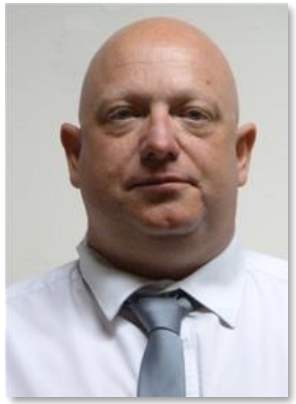
Adult Social Care and Public Health

Prevention Strategy 2025-2027

"Harnessing asset and strengths-based approaches in partnership with communities and our voluntary sector, health and social care partners"

Foreword

- Derbyshire Adult Social Care and Public Health (ASCH) provide a range of preventative services to support the health and wellbeing of residents. However, at both a local and national level, health and social care systems face growing pressure to maintain high quality services amid rising demand. This demand is driven by a growing and ageing population, an increase in preventable ill health and more complex needs - all of which must be addressed within the constraints of existing government budget allocations.
- To meet these challenges, the coming years will see stronger collaboration between local government, health services, and communities with a focus on wellbeing, prevention, early intervention and making the best use of public resources. In Derbyshire, we already work in a joined-up way. This strategy sets out our vision for the next two years to create a foundation for deeper integration. Rather than aiming to directly improve individual outcomes at this stage, it focuses on creating the right conditions for long term improvement — shifting away from a *reactive* culture, that addresses issues after they have arisen to a more *proactive* culture, that actively works to promote wellbeing and identify and address needs early, and empower people to live healthy, independent lives for as long as possible.
- By strengthening collaboration with local people, system partners, social care providers and the voluntary, community, faith and social enterprise sector (VCFSE), and by embedding strengths-based and coproduction approaches, we aim to build a more effective system and sustainable improvements in outcomes for the future.
- This strategy complements and underpins work outlined in our Adult Social Care and Health Service Plan 2025-29 and other departmental strategies, including the Public Health Strategic Plan 2024-2027, which focusses on tackling health inequalities and increasing healthy life expectancy. It also aligns with our Technology Enabled Care (TEC) strategy 2025-27, which sets out how we will expand the use of TEC and work with partner organisations, for the benefit of people who use health and social care.

