Wirral Adult Social Care Prevention Strategy

Making Prevention Everyone's Business

2026 - 2028

WIRRAL

#BETHEDIFFERENCE

Foreword

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Prevention is one of the most important opportunities we have to improve lives, reduce inequalities, and ensure the people of Wirral can remain independent, healthy and connected to their communities for longer. As demand for adult social care continues to rise, it is increasingly important that we work together to focus not only on meeting needs when they arise, but on preventing and delaying needs from developing, and reducing needs wherever possible.

This Adult Social Care Prevention Strategy sets out our shared commitment to making prevention everyone's business across Wirral. It aligns with our duties under the Care Act 2014 and reflects our ambition to place prevention at the heart of everything we do. From promoting healthy ageing and reducing social isolation, to supporting carers, improving access to information and advice, and strengthening community resilience, prevention must be woven through every interaction, service and decision.

Prevention cannot be delivered by Adult Social Care alone. Success depends on strong partnerships across the Council, NHS, Housing, voluntary, community and faith organisations, service providers, carers, and residents themselves. By taking a whole-system approach, we can create the conditions that enable people to live well, maintain their independence and achieve the outcomes that matter most to them.

This two-year strategy represents the first step in a longer journey. It focuses on building a shared understanding of prevention, using evidence and insight to better understand demand, and testing innovative approaches that will inform future development. Through co-production and collaboration, we will learn from what works, build on the many strengths already present in our communities, and create a stronger foundation for the future.

Together, we can make prevention a core part of how we support Wirral residents to live healthier, safer and more fulfilling lives.

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1. Introduction

We are committed to prevention and early intervention

The Wirral Adult Social Care (ASC) Prevention Strategy is a key milestone in placing prevention at the centre of how we support local residents. It reflects our commitment to early intervention, in line with the Care Act 2014 duty to prevent, delay, and reduce needs for care and support. By doing this together with partners **we aim to achieve and ensure that residents can live their lives more independently and be happy and healthy**.

The demand for ASC is rising both nationally and locally, and so are the costs of implementing our statutory duty to meet the care and support needs of our residents. The proportion of our residents age 65 and over – the largest group receiving ASC services – is high and is projected to grow considerably. We therefore want to encourage a proactive approach to enabling health and wellbeing to ensure more people live in good health for longer. We also recognise all age disability demand and the need to support people across the life course. It is essential that we recognise the growing demand and pressures on ASC and highlight the value of a prevention strategy that can be adopted by the whole Wirral community.

Our aim is that this prevention strategy becomes the mainstay of all council initiatives and aligns with our wider commissioning principles and the Wirral Plan. The prevention strategy will initially be two years in length and **focus on embedding prevention and intervening earlier to reduce demand for statutory ASC services**.

Recognising how impactful ‘prevention’ can be, **this strategy aims to grow the practice of prevention from the ground up**. We will drive this work forward with supporting partners across the borough, including the community, voluntary and private sectors, and health partners. To achieve this, we will fully engage in meaningful co-production and ensure we hear all thoughts, ideas and suggestions to inform a later long-term strategy.

Prevention is a must-do, not a nice-to-do

- ✓ Prevention is more effective if we **do it together**, focussed on the idea that if we **commit to act early and listen** to what we all want and need, it can be achieved. **Being proactive** in relation to health and social care needs is better for individuals and more cost effective for the public purse.
- ✓ Locally, in 2024-25 there were 18,785 **new requests for support** in ASC in Wirral[3]. This has **increased** each year from 15,785 in 2022-23 and continues to increase.
- ✓ The Department of Health and Social Care have projected a **57% increase** in adults aged 65 and over, and a **29% increase** in adults age 18-64 **requiring care** in England by 2038 compared with 2018.[2]
- ✓ A report published by the Local Government Association found that for every £1 invested in earlier action and support programs, **£3.17 in savings** are generated, potentially leading to £11.1 billion in savings across England.[1]
- ✓ Wirral needs a prevention strategy so it can offer more **meaningful, individualised support and guidance** to a more **informed, self-reliant, and resilient community**. Prioritising prevention will benefit residents as they will live more years in good health and with their independence.

A two-year strategy

This initial Prevention Strategy will be two years in length with the aim of:

- Better **understanding** demand
- **Embedding** prevention into everyday practice
- Laying the **groundwork** for a long-term strategy

The intended audience is:

- Wirral Council departments
- Health & Care professionals and NHS colleagues
- Voluntary Community Faith and Social Enterprise (VCFSE) sector
- Housing providers
- Emergency services

Image by Elliot Manches via Centre for Ageing Better

Image by David Tett via Centre for Ageing Better

Our Vision

To empower our residents to live **healthier**, **independent**, and **fulfilling** lives by promoting choice, dignity, safety and wellbeing.

We will do this by:

Providing the **right care at the right time**, enabling people to remain safe and well at home…

…while delivering **effective, efficient, and person-centred** services that achieve the best possible outcomes for our communities using timely information

Principles guiding our approach

Person-centred and strengths-based
Focus on independence, capabilities and goals.

