Kent County Council Adult Social Care and Health

Making a difference every day

Adult Social Care Prevention Framework 2025-2035

Working in partnership towards fulfilled, healthy and independent lives in Kent

www.kent.gov.uk/careandsupport

Kent County Council
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Introduction

Contents

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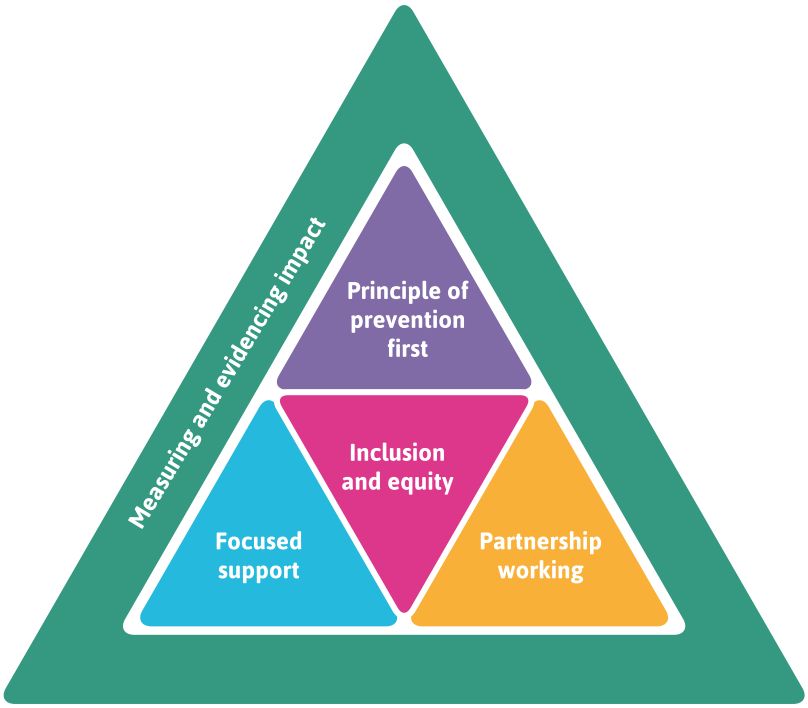
Our Ambition

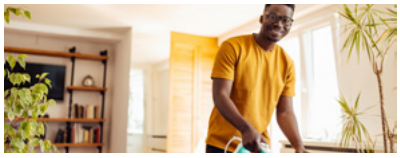
People living more fulfilled, healthy and independent lives in Kent.



The framework is: our approach to preventative support, promoting wellbeing and working with partners

By 2035, adult social care in Kent will have shifted towards ways of working and finances that prioritise prevention through the promotion of wellbeing and independence, early intervention and delay of escalating care needs. This will maximise the opportunities for Kent residents to lead more fulfilled, healthy and independent lives. We will make the best use of data and research-led practices and partnership working.

We are looking ahead to 2035, as we know that achieving our ambitions to shift from crisis driven care to earlier actions will require a long-term and consistent effort as a whole county, and it's the right thing to do for our future.


"Prevention is about helping people stay healthy, happy and independent for as long as possible. This means reducing the chances of problems from arising in the first place and, when they do, supporting people to manage them as effectively as possible."

Department of Health and Social Care 2018.

Our framework follows the Care Act 2014 description of the breakdown of prevention into three general approaches:

1. **Primary prevention** is aimed at people who are in good health and do not have any specific health or care issues. The goal is to stop needs from happening in the first place and support is generally made available to anyone who needs it (universally).

2. **Secondary prevention** is aimed at supporting people who are starting to show signs that they might develop health or care needs. The focus is on specific support to stop things from getting worse or to prevent new needs.

3. **Tertiary prevention** is for people who already have existing health or care needs. It is about helping people stay as independent as possible and stopping their condition, or associated needs from worsening.

Local authorities have a duty by law to promote individual wellbeing and ensure that people can live as independently as possible, and the responsibility of prevention does not sit only within adult social care, each directorate within the council will contribute and deliver prevention activity.

Promoting wellbeing and independence includes working closely with communities to provide information, advice and universal services - as well as health creation. This means identifying risks early on and putting the right initiatives in place to benefit people's health and wellbeing. By doing this, people are less likely to need formal care and support, they have a better chance of keeping themselves well and can take an active role in their health, wellbeing and independence.