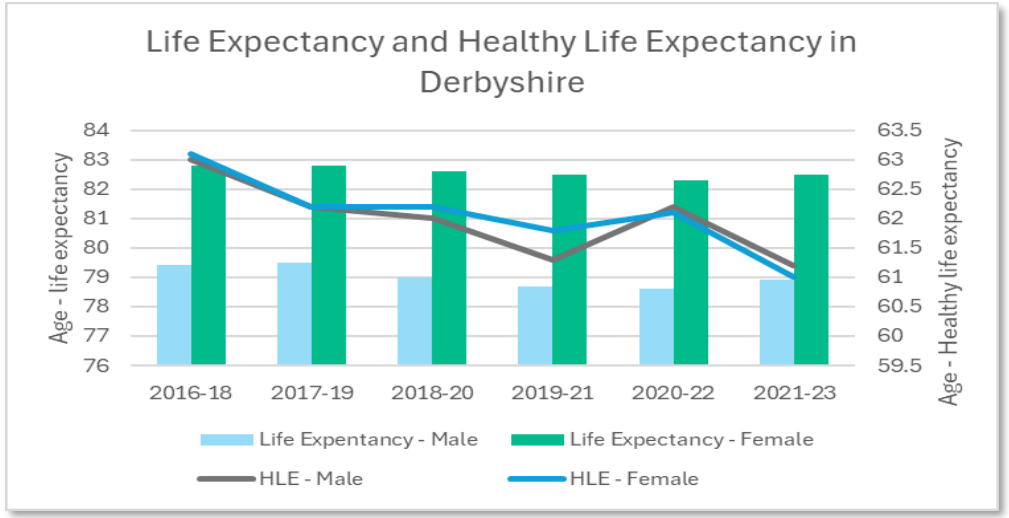


Cllr Joss Barnes
Cabinet Member for Adult Social Care

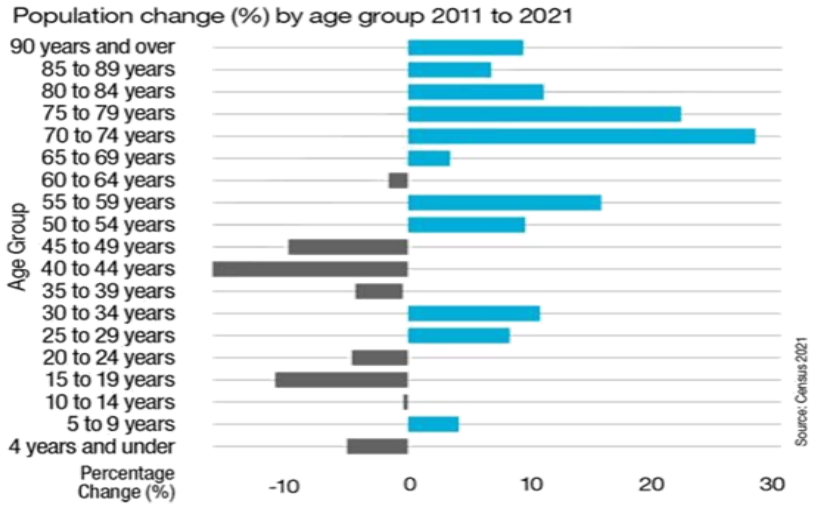
Cllr Dawn Abbott
Cabinet Member for Health & Communities

"We all want to live in the place we call home, with the people and things we love, in communities where we look out for each other, doing the things that matter to us"

Why prevention matters – the story in our communities



Similar to the England average, healthy life expectancy **(HLE) for both Derbyshire males and females is on a downward trajectory**. At 61.2 for males and 61 for females, **HLE sits significantly below the state retirement age of 66**. There are also vast differences in HLE between the most and least deprived areas of Derbyshire.



A changing population

In the last decade, Derbyshire's **70-74 population grew around 30%,** while the 40-44 group saw the largest decline, highlighting an ageing population across the County

20.1% of people in Derbyshire have a disability, higher than the England average of **17.3%**

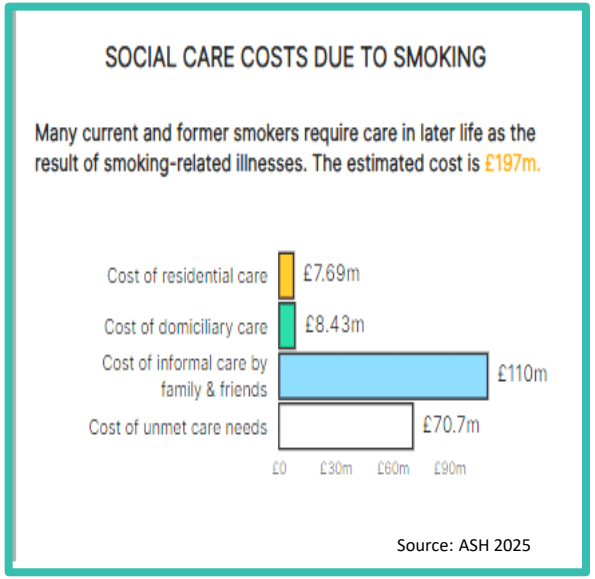
For every **£1** invested in preventative support, councils can save **£3.17** in future social care costs

Diet, smoking, physical inactivity and alcohol are the four main risk factors that lead to preventable conditions such as cancer, cardiovascular disease (CVD) and respiratory disease and drive demand for social care later in life..

Loneliness increases the likelihood of premature mortality

By **26%**

Research shows that lacking social connection is bad for mental and physical health and life expectancy



1 in 3 people over 65 fall each year with an estimated cost to Derbyshire of **£49m** pa

