HEALTH AND SOCIAL CARE COMMITTEE: PREVENTION INQUIRY

Submission by the Association of Directors of Adult Social Services (ADASS)

January 2024

DEFINING 'PREVENTION'

The Care Act 2014 places a statutory duty on local authorities to ensure the provision of service, facilities or resources within their area that **prevent, reduce or delay** the need for care and support.[1]

This is further expounded in the Care Act's statutory guidance[2], briefly summarised as:

- **Primary prevention** is aimed at people who have no particular health and/or care and support needs. The intention is to ***prevent*** (or minimise the risk of) needs arising.

  These are usually universal interventions like health promotion, community schemes to reduce isolation and loneliness, and encouraging families to have discussions about and plan for their future health and care needs.

- **Secondary prevention** is about targeting resources toward people at high risk (or showing early signs) of needs. The goal is to ***delay*** the onset of need and ***reduce*** any further deterioration.

  Secondary prevention includes things like interventions to prevent situational loneliness becoming chronic (with its associated health impacts), falls prevention, NHS health check and screening programmes, and telecare.

- **Tertiary prevention** is about intervening once there is a need. The goal is to redress any crises, to manage and ***delay*** need where possible, and to rebuild confidence and skills to reduce any loss of independence.

  These tend to be reablement type services, but also things like polypharmacy and medication optimisation.

This definition of prevention was developed through a cross-party and collaborative process that involved colleagues across the VCSE sector, including those led by people with lived experience. It has taken time[3], but this definition is now recognised and utilised across health and care. We argue that unless we are all talking about the same thing, we cannot be sure we share the same ambition, and this threatens collaboration and integration.

We therefore urge the Committee to adopt this existing definition as its starting point for its inquiry.

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[1] https://www.legislation.gov.uk/ukpga/2014/23/section/2/enacted

[2] https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#chapter-2

[3] The Care Act guidance and the NHS Five Year Forward View were released on the same day but did not share the same language. However, the NHS Prevention Board – charged with delivering the prevention chapter of the Forward View – adopted the Care Act's triple definition of prevention, recognising the importance of a common language for collaboration and integration.

GIVING AT LEAST EQUAL FOCUS TO TERTIARY PREVENTION

The Care Act statutory guidance is clear that prevention is a continuum across the life-course, across the pathology of a disease and across both physical and mental health. There is no hierarchy of prevention, and the guidance recognises that the three types will overlap, and that people will benefit from different types of prevention at the same time.

Nonetheless, we do perceive there to be a persistent public policy focus on primary and secondary prevention. Interventions to prevent needs and crises getting worse, to redress situations and to reduce the loss of independence are under-recognised. This includes intermediate care, rehabilitation and reablement,[4] but adult social care should be recognised as a service in its own right (rather than an adjunct to the NHS) that enables millions of us to live independent lives in our communities, avoiding the need for hospital care.

We urge the Committee to give at least equal focus to tertiary prevention within its inquiry, and we suggest that as tertiary prevention is often neglected in public policy development, there is an argument to prioritise its focus.

We know there were 491,663 people waiting for care at the end of August 2022.[5] They are likely to be receiving support through family carers, placing additional pressures and stresses on them in their own lives. Tertiary prevention in relation to unpaid carers is another area that merits greater focus. A proportion of those waiting will inevitably deteriorate or fall – some will end up needing hospital which could have been avoided if they had received support earlier.

We know that Directors of Adult Social Services (DASSs) want to invest in preventative approaches that enable people to live good lives and them back on track after crisis or illness. However, councils remain trapped in a vicious circle of having insufficient funds to be confident they can meet all their statutory duties, whilst being unable to release funding to invest in approaches that might reduce the number of people with higher needs in the future.

Therefore, **a useful focus for the inquiry would be consideration of how we incentivise Integrated Care Systems and Boards to invest in tertiary prevention – something of obvious benefit to the whole system – within the context of increasing demand and reduced resources.**

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[4] Each defined across sections 2.12 to 2.15 of the Care Act statutory guidance. Reablement is also recognised in the People at the Heart of Care white paper: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1061870/people-at-the-heart-of-care-asc-reform-accessible-with-correction-slip.pdf

[5] https://www.adass.org.uk/autumn-survey-report-2022