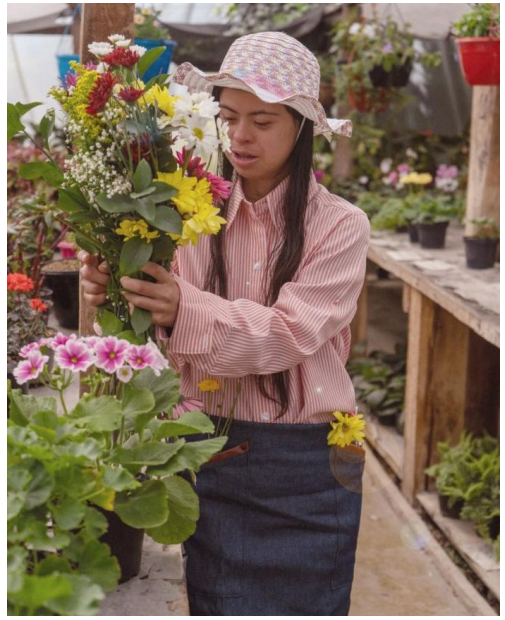
Evidence-informed and data-led
Use population health management to target interventions.

Co-produced with residents and carers
Prevention must be shaped with lived experience.

Community-powered
Work with local Voluntary Community Faith and Social Enterprise assets, peer support and neighbourhood strengths.

Equity-focused
Reduce health and social inequalities as a core outcome.

Integrated across the system
Shared responsibility across health, NHS, social care, housing and community partners.



We will put outcomes for people, families and communities at the heart of all we do

Individuals → will live more years in good health with an emphasis on being active for longer and will experience better long-term outcomes

Families → will feel confident in supporting their family members who are in touch with adult social care and remain resilient in providing care

Communities → will feel confident in being proactive towards prevention and healthy ageing and will include prevention when designing classes, initiatives and programmes for our community. We will use the strengths of the VCFSE sector to help deliver prevention initiatives.

Organisations → will identify areas that could effectively reduce demand and improve long-term health outcomes for residents. Seek opportunities to embed prevention into contracts and make service improvements or additions

2. Strategic context

The Council is required to make savings, and prevention can help to achieve this

Political factors

- NHS 10-year plan – sets out 3 shifts: from hospital to community; from analogue to digital; and from sickness to prevention[4]
- Neighbourhood Health framework[5] – aims to move health and care services closer to home and on the high street
- Wirral Council Transformation agenda

Prevention is a core strategic priority locally and nationally, but there is more to do that requires system-wide alignment and delivery at neighbourhood level.

Economic influences

- Continuing financial constraints in local government and NHS
- Local requirement to make efficiencies
- Increasing cost pressures in care markets and workforce
- Evidence indicates prioritisation of high impact, invest to save prevention approaches. We must be aware of cost effectiveness and financial benefit when proposing prevention initiatives or approaches.

Prevention must demonstrate reduced demand for high intensity care and deliver financial sustainability locally.

Many strategic Council documents support prevention, but we need to go further

- **Prevention Framework:** A whole-council framework for embedding preventative approaches in public services[6]
- **Health & Wellbeing Strategy:** focuses on partners' mutual priorities, resources and assets that will make the biggest difference to improving health in Wirral, including strengthening health and care action to address differences in health outcomes[7]
- **The Local Plan:** Guides where and how new development should take place and where additional infrastructure may be needed, including sheltered, supported or extra care housing[8]
- **The Council Plan:** Sets out how the council will continue to navigate the challenges we are facing, but to also seize the opportunities for the future for Wirral[9.]
- **Target Operating Model for ASC:** this model highlights prevention as the foundational pillar which should be considered across all aspects of ASC.
- **All Age Disability Strategy 2024-29:** Sets out a commitment to make things better for people with disabilities and their parents and carers[10]
- **ASC Co-production Strategy 2024-29:** Sets out four principles of co-production – accessibility, diversity, equality, and to understand what people want and need[11]
- **ASC Commissioning Strategy:** Sets out priorities and commissioning intentions with the community care market up to 2026[12]
- **Adult Carers Strategy:** Provides a foundation for improving identification, recognition, and support for local Carers[13]
- **Corporate Carer Strategy:** A developing strategy that will enable elected leaders and senior officers to champion the needs of adults at all levels[14]

Care needs are becoming more complex, but technology offers opportunities to target prevention

Sociological trends

- Ageing population and rising complexity of need
- Persistent health inequalities across Wirral communities
- Increasing expectations of personalised, flexible and high-quality care
- Unpaid carers face increasing risk of burnout
- Increasing loneliness, social isolation and poor mental wellbeing
- Increasing recognition of the value of community assets, networks, and lived experience

Prevention must be person-centred, community-led, and targeted at inequalities, supporting independence and wellbeing.

Technological innovations

- Increasing availability and use of technology-enabled care
- NHS 10-year plan priority for digitalisation
- Artificial intelligence offers emerging opportunities to target prevention
- Risks of digital exclusion
- Data-sharing challenges make integration between health and social care more complex

Technology offers opportunities to scale prevention and target resources, but we need to ensure inclusive and integrated implementation.

