

Adult Social Care Prevention Framework 2025-2035 Supporting Information

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2025

Kent County Council

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Our current spend and supply

For the 2025/26 finance year, the gross budget for prevention in adult social care and health (ASCH) is £33million. These are services that are coded prevention on the system. Of the £33million expenditure, £20.9million is KCC base funded and £12.1million is funded from other sources (finance charging, grants, Care Act implementation, health and other public bodies). This budget is used for commissioned services that provide respite for carers, support for carers, advocacy and domestic abuse. The 25/26 Wellbeing Services in the Community and Community Navigation contracts account for £17.46 million of this budget, with funding contributions as follows:

- KCC Adult Social Care: £10.01 million
- KCC Public Health: £3.06 million
- NHS Kent and Medway: £3.49 million
- Other sources (e.g., Better Care Fund, KMPT): £0.90 million

Current wellbeing & prevention services that are provided within this budget are:

Wellbeing Services in the Community and Community Navigation

The Wellbeing Services in the Community and Community Navigation contracts are commissioned services which aim to help people take a proactive approach to their health and wellbeing, increase independence, and prevent, reduce or delay the need for additional care and support services. These services are part of Kent County Council's (KCC) broader approach to preventing, reducing and delaying the need for care and support.

Wellbeing Services in the Community for older people (55+)

Wellbeing services for older people help to prevent or delay deterioration in people's health and wellbeing via services like peer support, or creative and physical activities.

Community Navigation for older people (55+) and those with complex issues related to illness, disability or a mental health issue

Community Navigators help people in need of information and guidance, emotional and practical support, or help to access a range of community or health and social care services.

Mental Health Wellbeing Services in the Community

This service supports adults living with or without a mental health diagnosis to prevent needs increasing and provides support as part of a person's recovery journey. KCC commissions two strategic partners, Porchlight and Shaw Trust, to deliver these services, known as Live Well Kent and Medway.

Wellbeing Services in the Community for people with dementia and their families

This service has a particular focus on supporting those with a dementia diagnosis and their families. The service provides dementia cafes for individuals living with dementia and their carers. Dementia peer support groups where individuals in the early to middle stages of their condition can meet and share experiences and offer mutual support and advice. Social opportunities and befriending services.

Wellbeing Services in the Community for those with a physical disability

This service provides information, guidance and advice to disabled adults on a range of topics around independent living and all aspects of life with a disability.

Wellbeing Services in the Community for adults with sensory impairments

These services support people who are aged 18 and over with a sensory impairment, such as people who are blind and/or deaf, including people that use British Sign Language (BSL), providing support with information and advice, equipment and training, and rehabilitation.

Community Navigation for carers

This support offer for carers seeks to help them thrive in their caring role. This includes undertaking the statutory requirement for completing carers assessments to determine support needed and carer-specific navigation services to information, advice and guidance. This service is currently being reproced and a new contract will be in place from April '26.

The Kent Integrated Domestic Abuse Service (KIDAS)

This service delivers support to adults, 16+ who are fleeing abuse and seeking safety in refuges across the county of which there are 107 beds. Support is also provided to survivors who are living in a home where a 'Sanctuary Scheme' is in place. KIDAS also delivers support to adults residing in the community who have or are experiencing domestic abuse. This is through Independent Domestic Abuse Advisors (IDVAs) and Outreach Workers and includes development of a personalised safety plan, advocacy and liaison, emotional and practical support including around recovery from trauma.

Advocacy Services

Advocacy means supporting and enabling a person, who is otherwise unable, to speak up for themselves (to self-advocate) or to speak up on the person's behalf. It means supporting people to take more control about decisions over their lives and to make informed choices.

Our Advocacy contract covers the following advocacy provision:

- *Statutory* advocacy: IMCA, RPR, IMHA, Care Act Independent Advocacy and Health Complaints Advocacy

- *Community* advocacy: Specialist advocacy for people with support or communication needs due to disability, frailty or other vulnerability. The type of advocacy used should depend on what is best suited for the person who seeks it, rather than belonging to a particular client category
- *Peer* advocacy: Sometimes people wish to have the tools to support themselves rather than being supported. Peer advocacy gives the opportunity for people trained in advocacy who share the same experiences or use the same services to help people who have difficulty making their views known to develop the skills to speak up for themselves, to self-advocate, or if required to speak up for others in a similar situation to themselves.

Home Improvement Agency

The Home Improvement Agency (HIA) provides services that support people with complex needs, living in private rented or owner-occupied residences, to maintain, adapt and repair their homes. This service includes support regarding major building works and a handyman service for minor repairs, home improvements and minor adaptations (such as handrails). District councils also work with the HIA in relation to administering Disabled Facilities Grants (DFG). This service involves home assessments and health and safety checks, designed to ensure that an individual's home environment is fit to allow them to live there safely. Support is given to both adults and children. Referrals are also made by the HIA, where necessary, to district councils, to support welfare benefit checks, blue badge applications and access to other services.

Carers Short Breaks

The council fund services to provide carers with a break from their caring role to help improve their wellbeing. To provide a break the service offers replacement care and support, either in the carers own home or by taking the individual receiving care on a leisure activity. Carers breaks are available on both a planned basis and for emergency situations to prevent carer breakdown. In the last year 27,581 planned carer breaks were provided and 4,518 emergency breaks. This service is currently being reprocedured and a new contract will be in place from April '26.

The wellbeing and prevention services landscape has varying degrees of commissioning jointly with other stakeholders (Kent & Medway ICB and or local district councils), as indicated in the table below. It is vital that we work with our partners to align our prevention priorities, continuing to proactively find opportunities for partnership working by joining up funding, sharing best practice and ensuring our resources are better coordinated to respond to the needs of our population, and making a greater collective impact.

