Oxfordshire Prevention Framework Summary

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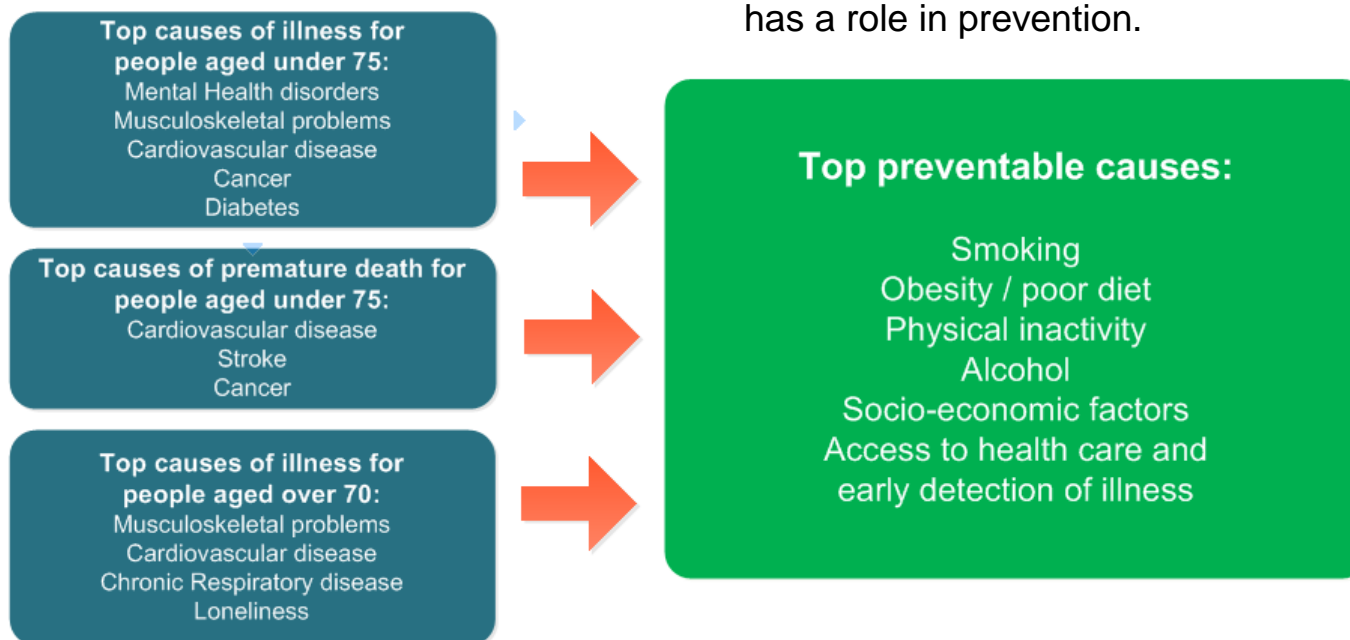| **Health and Wellbeing Board's Vision**	To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire

Aim of the Prevention Framework

To enable delivery of initiatives and services which will:

- improve quality of life
- reduce health inequalities
- save our public services from the spiralling costs of treating avoidable illness and ongoing needs

How we will do this

- Address the biggest risk factors causing preventable premature death or disease
- Create healthy communities where people can maintain and improve their health as they live, learn, work, travel and socialise
- Recognise that everyone and every organisation has a role in prevention.

Top causes of illness for people aged under 75:
Mental Health disorders
Musculoskeletal problems
Cardiovascular disease
Cancer
Diabetes

Top causes of premature death for people aged under 75:
Cardiovascular disease
Stroke
Cancer

Top causes of illness for people aged over 70:
Musculoskeletal problems
Cardiovascular disease
Chronic Respiratory disease
Loneliness

Top preventable causes:

Smoking
Obesity / poor diet
Physical inactivity
Alcohol
Socio-economic factors
Access to health care and
early detection of illness

Strategy

1. **Optimise first 1000** days of life to get the best start in life

2. **Prevent long term conditions (LTC)** through healthy lifestyles, addressing socio- economic factors and shaping healthy places to live and work (primary prevention)

3. **Reduce harmful impact** of physical and mental health conditions through early detection and optimal treatment (secondary prevention)

4. **Delay the need for care**, empowering people to remain independent in their own homes (tertiary prevention)

5. **Tackle health** inequalities and prevent premature deaths and illness

Actions

1. Optimise preconception, antenatal and postnatal care and health in early years

2. System wide weight management programmes including behaviour change approaches

3. Fill in gaps in current primary prevention programmes (smoking, alcohol, falls, debt advice, workplace health)

4. Improve early detection, self-care and clinical management of LTC, as highlighted in the NHS long Term Plan

5. Enhance independence by supporting carers, preventing falls and strengthening social networks through social prescribing

General Enablers

- Whole systems approach including individuals, healthcare access and wider determinants of health

- Shift in cultural mindset - embedding primary and secondary prevention in all clinical and care pathways

- MECC training embedded in all health and non-health organisations

- Primary Care Networks using a proactive, holistic approach

- Healthy Place Shaping

- Development of workplace and school health and wellbeing programmes

- Targeted interventions to people and areas of high need to narrow health inequalities gap

Embedding Primary and Secondary prevention in all clinical and care pathways

Prevent	**Proactive**	**Responsive**	**Managing in Hospital**	**Returning Home**
• Healthy lifestyle • Improve resilience	• Proactive monitoring at home	• Acute deterioration requiring out-of-hospital intervention	• Quick turnaround in hospital with support from primary, secondary, community, social care and third sector	• Discharge • Step down reablement • Support in the community • Integrated approach across health and social care

| prevention | reduce attendances | reduce admissions | reduce admissions | reduce length of stay |