

Report to: East Sussex Health and Wellbeing Board

Date: 4 March 2025

By: Director of Adult Social Care and Health, ESCC

Title: A wellbeing approach to prevention in Adult Social Care (ASC)

Purpose of Report: To inform the Health and Wellbeing Board of the ESCC ASC wellbeing approach to prevention, and set out a direction of travel to progress the work

Recommendations

East Sussex Health and Wellbeing Board is recommended to:

- 1. Consider the wellbeing approach to prevention in ASC, and to discuss ways in which the ASC strategy and its implementation can be supported.**
 - 2. Support the development of a 'one county, one agency' strategy for prevention that spans the whole life course.**
-

1 Background

1.1 The prevention strategy background document for East Sussex County Council (ESCC) Adult Social Care (ASC) (see appendix 1) sets out the ASC approach to prevention by focusing on people's wellbeing and independence. While the strategy focuses on ASC, it also touches on how the department's preventative work integrates with other key work such as public health initiatives, community development, health improvement programmes, housing and infrastructure development, children's services, and economic development, employment, and skills.

1.2 The demographic, life course, financial, legal, and equality drivers around prevention are well understood by the Board, as is the national direction of travel towards a more preventative, place-based approach to health. The ASC prevention strategy responds to these factors and has been informed by a scoping review of preventative approaches across England and by significant and wide-ranging stakeholder engagement and input. This involved over 160 people across a range of practitioner, managerial, and strategic staff from ESCC, voluntary, community, and social enterprise (VCSE) staff and volunteers, care providers, people who use ASC services, and other local residents. The work has been guided by a steering group comprised of representatives from across ESCC, the VCSE, and local residents.

1.3 The strategy also reflects perhaps a rising tide of calls for policy and practice that prioritise relational and social capital approaches (for example through the Social Care Future movement, Demos' work on the preventative state, and through a new series of research papers from Local Trust). The importance of relationships and pro-social, health-enabling social networks has also been seen locally. When stakeholders were asked what they thought we were trying to prevent, two main themes emerged: (i) preventing a crisis, and (ii) preventing a lack of personal capabilities, agency, and connection.

1.4 There is something of a tension between a view of prevention as avoiding a crisis, which is more likely to be thought of as requiring a service intervention, and a view of prevention that builds individual, family, and community-based relationships and capability. Stakeholders expressed a desire to move towards the latter where possible. Getting the balance right, and shifting the balance, over time – from a service-oriented response towards a relational, wellbeing and capabilities approach – will be part of maximising the potential of this prevention strategy.

2 Supporting information

2.1 The ASC prevention strategy takes a wellbeing approach to prevention, meaning that we aim to prevent, reduce, and delay the need for care and support by holistically attending to people's wellbeing. To organise the ASC prevention strategy, and to understand how preventative work is currently being implemented, the prevention strategy background document sets out a 'prevention framework' (below) that describes different layers of prevention in the different domains of wellbeing in which they occur.

2.2 The domains of wellbeing have been informed by the description of wellbeing given in the Care Act (2014); from work undertaken through the East Sussex Healthy Ageing through Innovation in Rural Europe (HAIRE) Project (2020-23); and by identifying common areas of activity (and associated definitions) within the scoping review for the strategy. Each domain of wellbeing is defined in the strategy background document and is guided by Marmot's (2020) overarching definition of a wellbeing approach as "enabling people to have the capabilities they need to lead lives of purpose, balance and meaning".

		Dimensions of wellbeing and independence								
		Individual capital	Family wellbeing	Community wellbeing	Physical wellbeing	Mental wellbeing	Social wellbeing	Economic wellbeing	Housing	Enabling infrastructure
Dimensions of Prevention (addressing need for care and support)	Primary: Focus on prevention and promoting wellbeing ; aimed at people with no current particular health or care and support needs									
	Secondary: Focus on Prevent/Reduce , early intervention; targeted at people with an increased risk of developing needs									
	Tertiary: Focus on Reduce/Delay ; aimed at minimising effect of disability/deterioration for people with established or complex needs, supporting people to regain skills and manage or reduce need where possible									
	Quaternary: Focus on activities to mitigate or avoid consequences of 'over-intervention' and on interventions which are acceptable; aimed at people identified or at risk of excessive intervention									

Field of interventions

2.3 Consequently, our ASC approach aligns to and complements the East Sussex Health and Wellbeing Board's (HWB) vision and the Sussex Health and Care's Improving Lives Together, and is integrated with existing Integrated Community Team (ICT) and Health Outcome Improvement Programme work. In particular, the ASC strategy aims to support individual and community resilience – helping people to look after their own and others' health and wellbeing, and nurturing communities that promote and enable health and wellbeing.

