The Care Act (2014) places a duty on local authorities to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will:

(a) contribute towards preventing or delaying the development by *adults* in its area of needs for care and support;

(b) contribute towards preventing or delaying the development by carers in its area of needs for support;

(c) reduce the needs for care and support of adults in its area;

(d) reduce the needs for support of carers in its area.

This includes *identifying “unmet need”* – i.e. those people with needs which are not currently being met.

Understanding unmet need will be crucial to developing a longer-term approach to prevention that reflects the true needs of the local population.
Increasing longevity, but a big gap between life expectancy and healthy life expectancy – eg for Men in the East of England:

- gap between life expectancy and healthy life expectancy = 15.7 years
- gap in healthy life expectancy between most and least well off = 12.4 years

Healthy Life Expectancy for Women in EoE is FALLING.
The top causes of both years of life lost and years of life lived with disability are to a significant extent preventable and if not prevented contribute to increasingly unmanageable demands on health and care.
Prevention works at different levels -

**Primary Prevention:** Universal measures to prevent ill health and promote wellbeing
- Provision of universal access to good quality information
- Support for healthy lifestyles, safer neighbourhoods, reduced social isolation etc

**Secondary Prevention:** Measures to identify and prevent deterioration in those at increased risk of poor health or wellbeing and intervene early
- Screening and case finding programmes to identify disease early and slow progression
- Provision of housing, benefits and debt advice to those with existing mental health conditions

**Tertiary Prevention:** Measures that delay or minimise the impact of existing health conditions
- Reablement and rehabilitation programmes
- Personalised budgets for those with high level needs
• The burden of ill health cannot be tackled by secondary prevention alone ie picking people up early with disease.
• Primary prevention needed to detect and address risk factors, help people make lifestyle changes, and tackle the wider determinants of health across the life course.
Prevention of Harm due to Heart Disease

LOCAL AUTHORITY

Lifestyle Changes
NHS Health Checks

GP / Nurse diagnosis
Prescribing

Behavior change support
Lifestyle support
Cardiac Rehab
Outpatient Appointments
Planned Admissions
Emergency Admissions

Rehabilitation
Reablement
Home adaptations
Domiciliary / Residential Care

SECONDARY CARE

Home adaptations
Domiciliary / Residential Care
Prevention at a Population Level

Copied from Kristian Wahlbeck, Finnish Association for Mental Health
Integration: System Leadership for Better Outcomes – Embedding Prevention

Public Health

**Adult Social Care and Public Health:**
Maintaining good health and wellbeing. Preventing avoidable ill health or injury, including through reablement or intermediate care services and early intervention.

**NHS and Public Health:**
Preventing ill health and lifestyle diseases and tackling their determinants.

**Adult Social Care and NHS:**
Supported discharge from NHS to social care. Impact of reablement or intermediate care services on reducing repeat emergency admissions. Supporting carers and involving in care planning.

**ASC, NHS and Public Health:**
The focus of Joint Strategic Needs Assessment: shared local health and wellbeing issues for joint approaches.
In Conclusion

• The Care Act 2014 created a range of prevention duties for Local Authorities – including addressing Unmet Need.

• Life expectancy is increasing, but:
  • Considerable time is spent living with ill health and disability
  • Healthy life expectancy for women in EoE is FALLING

• Gaps in healthy life expectancy exist between population groups, including between men and women, and between more and less deprived communities.

• To reduce demand on services through prevention, both Universal and Targeted prevention approaches are needed – which requires an integrated approach to prevention across whole care systems.