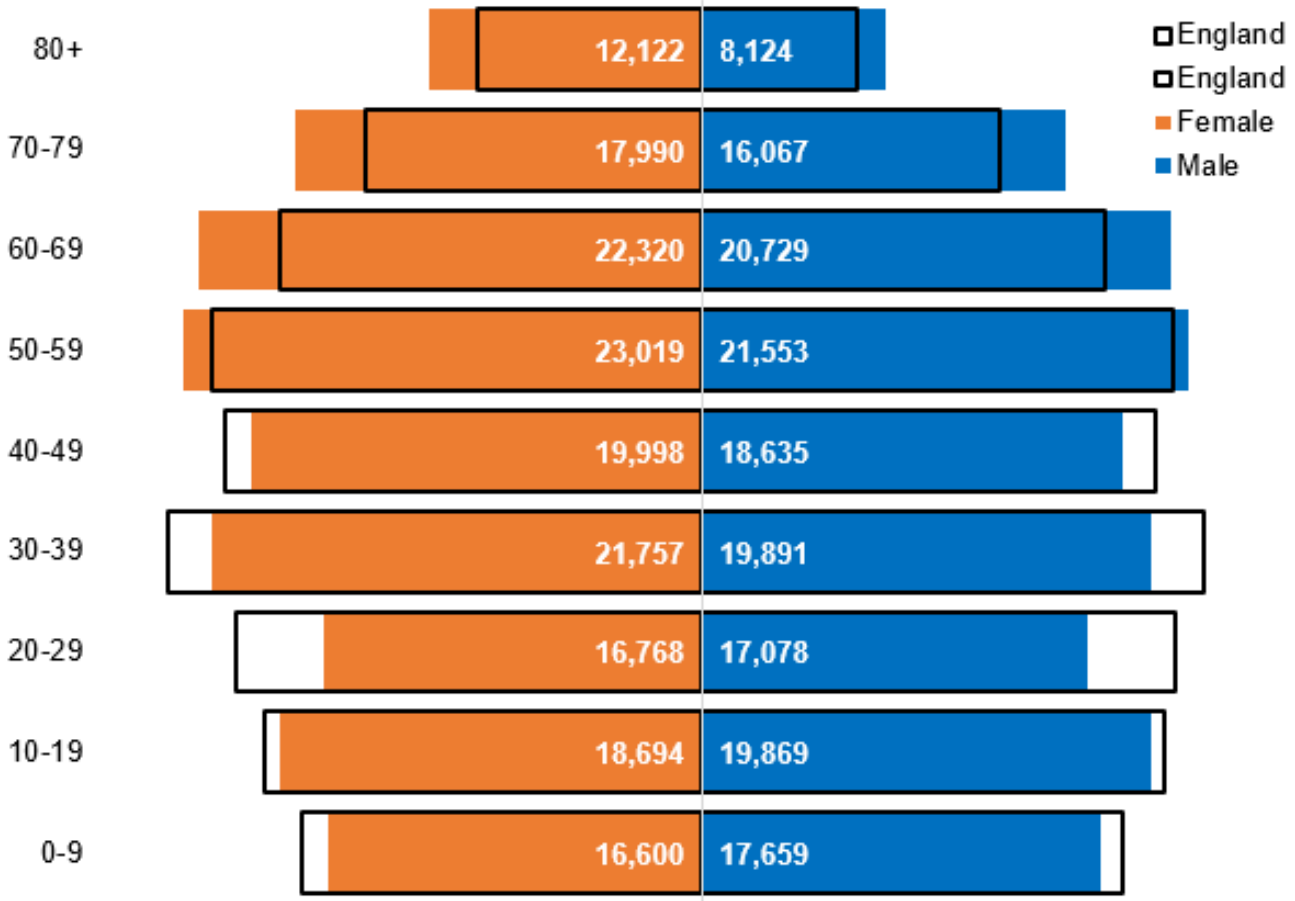
There are more older adults in Wirral compared to England

328,873 people live in Wirral and 22.5% are aged 65+[15]

This chart shows that we have an **older population** than the England average, with every age group from the age of 50 larger than England.

62% of ASC clients in Wirral's ASC are aged 65 and over[3]