2.4 It is hoped that setting out the framework in this matrix format will help ESCC take a strategic, coordinated approach to prevention, and will help all stakeholders to:

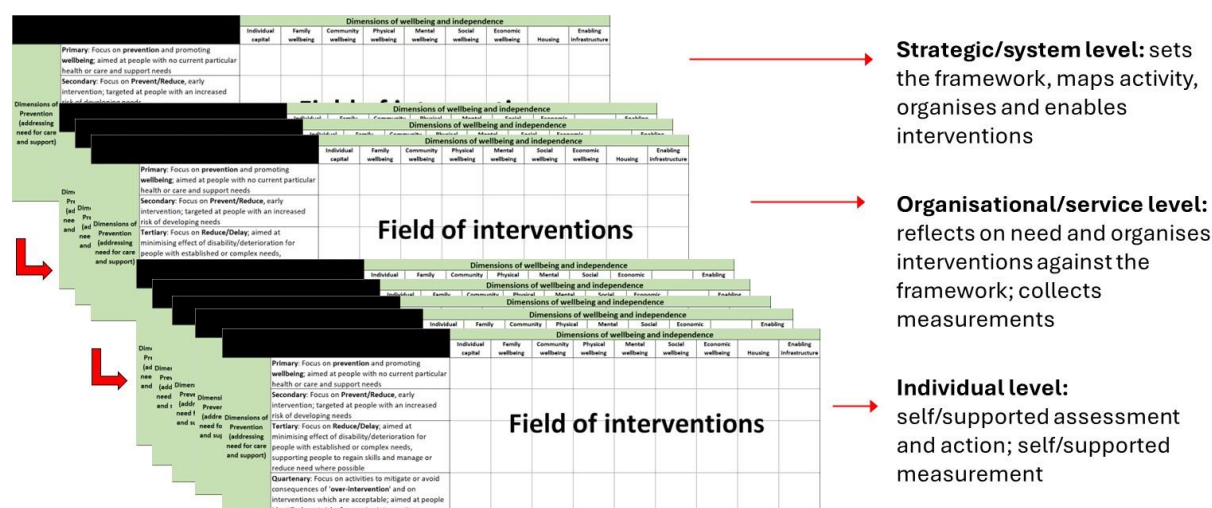
- see and understand an individual holistically, within place;
- see the available distribution of preventative activity across the different types of prevention and the different (but interconnected) domains of people's lives;
- identify where there are gaps, and where we need to make connections between different types of preventative activity; and
- identify and realise opportunities to make savings, particularly in ways that grow wellbeing and system capacity

2.5 Building on this, ASC propose to utilise the prevention framework at three inter-connected levels to create a thread from system planning at the county level, through organisational activity, to individual preventative action and outcomes:

Strategic/system level: The cycle of activity at this level sets the prevention framework, maps activity against it, organises and enables desired interventions, drives and supports coordination between interventions, embeds a consistent approach to evaluation through the system, and uses data to reshape and invest in the preventative system.

Organisational/service level: An organisation or service uses the framework to assess how they attend to the holistic wellbeing of the people they support. Consequently, organisations can add ways to enhance wellbeing directly or connect to other organisations/services to enable more multidimensional support where required. The interventions map (produced at the system level) facilitates this coordination. Organisations and/or services also use the framework with people in their operational footprint at the individual level, as described below.

Individual level: An individual uses the framework to assess their current wellbeing and independence, and the trajectory of their life. Consequently, people can be directed to information, advice, and resources that support their level and domain of need as a result.



2.6 Creating a thread between these levels facilitates a common approach to prevention, and consistent data that will help us to understand where preventative work is needed and the impact of preventative interventions. Guidance will be developed to support use of the framework at each level.

