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**From:** Dan Watkins, Cabinet Member for Adult Social Care and Public Health  
Dr Anjan Ghosh, Director of Public Health

**To:** Health Reform and Public Health Cabinet Committee, 17 September 2024

**Subject:** Public Health and Adult Social Care Joint working on Prevention

**Decision no:** N/A

**Key Decision :** No

**Classification:** Unrestricted

**Past Pathway of report:** N/A

**Future Pathway of report:** N/A

**Electoral Division:** All

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**Is the decision eligible for call-in?** N/A

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**Summary:** This report has been requested by the cabinet committee to provide an update on how Public Health (PH) and Adult Social Care (ASC) are working together on the prevention agenda to increase health and wellbeing and change the trajectory of care needs for the people of Kent.

**Recommendations:** The Health Reform and Public Health Cabinet Committee is asked to NOTE the content of the report and the work underway with the Prevention Programme.

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## 1. Introduction

- 1.1 Kent County Council (KCC) has an ambition to look at overall patterns of need for social care amongst adults in Kent and consider systematically, what 'prevention' work is underway which could be strengthened and what else might be done with individuals, groups of people, communities and at a whole population level to increase health and wellbeing and change the trajectory of care needs for the people of Kent.
- 1.2 Strengthening community resilience and partnerships' is one of the focus areas in the ['Making a difference everyday'](#) Kent Adult Social Care strategy (2022-2027). The core purpose outlined in this strategy is supporting people to lead the lives they want to live, and in a place they call home, by putting people at the heart of everything we do. Promoting a person's wellbeing, preventing,

reducing or delaying the development of the need for care and support is core to Kent’s way of working, in line with the [Care Act](#).

1.3 This paper outlines the objectives of this work and the progress made to date.

## 2. Background

2.1 Within the Care Act, prevention is broken down into three general approaches termed prevent, reduce and delay which can be aligned with primary, secondary and tertiary prevention approaches as outlined below. There are other forms of prevention but these three are the areas focused on in the Care Act:

- Primary prevention/promoting wellbeing (prevent)  
 These actions are aimed at people who have no current particular health or care and support needs. These are services, facilities or resources provided or arranged that may help a person avoid developing needs for care and support, or help a carer avoid developing support needs by maintaining independence and good health and promoting wellbeing.
- Secondary prevention/early intervention (reduce)  
 These are more targeted interventions aimed at people who have an increased risk of developing needs, where the provision of services, resources or facilities may help slow down or reduce any further deterioration or prevent other needs from developing. Some early support can help stop a person’s life tipping into crisis, for example helping someone with a learning disability with moderate needs manage their money, or a few hours support to help a family carer who is caring for their son or daughter with a learning disability and behaviour that challenges at home.
- Tertiary prevention/formal intervention (delay)  
 These are interventions aimed at minimising the effect of disability or deterioration for people with established or complex health conditions, (including progressive conditions, such as dementia), supporting people to regain skills and manage or reduce need where possible.

2.2 Prevention is a word that is interpreted differently by different professionals. Our common language is focus on the impact we can have working for the people of Kent

<b>Our joint focus</b>	Derek is 53 Overweight, inactive, drinks moderate amounts of alcohol Mortgage, anxiety about bills, lives with wife	Derek is 68 Retired Now lives alone Bereaved Isolated and lonely Diabetes Inactive, poor diet	Derek is 73 Stroke, signs of cognitive impairment Poor diet, inactive, lonely Lives alone ASC package
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<b>Social care language (Care Act)</b>	<b>Prevent</b> To promote the wellbeing of people we support, by providing information to help them link in with their communities.	<b>Delay</b> Support people to remain healthy, so that people can remain in their own homes and communities for as long as possible.	<b>Reduce</b> Provide early support to help people remain independent by providing equipment/adaptations, technology, or short-term services.
<b>Public health language</b>	<b>Primary prevention</b> Preventing disease or injury before it ever occurs to help avoid the need for care and support developing.	<b>Secondary prevention</b> Slowing the impact of a disease, injury or illness that has already occurred and preventing other needs from developing.	<b>Tertiary prevention</b> Softening the effects of illness or injury, supporting people to regain skills and to reduce their needs wherever possible.

### 3. Programme objectives and governance

3.1 A 'prevention delivery group', made up of representatives from Adult Social Care, Public Health and Growth Environment and Transport (GET), has been established to oversee a programme of work to improve understanding of the patterns of demand for social care amongst the people of Kent, and join up, initiate and evaluate further action to prevent, reduce or delay the need for care in higher-cost, more intensive settings and which promotes people's quality of life and their engagement with the community.

3.2 The objectives of the work are as follows:

- Development of a population profile of those who currently draw on care and support in Kent, the drivers for those needs and how this might change in the future.
- Prioritisation of interventions to be trialled with specific population groups based on the expected impact they could have on improving people's quality of life and preventing, reducing and delaying need for adult social care.
- Production of a prevent, reduce, delay delivery plan which captures priority projects being trialled and evaluated and oversight of all task and finish groups implementing.
- Identification and resolution of the enablers and barriers to implementation of the delivery plan and appropriate communications to Adult Social Care and Health Directorate Management Team and other senior stakeholders.
- The development of a learning culture across KCC focused on promoting wellbeing and preventing further.