75% of hip fractures caused by falls are suffered by females

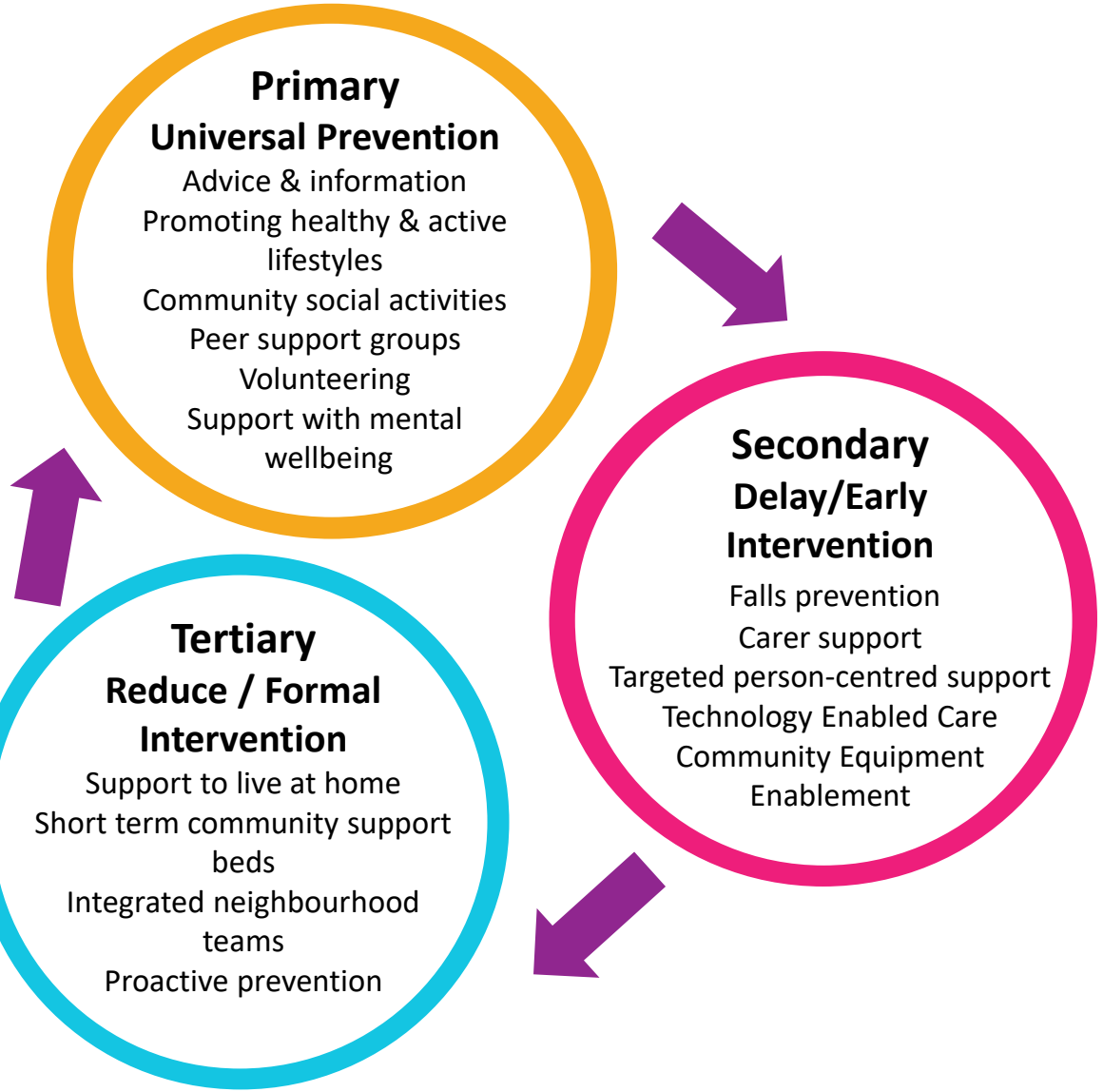
Old-age dependency ratio

In Derbyshire, the old-age dependency ratio has grown from **29 to 37 older adults** for every 100 working-age individuals between 2011 and 2023. **This means there are fewer working-age people to support the growing older population.**

Levels of prevention

Primary or Universal Prevention refers to measures to **prevent** ill-health and promote wellbeing for the population, which includes people who already draw on care and support

Tertiary Prevention refers to measures that **reduce** or make formal interventions to minimise the impact of existing health conditions



Secondary Prevention refers to measures to identify those at increased risk of ill-health or wellbeing and seek to intervene early to **delay** further needs from developing

'I am supported to take preventative behaviour change action to avoid ill health later in my life'

Prevention and how it links to wellbeing

‘*Prevention*’ is about supporting people to live as healthily and independently as possible, both mentally and physically. It seeks to prevent or reduce the escalation of people's health and social care needs and delay the use of health and social care services

Preventative approaches are intrinsically linked with wellbeing, with evidence showing that a person’s overall sense of wellbeing can significantly impact on the development of physical health and/or social care needs

Wellbeing is not solely determined by one or two factors, but rather by a combination of many. Focusing on improving different areas of life, such as physical health, social connections, and mental state, can all contribute to a greater sense of overall well-being

Local Authorities have a statutory duty to promote wellbeing as it is a key principle within the Care Act (2014)

‘I can live the life I want and do the things that are important to me as independently as possible’

Our Derbyshire approach to prevention and wellbeing

A joint focus on these key prevention principles will enable us to build the foundations for success

Empowering communities
Work collaboratively with local communities to co-design solutions that recognise and build upon existing strengths, skills, and assets

Understanding and responding to need
Use data, insight and lived experience to identify and respond to local and unmet needs

Co-production and shared decision making
Ensure the voice of lived experience is central to our development of support by designing, delivering, and evaluating services in partnership with individuals and communities

Asset and strengths-based practice
Shift from deficit-focused models to strengths-based approaches that harness the capabilities of partners, individuals and communities

