BritishRedCross

PREVENTION IN ACTION

The extent to which English Local Authorities and Health and Wellbeing Boards recognise and prioritise prevention, as defined within the Care Act (2014)

Refusing to ignore people in crisis


#PreventReduceDelay

Contents

Important Note to Reader:
This document is large. It is not intended to be read from cover to cover but as a reference document to support the implementation of the Care Act prevention duties. All readers should consult the Conclusion and Recommendations section.

Acknowledgements
Authors: Olivia Field, Chloe Carter.
Special thanks are due to Briony Martin for her help with data collection and collation.

THE CARE ACT:
one step closer to putting prevention in action

In 2014 the ambition to shift towards a truly preventative system was enshrined in law. **Section 2 of the Care Act places a new duty on local authorities to ensure the provision of services that prevent, reduce or delay the need for care and support.**[1] Prevention is also a key component of the NHS Five Year Forward View, a shared vision for the NHS that notably calls for *'a radical upgrade in prevention and public health'*.[2]

Earl Howe, the then Parliamentary Under-Secretary of State at the Department of Health emphasised the importance of the Care Act's prevention duty:

'Clause 2 creates a clear legal duty on local authorities to ensure the provision of preventative services… we believe that preventative care can increase quality of life for individuals, while having the potential to provide longer-term financial savings to the public purse. It is only with this greater focus on prevention and integration that both the NHS and care and support can respond to the financial pressures of an ageing population.'[3]

Historically, preventative services were only available to people with needs that met council eligibility thresholds. This meant that in the large majority of areas, people were required to have 'substantial' or 'critical' needs before they could access preventative services like reablement.

During the passage of the Care Bill, the British Red Cross argued that this wasn't sufficiently preventative. We wanted preventative services to be available to everyone who may benefit from them, so that fewer people reach the point of crisis. **Under Section 9(6)(b) of the Care Act, local authorities now have to consider whether people could benefit from preventative services when carrying out a needs assessment, before a determination is made as to their eligibility.**[4] And, as noted in the statutory guidance:

'Where the local authority judges that the person may benefit from such types of support [services that prevent, reduce or delay the need for support], it should take steps to support the person to access those services.'[5]

The Red Cross also advocated strongly for prevention to be clearly defined. We were concerned that because the term is understood differently across the country, there was a need to be explicit about what 'prevention' entails, in order to support local authorities to fulfil their new duty effectively.

We were pleased that three equally important forms of prevention were written into the statutory guidance:

1.Care Act 2014, Section 2: legislation.gov.uk/ukpga/2014/23/section/2/enacted
2. NHS (October 2014), NHS Five Year Forward View: england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
3. Earl Howe, The Parliamentary Under-Secretary of State at the Department of Health (29 July 2013): publications.parliament.uk/pa/ld201314/ldhansrd/text/130729-0001.htm
4. Care Act 2014, Section 9(6)(b): legislation.gov.uk/ukpga/2014/23/section/9/enacted
5. Department of Health (October 2014), Care and Support Statutory Guidance, Chapter 6 (6.62)

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 such as 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 such as community activities that prevent social isolation, universal vaccinations (e.g. 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.

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 (e.g.. 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 conditions, medical adherence programmes, home adaptations, assistive technology...[6]

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.

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

Problem

Too many people have 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

Preventative services should be made available to everyone, regardless of level of need or ability to pay.

Key recommendations

- **Local authorities** should implement the full ambition of the Care Act's prevention duties.
- **The Government** should look again at what resources are required to enable local authorities to implement these new duties in a meaningful way.
- **Every Health and Wellbeing Board** should fully incorporate and prioritise prevention in their joint health and wellbeing strategies.
- **Decision-makers across health and social care** should recognise that prevention is about more than just stopping a condition or illness arising. It is about preventing, reducing and delaying needs and associated costs.
- **Decision-makers across health and social care** should use the Care Act's triple definition of prevention as the basis of their preventative planning.

Key findings

- **Prevention is an evident consideration in local strategies and plans.** All but one of the joint health and wellbeing strategies mention prevention, and more than 80 per cent of local authorities have developed or are in the process of developing a local approach to prevention.
- **Yet, while prevention is better understood and emphasised than last year, the term 'prevention' is still understood differently across the country.** This is despite the Care Act's triple definition of prevention.
- **Thirty-seven per cent of joint health and wellbeing strategies still do not incorporate a full understanding of prevention.** Prevention should be seen as an ongoing consideration and not a single activity or intervention
- **All too often, joint health and wellbeing strategies fail to recognise tertiary types of prevention.** Many of the 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).
- **Local authorities have responded to Section 2 of the Care Act in a range of ways.**
- **The majority of local authorities report making changes to the structures and processes that frame their provision of preventative services.** These changes include creating new boards and roles, revising procedures, and reviewing guidance and training.
- **Over a third of local authorities report 'developing or investing in new services'.** However, many have yet to translate structure and process change into enhanced provision.
- **Local authorities have yet to be 'truly innovative in the services offered in their area'**[7]. Services cited as 'new' tend to be those seed-funded by Government over the last ten to 15 years, such as telecare and handyperson's services.
- **And in some cases, local authorities are conflating their duty to provide information and advice with their duty to prevent needs for care and support.** These are two distinct duties, which should be distinguished in local strategies and plans.
- **Local decision makers emphasise the practical difficulties of shifting resources from crisis intervention to prevention, especially in the current economic climate.** This Red Cross report is intended to help decision makers make this transition. It provides a national picture of local developments, and highlights areas of good practice.

7. Earl Howe, The Parliamentary Under-Secretary of State at the Department of Health (3 July 2013): publications.parliament.uk/pa/ld201314/ldhansrd/text/130703-0003.htm

CONTEXT
Pressures on health and social care

While it has long been recognised that "prevention is better than cure", the UK's health and social care system has largely focussed on reacting to crises rather than preventing them.

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)[8] and an estimated funding gap for adult social care over the same period of £4.3 billion (29 per cent of the budget)[9].

Britain's population is ageing fast. More than one in 12 of the population is projected to be aged 80 or over by mid-2039[10]. At the same time, local authority budgets have been cut. In the last five years, adult social care budgets have been reduced by £4.6 billion, representing 31 per cent of real terms net budgets.[11] Further cuts to local authority budgets were announced in the Chancellor's 2015 Spending Review.

These cuts adversely affect the NHS. 88 per cent of NHS Trust finance directors and 80 per cent of clinical commissioning group (CCG) finance leads feel funding pressures on local authorities are adversely affecting the performance of health services in their local health economy.[12]

The Chancellor has responded to these warnings by committing an additional £10 billion a year in real terms to the NHS by 2020. During his 2015 Spending Review and Autumn Statement, he announced that £6 billion of this money will be made available next year. He also gave local authorities the power to increase social care funding through a new two per cent Council Tax precept, claiming this could 'bring almost £2 billion more into the care system[13].

Yet the two per cent levy has been criticised, with claims it *'will not raise enough to close the social care funding gap and will disadvantage deprived areas with the highest needs for publicly funded care'*[14]. And Simon Stevens, the chief executive of the NHS has since called for *'a new national consensus on properly resourced and functioning social care services'*[15]. Finally, leaders of the social care sector have expressed their concern that this is not enough to fill the funding gap in an open letter to the Chancellor and Secretaries of State:

> '...the package put forward for social care will not enable [them] to fill the current gap in funding, cover additional costs associated with the introduction of the National Living Wage, nor fully meet future growth in demand due to our ageing population.'[16]

Something needs to change

One way to ease the pressure is to invest in preventative services…

It pays to spend on prevention. Investing in preventing minor situations escalating into crises is more cost-effective than picking up the pieces. This principle applies across health and social care and should span our lifetimes. It should also 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. Seventy-three per cent of the Association of Directors of Adult Social Services' (ADASS) Budget Survey 2015 respondents see increased prevention and early intervention as the top area for savings in 2016/17 and beyond.[17]

There is good evidence of these cost savings. An independent economic analysis of Red Cross 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 person[18].

