

## Prevention policy

Developing services included in the prevention package takes place within a wider policy context. This briefing outlines some of the relevant policy areas and levers for implementation.

## Prevention and early intervention

The prevention package aims to raise the focus on older people's prevention services and encourage their use, and, in the longer term, to improve older people's health, well-being and independence.

It has been government policy since the 1988 Griffiths Report for local authorities to find ways that support older people to live in their own homes and to prevent unnecessary admissions to residential care. The *NHS Next Stage Review* points out that because people are living longer, there is a need proactively to identify and mitigate health risks. This includes supporting people to take responsibility for their own health and helping them to live independent and fulfilling lives.

The Government's strategy for all ages concentrates on cultural change, preparation for later life, providing the right support and delivering it effectively.

As health is a major priority for people in later years, the prevention package contribution is a key component of the strategy.

## Joint strategic needs assessment (JSNA)

The JSNA is designed to help build the stronger partnerships between communities, local government and the NHS that are required to develop effective prevention strategies locally. It should be informed and shaped by local community views as well as evidence of effectiveness, efficiency and equity to shape the future priorities for investment in services.

Behind the JSNA is a process that identifies current and future needs in relation to health, care and well-being. It compares these needs with the pattern of existing services to inform future service planning.

It is essential needs assessment includes future projections. Modelling spending on prevention and intervention will enable a commissioning community to put in place long-term plans to manage the projected increase in demand for older people's services as the ageing population grows.

For further information, see the DH web pages on JSNA  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_081097](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097)

## World class commissioning

The World Class Commissioning (WCC) framework of competences aims to help public sector commissioners achieve three outcomes for local populations:

- better health and well-being for all
- better care for all
- better value for all

WCC guidance says commissioners should promote services that encourage early intervention, to avoid unnecessary unplanned admissions. Resources within the prevention package are linked to WCC competencies and structured around the commissioning cycle.

For more information, see the DH pages on World Class Commissioning <http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/index.htm>

## Personalisation

The White Paper *Our Health, Our Care, Our Say* (2006) aimed to shift towards a more personalised service, a greater focus on prevention and addressing inequality effectively. The local authority guidance LAC1 2008 stated: "The direction is clear: to make personalisation, including a strategic shift towards early intervention and prevention, the cornerstone of public services."

*Putting People First* (2007) introduced a vision for adult social care that is personalised for individuals, with prevention, early intervention and enablement at its core. It contains a commitment that local areas have a sustainable community strategy, utilising all relevant community services, especially the voluntary sector, to achieve this. Personalisation can only start to be delivered where councils have a strong focus on both the well-being of their communities and a recognition that people should be helped in a way that may reduce or prevent their need for social care support where that is possible. Prevention, early intervention, building social capital and universal services are all at the centre of *Putting People First*.

The Darzi report *NHS Next Stage Review: What it means for the third sector*, contains the vision that: "Every primary care trust will commission comprehensive well-being and prevention services, in partnership with local authorities, with the services offered personalised to meet the specific needs of their local populations."

A number of services in the prevention package may be commissioned by older people themselves through personal budgets, individual budgets or direct payments. For example, they may pay for a personal assistant to carry out personal care and support services such as footcare, or purchase telecare devices. Commissioners still have a role to play in ensuring that people have a diverse range of options upon which to spend their budget allocation.

For more information, see the DH web pages on personalisation.

<http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/index.htm>

## Market development

World Class Commissioning guidance says that market building means commissioners will develop formal and informal relationships with existing and potential providers. Prevention services and interventions to promote older people's independence and well-being may be particularly suited to provision by local organisations and community groups, including the voluntary sector. According to WCC guidance, commissioners should develop an understanding of the third sector's ability to deliver services.

## Partnership and whole system approaches

A whole system approach is crucial to prevention. Many social care interventions produce reductions in the usage of health services; many health interventions can have an impact on reducing the use of social care services. Jointly planning and explicitly sharing the risks and benefits have the potential to produce the greatest improvement for all.

Other public services are crucial to promoting independence and well-being – housing, transport, community safety, leisure services and public health, for example.

## Involving older people and carers

Involving older and disabled people in the planning and monitoring of services is crucial to ensuring that they are developed appropriately. Public and patient involvement is vital at every stage of the World Class Commissioning cycle to understand needs, populations and desired outcomes, and to design flexible and responsive services that can achieve real outcomes for the local ageing population.

*A constitution for the NHS in England*, published in January 2009, set out the core principles and values for the NHS, including patient and family involvement in decisions and partnership with other organisations.

The carers' strategy *Carers at the heart of 21st century families and communities* (DH, 2008) includes a more integrated and personalised support service for carers.

The *Mental Capacity Act* (2005) provides a framework to protect vulnerable people who are unable to make their own decisions and sets out a single standard test for assessing whether a person lacks capacity. It includes provision for an independent mental capacity advocate (IMCA) to support people who have no one to speak for them.

The National Dementia Strategy, *Living Well with Dementia* (DH February 2009), aims to provide early intervention services to help people with dementia remain independent for as long as possible. It looks specifically at making services, including intermediate care, more accessible to people with dementia.

The 2009 strategy *Be active, be healthy: A plan for getting the nation moving* highlights the value of physical activities like walking and dancing to encourage older people to be more active, which can help preserve their mobility and independence. Currently only 17% of men and 13% of women aged 65 to 74 meet the Chief Medical Officer's recommendations for physical activity, and these figures drop considerably among over-75s.