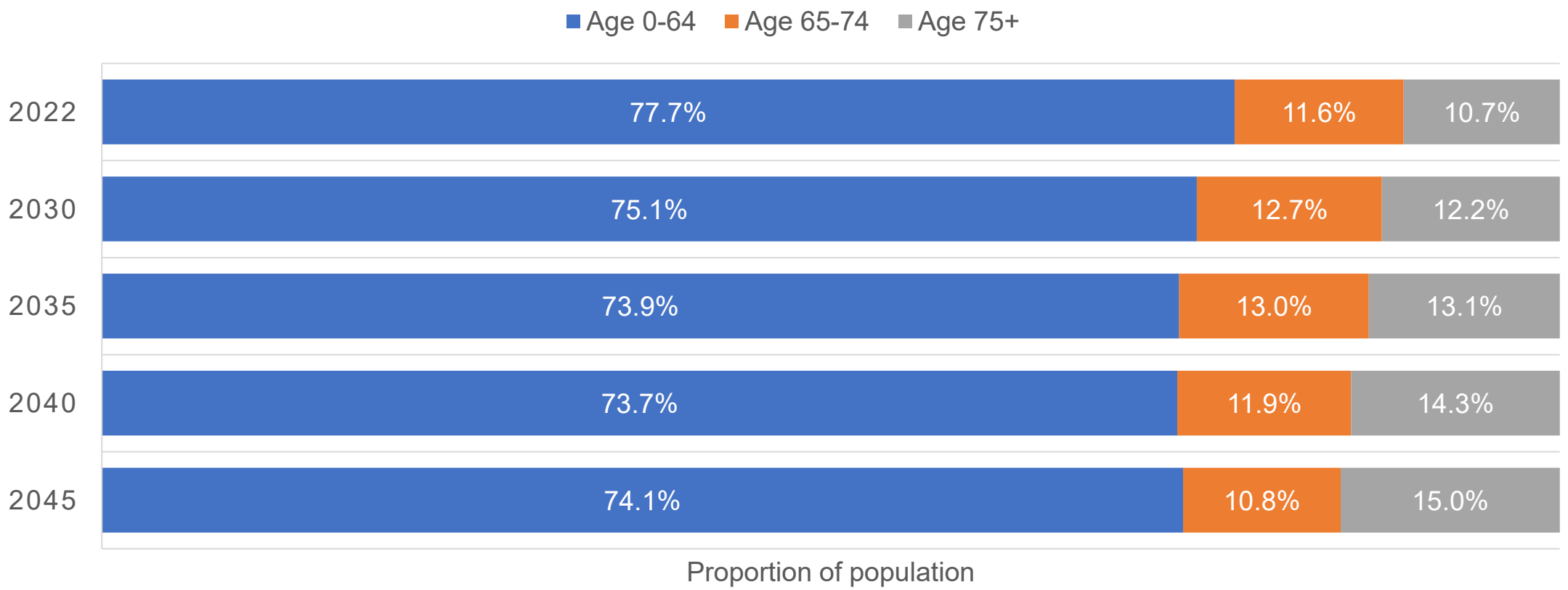
Number of people in Wirral by age and gender compared to England (2024)



Source: Wirral Health & Wellbeing Knowledge Hub Interactive Report

Our population of older adults is forecast to grow, which will greatly impact demand for ASC

Projections suggest that the number of people in Wirral aged 75+ years will increase from just under 34,500 to almost 52,000 over the next 20 years.