Through listening and co-production, we have designed our Adult Social Care Prevention Framework to ensure we keep the voice of people living in Kent at the heart of everything we do. Our framework has been co-designed with the public, our workforce and partners to inform our shared ambition and priorities. Crucially, communities must co-own this approach to ensure its success and sustainability.

Building on the Making a Difference Every Day Adult Social Care Strategy, Kent Adult Carers' Strategy and Kent and Medway Integrated Care Strategy, we outline the importance of changing our ways of working, including how we work with partners and the priorities we must collectively pursue to have the greatest impact on future needs for care and support in Kent.

We acknowledge key challenges which threaten the sustainability of adult social care, including continuing financial pressure on public bodies and increasing demand and costs of care and support and rising inequality. National government proposals to reorganise how local government systems work, along with changes to health and social care may also create opportunities and challenges yet to be fully understood.

Therefore, we will review our framework regularly to ensure that it remains relevant and aligned to the changing context and needs of the people of Kent.

Delivery Plan:

The Adult Social Care Prevention Framework will be supported by a detailed co-designed delivery plan, which will build on and strengthen existing work alongside new actions and work programmes. The delivery plan will be supported by appropriate internal structures, so that actions are delivered and prevention is embedded in all that we do and align with other existing documents and workstreams such as; Making a Difference Every Day Adult Social Care Strategy, Kent Adult Carers' Strategy, and the Kent and Medway Integrated Care Strategy. 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.

Prevention activities may look different for each person and may change to suit different stages of someone's life journey.

Principle of prevention first

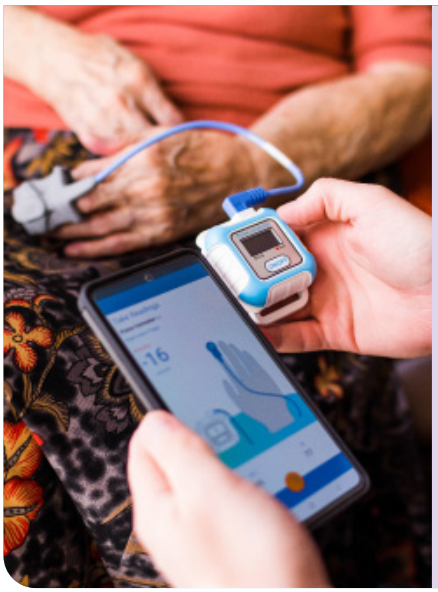
By identifying people's needs early, enhancing our information, advice and guidance offer and strengthening local support, we can help people stay well, independent and connected for longer without the need to enter into the social care 'system' unless that's right for them.

We all want social care support to be there when we need it, during important moments in our lives. People who do not need intensive support should be able to get flexible help to regain their independence and reconnect with their communities. Our aim is to prevent long-term reliance on services, focusing instead on supporting people's recovery and wellbeing so they can live the life they want.

Many of the challenges people face, like loneliness, isolation, transport or financial stress, can be tackled earlier through easier access to the right information and local support to address these challenges. We are committed to building resilient communities where people can live well. That means understanding what matters to local people, recognising that communities often know best how to help themselves and support what already works well in neighbourhoods.

A strong focus on information, advice and guidance, offered early and clearly, is vital so people can make informed choices and plan ahead. We want to enable people to make their own choices, self-serve and self-direct where appropriate, and when support is needed, ensure they can make contact at the right time with the right person.

Prevention should be at the heart of every interaction. To deliver this, we need to change how we work and consider prevention in the conversations we have. A skilled, confident, and connected workforce is essential, and this is enabled through a strong focus on staff wellbeing, training, recruitment and retention. Whether in social care, housing, health or the voluntary sector, prevention is everyone's business and staff must feel empowered to act early, support people to stay independent, and connect people with the right help for them at the right time.



