

Prevention of social care

As councils prepare to take on responsibility for public health, Catherine Heffernan considers how public health initiatives can help reduce the need for social care for older people.

Last week I found myself in my boss's office when he suddenly swung around on the chair and said "Prevention of Social Care". I raised my eyebrow. "It's the new buzz word. Public health really", he added. "But I guess it is more applicable to adults than to children and young people so maybe it wouldn't be of interest to you."

I was intrigued. The minute I left his office, I was on Google looking up the phrase. It did seem to imply improving the health of older people (in my current role, I focus on child public health). Keeping older people independent, active and within their own homes, a preventative approach can mean a lessened need for acute or social care, saving money and prolonging quality of life. For example, it is estimated that 30 per cent of those aged 65-79 and 50 per cent of those aged over 80 are likely to fall, with 15 per cent likely to have serious injury. Out of those who suffer a hip fracture, 25 per cent are likely

to be dead within 6 months and 33 per cent cannot live independently. There is considerable evidence that keeping those over the age of 60 physically active promotes good bone health and helps prevent falls.

Keeping my 'health improvement' hat on, I thought about fuel poverty. About 15 per cent of older people live in poverty in the UK. Indeed, some of the poorest of our population are elderly women who live alone. Shockingly, 23 per cent of older people say they cannot heat their homes, as they cannot afford it. Yet they are the very group most vulnerable to winter cold and most likely to have excess winter deaths. Fuel poverty remains a big problem for the elderly and since the recession, we are seeing an increase amongst young families too, especially in London. It is an area that is most aptly tackled by partners across public and voluntary sectors and one that public health specialists can continue to contribute to and co-ordinate.

Linked to winter excess deaths is of course seasonal flu and its related complication. Ensuring that those over the age of 65 receive the vaccine remains an important health protection issue, as does the PPV vaccine, to help prevent pneumococcal infections in older people and reduce severe morbidity. As well as immunisation, cancer screening is a huge component of public health specialist work for older people. This involves everything from making sure that target-risk groups are reached through to performance monitoring to improving outcomes for patients.

That moves me onto improving quality of services and health intelligence, the other two core functions of specialist public health. Our role in commissioning in the past few years has meant that more and more public services are based on the needs of the people and are evaluated for appropriateness and effectiveness. The epidemiological function can also be used to make services more efficient and cost-effective. Public health specialist teams can do many 'whizzy' things; for example, the use of 'risk stratification'. This statistical process employs predictive modelling to identify individuals who are at risk of incurring significant health and social care costs at some future time such as the risk of unplanned hospital readmission over the next year. By knowing who is likely to use acute and intermediary services in the future, preventive and early intervention activities can be put in place and so prevent hospitalization and its associated financial and societal costs. This may also be of importance in the coming years although deaths declined 8 per cent between 1997 and 2003, it is predicted that deaths will increase by 17 per cent between 2012 and 2030 with the proportion of all deaths from long term conditions (especially COPD) increasing. Preventing avoidable emergency hospital admissions can enable more deaths at home.

So, after my quick and dirty brainstorm 'prevention of social care', I'm inclined to agree with my boss that public health and public health specialist teams have much to offer local authorities on this topic. It's a good thing that they're moving in!



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Helping people to keep active can reduce the need for care.