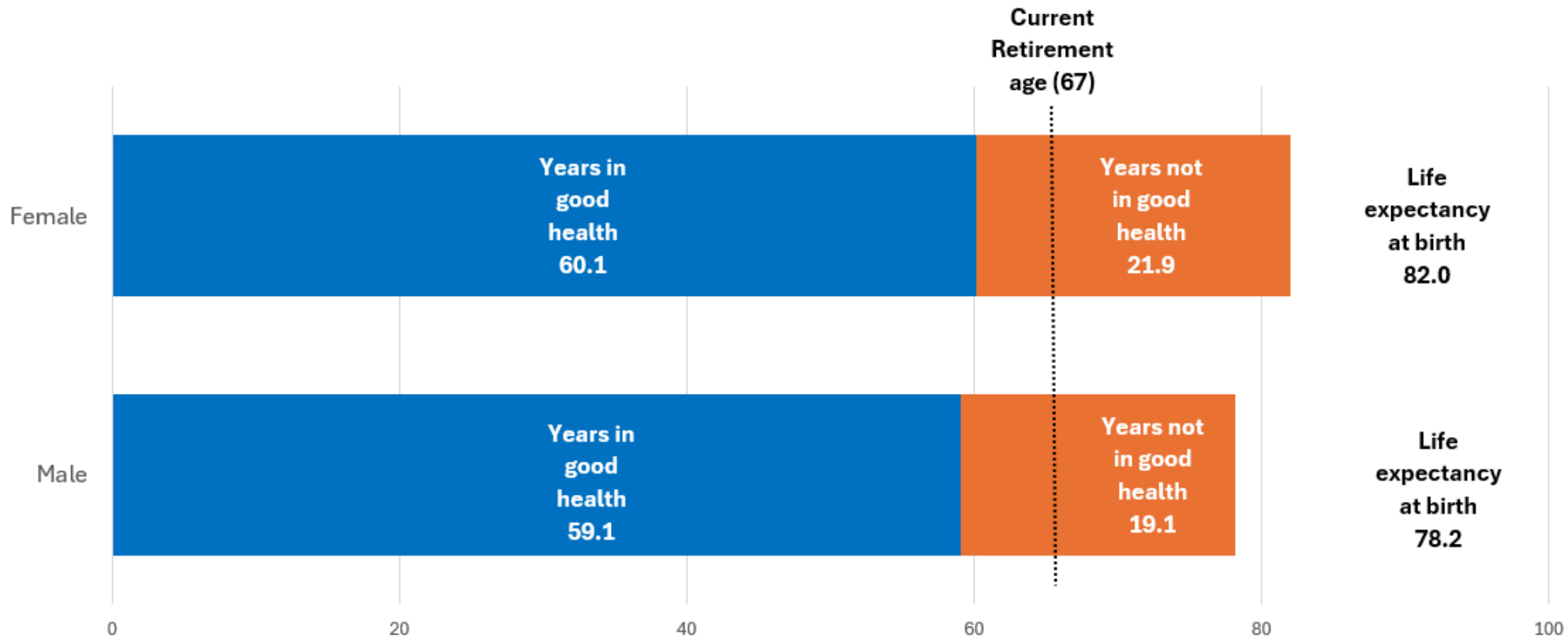


Data source: Office for National Statistics Population Projections 2022

People are living longer, but they're living around a quarter of their lives in poor health and/or disability

Although people are living longer, their later years are spent in poor health, creating greater demands on health and social care services.

Life expectancy and healthy life expectancy in Wirral (2022-24)



Data source : Office for National Statistics (ONS) 2025.

82.0 **78.2**

Life expectancy has improved in recent years, but remains significantly lower than the England average[16]

20 years

People in Wirral are spending around **20 years of their lives in poor health**[17]

10 years

People are recorded as having **7 or more conditions 10 years earlier in the most deprived areas** [18]

0.78%

Estimated population in Wirral living with **a learning disability** compared to 0.59% England average[19]

12.9%

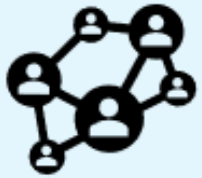
Adults are **Unpaid Carers** in Wirral compared to 10.2% in England[20]

0.97%

Wirral has a higher proportion of people than England (0.8%) **living with dementia**[21]

20.6 **18.3**

Life expectancy at age 65 has slightly improved but remains significantly lower than the England average with a gap in life expectancy of 2.3 years between males and females[16]



41.4%

Of social care service users reported that they had **as much social contact as they would like**[22]

18.4%

There are less **older people living in poverty** (IDAOPI), than the England average (18.58%) [23]

16.6%

Adults age 65+ in Wirral receive **Attendance Allowance** to help pay for support due to disability or illness, compared to 14.1% England average [24]

1,517 per 100,000

Emergency hospital admissions in people 65+ due to falls is significantly better than England rate (1,958 per 100,000) [16]

1 in 5

Wirral people aged **65+ are classified as severely frail**, and 1 in 5 are classified as moderately frail [18]

90.2%

More than 9 out of 10 people in Wirral aged **65+ classified as severely frail and also have hypertension**. The next most prevalent condition is respiratory disease [18]

34.9%

There are more **older people living alone in Wirral**, than the England average (31.4%) [20]

36.3%

Of those aged 50-64, being retired was the most common reason for being economically inactive **(36.3%),** followed by long-term sick/disability **(35.7%)** [25]

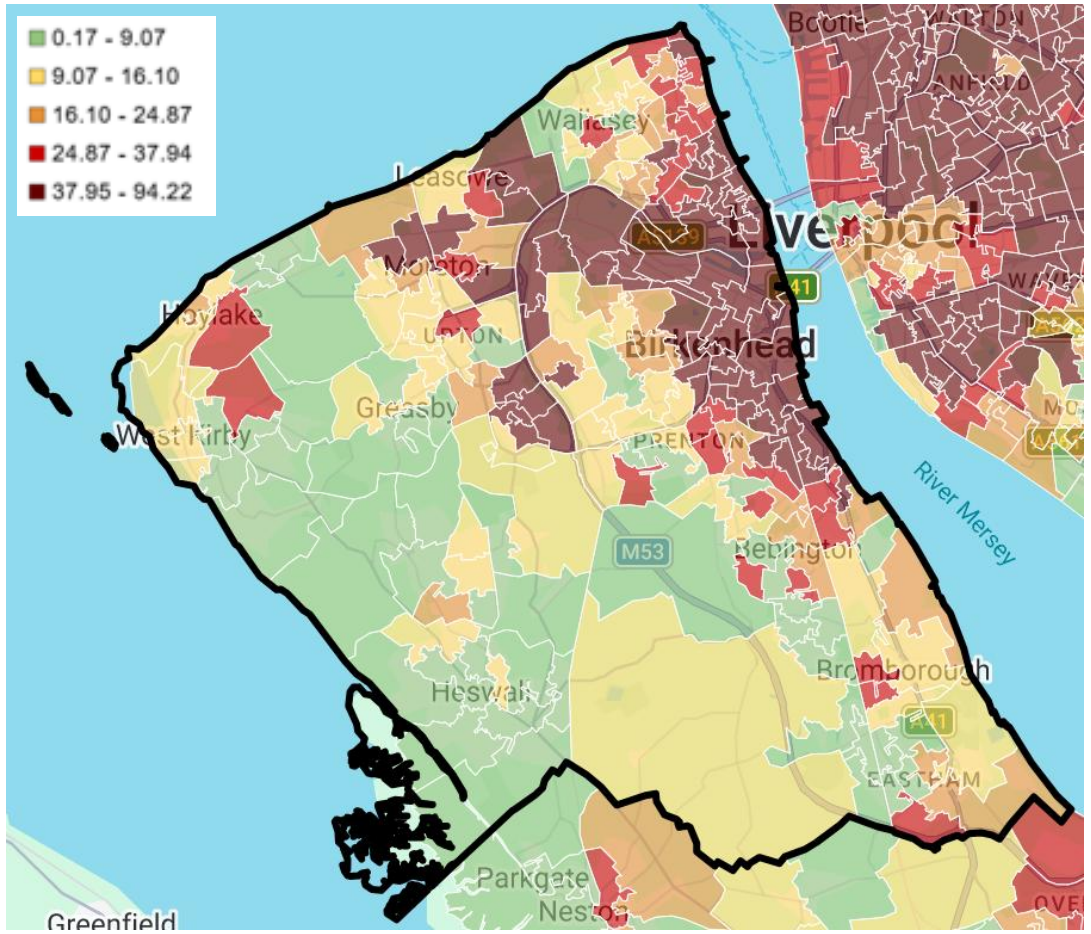
Wirral has a clear East-West divide in deprivation and health inequalities