The Local Government Association's prevention spending model concluded that handyperson services have a return of £1.13 for every £1 invested and telehealth care has a return of £2.68 for every £1 invested.[19]

Similarly, the Department of Health's Mental Health Strategy 2011 estimated that its plans to expand the provision of talking therapies services would *'be strongly cost saving to the overall public purse, with a net saving of an estimated £302m'*, representing a public sector saving of £1.75 for every £1 spent.[20]

Yet, while local authorities 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 per cent from the previous year)[21]. As ADASS explains:

'Many [local authorities] are struggling to balance investment in reducing future demand and costs at a time when budgets to meet existing statutory duties to provide care and support to those most in need are under such pressure.'[22]

A shared language

The Care Act clearly recognises that prevention is about more than just stopping something arising. It is about preventing, reducing and delaying needs and associated costs.

While public health interventions and reablement services are generally recognised as preventative, there is much more to prevention than these alone. And while public health initiatives – such as diabetes and obesity prevention – are gathering pace, not enough attention is being paid to other preventative measures.

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

Yet, while the triple definition of prevention has been adopted by adult social care through the Care Act's statutory guidance, it was notably not mentioned in the NHS Five Year Forward View. This is despite the two documents being launched on the same day.

The Red Cross is pleased that both recognise the need to shift from reaction to prevention. However, unless we share a common language, we cannot be confident that we are all talking about the same thing. With the Chancellor's plans to integrate health and social care by 2020[23], sharing the same definition will prove ever more important in effectively working together to make prevention a reality.

8. NHS (October 2014), Five Year Forward View: england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
9. LGA & ADASS (October 2014), Adult social care funding: 2014 state of the nation report: local.gov.uk/documents/10180/5854661/Adult+social+care+funding+2014+state+of+the+nation+report/e32866fa-d512-4e77-9961-8861d2d93238
10. ONS (October 2015), National population projections, 2014-based Statistical Bulletin: ons.gov.uk/ons/dcp171778_420462.pdf
11. ADASS (June 2015), ADASS Budget Survey 2015: adass.org.uk/uploadedFiles/adass_content/policy_networks/resources/Key_documents/ADASS%20Budget%20Survey%202015%20Report%20FINAL.pdf
12. The King's Fund (October 2015), Quarterly Monitoring Report: qmr.kingsfund.org.uk/2015/17/
13. Chancellor George Osborne's Spending Review and Autumn Statement 2015 speech (25 November)
14. The King's Fund (25 November), The King's Fund's response to the Spending Review: kingsfund.org.uk/press/press-releases/kings-funds-response-spending-review
15. Simon Stevens (18 January 2015)
16. Joint letter for the Chancellor and Secretaries of State, from Care and Support Alliance, Association of Directors of Adult Social Services, Care Provider Alliance, NHS Confederation (December 2015): careandsupportalliance.com/social-care-sector-response-to-the-spending-review/#sthash.eS0VEpiv.dpuf
17. ADASS (June 2015, ADASS Budget Survey 2015: adass.org.uk/uploadedFiles/adass_content/policy_networks/resources/Key_documents/ADASS%20Budget%20Survey%202015%20Report%20FINAL.pdf
18. Personal Social Services Research Unit, LSE & Research, Evaluation and Impact team, British Red Cross (January 2014), An Analysis of the Economic Impacts of the British Red Cross Support at Home Service: pssru.ac.uk/archive/pdf/dp2869.pdf
19. LGA (September 2015), Prevention: A Shared Commitment: local.gov.uk/documents/10180/6869714/Prevention+-+A+Shared+Commitment+(1).pdf/06530655-1a4e-495b-b512-c3cbef5654a6
20. The Department of Health (February 2011), Talking therapy services – impact assessment: gov.uk/government/publications/talking-therapies-impact-assessment
21. ADASS (June 2015), ADASS Budget Survey 2015: adass.org.uk/uploadedFiles/adass_content/policy_networks/resources/Key_documents/ADASS%20Budget%20Survey%202015%20Report%20FINAL.pdf
22. ADASS (15 May 2015), Budget Survey 2015: Key Messages: adass.org.uk/full-report-adass-budget-survey-2015/
23. HM Treasury (25 November 2015), Spending review and autumn statement 2015: gov.uk/government/publications/spending-review-and-autumn-statement-2015-documents/spending-review-and-autumn-statement-2015#a-sustainable-health-and-social-care-system-1

Health and Wellbeing Boards

Under the Health and Social Care Act 2012 each top tier and unitary authority in England had to establish a Health and Wellbeing Board in order to improve health and wellbeing and reduce inequalities. As a minimum, they are made up of one local elected representative, a local Healthwatch representative, a representative of each local clinical commissioning group, the local authority director for adult social services, the local authority director for children's services and the director of public health.

One of their core responsibilities is to carry out a joint strategic needs assessment and develop a joint health and wellbeing strategy that meets the needs identified in that assessment. Both should *'sit at the heart of local commissioning decisions, underpinning improved health, social care and public health outcomes for the whole community.'*[24] The Care Act's statutory guidance reiterates the importance of these strategies, noting that they *'should be informed and emphasise preventative services that encourage independence and wellbeing, delaying or preventing the need for acute interventions.'*[25]

Health and Wellbeing Boards have also played a key role in the development of Better Care Fund plans. The £5.3 billion Better Care Fund (previously called the Integration Transformation Fund) created a local, single-pooled NHS and local authority budget to encourage health and social care integration. The Chancellor committed an extra £1.5 billion to the Better Care Fund by 2019-20 as part of its *'radical, local-led plan to create an integrated health and social care system by 2020'*[26] during his 2015 Spending Review.

Leaders of the social care sector are concerned about the time-frame of this funding, noting that it does not reach *'levels of any significance until towards the end of this parliament.'* They also warn this puts *'the delivery of the NHS Five Year Forward View and the Care Act at risk.'*[27] Others have reiterated the importance of this being *'new money'* and *'spent on adult social care.'*[28]

Research objectives

The aim of this research study was to explore the extent to which local authorities and Health and Wellbeing Boards across England recognise and prioritise the Care Act's understanding of prevention.

Specifically, we wanted to answer the following questions:

- Is prevention a key consideration in local decision making, including commissioning?
- And if so, does the understanding of 'prevention' encompass all three tiers (primary, secondary and tertiary), including support services for people with lower-level needs?
- Since the Care Act came into force in April 2015, has there been an improvement in the prioritisation and understanding of prevention?
- How do local authorities and Health and Wellbeing Boards plan to put prevention into action?
- How well do local authorities' local approaches to prevention and their commissioning strategies reflect the Care Act's guidance on preventing, reducing and delaying needs?

We have undertaken a review of joint health and wellbeing strategies two years in a row. Both times we concluded that the term 'prevention' is understood differently across the country. In both 2013/14 and 2014/15 many strategies understood prevention only as minimising the risk of people developing care and support needs in the first place (primary prevention) or as targeting people at high risk of developing needs (secondary prevention). With this in mind, we also wanted to explore the following question:

- Has there been an improvement in Health and Wellbeing Boards' understanding of prevention in light of the Care Act's triple definition of prevention?

24. Department of Health (2011), Joint strategic needs assessment and joint health and wellbeing strategies explained: gov.uk/government/uploads/system/uploads/attachment_data/file/215261/dh_131733.pdf
25. Department of Health (October 2014), Care and Support Statutory Guidance, Chapter 4 (4.53)
26. HM Treasury (25 November 2015), Spending review and autumn statement 2015: gov.uk/government/publications/spending-review-and-autumn-statement-2015-documents/spending-review-and-autumn-statement-2015#a-sustainable-health-and-social-care-system-1
27. Joint letter for the Chancellor and Secretaries of State, from Care and Support Alliance, Association of Directors of Adult Social Services, Care Provider Alliance, NHS Confederation (December 2015): careandsupportalliance.com/social-care-sector-response-to-the-spending-review/#sthash.eS0VEpiv.dpuf
28. Lord Porter, Chairman of the Local Government Association (25 November): local.gov.uk/spending-review/-/journal_content/56/10180/7586753/NEWS

Methodology

To achieve the research objectives:

- we reviewed joint health and wellbeing strategies for the third year in a row, and
- made a Freedom of Information (FOI) request of all English local authorities.