Case study

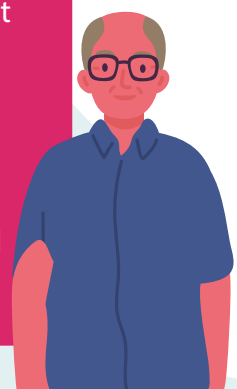
Since 2023, the Integrated Care Partnership has been evaluating the use of Feebris to enable proactive and preventative care across 35 care homes. By equipping carers with digital tools to detect early signs of deterioration such as changes in blood pressure or feeling more fatigued, the technology platform enables timely interventions that prevent escalation into acute health episodes or falls. This has led to a 20% reduction in non-elective admissions, saving 860 bed days and £527,000, meaning for every £1 spent generating a return on investment of £5.20. The results demonstrate how preventative care can reduce system pressures and improve resident outcomes, with even greater impact projected if scaled.

Our delivery plan will be driven by these priorities

- We will make better use of and strengthen community capacity, and support our workforce to be more visible and accessible to local communities, through our Adult Social Care Connect Service, hubs and gateways.
- We will offer simpler, more coordinated ways for people to find trusted information and support, and communicate these effectively, so they can make informed decisions about their health, wellbeing and care - and plan for the future.
- We will train and support a resilient workforce to have effective conversations, identifying opportunities to connect people to proactive community solutions that provide early support and maximise independence.
- We will make it easier for people and their support networks to take control of their own care, with straightforward processes to help anything from assessing needs, to planning support and managing payments.
- We will make the most of innovation to help people remain independent and in control of their own care at home. This includes better use of technology to identify needs early and improve outcomes.

I should be enabled to build on my own strengths, assets and networks to meet my chosen outcomes, including people such as family, friends, neighbours, hobbies and faith groups.

I should be able to get the right information, advice and guidance that is clear, accurate and accessible, that helps me make informed choices and plan for the future.



Focused support

Our detailed research has identified key factors at a population level that may increase people's need to draw on care and support. This information helps us to understand where to proactively focus our efforts to be able to influence the need for care and support in the future.

We can see from our Kent data, that on average, people who live in areas of greater deprivation draw on care and support more than people who live in less deprived areas of Kent. The current economic environment has impacted people, and we know that many people are worse-off financially, and that life expectancy is stalling.

Other key groups where the Kent data indicates we should consider a more intensive preventative approach include:

- **Older people** aged 65 and older in Kent: the number of people in this age group is expected to rise by 28% in the next decade, with those over 85 years old 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%. With around 10,000 people who are part of the Kent adult social care workforce estimated to be at retirement age in the next ten years, staff wellbeing and recruitment is vital.

- **Young adults with additional needs** or disabilities often face unique challenges. Young people require focused support to ensure a smooth progression into independent living. With support from partner organisations and communities, adult social care can empower young adults and their families with the skills and resources to thrive, reducing future reliance on intensive services and encouraging long-term independence.

- **People with long term conditions**, particularly cardiovascular disease, dementia, frailty and stroke, are more likely to need to draw on care. People going without the things that are essential for a good life (enough money, good housing, education, healthcare) are more likely to develop long term conditions, and at an earlier age. Without action, the numbers of people with dementia in Kent is expected to increase to 39,000 by 2035, yet action to address risk factors such as hearing loss, social isolation and depression could mitigate the rise.

- **People with poor mental health** may have an increased need to draw on care and support; Kent social care saw an increase of 60% in relation to to mental health in the five years up to 2023. Kent's future mental health trends are concerning – likelihood (prevalence) of depression is already higher than the national average and is increasing. Kent is also seeing increasing rates of serious mental illness and since 2012, the county's suicide rates have increased above the England average, with men shown to be at greater risk. We have found that the level of care and support required is consistently higher for all ages amongst those living alone.

- **Unpaid carers** are the backbone of care and support in Kent (158,000 people in Kent self-identified as a carer in the 2021 Census), yet they face higher depression rates, increased poverty and are more likely to have disabilities themselves.

We have built a data tool which models that impact particular interventions may have on the need for care and support, and we will work with partners to continue to identify and track the nature of unmet need.

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.