Deprivation is closely linked to **persistent health inequalities**, led by **unmet needs** and **barriers** to accessing services across Wirral communities.

This highlights **under-represented and minority groups** and the importance of co-production when shaping prevention for all Wirral residents.

It is essential that we acknowledge this when considering how this strategy will **interact differently** with individuals and the barriers they face towards proposed prevention and early intervention activities.

Map of Index of Multiple Deprivation (IMD) score by Lower Super Output Area in Wirral (2025)



Source: Ministry of Housing Communities and Local Government

The VCFSE sector is a key partner in delivering prevention, and it requires a whole-place approach

Environmental factors

- Housing and deprivation impact health and wellbeing[26]
- Wirral's **Healthy Homes** team supports tenants and homeowners to help them stay independent, healthy and safe in their homes
- Increasing **climate risks** (heat/cold) disproportionately affect vulnerable people
- **Transport for City Region (TCR)** is a newly secured investment for Liverpool City Region to improve transport links

Effective prevention requires a whole place approach, integrating housing, environment, and infrastructure.

Industry analysis

- Wirral has an active **VCFSE sector**
- Resident access to information and services is supported by resources such as **Wirral InfoBank**[27]
- There is a risk of sectors working in silos which can be mitigated by **co-production** and **engagement** with residents and communities
- Adult Social Care currently work in **four localities** across Wirral, and it is important to recognise how teams across the entire borough work together

Prevention depends on a strong network of providers and community assets, not just statutory services.