When reading the joint health and wellbeing strategies, we wanted to know:

1. Whether prevention was mentioned at all.
2. Whether prevention was mentioned in the summary (if there was one).
3. Whether prevention was mentioned in the vision/ aim.
4. Whether prevention was mentioned as a priority.
5. Whether prevention was mentioned as a principle, approach or value.
6. Whether the Care Act (Care Bill), Better Care Fund (Transformation Fund) or NHS Five Year Forward View were mentioned.
7. How strong its focus on prevention was, and whether its focus was in line with the Care Act's statutory guidance (each strategy was labelled very strong, strong, neither strong nor weak, weak, or very weak).

The purpose of 2 to 5 was to determine whether there is any sort of emphasis on prevention. Generally, joint health and wellbeing strategies have an overriding 'vision' or 'aim', a set of 'priorities' (usually between three and five but sometimes more) and some guiding 'principles', 'approaches' or 'values'. These tend to frame the strategies and indicate their main areas of focus.

The purpose of 6 was to help determine whether national policy and practice developments have translated into local plans.

The purpose of 7 was to evaluate whether its interpretation of prevention was in-line with the Care Act's statutory guidance. The labels (very strong, strong, neither strong nor weak, weak, very weak) were ascribed according to whether prevention was a key element of the strategy and whether prevention seemed to encompass lower-level/ tertiary types of support as well as primary and secondary examples.

Very strong: Prevention is a key component of the strategy. It is either part of the vision, appears as a priority, principle, approach or features in the summary. The prevention that is emphasised clearly encompasses lower-level/ tertiary types of support as well as primary and secondary examples. These types of preventative services are available before, during and after crisis point for a range of people and health problems.

Strong: Prevention is a key component of the strategy. It appears as either part of the vision, as a priority, principle, approach, or features in the summary. Prevention is in part understood as early intervention and lower-level support. Although there is recognition of the importance of these services, they are often focused solely on one stage of the person's illness, rather than before, during and after. A strong recognition of the importance of lower-level preventative services but often only to one group of people, e.g. people with dementia, rather than all people who may benefit.

Neither strong nor weak: Prevention is probably mentioned as a principle, approach, priority (or component of one) or features in the summary. However, it is not clear that prevention has been wholly emphasised or understood in Care Act terms. Although there may be an obvious commitment to shifting towards prevention and early intervention, it is unclear whether this encompasses preventative lower-level support.

Weak: Although prevention is mentioned, or may exist as a component of a priority, principle, approach, or may feature in the summary, it clearly only focuses on preventing a problem from arising through awareness raising or education (e.g. preventing underage pregnancy by investing in sexual education).

Very weak: No emphasis of any kind on prevention.

It's important to note that some strategies were due to be reviewed while completing this project and were subject to change. Moreover, they ranged in length, detail and had different timeframes. The combination of these factors makes the labels attributed to the strategies subjective and presumably temporary. Therefore, these results are intended to provide a guide as to the strength of the strategies' focus on prevention, as well as a guide to the year-on-year trend

In addition, FOI requests were sent to all local authorities to see how they are implementing Section 2 of the Care Act.
The following questions were asked:

1. *What actions your council has taken to comply with Clause [Section] 2 of the Care Act 2014 ("Preventing needs for Care and Support").*

2. *a) Whether you have developed a 'local approach to prevention' as per Section 2.23 of the Care and Support Statutory Guidance ("Developing a local approach to preventative support") published in October 2014.*

   b) And whether this approach clearly specifies and includes a range of examples of all three types of prevention set out in Chapter 2 of the Care and Support Statutory Guidance ("Preventing, reducing or delaying needs") published in October 2014.

3. *a) Whether you have developed a 'commissioning strategy for prevention' as per 2.24 of the Care and Support Statutory Guidance (within "Developing a local approach to preventative support") published in October 2014.*

   b) And whether this clearly specifies and includes a range of examples of all three types of prevention set out in Chapter 2 of the Care and Support Statutory Guidance ("Preventing, reducing or delaying needs") published in October 2014.

FINDINGS

Joint health and wellbeing strategy labels:

All 151[29] Health and Wellbeing Boards' joint health and wellbeing strategies were read and labelled accordingly:

- Very strong: 57 **(38 per cent)**
- Strong: 38 **(25 per cent)**
- Neither strong or weak: 48 **(32 per cent)**
- Weak: 7 **(5 per cent)**
- Very weak: 1

- Prevention is mentioned in all but one strategy.
- In total, 140 strategies include prevention in their vision, goals, priorities, approaches, principles or values. **This has increased from 72 per cent to 93 per cent.**
- It's the 'primary approach/ principle/ value' of 10 strategies and listed as an 'approach/ principle/ value' in another 66.
- Fifty-five strategies mention prevention within their 'priorities', five in their 'goals' and five in their 'visions'.
- Of the 120 that had some sort of summary (an executive summary/ foreword/ plan on a page or separate summary strategy), 80 (67 per cent) mention prevention. **This has increased from 57 per cent last year.**
- **Only about a third of all strategies have been updated since 2014 (some have even been out of date since the end of 2013).**

An overview

Prevention is being better understood and is increasingly prioritised. The number of strategies rated very strong has increased by 10 per cent since last year's review. The number of those that include prevention in their vision, goals, priorities, approaches, principles, values or summary has increased by 21 per cent.

This improvement could be due to the Care Act coming into force. However, other imperatives for an increased focus on prevention include the transfer of public health responsibilities to local government and Public Health England, the NHS Five Year Forward View, and the Better Care Fund.

However, there's still a way to go. Fifty-six of the strategies have been labelled neither strong nor weak, weak or very weak, meaning 37 per cent still do not incorporate a full understanding of prevention or emphasise the importance of taking a preventative approach. 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).

Recommendation:

- **Health and Wellbeing Boards** should fully incorporate and prioritise prevention in their joint health and wellbeing strategies. A well-rounded understanding of prevention should be clearly emphasised throughout the strategy and across the life course and pathology of a range of conditions or illnesses mentioned.

The Care Act, NHS Five Year Forward View and Better Care Fund

Only around a third of the strategies have been updated since 2014 and only 32 (21 per cent) mention the Care Act (or Care Bill) despite it being *'the most significant reform of care and support in more than 60 years.'*[30]

Only five of the 33 that mention the Care Act (or Care Bill) explicitly refer to the prevention duty (Section 2 of the Care Act). However, others mention the Care Act putting greater responsibilities on local authorities, including 'an increased focus on prevention'.

Of the strategies that mention the Care Act (or Care Bill), 23 (72 per cent) were labelled very strong or strong. This indicates that the Care Act (when engaged with properly) has likely had a positive influence on the prioritisation and understanding of prevention.

29. While there are 152 local authorities with responsibility for adult social care, Bournemouth and Poole share a Health and Wellbeing Board.
30. Care and Support Minister, The Rt Hon Norman Lamb (15 May 2014).

Just 10 mention the NHS Five Year Forward View. While none of these strategies was rated weak or very weak, there was no obvious correlation between doing so and a high-rating label. Perhaps this is because the Forward View fails to emphasise the importance of tertiary preventative interventions in the same way it emphasises primary and secondary.

Thirty-seven strategies mention the Better Care Fund (or Transformation Fund, as it used to be called) in comparison to just six out of 138 last year. This could be because Better Care Fund plans have further developed over the course of the year.

Recommendation:

> **Health and Wellbeing Boards** should update their joint health and wellbeing strategies regularly so that they include key policy and practice developments.