Equal partnership with our VCFSE sector
Recognise and value the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector as equal strategic partners in prevention, enabling more collaborative and sustainable service delivery

Building community resilience
Enable positive and sustainable changes in communities that support wellbeing and independence

System leadership and workforce development
Foster a culture across all system partners and providers that prioritises early intervention, promoting wellbeing and addressing avoidable health inequalities. Equip staff with the skills and confidence to embed early intervention and holistic wellbeing outcomes into everyday practice

"Harnessing asset and strengths-based approaches in partnership with communities and our voluntary sector, health and social care partners"

Our four key areas of focus

1. Improving our understanding of need

Gain deeper insights into population needs to inform service design and commissioning

2. Reducing social isolation and loneliness

Support initiatives that build connections and reduce barriers to social engagement

3. Proactive prevention and early intervention

Shift our focus towards upstream approaches that promote wellbeing and prevent escalation of need

4. Recognising and strengthening community assets

Empower communities and individuals by building on existing strengths and resources

"I have care and support that is co-ordinated, and everyone works well together and with me."

Key area of focus 1: Improving our understanding of need

A comprehensive and shared understanding of the current and future needs of our communities will allow us to effectively plan and deliver interventions and support. This understanding will draw on data from a range of sources, including community insights.

We are:

- Working collaboratively across the system to develop a Joint Strategic Needs Assessment (JSNA) that paints a comprehensive picture of the health and wellbeing of Derbyshire's diverse communities, including those who draw on care and support
- Producing key topic summaries and targeted deep dives, that will help us to understand the current and potential care and support and wider wellbeing needs of different communities and how we can help to meet these needs
- Working with system partners to develop a more cohesive approach to evidencing outcomes for our Derbyshire population

We will:

- Strengthen how we combine community insight, health and social care data, and evidence to design effective, targeted interventions and ensure equitable access
- With support from IMPACT, further develop our knowledge, skills and behaviours so we can support and sustain a more equal participatory culture across Adult Social Care and Health
- Create a learning and improvement culture that values stories of change and examples of what works, not just numbers

'We will work with our local communities to understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity'

Key area of focus 2: Reducing social isolation and loneliness

By creating a sense of connection through inclusive neighbourhoods, we aim to improve the quality of life of Derbyshire residents, reduce social isolation, loneliness and enable resilient communities

We are:

- Working with partners and the VCFSE to enable inclusive spaces and community activities within local areas to offer social connection opportunities
- Ensuring our in-house and commissioned services champion, value and signpost to community social connection and peer support opportunities to reduce the harmful impacts of loneliness and build community resilience

We will:

- Promote a countywide approach to social connection, embedding outcomes of reducing social isolation and loneliness in all of our funded service provision and encouraging our partners to follow suit
- Encourage easily accessible community-led health and wellbeing initiatives such as shared interest / peer support groups and volunteering opportunities
- Empower people in Derbyshire to develop skills and resources-to build and sustain social and community opportunities that deliver positive outcomes
- Work with partners to find new ways to reach isolated people and those who are not engaged with support, especially those facing challenges such as people living with a disability and their family carers

'I feel welcome and safe in my local community and can join in community life and activities that are important to me'

Key area of focus 3: Proactive prevention and early intervention

We are currently working with system partners to transform our community health and adult social care services. We aim to help people experience positive health and wellbeing and to remain living independently at home. We will also be helping to ensure care is delivered in the right place, at the right time.

We are:

- Working with NHS partners to integrate our workforces to support joined up health & social care support in local communities
- Supporting people to maximise their independence following a period of illness or injury by improving access to therapeutic community support and home-based enablement
- Supporting our adult social care workforce to embed a Technology Enabled Care (TEC) first approach through a new TEC Advisor role and by increasing access to available innovative TEC solutions
- Supporting the social care workforce to deliver health improvement advice and interventions, for example promoting oral health, seasonal vaccinations and stopping smoking
- Committed to a culture of openness and transparency, listening to staff as we embark on our journey towards greater integration across the wider system

We will

- Help people spend more nights in their own home rather than in acute hospital beds and improve discharge pathways and processes
- Increase timely access to services which help people to recover their independence at home
- Embrace proactive prevention providing more opportunities to support people to live their best lives via a person-centred, strengths-based approach that prevents further needs escalating
- Continue to support the social care workforce to act as part of the wider public health system and play an active role in health improvement
- Alongside our partners, explore ways of evidencing the impact and cost benefit of our approaches to secure increased future investment for prevention

'I have treatment, care or support that is co-ordinated, and everyone works well together with me to achieve my personal goals'

Key area of focus 4: Recognise and strengthen our community assets and embed a strengths-based approach

By working collaboratively with people and system partners to harness existing assets and strengths, we can start to build the right conditions to co-create more resilient and healthy communities.