Our delivery plan will be driven by these priorities:

- We will use data and insights to co-design support that helps older people to stay healthy, well-connected and independent, and able to continue living in their own home for as long as they can.
- We will create the conditions for young adults with additional needs to be empowered and equipped to make their own decisions, setting a strong foundation for them to achieve their life goals. We will also focus on offering holistic support for their family and carers. This will mean more effective wrap-around support between children's and adults' social care, education, health, housing, transport providers and employers.
- We will work with partners to identify and reach people at risk of, or living with long term conditions, such as stroke, dementia and frailty, working together in a multi-agency approach in an effort to maximise people's independence and wellbeing.
- We will invest in community action that improves mental health and wellbeing especially in communities most at risk. We recognise the need for supported living and employment support alongside support groups, social activities and peer support networks that help to address the unique challenges faced by different communities.
- We will raise the profile of unpaid carers, recognising the value and skills they bring, whilst listening to and proactively supporting their needs throughout and beyond their carer journey so they to see positive health and wellbeing outcomes.

Partnership working

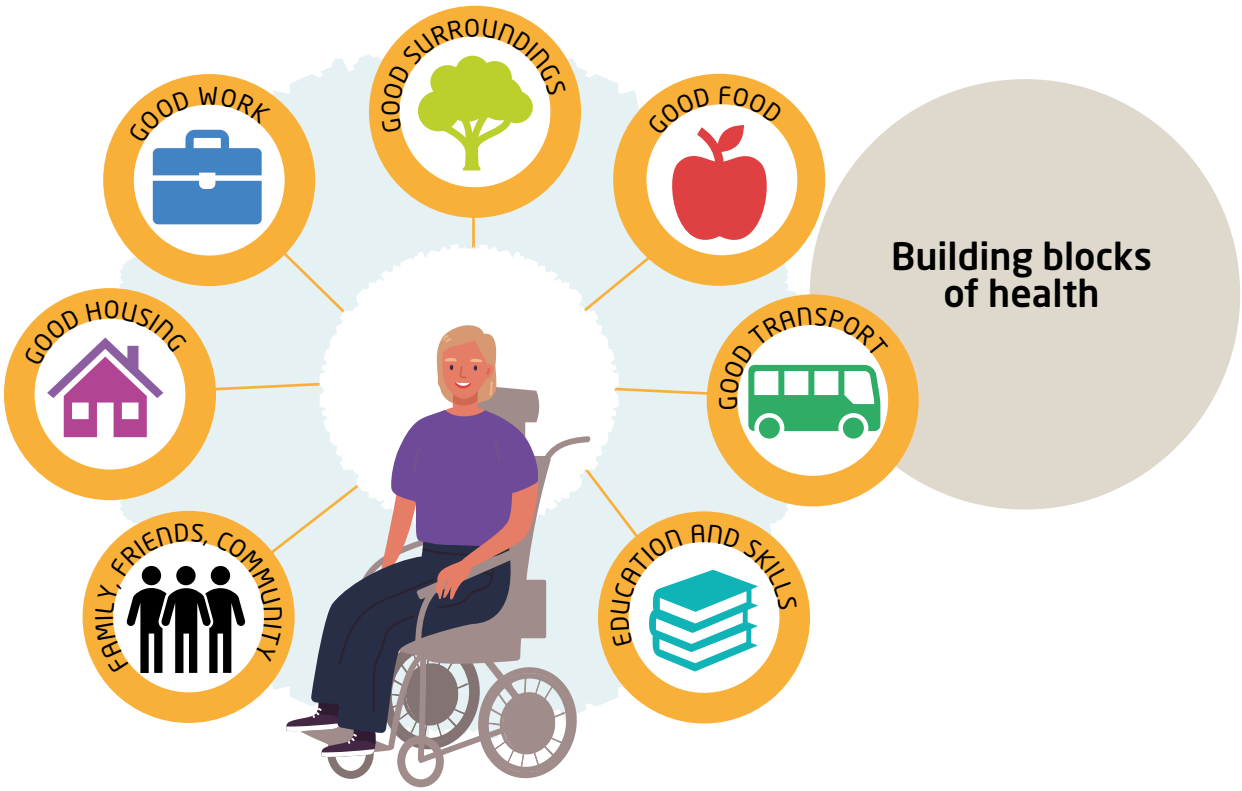
It takes a collective effort to create and maintain safe, healthy and thriving communities. With rising demand and pressures on services, it's more important than ever that the NHS, local authorities, and the voluntary and community sector join forces to make the best use of our shared skills and resources.

Neighbourhood place-based working and Health Alliances bring together professionals from districts, health, social care, mental health, and the Voluntary, Community and Social Enterprise (VCSE) sector to work as one team in local communities. This collaborative approach helps us provide more joined-up, proactive, person-centred care close to home, focused to local needs.