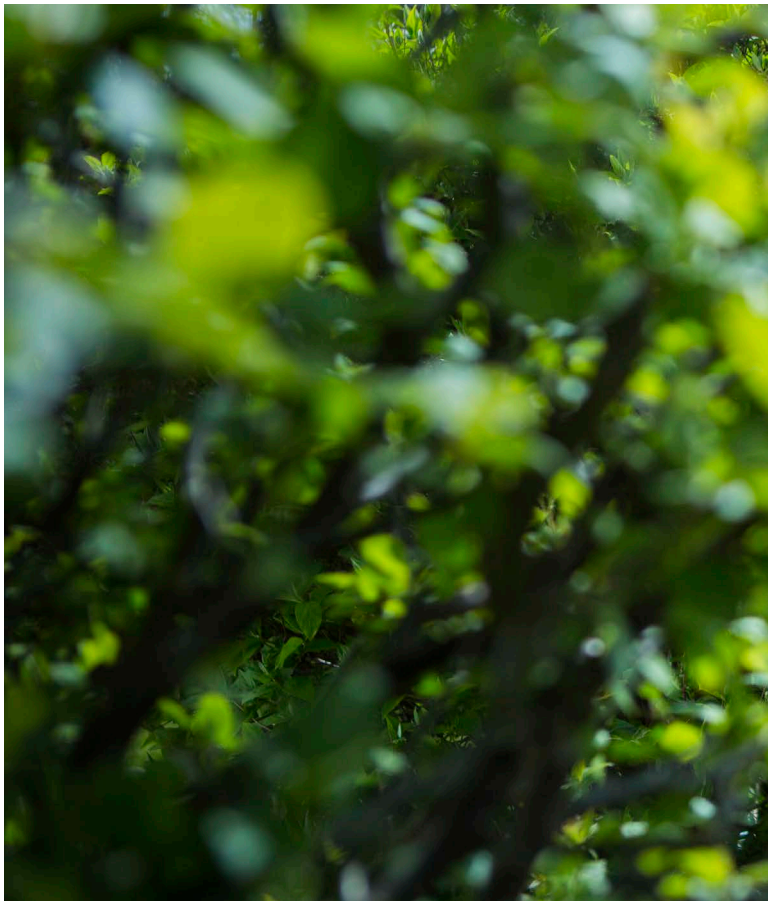
The triple definition of prevention

While many more strategies are emphasising the importance of preventative interventions being adopted across the life course and the pathology of a condition or illness, **only 12 joint health and wellbeing strategies use the full triple definition of prevention (either primary, secondary, tertiary / prevent, reduce, delay / both terminologies).**

A further 46 use this terminology in part. For example, only talking about *'delaying and reducing the need for care and support'* (often when referring to the Adult Social Care Outcomes Framework that includes this as its second of four key 'domains').[31] In other cases, only the terms 'primary' or 'secondary prevention' are mentioned.

Confusion as to what constitutes primary, secondary or tertiary prevention was evident in some of the strategies. Some strategies appear to conflate 'secondary' and 'tertiary' prevention into 'secondary prevention'.

The British Red Cross does not want the sector to be diverted by discussions about which interventions sit where, so long as preventative interventions are being adopted before, during and after a crisis. Indeed, there is no hard and fast rule as to where each preventative intervention sits. As the statutory guidance explains, *'services can cut across any or all of these three general approaches'*[32]. However,



using the triple definition of prevention is a useful way to ensure preventative interventions are being adopted across the life course and the pathology of a condition or illness.

Some Health and Wellbeing Boards have used their own terminology. In some cases the terms applied cover all three types of prevention, but in many cases do not. For example, sometimes tertiary prevention is captured solely as 'reablement' or 'long term care'. However, tertiary prevention is more than just reablement and applies to more than those with long term needs.

Various strategies also include a definition or explanation as to what is meant by 'wellbeing'. These definitions vary despite 'wellbeing' being defined under Section 1(2) of the Care Act.

Recommendation:

> **Health and Wellbeing Boards** should incorporate the Care Act's triple definition of prevention into their joint health and wellbeing strategies.

> **Health and Wellbeing Boards** are encouraged to look to define 'wellbeing' using the Care Act's definition set out in Section 1 of the Care Act.[33]

Minimising the loss of independence for those with existing needs

While there's a clear increase in the number of strategies recognising tertiary types of preventative interventions, **the importance of primary and secondary preventative interventions is still emphasised much more.**

And in some cases it's not clear this third type of prevention is recognised at all.

In some cases, lower-level tertiary preventative interventions are mentioned (for example, reablement/ care in the home/ support to self-manage/ home adaptations/ assistive technologies/ respite for carers etc.) but aren't recognised as preventative. **Recognising their preventative value is an important step to ensuring their provision.** Under Section 2 of the Care Act, local authorities must ensure the provision of preventative services. And under Section 9(6)(b), they must assess whether people who do not meet the national eligibility threshold would benefit from such services.

Tertiary types of preventative service are sometimes only referred to in the context of mental health, long term conditions or older people. While many strategies set out a life course approach, prevention and early intervention are often only emphasised at the beginning or end of that course. They also tend to mention tertiary preventative services towards the latter stages of life. However, as **Warrington's** strategy notes a *'preventative approach needs to be focussed on enabling people to maintain their independence and enabling them to regain it at any age'*.[34]

Recommendation:

> **Health and Wellbeing Boards** should prioritise and emphasise all three types of prevention across the life course.

> **Health and Wellbeing Boards** should pay special attention to explicitly recognising the value of tertiary preventative interventions.

31. The Department of Health (November 2014), The Adult Social Care Outcomes Framework 2015/16: gov.uk/government/uploads/system/uploads/attachment_data/file/375431/ASCOF_15-16.pdf
32. Department of Health (October 2014) Care and Support Statutory Guidance, Chapter 2 (2.5)
33. Care Act 2014, Section 1(2): legislation.gov.uk/ukpga/2014/23/section/1/enacted
34. Warrington Health and Wellbeing Board, Warrington Health and Wellbeing Strategy 2015 – 18: warringtontogether.co.uk/media/1017/health-and-wellbeing-2015-18-low-res.pdf

FREEDOM OF INFORMATION (FOI) RESPONSES

We received responses to 149 out of 152 FOI requests. The responses varied in detail as well as content. Local authorities have responded to Section 2 of the Care Act in a range of ways, including enhancing or expanding existing preventative services and changing their approaches to commissioning.

Despite financial pressures, some have allocated new funds or set out to gradually shift more resources from reactive to preventative services. Some are looking for ways to increase the number of people accessing preventative services by, for example, not charging for them.

Bexley Council demonstrated a full understanding of the new duty to separate access to preventative services from decisions about whether a person's needs meet the national eligibility threshold:

'The eligibility identified for prevention is simply, if we think there is a risk of the individual requiring access in the future without an immediate intervention, then the intervention should be actioned.'

However, the overall impression was that local authorities' responses demonstrate a mixed level of understanding about the new prevention duties, and developments haven't been as groundbreaking or innovative as hoped. This is despite the Care Act *'embracing innovation and flexibility, unlike previous legislation that focussed primarily on traditional models of residential and domiciliary care'.*[35]

Responses to question 1

1. *What actions your council has taken to comply with Clause [Section] 2 of the Care Act 2014 ("Preventing needs for Care and Support").*

Various themes were identified within the responses to question 1. These included: working with the voluntary and community sector, working across departments, new services, the expansion or enhancement of existing services, reviewing services, revised guidance or training, the creation of new boards, roles, programmes, strategies, plans, policies or priorities, revised procedures, implementing new approaches, identifying needs and services, funds, information and advice.

Information and advice

Over half of the responses to question 1 included 'information and advice'. This was the most commonly recurrent theme within responses to this question.

The information and advice referred to was focussed on a range of issues, including available services, new policies and new rights.

Local authorities report providing information and advice in a variety of ways (including booklets, face to face, written, fact sheets, videos and via the telephone), but primarily via **"universal" websites.**

Section 2 ("preventing needs for care and support") and Section 4 ("information and advice") of the Care Act have been conflated in some cases.