We are:

- Maintaining and valuing our existing partnerships and relationships
- Working with our commissioned and directly delivered services, our workforce and system partners to understand what works well and identify any gaps or duplication in provision of support
- Engaging with the national Social Care Futures network in terms of what is working well across other areas of the country and how we can learn from this in Derbyshire

We will:

- Work with system partners to agree how we intend to work together to harness community assets and strengthen community support systems over the coming years
- Start to create the conditions for VSCFE sustainability enabling us as equal system partners to explore new and innovative ways of commissioning for outcomes with a strengths-based focus
- Recognise and champion services which offer strengths-based support as an effective means to prevent and delay the escalation of social care and health needs and maintain emotional wellbeing
- Work with partners through the transition of local government reform to maximise opportunities and co-design solutions to challenges

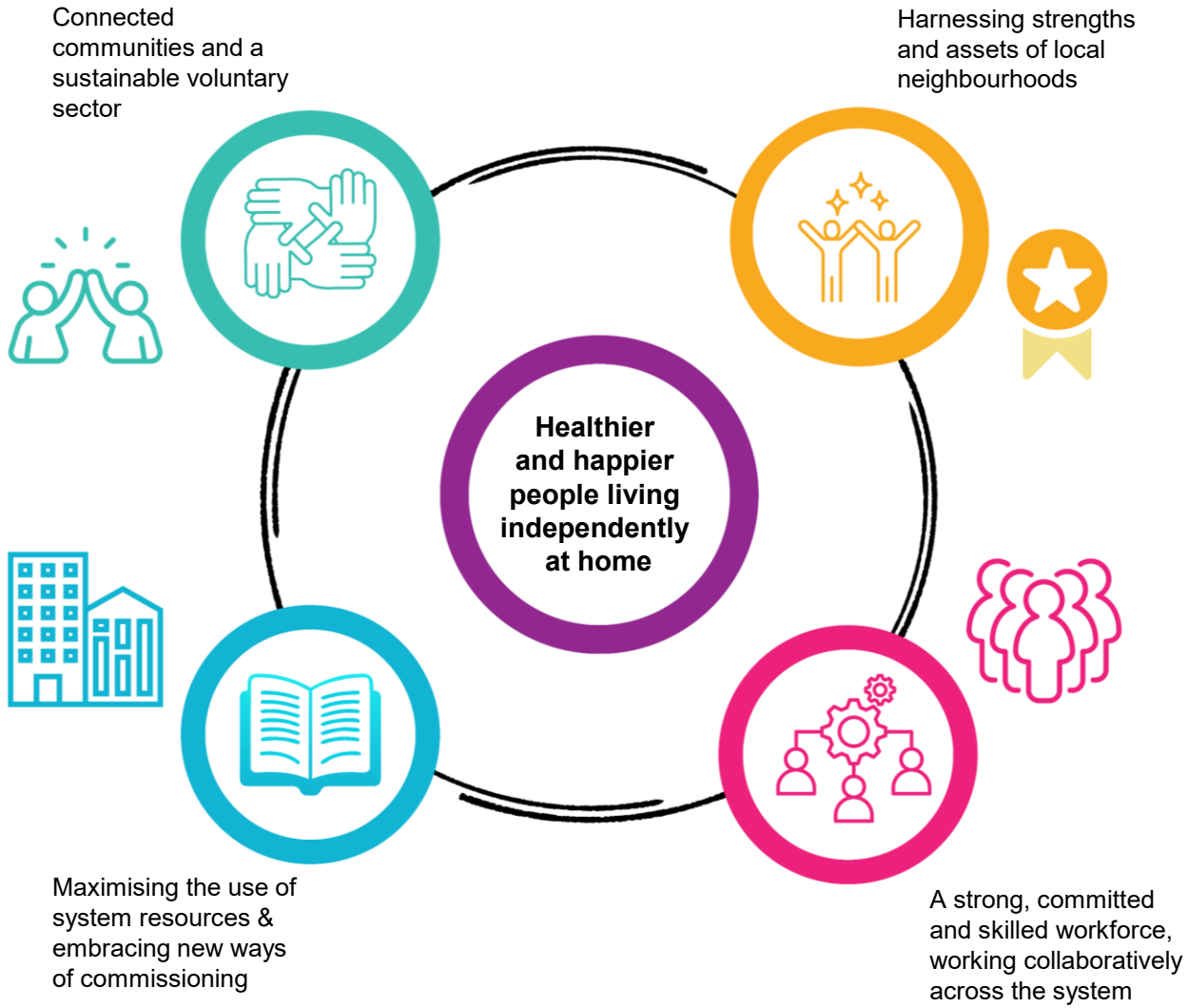
'I am supported by people who see me as a unique person with strengths, abilities & aspirations, and who listen carefully so they know what matters to me and how to best support me to live the life I want'

What success will look like

By 2027/28, this strategy and our key areas of focus will lead us to a place where we are working differently and effectively with communities, partners and the VCSFE sector.

