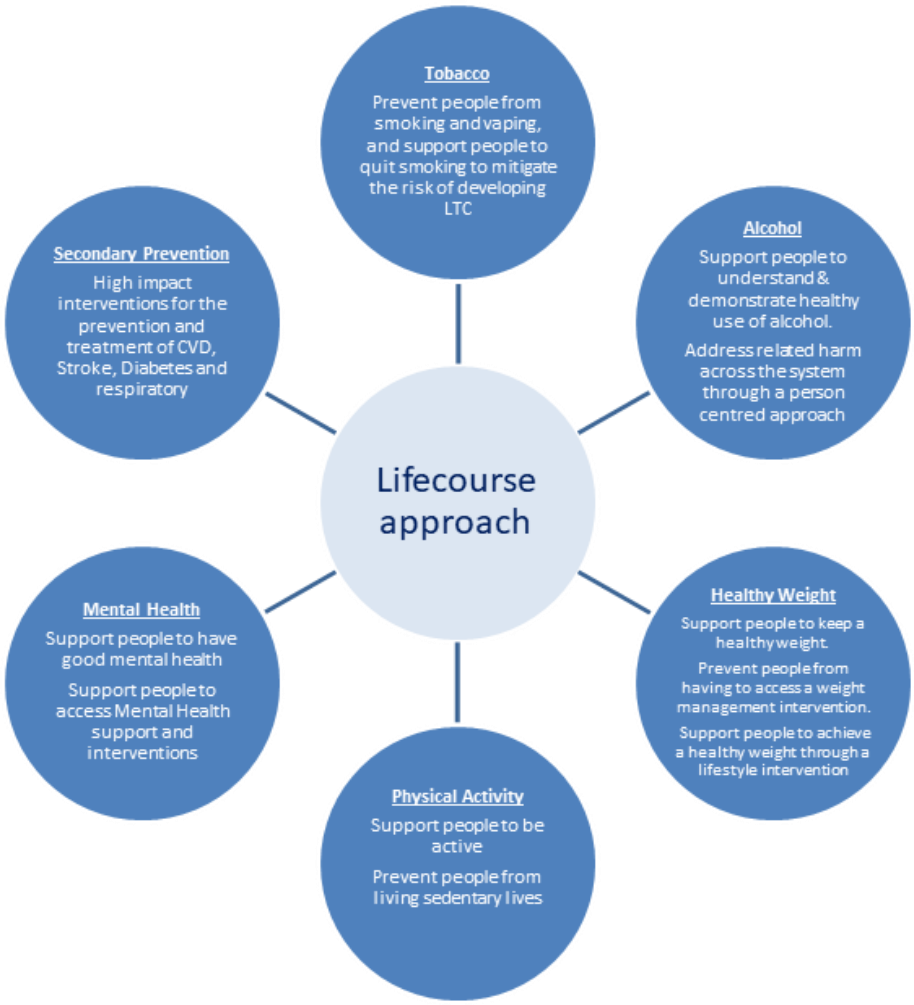

Figure 8: Areas of focus

We know that taking a life course approach values the health and wellbeing of both current and future generations. It recognises that:

- there are a wide range of protective and risk factors that interplay in health and wellbeing over the life span
- maintaining good functional ability is the main outcome of the life course approach to health.
- functional ability can be enhanced throughout life by a supportive environment
- by altering policies, environments, and societal norms, inequalities affecting the life course trajectory can be reduced, which could benefit the whole population across the lifespan, as well as future generations[1].

[1] Health matters: Prevention - a life course approach - GOV.UK (www.gov.uk)

4.4 How we can demonstrate impact

It is important to understand how, as a system, we will monitor and demonstrate how the Prevention Framework is being applied and the impact this is having, as well as the challenges and barriers to implementation.

The purpose of the framework is to influence and support partners with prevention, with a focus on sharing good practice, setting standards and supporting the uptake of prevention workstreams. The monitoring and evaluation will therefore align to the principles and areas of focus within the Framework and evidence the adoption of prevention within workstreams. Measures and evaluation mechanisms may include:

- Number of existing and planned policies, strategies, and boards with prevention of ill-health as one of its aims or deliverables
- Evidence of routine reflection of prevention principles within Board and Committee reports
- Qualitative feedback and lived experience of service users, residents, and staff
- Case studies that exemplify application of the principles, such as progress with Health in all Policies and prevention toolkits.

As we embed a commitment to prevention across the system, we clearly expect to see an improvement in key prevention indicators that have been identified at a national and system level. However, the impact of prevention activity is inherently difficult to measure and evidence in a causal way. It is important to recognise that the effectiveness of the Prevention Framework is not measured by performance against those measures, accountability for which sits with other boards and groups within the system.

4.5 Making it happen

A Prevention Network, using a senate type approach, will be developed. This approach will create a strong coherence for the system.

A senate approach involves the identification of a relatively large number of interested parties, possibly 100 or more, that would be part of an assembly of organisations that could be invited to participate in specific prevention themed sessions that the network is asked to consider. The network will align to wider networks across the system, e.g. Clinical Networks.

As part of the themed sessions, there may be a need to convene task and finish groups. This will enable opportunities for focus on particular subject areas discussed at the network.

The Prevention Network is intended as an expert panel for development of prevention thinking and approaches across the system, providing a place to work together, share learning and equip partners and teams to put the Prevention Framework into practice. The purpose and role of a prevention network includes:

- Facilitating integrated and collaborative working across professional disciplines and roles, including wider system partners
- Helping to coordinate and initiate high impact prevention activity in relation to key areas of focus, and provide alignment to system priorities
- Enabling peer to peer, solutions-focused conversations that help support the adoption of the agreed prevention principles
- Developing evidence-based approaches on a broad range of prevention matters

- Sharing best practice and learning from tested prevention initiatives across a range of organisations including VCSE, Local Authorities and NHS.
- Supporting clinicians and commissioners to embed prevention into routine clinical practice and future service design.
- Ensuring that prevention activity mobilises existing community assets and is informed by community and practitioner insight, data and research and evidence of what works.
- Agreeing key themes for discussions and identifying opportunities to embed prevention within the system

5 Sharing good practice

We aim to establish a collaborative space on the ICB website to share prevention practices across the system. This will be achieved through showcasing case studies, championing good practice and creating a resource bank which is easy to access and utilise. To facilitate the creation of these case studies, we will provide a comprehensive template to guide contributors in detailing the rationale behind their projects, outlining the project's scope, principles and focus areas considered, assessing the impact, and planning the next steps. By sharing these insights, we hope to foster a collaborative environment that promotes shared learning, improvement and innovation in prevention activities.

6 Resources

There are a wide range of tools and resources available nationally and locally that can support us to embed prevention in everything we do.

- Making Every Contact Count (MECC): There is online training available at Making Every Contact Count - eLearning for healthcare (e-lfh.org.uk).
- 'Embedding Public Health into Clinical Services toolkit' Embedding Public Health into Clinical Services - eLearning for healthcare (e-lfh.org.uk) eLearning module - designed to support clinical leaders and service managers to guide their teams through the process of re-designing services to include prevention. It uses a five-step process and provides practical tools and resources to help identify the unique contribution the team can make, how to implement quality improvement initiatives and ultimately transform their service to have prevention within it. All key staff, such as Commissioners, should undertake this training, and the toolkit should be used when new business cases are being developed.
- NHS Prevention Programme advice on the most impactful interventions relating to the prevention and management of CVD, diabetes and respiratory disease.
- NHS Long Term Plan Prevention Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future. The plan has been drawn up by frontline health and care staff, patient groups and other experts.