The Voluntary, Community and Social Enterprise Sector is a vital partner for delivering prevention that is truly rooted in local needs and communities and therefore plays a key role in improving health and wellbeing outcomes for the population. These organisations are often closest to our communities, with deep understanding, trust and connections that can support people to live more fulfilled, healthy and independent lives. It is essential that stronger partnerships are formed to support the delivery of our prevention framework.

The Adult Social Care Prevention Framework will align with current work to address inequalities in coastal communities, initially focused on good work and employment (Marmot Coastal Region). The health and wellbeing of the population is not just a result of how well services and support are funded and function. Health and wellbeing is mainly driven by the conditions in which people are born, grow, live, work and age, and the availability of opportunities to flourish through good employment, housing, financial stability and education – the building blocks of health. This means that collectively, both internal and external partners need to find solutions to support people living in Kent in a more holistic way.

By strengthening these partnerships and focusing on early, joined-up support, we can improve health outcomes, reduce inequalities and shift resources and investment towards preventative activity.



Our delivery plan will be driven by these priorities

- We will 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.
- We will 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.
- We will co-design and commission services that reflect the needs of the community, to deliver the right support and tackle inequalities with an approach built on mutual trust, shared values and ongoing communication.
- We will work with partners to consider how good housing, employment and good financial circumstances, a good social network and a clean and sustainable environment can enhance health, and how our actions can reduce inequalities of need for health and social care.
- We will work with partners to increase access to rehabilitation, therapies, technology and other community-based support, whilst improving the coordination of early hospital discharge and prioritising a home-first approach.

Inclusion and equity

Inclusion: means people of all backgrounds and cultures are welcomed, socially accepted and treated equally, through a sense of belonging that is respectful of people for who they are.

Equity: means ensuring that everyone receives the support they need to achieve their full potential, acknowledging that people may face different barriers.

We are committed to celebrating, respecting and valuing differences across all communities in Kent and creating an environment where everyone feels supported and able to access and benefit from the care and support they need.

We know that this is not currently the case; deprivation and exclusion disproportionately impact certain groups and therefore some people are more likely to experience poorer health, shorter lifespans, and spend more of their lives in ill health. We recognise the need to serve the whole population of Kent, but to achieve fair outcomes for all, we need to intensify our efforts to better serve individuals or groups who experience poorer health and wellbeing and may need more support to lead fulfilled, healthier and independent lives. This includes working with partners like Kent Police, to support community safety initiatives that prevent people being radicalised, and being victims of crime, exploitation, slavery, hate crime, and domestic violence.

We know that when we uplift and support people experiencing the greatest social and economic challenges, our communities and local economy thrive. We must have further consideration of people and groups that may experience greater health inequalities and poorer health outcomes that live in Kent, which may include:

People with protected characteristics under law.

People living in socio-economically deprived areas, including rural and coastal communities.

People who might have more complex needs such as veterans, people experiencing homelessness, people who use substances, offenders and former offenders, people facing abuse or exploitation and sex workers.

We need to understand the needs of these groups and move with urgency towards solutions. That means strengthening a competent workforce and services which are inclusive and respectful of all backgrounds. It means understanding our population and their experiences of accessing care and support, identifying what barriers get in the way of living a glorious ordinary life and agreeing how best to work together to reduce these barriers. It also means improving the way we collect and use information about the care and support needs of the Kent population and how we design our offer in adult social care to meet those needs effectively.

Our delivery plan will be driven by these priorities:

- We will work with partners to maximise our use of data and concentrate our efforts on where they are most needed, so that we can address inequalities and areas of deprivation more effectively.
- We will understand and break down barriers to accessing care and support, working with partners to ensure people have the knowledge, skills and confidence to access, understand and use information and services effectively, through digital inclusion and health literacy.
- We will take active steps to engage and reach those who may have greater or unmet needs for care and support, to ensure people have inclusive and positive outcomes through person-centred and proactive care.
- We will work closely with partners to actively facilitate resilient, accessible and connected communities, to ensure that the services and support available reflect the needs of local populations.
- We will continue to develop strong partnerships with all Kent communities to promote community cohesion, especially with those who are currently underrepresented, so that people with lived experience shape local decisions.