Table shows number of people supported in 24/25 and 25/26 budget

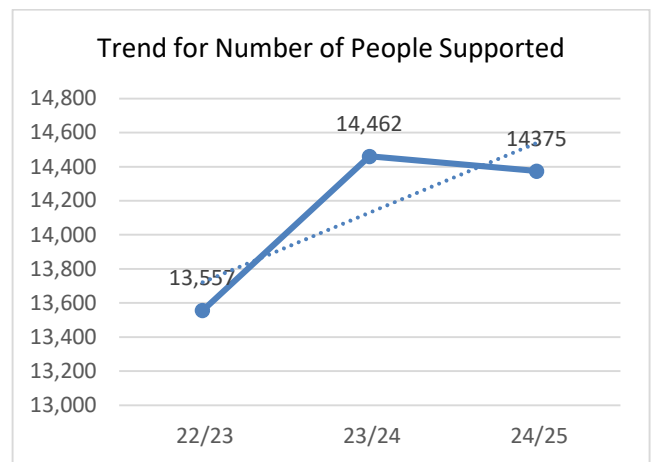
Service	No. individuals supported 24/25	Annual Budget (£) 25/26
Contracted Services		
Wellbeing Services in the Community for older people (55+)	14,375	£3.87million
Community Navigation for older people (55+) and those with complex issues related to illness, disability or a mental health issue	12,150	Annual budget £1.60million. Of the annual budget, the ICB contributes £0.75million.
Mental Health Wellbeing Services in the Community (Live Well)	7753	£6.16million and this includes contributions from partners
Wellbeing Services in the Community for people with dementia and their families	13,103	£0.80million
Wellbeing Services in the Community for those with a physical disability	19,894 interactions	£0.16million
Wellbeing Services in the Community for adults with sensory impairments	22,834	£1.03million
Community Navigation for carers	40,987	£3.76million
Carers short breaks	Carers breaks Planned (24-25) 27,581 Carers emergency breaks (24-25) 4,518	£3.24million
Kent Integrated Domestic Abuse Service (KIDAS)	3,289 (247 of those supported in refuges)	£4.88million which includes contributions from partners
Home Improvement Agency		£0.29million
Advocacy	4,443	£1.53million
Respite (External & in-House)	883	£4.87million
Move on Excellent Homes for All (PFI costs). PFI housing cost, unitary charge for Move on Accommodation in Ashford	N/A	£0.18million
Total		£32.37million

The prevention landscape in Kent is multi-faceted, in that many KCC services and activities that contribute to prevention sit outside adult social care, and include the involvement of public health, children’s services, leisure, transport, housing services, and libraries. There are also services provided by Adult Social Care that are not purely focused on prevention but due to the nature of the service do support the prevention offer, these include Technology Enhanced Lives, Everyday Living Activities (Daycare), Kent Enablement at Home and Occupational Therapy (OT). These services are not part of the £33 million budget referenced above.

Trends in demand for preventative services:

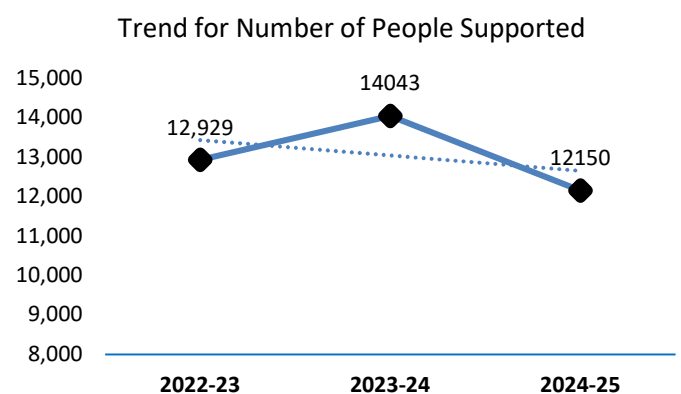
Wellbeing Services in the Community for older people (55+)

13,557 people accessed the service in 2022/23, 14,462 residents accessed the service in 2023/24 and 14,375 people accessed the service in 2024/25. Providers stated there is a drop in figures from 23/24, due to the impact of continued uncertainty around the contract on planning and staffing.



Community Navigation for older people (55+) and those with complex issues related to illness, disability or a mental health issue

12,929 people accessed the service in 2022/23, 14,043 people accessed the service in 2023/24 and 12,150 people accessed the service in 2024/25. Providers stated there is a drop in figures from 23/24, due to the impact of continued uncertainty around the contract on planning and staffing.

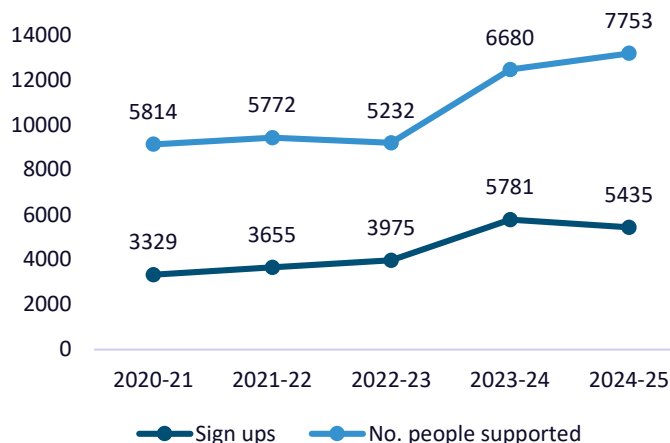


Live Well

The service in 2024/25 received 7,753 referrals (Kent and Medway), which averages 646 referrals a month. Around 70% (5435) of referrals resulted in individuals signing up to the service. Moreover, on average 96% of those sign-ups are new individuals, beginning their first journey with the service, with only 4% being those returning. The service supported 6,680 people in 2023/24.

