



**Integrating prevention in services for the elderly: 10  
high impact changes**

**Dr Kerry Allen, Health Services Management Centre, University of Birmingham**



UNIVERSITY OF  
BIRMINGHAM

Health Services Management Centre

*Research that makes a real difference*

August 2010

HSMC policy paper 8

‘The billion dollar question’: embedding prevention in older people’s services - 10 ‘high impact’ changes

Kerry Allen and Jon Glasby, Health Services Management Centre, University of Birmingham

interlinks



Interlinks

Health systems and long-term care for older people in Europe – Modelling the INTERfaces and LINKS between prevention, rehabilitation, quality of services and informal care.

<http://www.hsmc.bham.ac.uk/publications/policy-papers/index.shtml>

<http://www.euro.centre.org/interlinks>



# Why the 'billion dollar' question?

£ 1  
billion gap  
by 2015





# 10 high impact changes

**Healthy lifestyle interventions**

**Vaccination**

**Screening**

**Falls prevention**

**Adaptations/practical support**

**Telecare**

**Intermediate care**

**Reablement**

**Partnership working**

**Personalisation**



# Healthy lifestyles

- Nutrition, physical exercise, health behaviours and social engagement
- Importance of local partnerships and equal access to services



# Vaccination and screening

- Why for older people?
- Considerations:
  - changing demographics = changing optimal age
  - individual patient-based approach
  - patient education



# Falls prevention initiatives

- Evidence of impact on health and cost-effectiveness
- Physical exercise, nutrition (vitamin D), withdrawal from certain medicines, eyesight care, housing adaptations, hip protectors, podiatry, comprehensive programmes
- Overcoming barriers to participation



# Home adaptations and telecare

- Significant impact on quality of life (users and carers)
- Reduce demand on carers and formal services



# Intermediate care and reablement

- Concepts specific in UK policy. Key features:

- *Targets people facing prolonged hospital stays or inappropriate admission*
- *Comprehensive assessment and cross professional working*
- *Maximise independence (living at home)*
- *Time –limited up to 6 weeks*



# Reablement

*“Services for people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for daily living”*



# Partnership working and personalisation

- Research around process not outcome
- Positive results from individual examples e.g. Care Trusts, & international evidence
- Personalisation: direct payments and personal budgets
- Good evidence for learning disability, less so for older people



How do these 10 impact areas compare to a Spanish approach to prevention for older people?