We aim to have well developed plans in place for a sustainable system wide approach that prioritises…

- a better understanding of local need and how to meet those needs
- reducing health inequalities and increasing life satisfaction
- delaying or preventing the need for health and social care interventions
- increasing the number of people supported to live independently in their local community
- strengthening community cohesion and resilience
- modern and effective commissioning and service design that fully embraces community feedback and delivers proactive preventative measurable outcomes
- making the best use of the Derbyshire £ via effective means of pooling budgets and resources with our partners, reducing duplication and working to a shared vision



'We will develop more choice around the way people are supported to retain or regain their independence building on their strengths and their networks'

DERBYSHIRE County Council

This strategy has been jointly developed by
our Adult Social Care and Public Health teams

For further information about this strategy please contact
asch.ac-commissioning@derbyshire.gov.uk

Collaborative
We listen and engage to deliver shared goals

Innovative
We are curious, embrace change and continuously improve

Empowered
We support, trust and value each other

Accountable
We hold ourselves and others to account

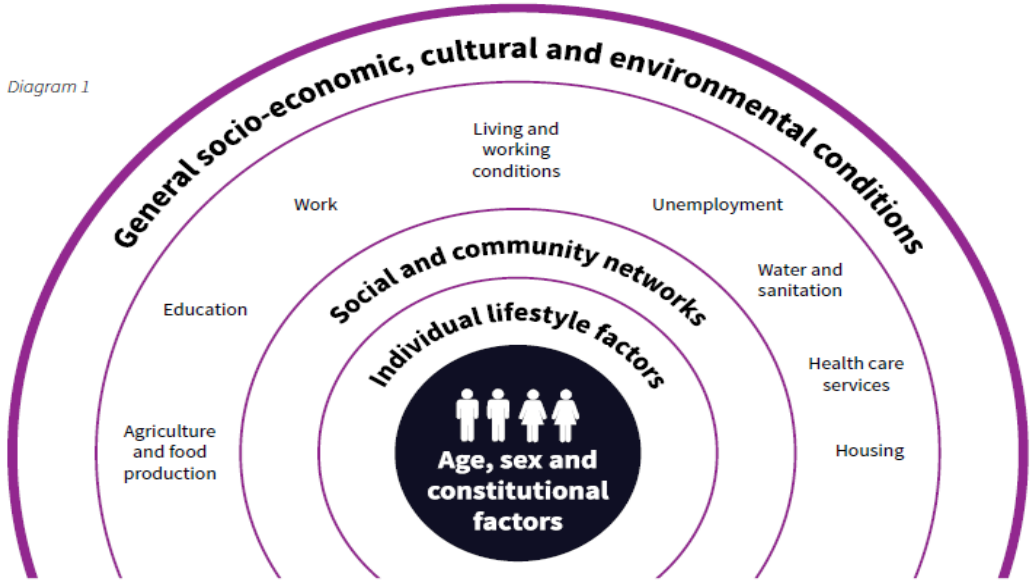
Health inequalities and the importance of prevention

Health inequalities can be significantly reduced by prioritising prevention efforts.
Addressing the root causes of these inequalities is crucial for creating a healthier population.

What are health inequalities?

Health inequalities refer to systematic, unfair, and avoidable differences in health outcomes across the population. These differences are often linked to social, economic, and environmental disadvantages, meaning some groups systematically experience greater obstacles to health and wellbeing. For example, people from more disadvantaged backgrounds are more likely to have long-term health conditions and experience poorer hea[illegible]

Diagram 1



DAHLGREN & WHITEHEAD RAINBOW
SOURCE: *Dahlgren, G. and Whitehead, M. (1993) Tackling inequalities in health: what can we learn from what has been tried?*

Why is Prevention Important?