Note: The service transitioned from LiveWell Kent to LiveWell Kent & Medway from 2023

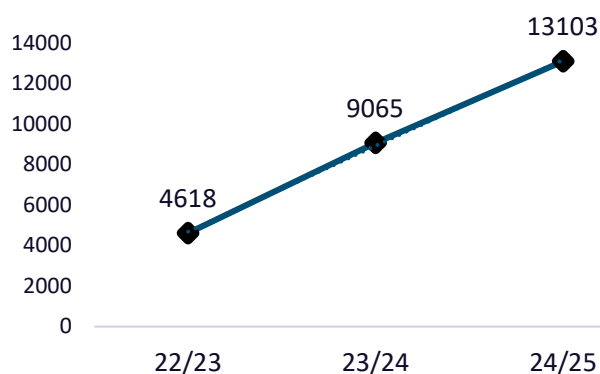
Trends of Sign Ups and Number of People Supported



Wellbeing Services in the Community for people with dementia and their families

4,618 people accessed the service in 2022/23, 9,065 people accessed the service in 2023/24 and 13,103 people accessed the service in 2024/25.

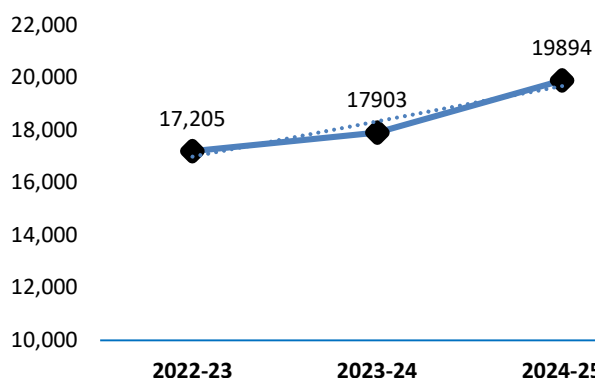
Trend for Number of individuals supported



Wellbeing Services in the Community for those with a physical disability

The service had 17,205 interactions with people in 2022/23, 17,903 interactions with people in 2023/24 and 19,894 interactions with people in 2024/25.

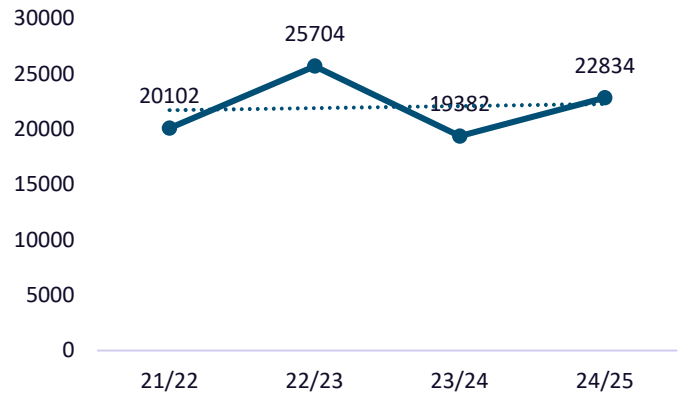
Trend for Number of People Supported



Wellbeing Services in the Community for adults with sensory impairments

The service had 20,102 interactions with people in 2021/22, and 25,704 in 2022/23, 19,382 in 2023/24, and 22,834 residents accessed these services in 2024/25.

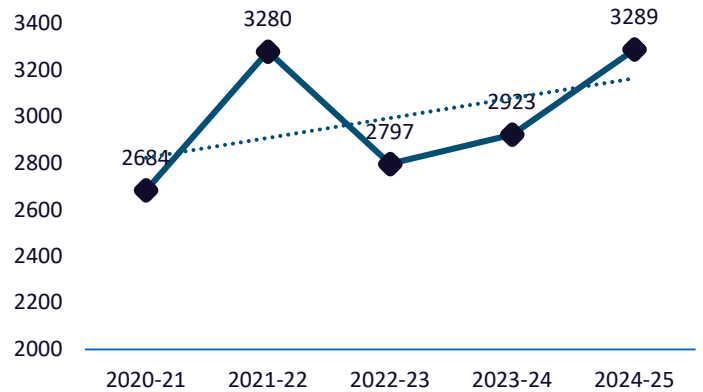
Trend for Number of People Supported



Kent Integrated Domestic Abuse Service (KIDAS)

Since the Domestic Abuse Act came into force in 2021, the council has expanded its support offer within safe accommodation and developed new services to meet gaps in statutory provision. The Kent Integrated Domestic Abuse Services has been in place since April 2017 and consists of safe accommodation support for adults (16+) delivered in refuge, support for adults (16+) delivered in community-based settings and safe accommodation supporting adults (16+) delivered to those residing in sanctuary schemes.

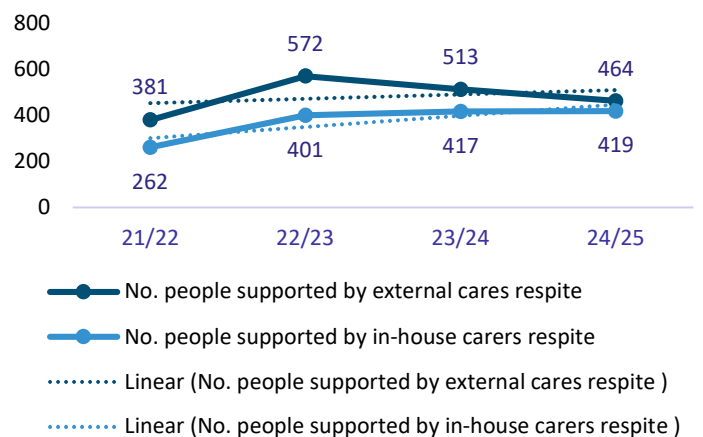
Trend for Number of People Supported



Respite

Organised through the Adult Social Care operational teams to put in place respite for the individual that draws on care and support which then enables respite for the carer.

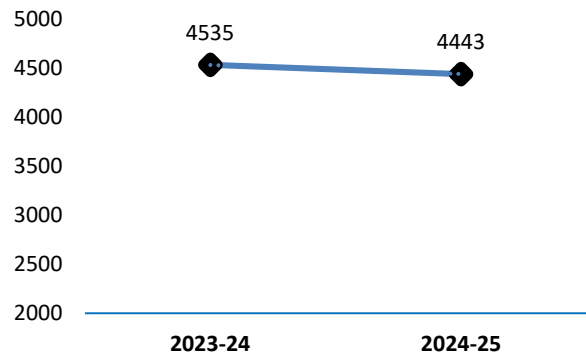
Trends for Number of People Supported



The Advocacy People

Provided both statutory and non-statutory support to 4,443 people in the last year. In the previous year (23,24) the service supported 4,535 people, which was when this new contract started.

