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| Meeting: | Bury Health and Wellbeing Board |
| Meeting date: | 4 th September 2025 |
| Title of report: | Bury Prevention Framework |
| Report by: | Jon Hobday – Director for Public Health, Bury Council |
| Decision Type: | Information/ Discussion (<i>delete as appropriate</i>) |
| Ward(s) to which report relates | All |

Executive Summary:

This paper outlines the recently developed 'Bury Prevention Framework'. The purpose of the framework is to help partners, and the public understand what prevention is, why it is important, the different elements of prevention and the roles and responsibilities individuals and organisations can play. It also highlights the importance of prevention across the life course.

Recommendation(s)

That:

The Health and Wellbeing Board is asked to:

- Review and endorse the Prevention framework

Bury Prevention Framework

Who is this framework for?

This framework is for everyone.

We can all play a role in preventing illness and helping people stay well. This might be through work or in our private lives. This document explains what we mean by prevention and how the council, the NHS, and their partners will approach it.

Here are some examples of what this could look like in practice:

- A district nurse might notice that a patient's home is cold and damp and could refer them to support with heating bills and home improvements.
- A children's social worker might notice a child wheezing and have a conversation with the child's parents about getting them seen by a doctor to see if they have asthma and help them manage the condition.
- A GP might believe that a patient is socially isolated and lonely and refer to social prescribers who could link that person to activity groups that they might enjoy, and which would help them meet new people.

These examples have been deliberately chosen to show how opportunities for prevention span different professional contexts. This means working together.

What is prevention?

In health and social care, prevention means doing things to help people stay healthy and safe. It's about stopping problems before they start. For example, helping older people exercise so they stay strong and don't fall, or teaching children to brush their teeth so they don't need fillings or teeth taking out. It's about making sure everyone can live their best life without getting hurt or sick.

While the main goal of prevention is to help people live healthier and happier lives, it also has other benefits. Keeping people healthy and safe could reduce the number of people who need urgent medical care. For example, if fewer people get sick or hurt, hospitals won't be as busy, and hospitals can focus on helping those whose illness couldn't be prevented.

When we help people stay healthy and avoid getting sick or hurt, we don't have to spend as much on expensive treatments and hospital stays. For example, helping people to stop smoking can prevent heart disease and lung cancer, which are more costly to treat. By investing in prevention, we can use healthcare money better and make sure there's enough for other important healthcare needs.

So, prevention not only makes life better for people, but it also helps health and social care services work better.

Why is prevention important?

The number of people needing health or social care has been growing quickly. Services have been struggling to keep up for some time. Some examples of this include:

- The proportion of people who wait more than four hours to be seen in type 1 Accident and Emergency departments has been stuck at between 50% and 60% since early 2022. ([Nuffield Trust, 2025](#)).
- The number of people on waiting lists for elective treatment grew by around one million between late 2021 and mid-2023 ([Nuffield Trust, 2025](#)).
- The number of people who said it is not easy to contact their GP practice by phone has gone up, as has the number who said they never or almost never saw their preferred doctor ([Nuffield Trust, 2024](#)).
- The number of people needing help from adult social care has been rising steadily ([King's Fund, 2025](#)).

Health inequalities - unfair and avoidable differences in health between different parts of our population - exist because some people have worse access to the things needed to stay healthy. These include good homes, good jobs, a good education, and healthy living environments. Prevention, by tackling these issues, is essential to closing these gaps in health, a key aim in the LETS Do It! strategy.

This approach is also important because it fits with national, regional, and local strategies. These include:

- **The Government's Health Mission:** Preventing illness is an important part of the Government's commitment to building an NHS fit for the future. Shifting from "sickness to prevention" is one of the three big shifts the Government thinks are needed to make the NHS sustainable in the future ([HM Government, 2024](#)).
- **Greater Manchester plans and strategies:** Prevention is also central to several Greater Manchester strategies and initiatives, such as the GM Population Health Model ([NHS Greater Manchester, n.d.](#))
- **Bury's 2030 strategy, LETS Do It!:** Prevention and early intervention run through the LETS Do It! strategy. The vision for integrated neighbourhood teams is that they should understand the needs of their neighbourhood population and be able to focus more on preventing people needing health and social care services ([Bury Council, 2020](#)).

Three types of prevention

- **Primary Prevention:** This is about stopping problems before they start. Examples include reducing air pollution to prevent asthma, getting people active to prevent heart disease, diabetes, and musculoskeletal problems, or vaccines to prevent diseases like measles.
- **Secondary Prevention:** This is about finding and treating problems early. For example, taking part in cancer screening programmes. It also includes treating 'risk factors' like high cholesterol or high blood pressure which increase the chances of developing diseases like strokes or heart attacks.
- **Tertiary Prevention:** This is about helping people manage long-term health problems to prevent the worst outcomes. For example, helping someone with diabetes manage their blood sugar levels to prevent them becoming blind or needing amputations.