Information and advice is recognised within the Care and Support Statutory Guidance as a *'vital component of preventing or delaying people's need for care and support.'*[36] However, while good quality information and advice may be necessary for effective prevention, **providing information and advice is not sufficient to fulfil the prevention duty.**

35. LGA (August 2015) Guide to the Care Act 2014 and the implications for providers: local.gov.uk/documents/10180/6869714/L14-759+Guide+to+the+Care+Act.pdf/d6f0e84c-1a58-4eaf-ac34-a730f743818d
36. Department of Health (October 2014) Care and Support Statutory Guidance, Chapter 3 (3.1)
37. Care Act 2014, Section 4: legislation.gov.uk/ukpga/2014/23/section/2/enacted

As Chapter Two of the Care and Support Statutory Guidance makes clear, Section 2 of the Care Act is about ensuring the provision of a range of services that prevent, reduce or delay the need for care and support.

The information and advice developments referred to within responses centre upon use of the internet. **The focus upon internet-based information and advice is concerning.** Section 4 of the Care Act is clear that information and advice must be *'accessible to, and proportionate to the needs of, those to whom it is being provided'.*[37]

The ONS Quarterly Internet Access Update in 2014 identified a huge discrepancy between younger and older generations' use of the internet. While only one per cent of 16- to 24-year-olds had never used the internet, 63 per cent of the over 75s had never been online.

As recognised by **Lewisham** in their FOI response, internet-based information and advice will not be accessible or proportionate to the needs of a significant group of users and potential users of social care:

'Despite its ever-growing use of technology and its potential to transform the way we do business to be of benefit to everyone, we need to be mindful that the Digital Inclusion Charity 'Go On' estimates that 23% of UK adults still don't possess the basic digital skills necessary to take advantage of it. For this reason Lewisham is now working with 'Go On', starting by undertaking a series of 'deep dives' or work with residents to understand more about the barriers and enablers to digital inclusion.'

Recommendations:

- **Local authorities** should clearly distinguish between their separate duties to provide information and advice and to provide preventative services within their local plans and strategies.
- **Local authorities** must be mindful that many adults and older people do not have the basic skills to use the internet.

An asset-based/ strengths-based approach

Several FOI responses and joint health and wellbeing strategies mentioned moving towards 'an asset-based approach'.

The terms 'strengths-based approach' and 'asset-based approach' are often used interchangeably. The Care and Support Statutory Guidance uses the terminology 'strengths-based approach' and instructs local authorities to *'consider what else other than the provision of care and support might assist the person in meeting the outcomes they want to achieve'* when carrying out assessments. In doing so, *'authorities should consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help.'*[38]

This approach should be centered on the individual, co-production and maximizing independence. **It must not be seen as a default alternative to statutory services.** Most importantly, family and friends should not be expected and must not be pressured to take on caring responsibilities. The statutory guidance notes:

'Any suggestion that support could be available from family and friends should be considered in light of their appropriateness, willingness and ability to provide any additional support and the impact on them of doing so. It must also be based on the agreement of the adult or carer in question.'[40]

A strengths-based approach should also recognise the value of the voluntary sector and community groups. Local authorities recognise this: **about a third of the responses to question 1, highlighted the importance of working with the voluntary and community sector.**

As reflected in the FOI responses, local authorities are increasingly looking to the voluntary sector and community groups to carry out a variety of functions, from promoting wellbeing to providing lower-level preventative support to those whose needs don't meet the eligibility threshold.

38. Department of Health (October 2015), Care and Support Statutory Guidance, Chapter 6 (6.63)
39. "Co-production" is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered. Such interventions can contribute to developing individual resilience and help promote self reliance and independence, as well as ensuring that services reflect what the people who use them want.' (Department of Health (October 2015), Care and Support Statutory Guidance, Chapter 2 (2.20))
40. Department of Health (October 2015), Care and Support Statutory Guidance, Chapter 6 (6.4)

New services and the expansion or enhancement of existing ones

Over a third of the FOI responses mentioned 'developing or investing in new services'. Over 60 different services were mentioned, including sensory reablement, therapeutic services, home adaptations, domiciliary care, assistive technology, debt management, active walking, carers' support and befriending services.

Earl Howe made clear that Section 2 of the Care Act was intended to encourage innovation:

'We want local authorities to be truly innovative in the services offered in their area'.[41]

This ambition was recently reiterated by Una O'Brien, then-Permanent Secretary at the Department of Health: *'What we are seeking to do [through the Care Act] is orchestrate much greater effort on and attention to prevention and early intervention'*.[42]

Disappointingly, the 'new' services identified were not particularly innovative. For example, telecare and handyperson services were referred to in various responses. While they both have clear preventative value, they should not be new to local authorities. In April 2006, the Government invested £80 million into the Preventative Technology Grant that focussed on increasing the numbers of people able to remain independent with telecare. Similarly, the Department for Communities and Local Government introduced a handypersons grant in 2009/10 allocating approximately £13 million in 2009/10 and £17 million in 2010/11 to English local authorities.

Nevertheless, we were pleased to see a variety of lower-level preventative interventions listed (including those mentioned above). Despite the cuts local authorities have faced over the last five years they clearly recognise the importance of continuing to invest in services that prevent, reduce or delay the need for care and support.

Around 15 per cent spoke about 'expanding or enhancing existing services' in light of the prevention duty. This ranged from redesigning services so that they are more preventative to improving their accessibility. Reablement was consistently included under this theme. Several local authorities described opening up these services to new cohorts of people and making them available prior to a full social care assessment.

Recommendations:

- **The Care and Support Programme Management Office (Department of Health, Local Government Association and the Association of Directors of Adult Social Services)** should review 'opportunities for shared learning' to help local authorities be 'truly innovative in the services offered in their area'.[48]
- **Despite budget constraints, local authorities** should continue to look for ways to invest in *'a broad range of (preventative) interventions, as one size will not fit all'.*[49]
- While reinvesting in services previously seed-funded by Government (such as telecare and handypersons services) is welcome, **local authorities** should seek to realise the Care Act ambition of developing 'truly innovative' services.

The Care and Support Reform Programme Management Office[43] report quarterly findings from a 'Care Act stocktake' of local authorities' progress with implementation. The purpose of these stocktakes is to *'develop a collective picture of progress across the country in a way that is useful both nationally and locally, providing information to facilitate local strategic discussions, map progress and identify support needs and opportunities for shared learning'*[44]. Findings from the fourth stocktake (the one most recently available at the time of going to print) show 37 per cent of local authorities were identified as having potential support needs in relation to arrangements for preventing needs for care and support, an increase from 29 per cent in the previous stocktake.[45]

Technology could play a huge role in prevention. For example, the UK's National Weather Service, 'Healthy Outlook', is helping people with COPD (chronic obstructive pulmonary disease) to self-manage their illness by sending warning texts about local weather conditions and providing simple health advice. While the evidence base is still emerging, the alerts should prove useful, *'given that extreme temperatures, humidity and/or viruses in the air can aggravate the ill health of people who have COPD and increase hospital admissions'*.[46]

Investing in prevention

Both the FOI responses and joint health and wellbeing strategies indicate recognition that resources need to be shifted from reactive to preventative spend. However, there is demonstrated uncertainty about how to go about doing this.

Pleasingly, **Staffordshire's** joint health and wellbeing strategy devotes a whole section to 'shifting resources'. While acknowledging that spending *'more on prevention and early help means spending less on reactive intensive support'*, it also recognises the cost benefits of doing this: *'This should quickly become a virtuous circle, where increased focus on prevention and early help reduces the need for later intensive intervention, releasing further resources for prevention and early help.'*[50]

Staffordshire's strategy also recognises that such a shift in spend would have to be accompanied by significant changes to how this intensive support is delivered. The cited options include: reducing the number of hospital beds used by emergency patients, reconsidering the number of hospitals within the county or *'reducing expenditure on residential care, through helping many people to remain independent and living in their own homes.'*[51]

Several FOI responses mentioned the creation of whole new prevention-focussed funds or budgets. Others intend to gradually shift resources from reactive to preventative spend. A tangible commitment has been made by **Nottingham**: *'Nottingham City's Procurement Strategy states as an aim that the Council should "Increase % spend on early intervention and preventative approaches by 1% each year across support services for adults and children."'*

The Southwark and Lambeth Early Action Commission (set up to find local ways of taking early action and preventing problems) noted in its final report: *'The only way to ensure a significant move towards early action is to commit to an incremental funding shift.'*[52]

As a precursor to doing this, it recommends 'classifying spending' to distinguish reactive from preventative spend. Knowing whether money is being spent on preventing or coping with problems *'makes it possible to plan and scrutinise the transition to early action and to understand the trade-offs between prevention and downstream services.'*[53] The triple definition of prevention can be a useful tool in doing this.