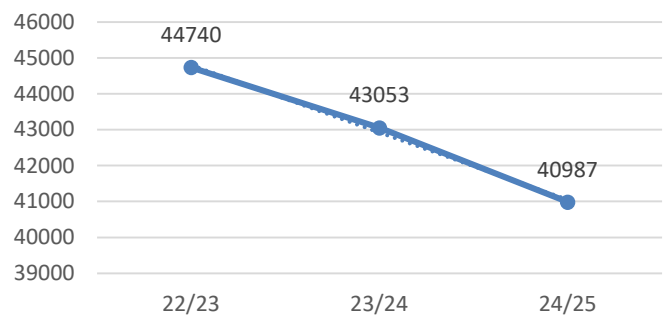
Trend for Number of People Supported



Community Navigation for Carers

The service provided support to 44,740 carers in 22/23, 43,053 carers in 23/24 and 40,987 in 24/25.

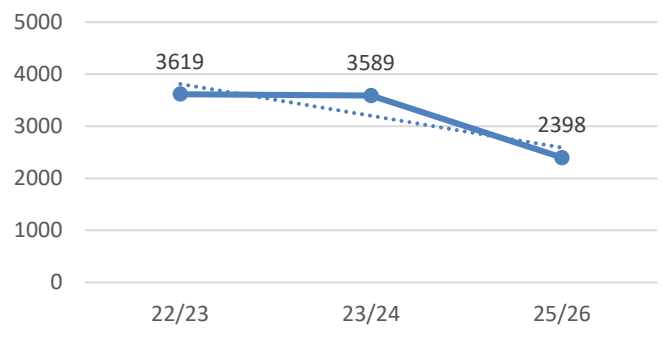
Trend for Number of People Supported



Carers Short Breaks

Data received from Crossroad Care Kent shows that the service provided support to 3,619 people in 22/23, 3,589 people in 23/24 and 2398 people in 24/25. We have been advised that the drop in referrals is due to a change in IT system which tracks and filter referrals differently from previous, which captures data more accurately.

Trend for Number of People Supported



Current demand:

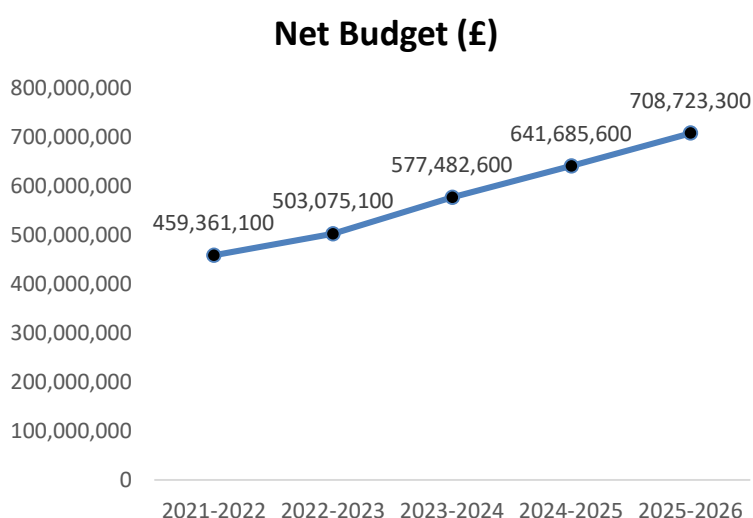
Kent is a fantastic county also known as the Garden of England, with 350 miles of coastline and a rich blend of history, diversity, and culture. It is an attractive place for so many people who choose to make their lives here. With a population of approximately 1,610,300, Kent is the largest of all the English counties providing unique challenges and opportunities in providing adult social care. Like many areas of the UK, we have seen more complex and more costly social care demand compounded by an ageing population.

One of the biggest system challenges facing Kent County Council is budget pressures. This is largely due to the significant expansion of the legislative framework councils operate in. This has extended statutory duties, particularly in adult social care, on councils without the necessary financial resources being made available by way of increased government funding or income generating powers to cover the additional duties imposed by successive Governments. This is coupled with an increase in demand and cost of care particularly due to inflationary pressures.

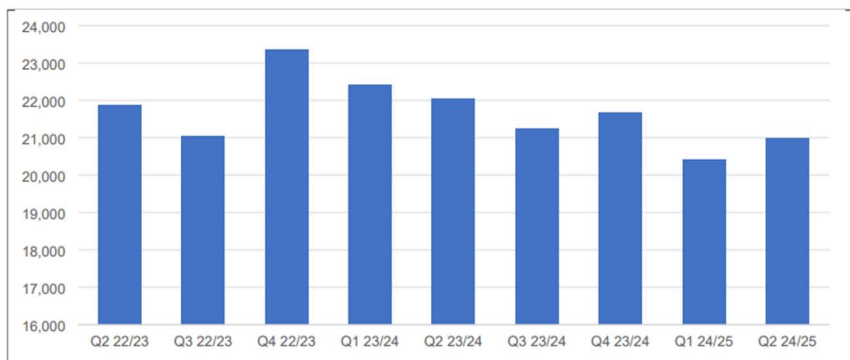
Given the dominance of adult social care on the council budget and because the budget pressures facing the council overwhelming come from social care, we must undertake service transformations to reduce future demand and cost increases including to prevent social care needs. Through the Framework, we have sought to identify risk in the population and development of effective preventative interventions before needs arise or escalate and people present with multiple complex needs, which drives significant increases in the cost of placements.

