



PREVENTION IN ACTION

A resource for local decision makers

Problem

Too many people are having to reach the point of health and social care crisis before they receive support.

Solution

We want to see more people being able to access preventative services, and fewer people reaching the point of health and social care crisis.

Ask

We want preventative services to be made available to everyone, regardless of level of need or ability to pay.

Key calls

- > We want more people to be able to access primary, secondary and tertiary preventative services so that fewer people reach the point of health and social care crisis.
- > We want prevention to be a key consideration in local decision-making, including commissioning.
- > We want decision-makers across health and social care to recognise that prevention is about more than just stopping something arising. It is about preventing, reducing and delaying needs and associated costs.
- > We want decision-makers to use the triple definition of prevention* as the basis of their preventative planning.
- > **As part of this, we are calling on every Health and Wellbeing Board to fully incorporate and prioritise prevention in their strategy.**

Everyone should get the support they need to live independently at home.

Background

Health is under real pressure with figure warnings of a £30 billion funding gap in the health budget by the end of the decade (28 per cent of the budget)¹ and an estimated funding gap for adult social care over the same period of £4.6 billion (29 per cent of the budget)². **Something needs to change.** One way to reduce this gap would be to invest in preventative services. But, while councils see prevention as a key source of savings for the future, spend on prevention only forms 6.6 per cent of local authorities' budgets in 2015/2016 (a reduction in cash terms of 6% from the previous year).³

The British Red Cross welcomes the Care Act's new duties on councils to ensure that preventative services are available in their area and that access to these services is broadened. We advocated strongly for prevention to not only be included in the Care Act, but to also be defined. After all, unless we share a common language, how can we be sure we share the same ambition?

And we were successful, with three equally important forms of prevention being written into the statutory guidance (please see the triple definition of prevention on the next page).

Now, to really make this mean something on the ground, we want every Health and Wellbeing Board to fully incorporate and prioritise prevention in their strategy.

Why invest in prevention?

Practical and emotional support can boost independence and resilience. This prevents, reduces and delays needs and associated costs.

It pays to spend on prevention. Investing in preventing minor situations escalating into crises is more cost-effective than picking up the pieces afterwards. This principle applies across health and social care and it should span our lifetimes. It should be enshrined in universal public health campaigns, right up to the management of chronic illnesses and long-term conditions.

Directors of adult social care recognise this. 73 per cent of ADASS' Budget Survey 2015 respondents see increased prevention and early intervention as the top area for savings in 2016/17 and beyond.⁴

We have good evidence of these cost savings. An independent economic analysis of our lower-level preventative services by the London School of Economics and Political Science identified cost savings related to a reduced need for care and support equivalent to £880 per person⁵.

What is prevention?

While there is general agreement that "prevention is better than cure", the term itself is understood differently across the country. Public health interventions and reablement services are generally recognised as preventative, but there is much more to 'prevention' than these alone.

It is not possible to prevent everything entirely, so it's important that preventative interventions are adopted across the lifecourse and pathology of a condition or illness. The triple definition of prevention* helps us do this.

What we're calling for

We know leaders within councils and clinical commissioning groups (CCGs) want to further invest in preventative services. We also recognise the tough decisions they have to take about their local priorities and their resource allocation.

That's why the Red Cross will continue to call on the Government to enable councils to implement these duties in a meaningful way. However, at the same time, we'd like to see prevention become a key consideration in local planning and decision-making, including commissioning, so that more people will be able to access primary, secondary and tertiary preventative services and fewer people will reach the point of social care crisis.

Where are we now?

There is consensus on the need to shift from reaction to prevention but, while public health initiatives such as diabetes and obesity prevention are getting airtime, not enough spotlight has been given to other preventative measures that would further prevent people's needs for social care, reduce the impact of those needs, and delay – ideally preventing entirely – the loss of independence.

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*THE TRIPLE DEFINITION OF PREVENTION

PREVENT:

primary prevention / promoting wellbeing

Primary prevention is aimed at people who have no particular health or care and support needs. The intention is to help a person avoid developing needs for care and support, or help a carer avoid developing support needs.

Primary prevention includes universal policies like health promotion, first aid learning, dementia-friendly communities, enhancing factors that are known to help protect all people (e.g., having a sense of belonging, enjoying good relationships, housing and good physical health), raising awareness initiatives such as National HIV Testing Week, universal services like community activities that prevent social isolation, universal vaccinations (i.e. polio vaccine)...

REDUCE:

secondary prevention / early intervention

Secondary prevention is more targeted. Interventions are aimed at people who have an increased risk of developing health or care and support needs, or at carers with an increased risk of developing support needs. The goal is to help slow down or reduce any further deterioration, to prevent further needs from developing, and to prevent a crisis occurring.

Secondary prevention includes short-term provision of wheelchairs, handyman services, 'social prescribing' services, telecare, earlier diagnosis, e.g. The NHS Health Check programme/screenings etc., more targeted vaccinations (i.e. the flu jab given to people over 65).

DELAY: tertiary prevention

Tertiary prevention is aimed at minimising the effect of disability or deterioration for people with established or complex health conditions. The goal is to support people to regain confidence and skills, and to manage or reduce need where possible. For people who have already reached the point of crisis, the goal is also to prevent that reoccurring.

Tertiary prevention includes reablement, rehabilitation, bed-based intermediate care, outpatient diabetic and vascular support, support to self-manage condition, medical adherence programmes, home adaptations, assistive technology...⁶

We have undertaken a review of joint health and wellbeing strategies two years in a row now to understand the extent to which Health and Wellbeing Boards across the country recognise and prioritise a well-rounded understanding of prevention. Last year we reviewed 138 strategies and concluded that:

- > Prevention is understood differently across the country.
- > The majority of the Strategies are putting a strong emphasis on prevention. In total, all but one mentioned prevention and over half of the strategies that contained a summary, mentioned prevention in that summary.
- > However, about 40 per cent do not incorporate a full understanding of prevention. It is clear that many of these strategies understand prevention only as minimising the risk of people developing care and support needs (primary prevention), or as targeting people at high risk of developing needs (secondary prevention).
- > Less than one third (28 per cent) of the strategies clearly emphasise the importance of providing preventative services to people with a range of needs before, during and after a crisis.

Learn more about our advocacy calls and see some of our resources and guidance developed to help local decision-makers make prevention a reality here: <http://www.redcross.org.uk/About-us/Advocacy/Health-and-social-care>

Footnotes

1. NHS (October 2014), Five Year Forward View: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>
2. ADASS (June 2015), ADASS Budget Survey 2015: http://www.adass.org.uk/uploadedFiles/adass_content/policy_networks/resources/Key_documents/ADASS%20Budget%20Survey%202015%20Report%20FINAL.pdf
3. ADASS (June 2015, ADASS Budget Survey 2015: http://www.adass.org.uk/uploadedFiles/adass_content/policy_networks/resources/Key_documents/ADASS%20Budget%20Survey%202015%20Report%20FINAL.pdf
4. ADASS (June 2015, ADASS Budget Survey 2015: http://www.adass.org.uk/uploadedFiles/adass_content/policy_networks/resources/Key_documents/ADASS%20Budget%20Survey%202015%20Report%20FINAL.pdf
5. <http://www.pssru.ac.uk/archive/pdf/dp2869.pdf>
6. Please note that there is no hard and fast rule as to where each of these examples fit – of course, some examples could apply to more than one type of prevention. Before using these examples it is important to think about the particular condition as well as the stage of the condition you are applying it to. It is, however a useful way of ensuring preventative interventions are being adopted across the pathology of a condition or illness.