2.7 At an individual level, the framework will be operationalised into specific measures of wellbeing and independence that help people to reflect on their life and what they need. This will provide consistent data across the whole preventative footprint, both through individuals using the self-assessment version of the framework through a proposed new 'prevention portal' (see below), and through organisations/services using it with people they support. This will enable ASC to understand what is working for whom, in what circumstances, and at what cost. The resultant data will help to guide future service development and investment decisions.

2.8 Through the stakeholder engagement work and analysis of current ASC data carried out, physical wellbeing is considered to be the highest priority for preventative work. Two thirds of the primary reasons for people receiving support from ASC relate to physical wellbeing. This domain therefore provides an immediate focus and opportunity to develop preventative work.

2.9 Some 150 existing preventative interventions have been mapped against the framework. Individual capital (a person's set of internal resources that support them to stay well and independent) is the least well-served domain of wellbeing. The individual capital domain therefore also provides a focus for preventative work, and reflects one of the key ways in which prevention is viewed by stakeholders (described above).

2.10 The prevention strategy document sets out key areas of work for each domain of wellbeing to take forwards in building a more effective 'preventative ecosystem'. Within these, priorities include:

- Creating an online ‘prevention portal’ (and equivalent hard copy version) to build individual capital based on the prevention framework that will help people to:
 - understand what preventative action is and why it is important to them;
 - assess the different domains of their life according to the framework, and help them to identify their strengths as well as the areas they need to attend to (by themselves and/or with support);
 - access information on how to improve and maintain their wellbeing and independence in all domains; and
 - access information and referral pathways to services and support where people need external support.
- Continuing and expanding partnership work with Active Sussex and Public Health to embed physical wellbeing knowledge, practice, and impact across the ASC footprint. This work aligns to recent recommendations made by the East Sussex People Scrutiny Committee’s review on healthy ageing (September 2024).
- Working with partners to explore and strengthen how active citizenship, and strategies which support and enable volunteering, can add value to the work of ASC and ICTs.

2.11 The strategy and priority actions are designed to be delivered within existing resources. The strategy also describes a direction of travel towards an investment strategy aimed at building preventative capacity and shifting the balance from reactive to proactive interventions over time.

2.12 Beyond this ASC-focused strategy there is the potential to build on this approach and explore a ‘one county, one agency’ prevention strategy that would take an integrated approach to building a preventative ecosystem across East Sussex. This direction of travel could be further extended to span the whole life course, strengthening integration of wellbeing and support for adults, with wellbeing and support for children, young people, and families.

2.13 A life course approach to a ‘one county, one agency’ strategy could facilitate co-investment into preventative services and activities from a range of partners, and enable more multidisciplinary, place-based approaches to fostering wellbeing and independence. Such an approach may also need to consider future devolution arrangements in (East) Sussex.

3 Conclusion and reasons for recommendations

3.1 This paper sets out the preferred way of organising our wellbeing approach to prevention in ASC, and is based on significant and diverse stakeholder input. It also indicates that the approach can be further developed into a ‘one county, one agency’ strategy spanning the whole life course and enabling all actors across the system to build preventative capability through a common framework.

3.2 There will be a presentation on the proposed wellbeing approach to prevention to the Sussex Health and Care Partnership Executive on 19 March 2025, and a public facing version of the strategy (focused on ASC) will be published for the start of the 2025-26 financial year.

3.3 The Board are asked to consider:

1. The wellbeing approach to prevention in ASC, and to discuss ways in which the ASC strategy and its implementation can be supported. This might include, for example, supporting the development of:
 - the proposed prevention portal;
 - approaches to improving physical wellbeing across the ASC footprint; and
 - active citizenship and volunteering capacity, particularly in ways that enable greater health and wellbeing as described by the prevention framework.

2. Supporting the development of a 'one county, one agency' strategy for prevention that spans the whole life course.

MARK STANTON
Director of Adult Social Care and Health

Contact Officer

Name: Steve Broome, Strategic Development Manager, Adult Social Care, ESCC

Email: steve.broome@eastsussex.gov.uk Tel: 07566 765966

Appendix 1: Formulating a wellbeing approach to prevention in Adult Social Care (December 2024).