The figures below show a 54.28% increase in the adult social care budget from 21/22 – 25/26:

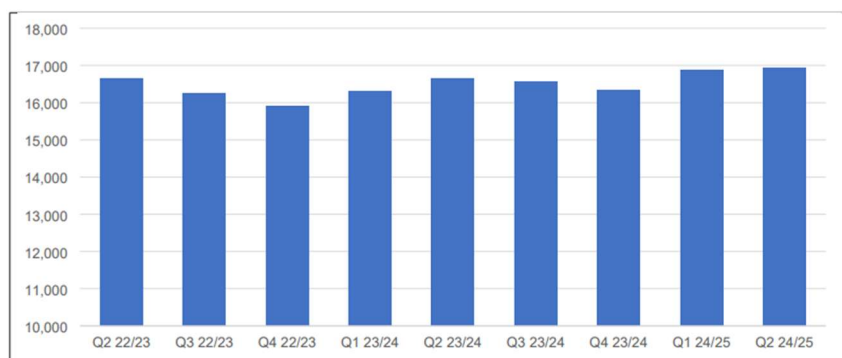
Adult Social Care Budget	
Financial Year	Net Budget (£)
2021-2022	459,361,100
2022-2023	503,075,100
2023-2024	577,482,600
2024-2025	641,685,600
2025-2026	708,723,300



Data presented at Adult Social Care and Public Health Cabinet Committee on 13th November 2024 shows the number of people making contact with Adult Social Care and Health from Q2 22/23 to Q2 24/25.



Data presented at Adult Social Care and Public Health Cabinet Committee on 13th November 2024 shows the number of people with an active Care and Support Plan at the end of the Quarter from Q2 22/23 to Q2 24/25.



Our Prevention Framework therefore seeks to ensure that we have a comprehensive prevention approach to secure the sustainability and stability of our health and social care services.

Risks and protective factors:

As part of the development of the ASC Prevention Framework, we undertook detailed research to identify key factors at a population level that may increase people's need to draw on care and support. This information gives us clues for where we need to focus and proactively deliver to influence the need for care and support in the future.

In line with national demographic trends, Kent County Council (KCC) projections show a 28% and 53% increase in their residents aged 65 and 85 years, respectively, over the next decade. This can cause a significant surge in care needs while placing substantial burden to local authority-funded ASC services. Due to these significant population projections, our initial focus for our detailed research focused on those aged 65 and over (prevention Framework pp7).

As part of this work we used locally linked data, including the Kent and Medway Care Record (KMCR), as well as other regional and national aggregated data sources such as Mosaic, the Kent Housing-led Population Forecast, and the Primary Care Mortality Database. This model was supported by a Data Protection Impact Assessment (DPIA) and was co-produced by the working group within the local authority's public health team, which included public health consultants, senior social care officers, the analytics team and finance analysts. We also used the Johns Hopkins Risk Stratification Tool which uses data from the Kent and Medway clinical systems to define and divide the population into segments known as Patient Need Groups (PNGs).

What is KMCR?

The Kent and Medway Care Record (KMCR) provides healthcare professionals with a joined-up view of an individual's care and treatment from multiple health providers. It contains automated, regular data feeds from acute hospital trusts, community services providers, mental health providers, GP practices and social care teams based in local authorities. From an analytics perspective, we only have access to high population level, and pseudonymised data, protecting Kent and Medway residents' identity.

Johns Hopkins Patient Need Groups:

ACG Patient Need Groups

PNG01	PNG02	PNG03	PNG04	PNG05	PNG06	PNG07	PNG08	PNG09	PNG10	PNG11
Non User	Low Need Child	Low Need Adult	Multi-Morbidity Low Complexity	Multi-Morbidity Medium Complexity	Pregnancy Low Complexity	Pregnancy High Complexity	Dominant Psychiatric Condition	Dominant Major Chronic Condition	Multi-Morbidity High Complexity	Frailty

Increasing Health Needs

Data findings:

- Adult social care cost increases exponentially with age especially from 70 and higher among females (Figure 1)
- On average, costs to adult social care are lower among people in Asian ethnic group
- Deprivation is associated with higher adult social care cost
- Frailty: which includes dementia, falls, polypharmacy are all highly predictive factors of higher cost of care
- The proportion of the 65+ population in one of the top three risk groups is highest in Thanet, Swale and Canterbury.
- High cost of care associated with those on multiple medications
- Those living alone have higher costs of care, especially those under 80 (Figure 2)