A prevention-first approach is vital for reducing health inequalities and the demand they place on health and social care services. By focusing on preventing illness and promoting good health, we can address the root causes of many health problems before they require more costly interventions. This includes addressing factors like:

Socioeconomic factors:
Income, employment, education, and housing quality all play a significant role in health outcomes

Environmental factors:
Access to healthy food, safe and affordable housing, clean air and water, and safe communities are essential for good health

Behavioural factors:
Smoking, alcohol consumption, diet, and physical activity levels are also important determinants of health

Access to healthcare and community support:
Ensuring everyone has access to quality healthcare services, including screening programmes, preventative care and wider community support

Public Health Strategic Plan 2024-2027

'I am supported to understand risks and uncertainties, and to take preventative behaviour change actions to avoid ill health later in my life'

Policy drivers – a whole system approach to prevention

Nationally the benefits of a preventative approach have been recognised for many years, however recent government policy, including the NHS 10 Year Plan, now requires Integrated Care Systems to move towards a more proactive preventative approach. The **'three shifts'** outlined in the NHS 10 Year Plan are:

1. **Moving care from hospitals to communities**
2. **Realising the potential of digital technology**
3. **Focusing on preventing sickness, not just treating it**

This will require public health, social care, health, statutory and voluntary sector partners to work together in equal partnership to make the best use of our resources and assets within our communities at a neighbourhood level to -

- Prevent people spending unnecessary time in hospital or being admitted to long term care
- Strengthen primary and community-based health and social care to enable more people to be supported closer to home or work.
- Connect people accessing health and social care to wider public services and third sector support
- Appropriately use Technology Enabled Care and digital platforms and solutions

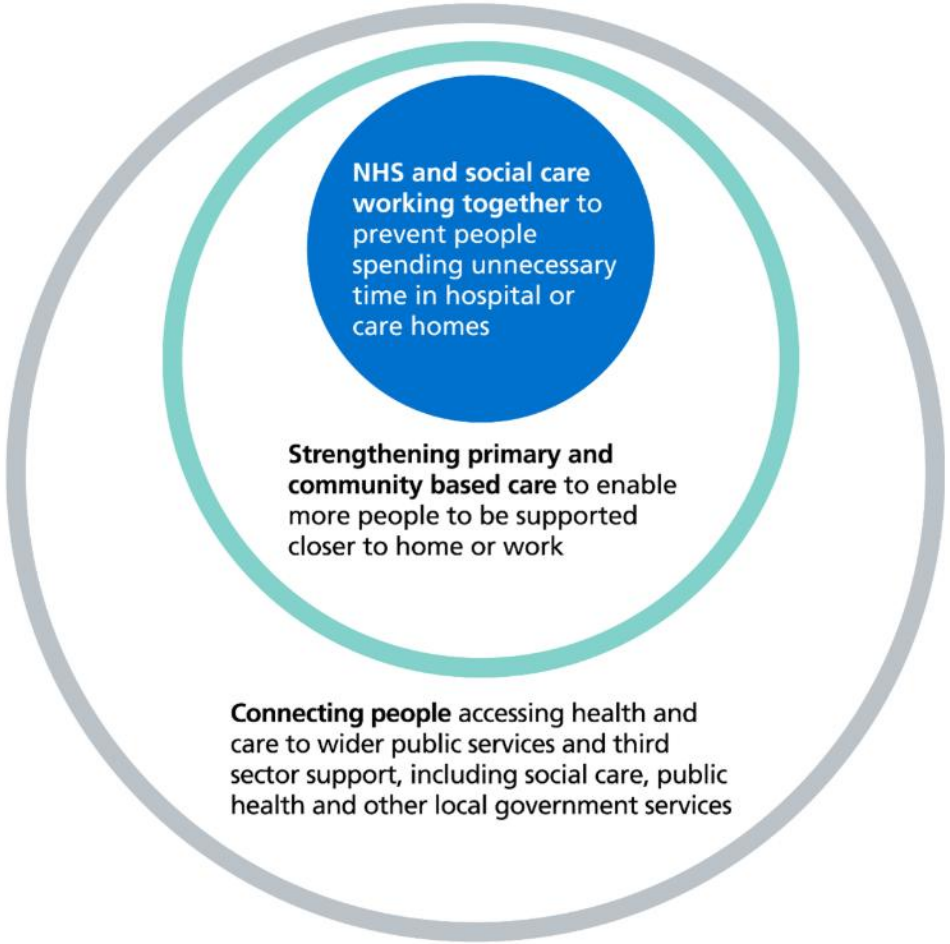


Image source: https://www.england.nhs.uk/long-read/neighbourhood-health-guidelines-2025-26/

Other policy or legislative drivers

- **The Care Act (2014)** sets out a range of statutory duties for local authorities, including a number that relate to the Prevention agenda. The main points of responsibilities include; promoting wellbeing and providing information and advice, provide preventative services, and prevent or delay the needs for formal or informal care and support and reduce needs that already exist