Legislative requirements

- Care Act 2014
- Equality and Human Rights Acts
- Mental Capacity Act

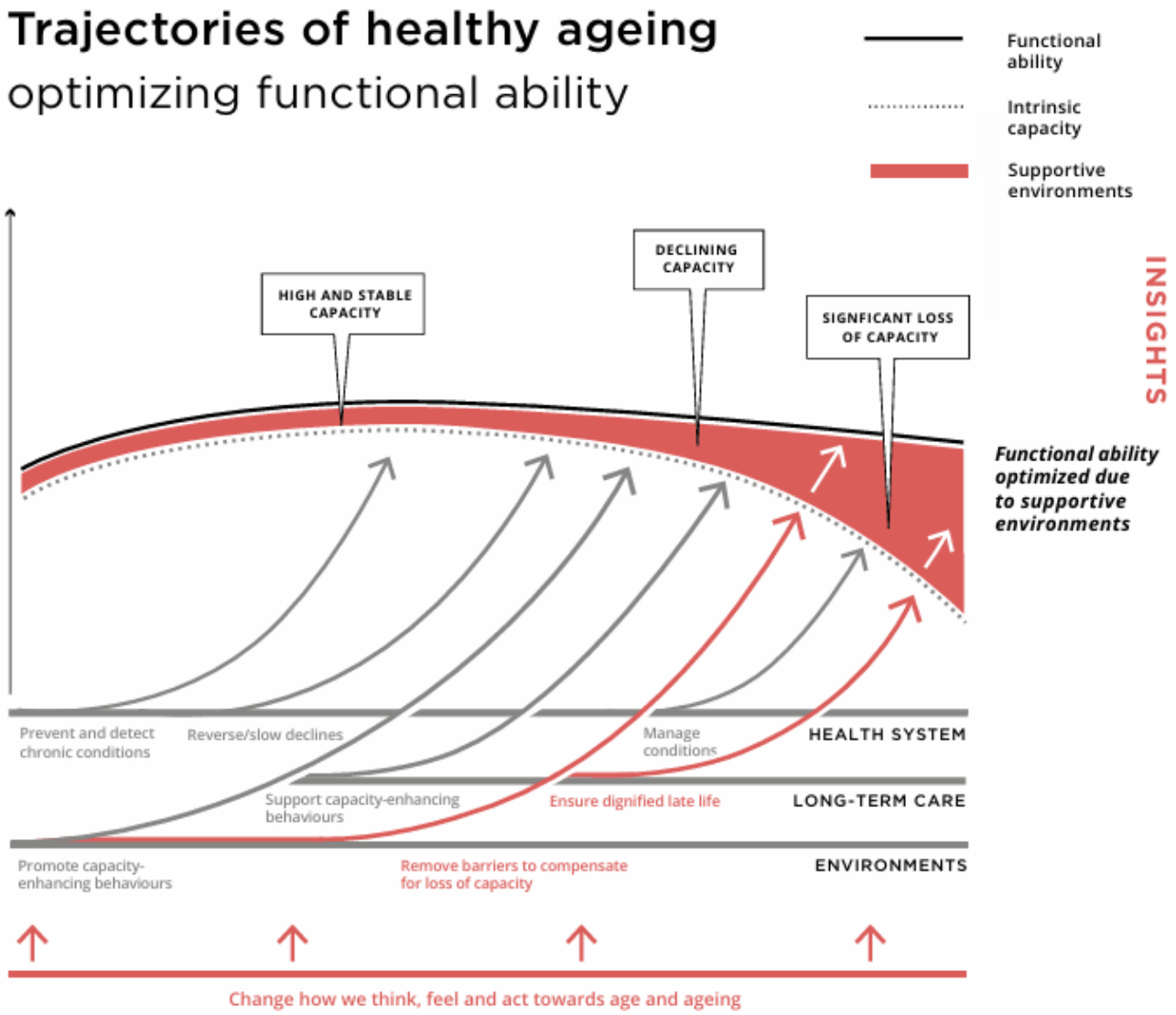
The Council has a duty to promote wellbeing and prevent, delay, and reduce care and support needs.

Poor health and complex needs are **not** inevitable

Functional ability combines the intrinsic capacity of the individual, the environment a person lives in, and how people interact with their environment.

Intrinsic capacity comprises all the physical and mental capacities that a person can draw on, e.g. physical movement, vision and hearing, vitality, cognition, and psychological capacity.

Environments shape what people with a given level of intrinsic capacity can be and do. Environments include the home, community and broader society, and all the factors within them.



Source: Decade of healthy ageing: baseline report

Prevention requires a system-wide approach with contribution from all partners

This two-year strategy aligns with Wirral's corporate Prevention Framework, providing focus in relation to adult social care.

Within ASC, true prevention should run all the way through **every contact with residents** in whatever form it takes – universal services, community groups, information and advice, assessment, care and support planning, and reviews, as well as strategic plans and service development.

But prevention **cannot be done in silos**; all partners have a role in prevention, and it is important that we work together to be successful. This figure illustrates the **joined-up approach to prevention** that needs to be taken locally and the role of each partner in an effective system.

Prevention in a joined-up local system

Source: Social Care Institute for Excellence, Prevention in Social Care. Prevention in social care - SCIE

3. What we mean by prevention

Care Act 2014 – Local authorities must prevent, delay, and reduce needs for care and support

Applies to all adults and carers (not just those eligible)