I should be supported to access universal services that promote good wellbeing, such as libraries, leisure facilities, transport or education.

I should feel confident managing things in my life that will keep me well like looking for a good job and having a safe and comfortable home.

Measuring and evidencing impact

We want our prevention approach to be focused so that it meets people's needs, is effective in achieving their aims and objectives and makes the most efficient use of resources. Most importantly, we want to make a difference to the outcomes that matter most to the people of Kent, by including outcome measures that include storytelling and that take into account people's experiences.

Analysing population trends helps us to pinpoint people or groups at risk of declining health, isolation or needing more intensive support - before a crisis hits. This allows us to tailor early actions, which often deliver better outcomes for people than support at a later stage. We will ensure we work with partners to collect, use and share data consistently, so that we have a more holistic understanding of the needs of our population and the best ways to meet them.

Whilst we've outlined in this framework, clear recommendations for preventative action, we need a better research base to draw from. We can then build a better understanding of the best ways of increasing wellbeing and independence whilst lowering the need for care. We are committed to publishing our own impact studies, but we will also use our voice to advocate for a national prioritisation of prevention that is most relevant to adult social care.

We will adopt best practice approaches to measuring the impact of our prevention programmes, reflecting on processes and learning from others. We will find new ways to track outcomes over time. If we can demonstrate that we are improving wellbeing and independence, then we can demonstrate the case for shifting resources into prevention.

We know numbers and statistics don't tell us all that we need to know, prevention also needs to be measured by lived experience outcomes. Therefore, we want our prevention programmes and the evaluations we use, to assess the impact of experiences. We want to ensure we are listening to our communities at every stage so that they can shape and influence prevention.

When we are getting things right, we want Kent residents to be able to say the following about their experiences of adult social care:

Our delivery plan will be driven by these priorities:

- We will co-design evaluations with communities and partners to ensure we measure what matters to people and evidence social and financial value.
- We will work with partners to improve how we collect, record and share data, so we better understand Kent residents' needs and experiences and can focus support to where its needed most
- We will campaign for Kent-based research to include a focus on social care outcomes, advocate for a greater national focus on prevention research and source funding opportunities to support prevention activity.
- We will use consistent and robust methods to measure our progress with a variety of data and feedback sources, to comprehensively measure our impact and ensure that evaluations are proportionate, to inform our decision-making processes.
- We will take a long-term approach when investing in prevention, understanding it takes time to show its full impact. We will monitor progress and remain flexible to continuously improve outcomes.

What are our next steps?

As set out in our introduction, the Adult Social Care Prevention Framework will be supported by a detailed and co-designed delivery plan which will set out how we will achieve the priorities set out in the document.

Each action 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 recognise that there may be changes to health and social care which may impact the delivery of the framework, therefore, it will be regularly reviewed to ensure that it remains relevant and aligned to the changing context and needs of the people of Kent.

We will share updates on our progress and how we plan to continue working with people who draw on care and support, communities and partners to deliver and review our Adult Social Care Prevention Framework.

For further information about this work, or to get involved, please get in touch at PreventionFramework@kent.gov.uk

Get in touch with Kent Adult Social Care and Health

Email and website
You can email us with queries or questions about any of our services or information.
Email: social.services@kent.gov.uk or see our website at: www.kent.gov.uk/careandsupport

Kent Connect to Support
The Kent Connect to Support website provides you with information and advice to help you (or a relative or friend) look after yourself, stay independent and connect with your local community.
www.kent.connecttosupport.org

Telephone our contact centre
For non-urgent telephone calls, please contact us Monday to Friday between 8.30am and 5.00pm.
The contact centre is based in Maidstone and is open for business 24 hours a day, 7 days a week.
Telephone: 03000 41 61 61

Text relay
A text relay service is available for Deaf, hard of hearing and speech impaired customers and is available 24 hours a day, 7 days a week.
Text Relay: 18001 03000 41 61 61

Out of hours service
Not every crisis occurs during office hours. Kent and Medway Social Services provide for these times with our out of hours service that can offer advice, support and help to ensure that vulnerable people are not left at risk.
Telephone 03000 41 91 91

This booklet is available in alternative formats and can be explained in other languages.
Telephone: 03000 41 61 61 or
Text Relay: 18001 03000 41 61 61

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