## 4. Programme progress to date

- 4.1 Current preventative work relevant to adult social care has been mapped in relation to three key areas which are considered to be important initial priorities:
- Creating community capacity for wellbeing and prevention
  - More people with co-occurring physical and mental health conditions are identified early and supported to live well and safe from harm and neglect
  - More people age and live well at home with the right care at the right time in the right place.
- 4.2 A Public Health and Social Care Innovation and Prevention Manager, jointly funded by adult social care and public health, has been recruited and will collaborate with people with lived experience as well as health and social care partners to develop programmes which will promote independence amongst adults and demonstrate impact on preventing, delaying and reducing the need for care. They will be responsible for the development, delivery and evaluation of the prevent, reduce, and delay plan.
- 4.3 One of the first areas which the Prevention Delivery Group is exploring is the potential to prevent falls in adults in Kent. Falls prevention may not be the single biggest area for preventing, reducing and delaying need for health and social care in Kent but it is a good place to start to establish the processes and analytics which would need to be applied to any prevention programme area.
- 4.4 Falls are a significant concern in Kent. There is an opportunity to improve health and wellbeing and independence and reduce need for health and care services by preventing falls. This programme is important in Kent because:
- Falls are associated with a decline in physical and mental capacity, reduced function and loss of confidence.
  - It is estimated that around a third of all people aged 65 and over, fall each year, increasing to half of those age 80 and over<sup>i</sup>.
  - In 22/23 in Kent, there were more than 6500 emergency admissions due to falls in people aged 65+ and Kent has higher rates of hip and leg fractures than national and regional average<sup>ii</sup>.
  - Falls are the largest cause of emergency hospital admissions for older people (although not all falls will result in an hospital attendance or admission) and this can result in deconditioning and escalation of care needs, including people moving from their own home to long term nursing or residential care.
  - The number of falls is expected to grow in the future.
  - Many falls are not reported so there is an opportunity for proactive identification of those at risk and action to prevent a fall, prolong health and wellbeing and prevent escalation of health and social care need.
  - Falls in Kent are likely to be a significant driver of health and social care costs.
  - Falls are a quantifiable event which can be measured.
  - There is good evidence on what we can do to prevent falls.
  - Other areas have achieved significant health improvement as a result of systematic and systemwide work on falls prevention.

- 4.5 The Prevention Delivery Group is currently exploring the use of integrated data to identify people at risk of falls who could benefit from an intervention(s) to reduce that risk. Interventions known to influence the risk of falls include environmental adjustments, promotion of health behaviours, enabling social connection, specific health and care services, action on the core determinants of health including transport and housing, digital and communications and policy, strategy and workforce considerations.
- 4.6 The next stage is to review and prioritise with system partners, the interventions already available/where new innovation is possible, consider where the greatest opportunities for impact are and implement a programme of work to identify a group of people who could receive the proposed interventions and a control group who will receive usual care, to robustly evaluate the impact of the action. Once findings are evaluated, the actions could be reviewed and potentially scaled up for broader impact across Kent.
- 4.7 In so doing, it is hoped that this approach will become the start of a prevention 'blueprint' – a way of testing the impact of preventative action on improving the health of the population and reducing the need for adult social care.

## **5. Other corporate implications**

- 5.1 In KCC's [Framing Kent's Future](#) there is a commitment to "work with our partners to hardwire a preventative approach into improving the health of Kent's population and narrowing health inequalities."
- 5.2 The [Kent and Medway ICS Strategy](#) "recognises citizens' health, care and wellbeing are impacted by economic, social and environmental factors more than the health and care services they can access, we pledge to bring the full weight of our organisational and individual efforts to collaborate to enable the people of Kent and Medway to lead the most prosperous, healthy, independent and contented lives they can. Through this collaborative movement, we will work together to reduce economic and health inequalities, support social and economic development, improve public service outcomes and make sure services for citizens are excellent quality and good value for money."

## **6. Conclusion**

- 6.1 Kent County Council is embarking on an ambitious programme to look at overall patterns of need for social care amongst adults in Kent and consider systematically, what 'prevention' work is underway which could be strengthened and what else might be done with individuals, groups of people, communities and at a whole population level to increase health and wellbeing and change the trajectory of care needs for the people of Kent.
- 6.2 A Prevention Delivery Group has been established to oversee the work, a Delivery Plan is in draft form, focusing initially on three priorities and a joint Public Health and Social Care Innovation and Prevention Manager has been recruited to lead the programme. The Prevention Delivery Group aims to establish a 'prevention blueprint' and with this in mind, has started to look at the potential benefit of identifying groups of people who are at risk of falls, could and could benefit from an intervention to prevent the fall. The approach will be

to test the impact of preventative action compared with usual care on improving the health of the population and reducing the need for adult social care.

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### **Recommendation(s):**

The Health Reform and Public Health Cabinet Committee is asked to NOTE the content of the report and the work underway with the Prevention Programme.

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### **Contact details**

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<sup>i</sup> NICE. Falls in older people: assessing risk and prevention | Guidance and guidelines | NICE [Internet]. 2013 [cited 2016 Nov 25]. Available from: [www.nice.org.uk/guidance/cg161](http://www.nice.org.uk/guidance/cg161)

<sup>ii</sup> OHID, based on Office for National Statistics and NHS England data. Available from [Fingertips | Department of Health and Social Care \(phe.org.uk\)](http://Fingertips | Department of Health and Social Care (phe.org.uk))