Local Government Information Unit (LGiU) recognised that one of the biggest barriers to prevention is indeed *'a lack of clarity around what constitutes preventative activity, how this links to outcomes and how much money councils spend on it overall.'*[54] In partnership with the British Red Cross and Mears, they therefore piloted an approach to mapping preventative spend against one of Camden Council's key outcomes. At the end of the pilot, LGiU published a toolkit[55] for other local authorities to do the same.

Recommendations:

- **Local authorities** should commit to shifting a percentage of their resources towards prevention. In doing so, they may find the recommendations set out in the Southwark and Lambeth Early Action Commission's report, 'Local early action: how to make it happen', useful.
- **Local authorities** (and Health and Wellbeing Boards) can use LGiU's toolkit to track and better understand their preventative spend.

41. Earl Howe, The Parliamentary Under-Secretary of State at the Department of Health (3 July 2013): publications.parliament.uk/pa/ld201314/ldhansrd/text/130703-0003.htm
42. Care Act first-phase reforms and local government new burdens: oral evidence, October 2015: data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/public-accounts-committee/care-act-firstphase-reforms-and-local-government-new-burdens/oral/22864.html
43. The Local Government Association, Association of Directors of Adult Social Services and the Department of Health are working in partnership to support local areas in implementation of the care and support reforms.
44. Local Government Association, Care Act Stocktake: local.gov.uk/care-support-reform/-/journal_content/56/10180/6341378/ARTICLE
45. Local Government Association, Association of Directors of Adult Social Services and the Department of Health ,Care Act Implementation : Results of Local Authority Stocktake local.gov.uk/documents/10180/6869714/2015-08-11+Stocktake+4+report+%28Final%29.pdf/c1db7184-5ea6-4a11-8d8d-07691a36e902
46. Phil Hope with Sally-Marie Bamford, Stephen Beales, Kieran Brett, Dr Dylan Kneale, Michael Macdonnell and Andy McKeon (Report of the Ageing Societies Working Group 2012), Creating Sustainable Health and Care Systems in Ageing Societies, Case Study 10
47. Malaria Journal (October 2012), Toward malaria elimination in Botswana: a pilot study to improve malaria diagnosis and surveillance using mobile technology: malariajournal.com/content/11/S1/P96
48.Earl Howe, The Parliamentary Under-Secretary of State at the Department of Health (3 July 2013): publications.parliament.uk/pa/ld201314/ldhansrd/text/130703-0003.htm
Department of Health (October 2015), Care and Support Statutory Guidance, Chapter 2 (2.42)
49. Staffordshire Health and Wellbeing Board (2013), Living well in Staffordshire: Keeping you well Making life better: staffordshirepartnership.org.uk/Health-and-Wellbeing-Board/Health-Wellbeing-Strategy-Staffordshire-2013.pdf
50. Staffordshire Health and Wellbeing Board (2013), Living well in Staffordshire: Keeping you well Making life better: staffordshirepartnership.org.uk/Health-and-Wellbeing-Board/Health-Wellbeing-Strategy-Staffordshire-2013.pdf
51. Staffordshire Health and Wellbeing Board (2013), Living well in Staffordshire: Keeping you well Making life better: staffordshirepartnership.org.uk/Health-and-Wellbeing-Board/Health-Wellbeing-Strategy-Staffordshire-2013.pdf
52. NEF, Southwark & Lambeth Early Action Commission (November 2015) Local early action: how to make it happen: b.3cdn.net/nefoundation/a5845188d1801a18bc_3nm6bkn3b.pdf

Integration

'It is only with this greater focus on prevention and integration that both the NHS and care and support can respond to the financial pressures of an ageing population.'
(Earl Howe, 29th July 2013)[58]

The importance of 'integration' was highlighted in a number of the joint health and wellbeing strategies and FOI responses. Under Section 3 of the Care Act, *'local authorities must ensure the integration of care and support provision, including prevention with health and health-related services, which include housing'*.[59] It is particularly important to integrate *'with partners to prevent, reduce or delay needs for care and support.'*[60] As the statutory guidance notes: *'Preventing needs will often be most effective when action is undertaken at a local level, with different organisations working together to understand how the actions of each may impact on the other.'*[61]

With almost a third of the FOI respondents highlighting their plans to work better with a range of other bodies (such as the NHS, faith sector, police and businesses) or departments (from housing to education), it seems local authorities recognise the importance of joint working in the context of preventing, reducing or delaying needs.

The benefits of integration have been widely acknowledged for some time. However, there have been some recent developments aimed at escalating the integration of health and social care. These include the Better Care Fund and health and social care devolution developments in England. For example, Greater Manchester has been given control of a £6 billion integrated health and social care budget as part of its devolution deal and Cornwall is also developing a strategic plan for the integration of health and social care as part of its deal.

The devolution of integrated health and social care budgets provides a real opportunity to properly invest in prevention. This is partly because both local authorities and the NHS would benefit financially from doing so. As noted by the Local Government Association: *'It is (also) difficult for local authorities to build a business case to invest their scarce resources in initiatives where the financial benefits accrue to other agencies such as the NHS or the benefits system…'*[62]

At the same time, integration should eradicate the sometimes false distinction between people's 'health' and 'social care' needs. Distinguishing between such needs all too often results in no statutory agency taking responsibility for the person or service in question. As a result, we see too many people falling through the gaps and too many people's needs escalating when they needn't be.

The provision of short-term wheelchair loans is just one example of this. There is currently no clearly defined duty for their statutory provision in England despite being included as an example of secondary prevention in the Care Act's statutory guidance.[63] Research demonstrates that they can prevent and delay people's need for health, social care and support and reduce the level of need that already exists.[64] This gap in provision is largely because of the false distinction between clinical and social needs for short-term wheelchairs resulting in a disagreement as to where the responsibility should sit.

Recommendation:

- **Devolved areas** should seize the opportunity to eradicate the false distinction between people's clinical and social needs, and to return prevention savings to a single integrated budget.
- **Local leaders** should ensure prevention (in all its forms) is a key aspect of all health and social care devolution deals going forward.
- **Leaders within Greater Manchester and other devolved areas** should ensure strategic plans for the integration of health and social care *fully* incorporate and prioritise prevention.

56. NEF, Southwark & Lambeth Early Action Commission (November 2015) Local early action: how to make it happen: b.3cdn.net/nefoundation/a5845188d1801a18bc_3nm6bkn3b.pdf
57. LGiU (October 2013), Tracking your preventative spend: a step-by-step guide: lgiu.org.uk/2013/10/16/tracking-your-preventative-spend-a-step-by-step-guide/
58. Earl Howe (29 July 2013), publications.parliament.uk/pa/ld201314/ldhansrd/text/130729-0001.htm#1307296000176
59. Department of Health (October 2015), Care and Support Statutory Guidance, Chapter 2 (2.34)
60. Ibid.
61. Department of Health (October 2015), Care and Support Statutory Guidance, Chapter 2 (2.32)
62. LGA (September 2015), Prevention: A shared commitment: local.gov.uk/documents/10180/6869714/Prevention+-+A+Shared+Commitment+(1).pdf/06530655-1a4e-495b-b512-c3cbef5654a6
63. Department of Health (October 2015), Care and Support Statutory Guidance, Chapter 2 (2.8)
64. McNulty, Carter and Beswick (July 2015), Putting the wheels in motion: Assessing the value of British Red Cross short-term wheelchair loan: British Red Cross redcross.org.uk/~/media/BritishRedCross/Documents/About%20us/BRC%20Wheels%20in%20Motion%20-%20July%202015.pdf

Other themes

Various other themes mentioned in responses to question 1 may enable local authorities to carry out their new prevention responsibilities but are not results in themselves:

- about **20 per cent** mentioned reviewing their guidance and training
- **25 per cent** have created new boards and roles
- **25 per cent** mentioned revising their procedures (for example how they carry out assessments or evaluate their services)
- **around half** mentioned developing new strategies or plans
- around **15 per cent** noted they were reviewing their existing services
- about **20 per cent** mentioned they were identifying local preventative services and needs.

