

**Worcestershire County Council
All-age Prevention Policy
November 2015**

Introduction

1. Successive evidence, national policy and legislation have highlighted the importance of prevention to improve health and well-being outcomes and reduce demand for health and care services – see Annex 1.
2. A review of the Council's approach to prevention is needed in the light of:
 - A growing number of elderly people with complex health and care needs;
 - Rising numbers of children coming into the social care;
 - An ongoing and rising burden of avoidable ill-health related to lifestyles;
 - Persistent inequalities between the most disadvantaged and the most affluent communities;

available on the basis of need, regardless of differences between people in terms of where they live or characteristics such as deprivation.

Commissioning prevention services

7. We will pay particular attention to commissioning prevention services in order to maximise benefits from a declining expenditure. We will:

Co-ordinate commissioning of prevention services around cohorts of individuals.

Ensure that **commissioning is conducted to a clear set of standards**, taking into account utilisation, evidence of impact on outcomes and user experience.

Embed the principle that we should

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Annex 1: evidence, national policy and legislation

International evidence

1. Health and well-being is influenced by a range of factors over the course of people's lives. To improve health and well-being and prevent the need for expensive health and care services, we need action to address these influences.

2. A strong body of evidence about the importance of prevention has accumulated nationally and internationally:

National p

6. The Care Act 2014 articulated three levels of prevention services and noted that these were a shared responsibility across the health and care system. These apply across all ages:

Primary prevention (prevent): these services are designed for people who currently have no particular health and care needs, and they help people to avoid developing needs. They focus on promoting well-being, good health, and independence;

Secondary prevention (reduce): these services are designed for people who have an increased risk of developing needs, where provision of services or resources may slow down or reduce the development of that need. They focus on detecting problems and treating them early; and

Tertiary prevention (delay): these services are designed for people with established health conditions who need this support to regain skills or to delay deterioration.

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Annex 2: examples of prevention in action

Approach	Actions underway
Creating a health promoting environment	Producing guidance on Planning and Health to inform planning decisions across the County. Producing a health impact toolkit for use at district level, including training in use of JSNA data. Supporting hyper local evidence base on obesity and alcohol to inform local planning and licensing decisions.
Encouraging and enabling people to take responsibility for themselves, their families and their communities	