Structuring Prevention and Early Intervention for Older People

November2009

Why focus on prevention and early intervention

Transforming Social Care

- **"Create a strategic shift in resources and culture from intervention at the point of crisis towards prevention and early intervention, focusing on promoting independence and improved wellbeing in line with the needs of the local population, reaching out to those at risk of poor outcomes".**

Section 14, TSC, 2009

Putting People First

- **Ultimately, every locality should seek to have a single community based support system focussed on the health and wellbeing of the local population. Binding together local Government, primary care, community based health provision, public health, social care and the wider issues of housing, employment, benefits advice and education/training.**

Why focus on prevention and early intervention

- Financial pressure and demographics.
- A need to give prevention and early intervention a sharper focus and structure.
- Need to change how we measure performance.
- Expectations / needs of older people and their families.

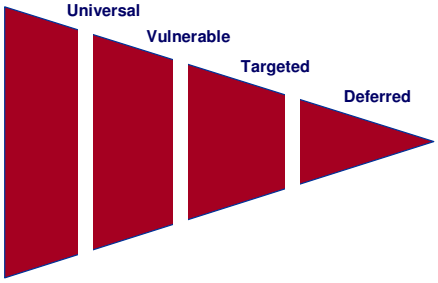
The Oxfordshire research

- The majority of those admitted to care homes in 2008-2009 were already known to social care services and receiving a service. However, many were not getting an intensive care package.
- There were striking variations between men and women, people who live alone and those who do not, and between the two areas from which the files were drawn.
- Men were being admitted into care with lower levels of dementia, mobility disability and incontinence than women, but higher levels of stroke, diabetes and visual impairment.

The Oxfordshire research

- Nearly half (48%) of women (and 37% of men) admitted to care were living alone and were admitted from hospital.
- A considerable proportion of people had a recent fall prior to admission and little evidence they had received a follow-up from the falls service.
- Incontinence and dementia were two of the most common conditions experienced by those being admitted to a care home.
- Stroke was less common, although still a characteristic of a sizeable proprotion of the care population.

The wider prevention framework

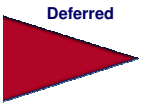


Prevention framework

Low predictive factors
Low cost
Large numbers of people

Prevention framework

High predictive factors
High cost
Few people

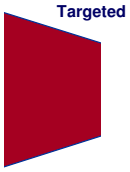


Prevention framework

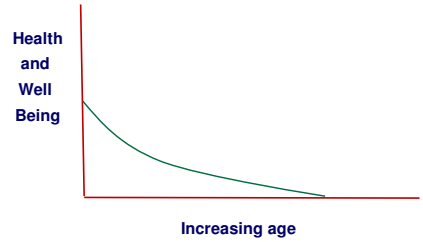
People who present characteristics which if left unaddressed may lead to care.

Focuses on interventions that are re-enabling or restorative.

Selective in focussing on those with best chance of success.



Modelling interventions



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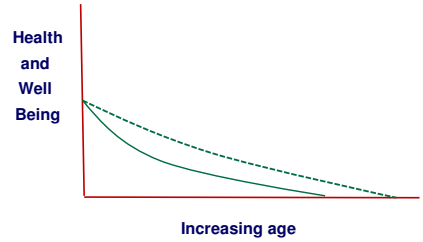

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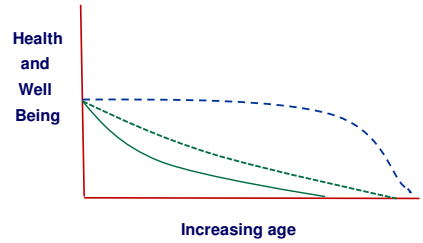

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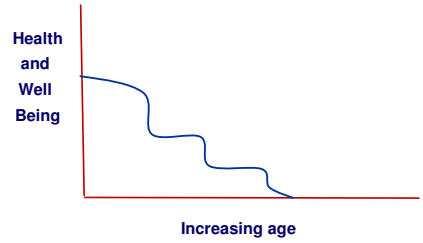

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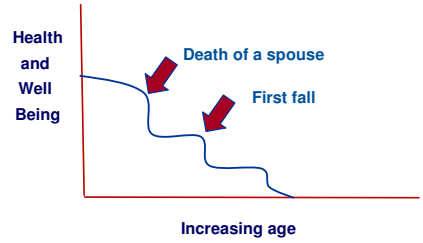
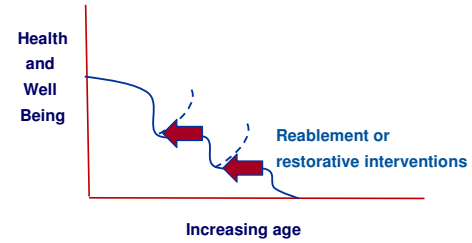


Modelling interventions



The change process - can we identify target populations?

- **Can we identify populations that possess enough distinctive characteristics that they are distinguishable from others who may have a similar condition but not be on the same pathway towards care, ie, many older people may have a stroke but is it possible to identify from that population, who is most likely to end up with either a repeat hospital admission or in a care home?**

Oxfordshire indicators

Personal characteristics	*Personal Conditions*	*Additional Predictors*
Over 85	Had a fall	Had one fall already requiring treatment
Female	Carer of person with a dementia	Carer elderly Carer with own health problems
Lives alone Limited social engagement	Had a stroke or TIA	Had one stroke or TIA Limited rehabilitative input Motivated to make full recovery
	Incontinence	Continence problem undetected. Continence problem managed rather than treated.

The change process -can we identify appropriate evidence based approaches?

- Are there methodologies and approaches to helping people recover / be re-abled that are available which could tackle and resolve problems in the target population?
- Can we cut across professional boundaries and disciplines to ensure that a holistic, outcome focussed approach is delivered, or will it remain segmented by professional boundaries and conditions?
- Can we shift measurement of success from outputs to outcomes.?

The change process - can we identify individual capacity to change?

- Are the populations who may be targeted accepting of any approaches to be used?
- Are those people being approached at an appropriate time and are they motivated to change?

  (The time element is particularly important here. When someone has already reached the threshold of care, an intervention may only delay for a short period of time an outcome that is perhaps inevitable. The need is to identify key points along the pathway to care when an intervention at an earlier stage may have a significant impact on a later need for high intensity care.

Overall approach to prevention

- Must be multi-agency and interdisciplinary.
- Need to develop the capacity to know and understand why people need intensive health or care interventions and turn those around.
- Where high intensity carers are present they need to be much better supported, given the capacity to fast track health and better trained.
- Need to ensure that all preventative interventions are focussed on independence and well being rather than increasing demands for care.