Exploring new ways of working: Coventry Council has developed an 'Early Action Resilience Centre' that sets out to *'understand how public sector organisations can support citizens to develop resilience and thus reduce their need for statutory health and social care services.'* Exploring new ways of working and sharing good practice will be key to moving towards a truly preventative system and will hopefully lead to increased innovation.

Charging

The Care Act Regulations prohibit local authorities from charging for intermediate care (including reablement) provided for up to six weeks, and minor aids and adaptations up to the value of £1,000.

While the Care and Support (Preventing Needs for Care and Support) Regulations 2014[65] allow local authorities to charge for certain preventative services, facilities or resources, the statutory guidance warns of the risks this may have on uptake:

'Where a local authority chooses to charge for a particular service, it should consider how to balance the affordability and viability of the activity with the likely impact that charging may have on uptake'.[66]

Reading has decided not to exercise these charging powers:

'As part of its preparation for Care Act implementation, the Council consulted on how to increase the take-up of preventative services and whether applying a charge for these could deter take-up, in which case it could easily transpire to be a false economy. Consultation feedback supported the Council's preference not to exercise its charging powers in relation to preventative services…'

The council's 'Provision of Free Preventative and Carer Support Policy' explains its reasoning further: *'Making a charge for these services could act as a barrier to access, and the Council's administrative costs of collecting fees would reduce the funding available for preventative support.'*[67]

Question 2: Developing a local approach to prevention

2. a) *Whether you have developed a 'local approach to prevention' as per Section 2.23 of the Care and Support Statutory Guidance ("Developing a local approach to preventative support") published in October 2014.*

   b) *And whether this approach clearly specifies and includes a range of examples of all three types of prevention set out in Chapter 2 of the Care and Support Statutory Guidance ("Preventing, reducing or delaying needs") published in October 2014.*

The responses to question 2 were in some cases not clear enough to allocate a simple 'yes' or 'no' to. As a result, some responses were marked 'not clear'/ 'not answered'. Eight responses to question 2a) out of the 149 received were either marked 'not clear' or 'not answered'.

Of the remaining 141, we were reassured that over 80 per cent of local authorities have already developed a 'local approach to prevention' as per Section 2.23 of the Care and Support Statutory Guidance or are in the process of doing so. Eighty-eight (62 per cent) confirmed that they have developed a local approach to prevention. Another 27 (19 per cent) are in the process of developing one.

65. The Care and Support (Preventing Needs for Care and Support) Regulations 2014, Regulation 4(a): legislation.gov.uk/uksi/2014/2673/pdfs/uksi_20142673_en.pdf
66. Department of Health (October 2015), Care and Support Statutory Guidance, Chapter 2 (2.56)
67. Reading (March 2015) Provision of Free Preventative and Carer Support Policy (2015): reading.gov.uk/media/2758/Item8/pdf/Item8.pdf

According to this Section, *'local authorities should develop a clear, local approach to prevention which sets out how they plan to fulfil this responsibility, taking into account the different types and focus of preventative support…'*[68]

While four respondents confirmed that they have not developed such an approach, the remaining 22 referred to pre-Care Act strategies or new plans that are not specific to prevention.

Just over half (45) of the local approaches to prevention that have already been developed clearly specify and include a range of examples of all three types of prevention. A further 26 (30 per cent) clearly include a range of examples for all three types of prevention without specifying the different types of prevention.

Eighteen (67 per cent) of the 27 local approaches to prevention being developed will specify and include a range of examples of the three types of prevention. It was not clear whether the remaining ones being developed specified and included a range of examples of all three types of prevention.

As noted in the statutory guidance, *'prevention should be seen as an ongoing consideration and not a single activity or intervention'.*[69] With this in mind, it is likely local authorities' approaches to prevention will continue to develop over time.

Recommendation:

> **Those local authorities yet to do so** should develop a local approach to prevention. This approach should clearly specify and include a range of examples of all three types of prevention set out in Chapter 2 of the current Care and Support Statutory Guidance ("Preventing, reducing or delaying needs").

Question 3: Developing a commissioning strategy for prevention

3. a) *Whether you have developed a 'commissioning strategy for prevention' as per 2.24 of the Care and Support Statutory Guidance (within "Developing a local approach to preventative support") published in October 2014.*
   b) *And whether this clearly specifies and includes a range of examples of all three types of prevention set out in Chapter 2 of the Care and Support Statutory Guidance ("Preventing, reducing or delaying needs") published in October 2014.*

Fifteen responses to question 3a) were either unclear or unanswered. Of the remaining 134, just over a quarter (36) have developed a commissioning strategy for prevention as per Section 2.24 of the statutory guidance and a further 25 are in the process of doing so.

According to this Section, *'a local authority's commissioning strategy for prevention should consider the different commissioning routes available, and the benefits presented by each.'*[70]

Twenty local authorities confirmed they have not developed a commissioning strategy for prevention. The others have refreshed existing commissioning strategies or developed new ones that are not specific to prevention.

Of all the commissioning strategies (new and old), 40 (30 per cent) clearly specify and include a range of examples of all three types of prevention, 15 will do and 31 include a range of examples for all three types of prevention without specifying the different types of prevention.

Recommendation:

> **Those local authorities yet to do so** should develop a commissioning strategy for prevention or at least update their existing commissioning strategies to reflect the changes made through the Care Act. These should clearly specify and include a range of examples of all three types of prevention.

How local authority and Health and Wellbeing Board strategies overlap

Local authorities are engaging with the triple definition of prevention terminology more than Health and Wellbeing Boards. Over half of the local approaches to prevention that have already been developed and over a quarter of local authority commissioning strategies specify all three types of prevention compared to just 12 (eight per cent) of the joint health and wellbeing strategies. This is perhaps to be expected, as the legislation's duties pertain to local authorities. However, the Care Act statutory guidance is clear that a local authority's commissioning strategy should be *'integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy'.*[71] The statutory guidance recognises:

'Preventative services, facilities or resources are often most effective when brought about through partnerships between different parts of the local authority and between other agencies and the community such as those people who are likely to use and benefit from these services'.[72]

However, as also seen in the joint health and wellbeing strategies, local authority FOI responses sometimes demonstrated confusion as to what constitutes primary, secondary or tertiary prevention. They also cited more primary and secondary preventative interventions than tertiary.

Finally, a number of local authorities referred to joint health and wellbeing strategies in their responses to one or more of the questions asked in the FOI request. While – as noted above – this connection is welcome, it is particularly concerning that only around a third of the joint health and wellbeing strategies have been updated since 2014 and fewer than a quarter mention the Care Act (or Care Bill).