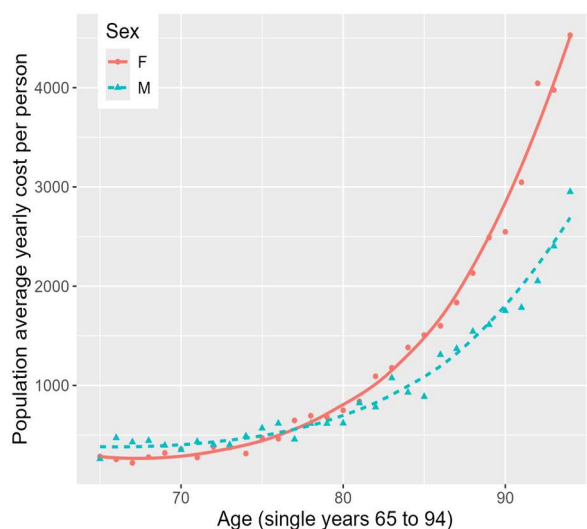


Figure 1

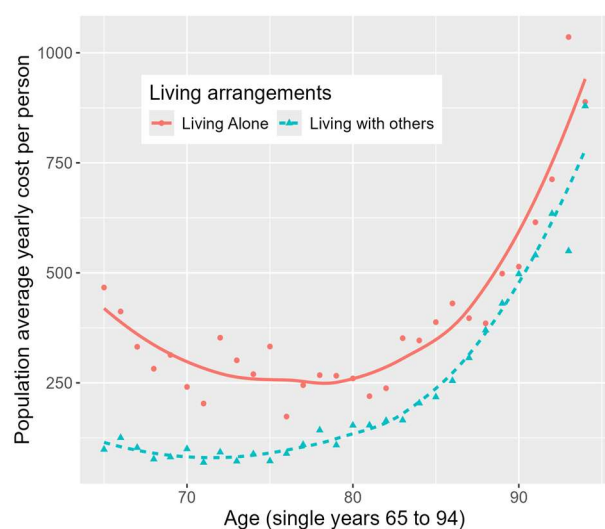
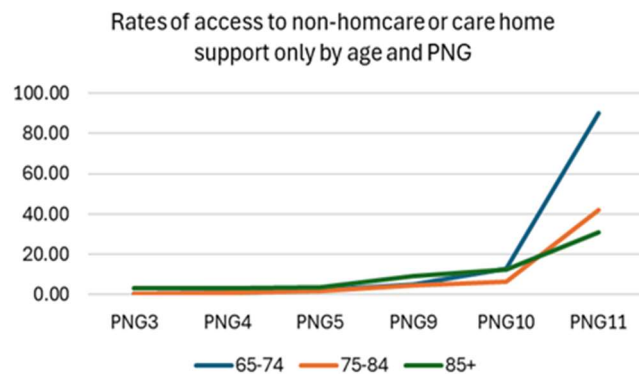


Figure 2

The top 3 Patient Need Groups account for 28% of the population aged 65+ and modelled estimates for costs show they account for around 80% of adult social care costs (76% with an Active Care Plan fall into these groups).

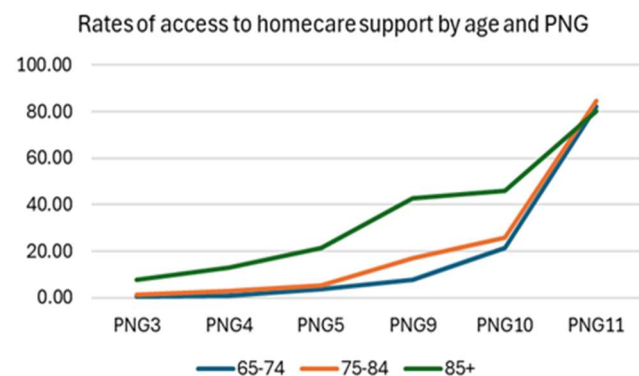
Patient Need Group	Population 65+	Proportion with active care plan	Proportion of all active care plans
11 – Frailty	9,400	26%	33%
10 – Multi Morbidity High Complexity	27,700	5.7%	21%
9 – Dominant Major Chronic Condition	51,600	3.4%	23%
8 - Dominant Psychiatric Condition	9,800	3.6%	4.5%
5 – Multi Morbidity Medium Complexity	93,300	1.2%	14%
4 – Multi Morbidity Low Complexity	81,800	0.4%	4%
3 – Low Need Adult	44,600	0.2%	0.9%
1 – Non- User	900	0.1%	0%

What does this mean for service access rates?



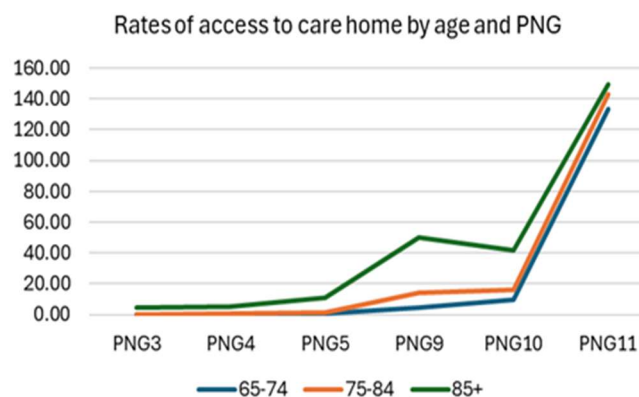
Rates of access to services per 1,000 people increase significantly as they progress through the PNG need groups for all age groups;

Rates of access to services increase marginally between 65-74 to 75-84 but particularly for the >85s for homecare and care home



PNG 9 (Dominant Major Chronic Condition) for care home admission has a higher rate per 1,000 than PNG10 (Multi-Morbidity High Complexity)

We can therefore use PNG as a strong predictor of access rates to adult social care services as age >85



PNG 11 – Frailty, has the highest total cost to adult social care but it's a smaller group of people. It's not inevitable that everyone will become frail (20% of population aged 65, 50% at age 94). However, work to target those who are not yet frail and keeping them well, would be beneficial.

PNG Conclusions:

The highest net progression rates per 1,000 population across all ages is from PNG 3 to PNG 4, followed by from PNG 4 to PNG 5. At higher levels of need, there is a noticeable peak in rates of progression from PNG 5 to PNG 9. In the >85 age group, the highest flow is from PNG 9 to PNG 11

Therefore, if we could stop/slow people progressing from PNG3-4 and 5-6 we would have a large population impact in the long-term. It would be beneficial from an adult social care cost point of view in the nearer term to reduce progression from PNG5 to 9 and from PNG9 to 11, as individuals with these types of needs are likely to be closer to receiving formal care and support. This also underlines the need to ensure

stabilisation of existing higher and more complex need services where the individuals supported are likely to be closer to needing formal care and support, which is referenced in the Framework as: “Initial results confirm that while our current focus must be on those closest to needing care and support, over time, as we manage our demand, we will need to shift more resources towards primary prevention, to improve health and well-being outcomes, manage future demand and secure financial sustainability” (Prevention Framework, pp.8).

Important factors in risk progression include hypertension, MSK conditions (e.g. Lower back pain), CVD, common mental health problems, skin, respiratory, eye and ear conditions, debility and undue fatigue, dementia, falls, difficulty walking, incontinence, weight loss and social isolation.

Mental Health

One in four adults in Kent and Medway experience at least one diagnosable mental health problem in any given year, and it is estimated that around 277,821 people in the Kent and Medway have a common or severe mental illness.

There has been an increase in the prevalence of depression between 2018/19 and 2022/23 across all areas. Both Kent and Medway have remained higher than the England prevalence throughout the time series, with the prevalence in Kent at 15.5% and Medway at 16.9% in 2022/23. Prevalence of depression is higher in the most deprived areas of Kent compared to the least deprived.