- **Social Care Futures** – is a people- powered movement for change. Working together they are growing a future where we can all live in the place we call home, with the people and thinks we love, in communities where we look out for each other. Their work is supporting the reimagining and redesigning social care to help people avoid drawing on care and/or support. Their plan called Gloriously Ordinary Lives outlines how their vision can be achieved https://socialcarefuture.org.uk/a-movement-for-gloriously-ordinary-lives/

- **CQC Assurance** – strong element of prevention and wellbeing including staying well, preventing escalation of health issues and avoiding hospital admission. Early recognition and response to declines in health, personalising care planning, social prescribing to support people to access community-based offers

- **ADASS** (https://www.adass.org.uk/)– a membership organisation for those working in adult social care who are partnering with LGA, Newton and Atlantic. They have developed a prevention toolkit The Future of Prevention to support authorities to make the step change to embedding prevention in all areas of work using an asset-based coproduction model.

- **TLAP** - a partnership of people and organisations working to make health and social care more personalised and build a co production model of delivery https://thinklocalactpersonal.org.uk/

- **Earlier action and support:** The case for prevention in adult social care and beyond | Local Government Association

- **Asset-based approaches for integrated care** - SCIE

Local context and strategy drivers

We're responsible for delivering a range of local strategies that respond to national policy and legislation and identify priorities based on the needs of the local population. The Prevention agenda has links into the following of our local strategies,

- Derbyshire Joint Strategic Needs Assessment
- Council Plan 2025-29
- Joined Up Care Derbyshire Integrated Care Strategy 2023
- Derbyshire Health and Wellbeing Strategy 2024-27
- Adult Social Care Strategy 2022-2025
- Public Health Strategic Plan 2024-2027
- Adult Social Care Digital Strategy 2022-2025
- Commissioning strategies including, A Place We Call Home: Adults' Housing, Accommodation, and Support Strategy 2023 to 2038, Derbyshire Health and Social Care All Age Autism Strategy 2023 to 2028, Carers Strategy 2020 to 2025 and Joint Dementia Strategy 2020 to 2025
- Technology Enabled Care Strategy 2025-2027

Data sources (Slide 3)

Healthy Life Expectancy: OHID Fingertips: Derbyshire Joint Strategic Needs Assessment - Life Expectancy

Population data and Dementia projections: Derbyshire Joint Strategic Needs Assessment – Dementia and JUCD Dementia & Delirium Strategy 2025-30

Smoking data: Director of Public Health report 2024: director_of_public_health_annual_report_2024_FINAL.pdf

Cardiovascular data: Derbyshire Joint Strategic Needs Assessment - Cardiovascular Disease and Derbyshire_JSNA_Summary_Report2024.pdf

Loneliness: Derbyshire Joint Strategic Needs Assessment – Loneliness and social connection: Health matters: community-centred approaches for health and wellbeing - GOV.UK

Falls data: Derbyshire Joint Strategic Needs Assessment – Falls

Disability Data: Derbyshire County Council, Council Plan for 2025-29

Preventative Support Savings: LGA: Investing in preventative support can save more than £3 for every pound spent | Local Government Association

Glossary

Asset-based approach - A community asset-based approach sees the local community come together with system partners to combine existing resources, skills and knowledge

Co-production - Co-production is when people come together as equals to make decisions, or co-create strategy, policy and support that works for everyone. This always includes people who draw on care and support and their carers, usually alongside people who work in care and support

IMPACT – IMPACT is the UK Centre for implementing evidence in adult social care: https://impact.bham.ac.uk/

Joint Strategic Needs Assessment (JSNA) is a process used by local authorities and partners to assess the current and future health and social care needs of the local population. The JSNA guides the planning and commissioning of health, well-being, and social care services and interventions

Mortality and morbidity – while mortality refers to death, morbidity refers to illness, injury, or a diseased state, indicating the presence of an unhealthy condition

Strengths-based approach - Strengths-based approaches are a collaborative way of working with individuals within their communities that focuses on their existing abilities, resources, and support networks to promote positive outcomes and independence

System partners – System partners in health and social care are the diverse organisations and groups that collaborate to improve the overall health and well-being of a local population. These partners include NHS organisations, local authorities, social care providers, VCFSE organisations and social enterprises, all working together to plan and deliver joined-up services, address health inequalities and enhance public health outcomes

Technology enabled care - Technology enabled care (TEC) means using technology, including digital devices, remote monitoring and even artificial intelligence (AI) to support people in a person-centred way to be able to live more independently

VCFSE – Voluntary, Community, Faith and Social Enterprise organisations