Prevention can happen at two scales

- **Individual -level prevention:** This is about helping one person stay healthy. For example, a doctor might give advice to a patient about stopping smoking, drinking less alcohol, exercising, or getting vaccines. Mostly these interventions don't benefit other people.
- **Population-level prevention:** This is about helping a whole group of people stay healthy. For example, reducing air pollution, or reducing the availability of alcohol or unhealthy foods.

Both scales of prevention are important. While individual-level interventions for people who are at higher risk of getting ill often feel more important, **evidence shows that population level interventions often produce bigger benefits more cheaply**. This is because although the benefit to each person affected may be smaller, the number of people who benefit is much bigger ([Rose, 1985](#)).

The table in appendix A gives more examples of each type of prevention.

The importance of prevention across the life course

The life course approach to public health looks at how different things that happen to people throughout their lives affect their health. It recognises that things that happen to us build up over time and that there may be critical periods like pregnancy and early childhood where people might be more sensitive to certain risks ([Wagner et al 2024](#)).

For example, poor housing caused by poverty in childhood might lead to diseases like asthma, which might cause worse school attendance, which could lead to doing less well at school, which could lead to having fewer job opportunities or lower incomes as an adult, which can in turn lead to mental and

physical illnesses and worse diet, increasing the risk of developing multiple long-term conditions, and earlier onset of frailty.

This means it's important to consider opportunities at every stage in a person's life course.

- **Start well:** this might include checking whether a child has had their vaccinations (primary prevention, individual-level); reducing air pollution near schools by limiting traffic and idling cars (primary prevention, population-level); or screening for hearing loss in newborns (secondary prevention, individual-level).
- **Live well:** examples here might include limiting the availability of alcohol or unhealthy food (primary prevention, population-level) health checks to find people with high blood pressure or high cholesterol (secondary prevention, individual-level) or treating people with mental illness to stop their condition worsening (tertiary prevention, individual level).
- **Age well:** includes maintaining physical activity levels or reducing trip hazards to prevent falls (primary prevention, individual-level), improving housing quality and insulation to prevent cold-related deaths (population-level, primary prevention), or falls and fracture liaison services who work with people who have already had a fall or fragility fracture to prevent future falls (tertiary prevention, individual-level).

The principles behind our approach to prevention

The principles of the LETS Do It! strategy provide a foundation for 'doing' prevention.

- **Local:** Many of the actions we need to do to prevent illness and help people live happy, independent lives need to be local. This means joined up public and voluntary services working together to improve the places where we live. People need to have access to a full range of services where they live to avoid excluding people who cannot travel easily.
- **Enterprising:** Preventing illness may require innovation and different thinking both from service providers and the public. We will need to look beyond a person's immediate needs to the underlying problems. A person may be frequently attending hospital or their GP because their housing is cold or damp, or because loneliness is worsening their mental health. Working across boundaries to fix these problems will take courage. We will also need to be led by data and evidence on what works, as some approaches to prevention that appear to make sense don't work in practice.
- **Together:** Our approach to prevention needs to be done with, not to people. Interventions need to reflect our residents and service users' priorities. This will mean working with communities and the voluntary, community, and faith sector to make sure residents have a say in how

services are delivered. It also means strengthening connections between different services and other organisations within each neighbourhood.

- **Strengths:** This means building from what's already strong, both in communities and in individuals. Working with existing local organisations and businesses to offer services in more accessible ways and working with individuals to find out their strengths and interests and use these as a base for building interventions.

Examples of how we are currently using prevention

- **Anti-poverty strategy:** by targeting financial support to vulnerable groups like families with young children or elderly people living in poverty, the council and its partners helped to reduce the harm caused by the cost of living crisis. The links between poverty and sickness are strong and varied so tackling poverty prevents a range of physical and mental illnesses. This is a form of population-level primary prevention.
- **Planning and licensing:** the environment we live in influences our health in many ways, from direct exposure to pollution to limiting our choices of food and drink and how we travel. The council has developed an alcohol licensing matrix that helps us see where the harms from alcohol are greatest. This helps to make a case against awarding licenses to sell alcohol in the communities suffering the most harm from it. This is population level primary prevention of alcohol harms.
- **Behavioural factors:** Smoking remains the most important behavioural cause of illness, with around half of lifelong smokers dying of diseases caused by smoking ([Action on Smoking and Health, 2024](#)). By helping people to quit smoking, including by switching to vapes through our 'swap to stop' programme the council is preventing lung cancer and heart disease. This is individual-level primary prevention.
- **Cancer screening:** The national cancer screening programmes are designed to detect cancers early so they can be treated before they spread. But not everyone who is eligible for them takes part and fewer people living in deprived areas or from some ethnic minority communities take part. In the East Neighbourhood, GP practices worked together to promote bowel cancer screening. This led to increases in uptake of bowel screening, which is likely to prevent deaths from bowel cancer. This is individual-level secondary prevention.
- **Treating coronary heart disease:** People with coronary heart disease - where the arteries that take blood to the heart get clogged with fatty plaques - are at high risk of heart attacks and strokes. These can be prevented by taking medicine to lower blood pressure, lower blood cholesterol levels, and by quitting smoking. The NHS Greater Manchester Bury primary care commissioning team introduced an extra payment to incentivise GP practices to increase the number of patients with coronary