Figure 1 shows the recorded prevalence of depression across England, Kent and Medway between 2018/19 and 2022/23. Overall, there has been an increase in the prevalence between 2018/19 and 2022/23 across all areas. Both Kent and Medway have remained higher than the England prevalence throughout the time series, with the prevalence in Kent at 15.5% and Medway at 16.9% in 2022/23.

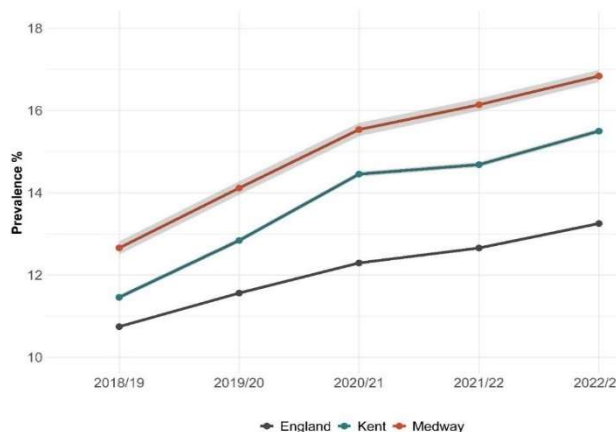


Figure 1. Prevalence of depression recorded in primary care in England, Kent and Medway, age 18+, 2018/19 to 2022/23

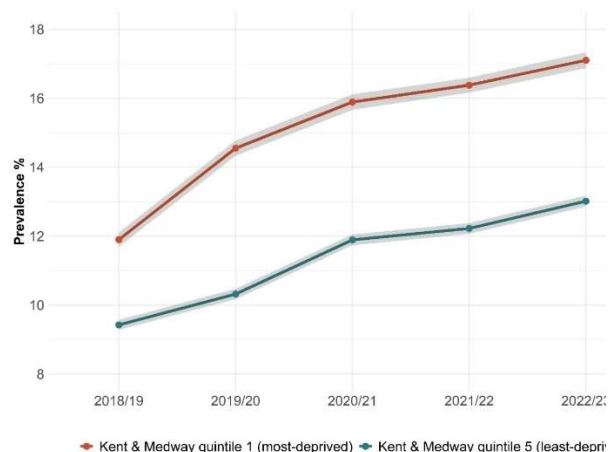


Figure 2. Prevalence of recorded depression in Kent & Medway by deprivation, 2018/19 to 2022/23

Figure 2 shows the recorded prevalence of depression across Kent & Medway by Index of Multiple Deprivation 2019 quintiles, showing quintiles 1 (most-deprived) and 5 (least-deprived) between 2018/19 and 2022/23. Prevalence of depression is higher in the most deprived areas of Kent compared to the least deprived and the gap between quintiles 1 and 5 has widened, from approximately 2.4% in 2018/19 to 4.2% in 2022/23, although both quintiles have increased.

Severe Mental Illness

Table: Number of people with a severe mental illness (SMI) recorded in primary care in Kent & Medway between 2020/21 and 2022/23 of all ages

Area	Count of people with SMI, all ages		
	2020/21	2021/22	2022/23
Kent & Medway	16,227	16,758	17,821
Dartford, Gravesham and Swanley	2054	2118	2239
East Kent	6825	7149	7601
Medway and Swale	2602	3097	3539
West Kent	3829	4016	4442

This shows the number of people with a severe mental illness (SMI) recorded in primary care in Kent & Medway between 2020/21 and 2022/23 of all ages. Recorded SMI has increased by 9.5% across Kent and Medway, higher than the 6.5% seen increase in England (Prevention Framework pp.7).

The Kent and Medway Mental Health Needs Assessment (2025) also highlighted:

- Women have higher recorded rates of SMI conditions (such as PTSD, Antisocial Personality Disorder, and Borderline Personality Disorder), but men are often underdiagnosed or less likely to engage with services.
- Self-harm rates are significantly higher among women, with the highest rates in Medway, Swale, and Thanet.
- Unpaid carers (158,512) in Kent & Medway are at increased risk of mental health challenges.
- LGBTQ+ individuals (41,211) may experience unique mental health risks due to stigma and discrimination.

- Domestic abuse survivors (50,368 cases recorded by Kent Police in 2024) are highly vulnerable to mental health distress.
- Alcohol dependence is prevalent among individuals with common mental illnesses (4.0%) and severe mental illnesses (11.0%), further compounding mental health burdens.

Dementia

Kent has approximately 25,000 people living with dementia with an anticipated 15,000 people with a diagnosis. Compared with the national picture, Kent has a higher number of people with dementia but a low diagnosis rate. According to the Joint Strategic Needs Assessment (JSNA) cohort model, we expect an increase of 17.9% of people with dementia between 2022 and 2027 and using Housing Led Forecasts, the number of people living with dementia is expected to rise to 43,000 by 2040.

Across Kent, needs vary: the Folkestone, Hythe and Rural District has the highest number of people with dementia, while East Kent experiences the highest rate of premature deaths due to dementia.

There is strong evidence for actions which could prevent or delay the development of dementia. The largest risk factors for the development of dementia are hearing loss, education, smoking, social isolation and depression. Modelling indicates dementia prevalence could be reduced by 40% by acting on these and other modifiable risk factors.