Under Sections 6 and 7 of the Care Act, local authorities and their relevant partners must 'co-operate' in order to carry out their various functions. Earl Howe noted how this relates to prevention:

'Such co-operation is to be performed for the purposes of, among other things, promoting an individual's well-being, which in turn includes having regard to the importance of prevention through Clause 1(3). Accordingly, there is a clear duty on local authorities and their relevant partners to co-operate with one another in preventing, delaying and reducing needs for care and support and carer's support. These duties, coupled with the return of public health responsibilities to local authorities as a result of the 2012 Act and the new prevention duty, present a unique opportunity for aligning prevention services across health and care and support.'[73]

As the place where key partners come together, Health and Wellbeing Boards are well-placed to enable this sort of co-operation. The Care Act's statutory guidance also identifies joint health and wellbeing strategies as the *'key means by which local authorities work with Clinical Commissioning Groups to identify and plan to meet the care and support needs of the local population, including carers.'*[74] **It is therefore vital they continue to update their strategies and prioritise prevention accordingly.**

Recommendation:

> **All health and social care decision makers should adopt the triple definition of prevention terminology – unless we share the same language, we can't be sure we share the same ambition. As we move to increased integration and joint-working this will become ever more important**

68. Department of Health (October 2014), Care and Support Statutory Guidance, Chapter 2 ("Developing a local approach to preventative support"), Section 2.23
69. Department of Health (October 2015), Care and Support Statutory Guidance, Chapter 2 (2.5)
70. Department of Health (October 2015), Care and Support Statutory Guidance, Chapter 2 (2.24)
71. Department of Health (October 2015), Care and Support Statutory Guidance, Chapter 4 (4.51)
72. Department of Health (October 2015), Care and Support Statutory Guidance, Chapter 2 (2.30)
73. Earl Howe, The Parliamentary Under-Secretary of State at the Department of Health (3 July 2013): publications.parliament.uk/pa/ld201314/ldhansrd/text/130703-0003.htm
74. Department of Health (October 2015), Care and Support Statutory Guidance, Chapter 15 (15.9)

WHAT THIS ALL MEANS FOR ADULTS IN ENGLAND

The new duties and responsibilities reiterated throughout this research report are important steps in ensuring fewer people fall into crisis. However, they will only truly mean something when more people are able to access services that prevent, reduce and delay their needs for care and support. The same applies to the strategies, policies and approaches labelled 'strong' or 'very strong'. This research therefore only tells part of the story.

While there is no individual entitlement to preventative services under the Care Act, there is a duty on local authorities to ensure the provision of preventative services and assess whether people could benefit from these services before a determination has been made as to their eligibility. When adults would benefit from a preventative intervention, they should expect support from their local authority to access those services.

This research study does not tell us whether more people are accessing preventative services, as the Care Act intended. However, the number of FOI responses focused upon the provision of "information and advice" rather than of "prevention" services suggests this ambition is yet to be realised.

Recommendation:

> **The Department of Health** should focus its Care Act implementation work on understanding the legislation's impact on *people*. We hope this research serves as a useful foundation with regard to implementation of the prevention duties.

Conclusion

It is widely accepted that prevention should sit at the heart of the sector's plans to innovate, integrate and adapt to new challenges, including financial. As previous British Red Cross studies have shown, there is no consistent understanding of exactly what 'prevention' is and how to put it into action.

The Freedom of Information (FOI) responses indicate that local authorities are engaging with the Care Act's triple definition of prevention, but this terminology has yet to be embraced by Health and Wellbeing Boards. We believe the triple definition of prevention is just as useful for the NHS, public health and voluntary and community sector as it is for adult social care.

It's vital to ensuring preventative services are made available across the life course and pathology of a condition or illness. Sharing the same language will become increasingly important as we move towards increased integration and joint working.

Both the FOI responses and joint health and wellbeing strategy review indicate that prevention is a key consideration in local decision making, including commissioning.

However, while the review of joint health and wellbeing strategies indicates an improved understanding of prevention, tertiary types of prevention are still not being emphasised as much as primary and secondary prevention. In some cases, they are forgotten altogether. Many Health and Wellbeing Boards are yet to place importance on preventative measures that could stop the deterioration or reoccurrence of a health or social care-related crisis by providing lower-level support.

Local authorities are generally working to meet their new responsibilities under the Care Act. However, there is so far little evidence of the innovative solutions to preventing, reducing and delaying the need for care and support that were the ambition of the legislation. Given the huge financial pressures on local authorities, this is perhaps not so surprising.

We are concerned that some local authorities are conflating their duty to provide information and advice with their duty to prevent needs for care and support. We will not achieve a truly preventative system by providing information and advice alone. We will not sufficiently improve outcomes for people and their carers, nor will we release the associated cost efficiencies and savings.

FOI responses and joint health and wellbeing strategies also emphasise the practical difficulties of shifting resources away from crisis intervention to prevention, especially in the current economic climate. We hope this report supports this transition. We also encourage local decision makers to continue to explore ways of overcoming these challenges and to share useful learning.

Recommendations

Decision makers across health and social care:

- **All health and social care decision makers** should recognise that prevention is about more than just stopping a condition or illness arising. It is about preventing, reducing and delaying needs and associated costs.
- **All health and social care decision makers** should adopt the triple definition of prevention terminology – unless we share the same language, we can't be sure we share the same ambition. As we move to increased integration and joint-working this will become ever more important.

Government and Whitehall:

- **The Government** should look again at how to best enable local authorities to implement the Care Act's new duties in a meaningful way.
- **The Department of Health** should do more to distinguish between the older and current versions of the Care and Support Statutory Guidance.
- **The Department of Health** should focus its Care Act implementation work on understanding the legislation's impact on people. We hope this research serves as a useful foundation with regard to implementation of the prevention duties.
- **The Care and Support Programme Management Office (Department of Health, Local Government Association and the Association of Directors of Adult Social Services)** should review 'opportunities for shared learning' to help local authorities be 'truly innovative in the services offered in their area'.

Health and Wellbeing Boards

- **Health and Wellbeing Boards** should fully incorporate and prioritise prevention in their joint health and wellbeing strategies. A well-rounded understanding of prevention should be clearly emphasised throughout the strategy and across the life course and pathology of a range of conditions or illnesses mentioned.
- **Health and Wellbeing Boards** should pay special attention to explicitly recognising the value of tertiary preventative interventions.
- **Health and Wellbeing Boards** should update their joint health and wellbeing strategies regularly so that they include key policy and practice developments.
- **Health and Wellbeing Boards** should incorporate the Care Act's triple definition of prevention into their joint health and wellbeing strategies.
- **Health and Wellbeing** Boards are encouraged to look to define 'wellbeing' using the Care Act's definition set out in Section 1 of the Care Act.

Local authorities:

- **Local authorities** should clearly distinguish between their separate duties to provide information and advice and to provide preventative services within their local plans and strategies.
- **Local authorities** must be mindful that many adults and older people do not have the basic skills to use the internet.
- **Those local authorities yet to do so** should develop a local approach to prevention.
- **Those local authorities yet to do so** should develop a commissioning strategy for prevention or at least update their existing commissioning strategies to reflect the changes made through the Care Act. These should clearly specify and include a range of examples of all three types of prevention.
- **Despite budget constraints, local authorities** should continue to look for ways to invest in 'a broad range of (preventative) interventions, as one size will not fit all'. While reinvesting in services previously seed-funded by Government (such as telecare and handypersons services) is welcome, local authorities should seek to realise the Care Act ambition of developing 'truly innovative' services.
- **Local authorities** must ensure they are operating in accordance with the most recent version of the Care and Support Statutory Guidance.
- **Local authorities** should commit to shifting a percentage of their resources towards prevention. In doing so, they may find the recommendations set out in the Southwark and Lambeth Early Action Commission's report, 'Local early action: how to make it happen', useful.
- **Local authorities** (and Health and Wellbeing Boards) can use Local Government Information Unit's toolkit to track and better understand their preventative spend.

Areas devolving or integrating health and social care:

- **Devolved areas** should seize the opportunity to eradicate the false distinction between people's clinical and social needs, and to return prevention savings to a single integrated budget.
- **Local leaders** should ensure prevention (in all its forms) is a key aspect of all health and social care devolution deals going forward.
- **Leaders within Greater Manchester and other devolved areas** should ensure strategic plans for the integration of health and social care fully incorporate and prioritise prevention.

Voluntary and community sectors, including the British Red Cross:

- **The voluntary and community sectors** should continue to raise awareness of both people's social care entitlements and local authorities' adult social care duties.

Where we are:
British Red Cross
44 Moorfields
London
EC2Y 9AL

redcross.org.uk
advocacy@redcross.org.uk

Published February 2016

ISBN 978-0-900228-27-8