heart disease whose care had been optimised in this way. This is individual level tertiary prevention.

Next steps

We will develop plans which will explain in more detail how we will apply this across the life course:

- Start well
- Live well
- Age well

These plans will set out the mix of neighbourhood and Bury-wide initiatives designed to prevent illness and promote good health for all residents of our Borough at all ages.

Appendix A: examples of different types of prevention

| | Start well | Live well | Age well |
|-----------|---|--|--|
| Primary | <p>Population-level:</p> <ul style="list-style-type: none"> Child tax credits to reduce childhood poverty preventing a range of illnesses. Reduction in exposure to lead to prevent cognitive impairment Adding fluoride to drinking water to prevent tooth decay <p>Individual-level:</p> <ul style="list-style-type: none"> Supervised tooth brushing to prevent tooth decay Vaccinations to prevent infectious diseases like measles, pertussis, or meningitis. | <p>Population-level:</p> <ul style="list-style-type: none"> Smoking Bans to reduce exposure to second-hand smoke and prevent lung disease. Workplace Wellness Programs that promote physical activity, healthy eating, and stress management in workplaces. Planning measures to limit availability of unhealthy food and alcohol preventing heart disease, liver disease, and cancers. <p>Individual-level:</p> <ul style="list-style-type: none"> Live Well services to help people stop smoking, eat better, drink less alcohol, and be more physically active. | <p>Population-level:</p> <ul style="list-style-type: none"> Age-friendly environments reduce trip-hazards and provide places to rest to help older adults stay active. Workplace Wellness Programs that promote physical activity, healthy eating, and stress management in workplaces. Planning measures to limit availability of unhealthy food and alcohol preventing heart disease, liver disease, and cancers. <p>Individual-level:</p> <ul style="list-style-type: none"> Vaccinations to prevent infectious disease like shingles, pneumonia, flu, COVID-19, or RSV. Exercise classes for older adults to help them stay active and prevent falls. |
| Secondary | <p>Individual-level:</p> <ul style="list-style-type: none"> Neonatal blood spot test to detect treatable conditions early Newborn hearing check to identify hearing loss early to prevent developmental delay | <p>Individual-level:</p> <ul style="list-style-type: none"> NHS Health Checks to identify and treat risks for cardiovascular disease and diabetes (high blood pressure, high blood glucose, high cholesterol, obesity, risky alcohol consumption). Cervical cancer screening to detect cervical cancer early preventing deaths from cervical cancer. | <p>Individual-level:</p> <ul style="list-style-type: none"> Abdominal aortic aneurysm (AAA) screening is offered to men aged 65 to detect aneurysms (dangerous swellings) in the aorta - the artery that takes blood from the heart to most of the body. It prevents deaths from ruptured aortic aneurysms. |
| Tertiary | <p>Individual-level:</p> <ul style="list-style-type: none"> Medicines for childhood asthma to prevent asthma attacks and deaths. | <p>Individual-level:</p> <ul style="list-style-type: none"> Regular monitoring of blood sugar levels, medication, and lifestyle changes can help manage diabetes and prevent complications like amputations or blindness. Physical therapy, medication, and counselling to help people manage chronic pain and improve their quality of life and help stay in work. | <p>Individual-level:</p> <ul style="list-style-type: none"> Cardiac Rehabilitation for older adults who have had a heart attack, cardiac rehab helps them recover and prevent further heart problem. Falls and fracture liaison services for people who have already had a fall or fragility fracture to prevent future falls. |

Community impact/links with Community Strategy

Equality Impact and considerations:

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

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| Equality Analysis | <i>Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.</i> |
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**Please note: Approval of a cabinet report is paused when the 'Equality/Diversity implications' section is left blank and approval will only be considered when this section is completed.*

Legal Implications:

To be completed by the Council's Monitoring Officer

Financial Implications:

To be completed by the Council's Section 151 Officer

Report Author and Contact Details:

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Background papers:

Please include a glossary of terms, abbreviations and acronyms used in this report.

| Term | Meaning |
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