Unpaid Carers

In 2021, 158,512 people self-identified as a carer in Kent, and there are higher proportions of unpaid carers, older carers and those doing 50+ hours of care or more weekly living in deprived, coastal communities. In 2024 in Kent, an estimated 148,341 adults provide 16+ hours of unpaid care each week:

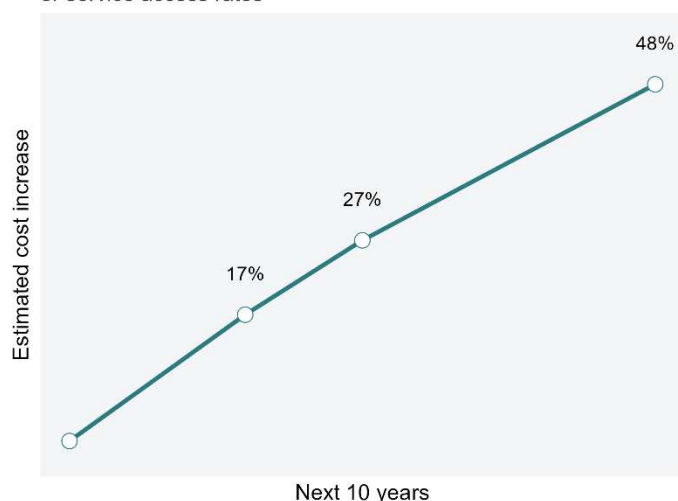
94,640 provide 1-19 hours of care a week
 18,131 provide 20-49 hours of care a week
 35,570 provide 50 hours of care or more a week

The Kent and Medway Care Record (KMCR) only show around one third of expected carers but clearly shows that rates of depression are significantly higher in carers than the general population.

Future demand:

What will happen to adult social care costs for the over 65 population if we do nothing?

Projected percentage increase in total costs
In 3, 5, and 10 years assuming no change in unit costs
or service access rates



Older people aged 65 and over in Kent is expected to rise by 28% in the next decade, with those over 85 increasing by 53% by 2035. This will result in a dramatic surge in care needs, particularly in coastal areas with higher older populations.

If we do nothing to alter the trajectory of need for care and assume costs remain at 2024 levels, then by 2035 the costs associated with meeting the needs of the over 65s alone will rise by at least 48% (Prevention Framework pp. 7).

The figure above has been generated assuming the following:

- That the costs of care stay at 2024 levels
- The proportion of people paying for their own care remains consistent
- The proportion of people willing and able to take on unpaid carer responsibilities remain constant
- Annual government settlement and council tax income remain the same

Adult Social Care Activity Forecasts:

- The number of supported older people is set to increase by 25% by 2036
- Long term residential need to double by 2036
- Homecare, daycare and direct payment projected to fall

Demand projections are based on the linear trend in the number of people we've supported over the past three and a half years, with age-specific rates to reflect an ageing population. We apply that trend to official population forecasts to estimate future demand. This methodology to estimate the demand projections is currently under review and is subject to change.

Current projections for adult social care indicate a 20% increase in demand by 2035. Broken down by support category - again assuming recent trends continue - we expect the following changes in demand over the next 10 years:

- Older people: +19%
- Learning disability: +9%
- Physical disability: –7%
- Mental health: +100%

Systems Dynamic Modelling (SDM):

Initial findings from SDM, where different trial scenarios were mapped against future cost projections, suggest that the best-case scenarios could reduce adult social care costs by 15% in 10 years. However, this would need further investigation.

Conclusions and demand for preventative support:

The population-level indicators, and the predicted increased pressures on adult social care generally mean that overall demand for preventative support is likely to increase as well. The Kent population of older people is expected to rise by 28% in the next decade, resulting in a dramatic surge in care needs, particularly in coastal areas with higher older populations. From the analysis above there is potential increase in demand for social care arising from those with long term conditions (including dementia) and mental health needs.

Initial results confirm that our current focus must be on those closest to needing care and support. Over time, as we manage our demand, we will need to shift more resources towards primary prevention to improve health and well-being outcomes, manage future demand and secure financial sustainability.

Delivery plan:

The Adult Social Care Prevention Framework will be supported by a detailed co-designed delivery plan, initially focusing on the first three years (2025-2028) which will build on and strengthen existing prevention activity and new actions and work programmes to deliver against the priorities set out in the document. Some examples of actions proposed in the draft Delivery Plan are;

- Prevention training and skills in the workforce
- Integrated social prescribing and neighbourhood health
- Age-friendly communities
- VCSE strategic partnership

The Delivery Plan will be finalised by October 2025 and be supported by appropriate governance, to ensure the actions are delivered against, and align with other programmes of work across the council.

Each action in the delivery plan will have specific measures and indicators to evaluate against, including high level population health outcomes data and lived experience feedback, which will be regularly monitored and reviewed. We will use these evaluations to indicate how we are making a difference to the lives of the people living in Kent.

The Prevention Framework will also inform how we commission in a more agile and proactive way. It is important to us that, in working to deliver change, we also build strong and meaningful connections with other local strategies that cover the county of Kent.

As part of the development of the Prevention Framework, we have identified an opportunity to work more closely with the Voluntary, Community and Social Enterprise (VCSE) sector as a strategic delivery partner to co-design and co-deliver support with communities. Together we will monitor and evaluate outcomes to ensure support is effective, responsive and delivering good value. Across the wellbeing landscape, different provisions are at different stages in the commissioning cycle and, therefore, at different phases of contracting arrangements. As part of the delivery plan, we will consider establishing a 'VCSE Strategic Partnership Design Group' which will co-design a strategic partnership with the VCSE, working to be in place by April 2027, within a financial envelope to deliver services in the community that prevent, reduce and delay the need for adult social care in Kent. This group will also co-design a new approach to measuring the preventative impact of the VCSE and be informed by an evidence-led approach, which will be used to understand gaps of support available in our communities.

References:

<https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach>

<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>

<https://www.health.org.uk/sites/default/files/2024-12/HEAJ9448-Communicators-Toolkit-220725.pdf>

<https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/>

<https://www.futureofprevention.com/>

<https://www.local.gov.uk/publications/earlier-action-and-support-case-prevention-adult-social-care-and-beyond>

<https://www.kent.gov.uk/about-the-council/information-and-data/facts-and-figures-about-kent/population-and-census/population-data>

<https://www.kmhealthandcare.uk/your-health/kent-and-medway-care-record>

<https://democracy.kent.gov.uk:9071/ieListDocuments.aspx?CId=896&MId=9535&Ver=4>

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcarebyagesexanddeprivationenglandandwales/census2021>

<https://www.kent.gov.uk/about-the-council/information-and-data/facts-and-figures-about-kent/population-and-census/census>

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