Linked to promoting wellbeing in all decisions

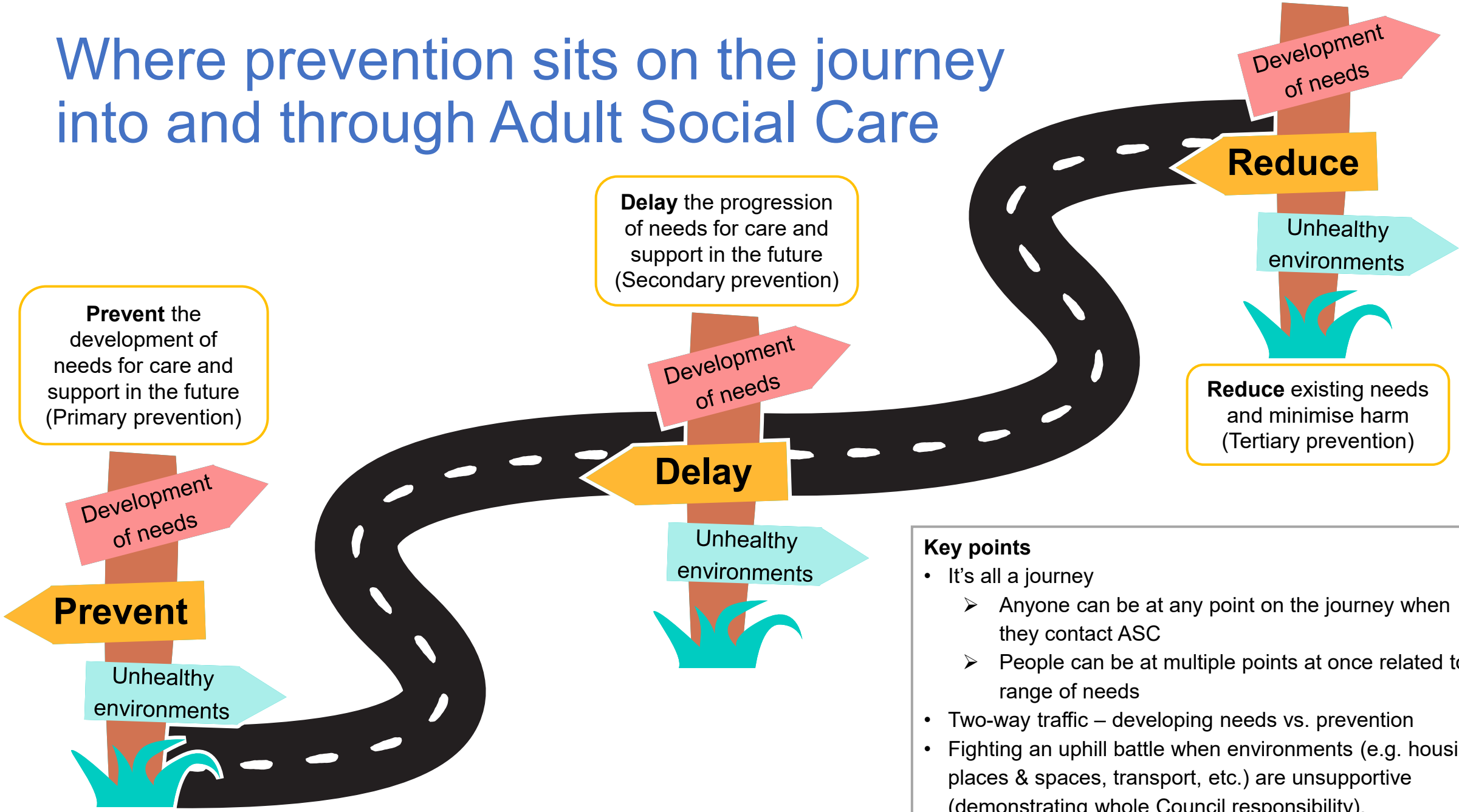
Required to prevent, delay and reduce care and support needs

Focus on early intervention to maintain independence

Must use community and local resources to support people

The language of Prevent, Delay, Reduce sets out three clear levels of proactive prevention

Where prevention sits on the journey into and through Adult Social Care



Prevent the development of needs for care and support in the future (Primary prevention)

Delay the progression of needs for care and support in the future (Secondary prevention)

Reduce existing needs and minimise harm (Tertiary prevention)

Key points

- It's all a journey
  - Anyone can be at any point on the journey when they contact ASC
  - People can be at multiple points at once related to a range of needs
- Two-way traffic – developing needs vs. prevention
- Fighting an uphill battle when environments (e.g. housing, places & spaces, transport, etc.) are unsupportive (demonstrating whole Council responsibility).

CULTURE CHANGE

	PREVENT	DELAY	REDUCE
Healthy places & spaces	• Safe neighbourhoods • Good public transport • Healthy housing	• Housing adaptations • Accessible spaces to promote community engagement	• Using housing stock appropriately
Social contact	• Befriending • Age friendly social settings • How can frontline services better document loneliness and social isolation	• Telephone conversations and services	• Flexible approach to individual needs and recognising prioritise and goals • Making better use of touch points and social connections
Information & advice	• Community Connectors & Navigators • Supported employment • Money management & debt advice • Use of understandable social media • Improve website and access to easy reads	• Support to manage money • MECC • Young People Transition • Information desk in Trust or other healthcare and NHS settings	• Proactive about sharing information • Upskilling and educating people on what is available to support
Healthy & active lifestyles	• NHS Health Checks • Pre-falls service • Promoting health & active lifestyles	• Falls prevention service • LD Health Reviews • Screening	• Reablement • Nutrition and hydration
Family, friends & carers	• VCSE having a good understanding of how to support families and carers • Promotion of Wirral InfoBank • Implementation of Carers Passport	• Carer support • WIRED • Carers Alliance events and forums • Assistive tech	• Respite care
Falls prevention and frailty	• Strength and balance classes • Supporting individuals to Assess risk in own home or environment in a game/engaging way	• Self-assess home environment • Information so families can recognise decline • Assistive tech	• Staff confidence to promote activity amongst high-risk

Personalised care planning that takes a **holistic approach**

Individuals may need **multiple levels** of prevention at once

4. Areas of Focus

Our Areas of Focus

Our focus over the next two years will be **embedding prevention** in ASC whilst **laying the foundations** for future development. Our initial areas of focus will be:

Proactive prevention across all partners	We aim for everyone to develop a **mutual understanding** of what prevention means across the Borough and to all our partners and residents. We aim for **every-day conversations** to include messages around prevention.
Evidence and insights	**Talk** to ASC sector, providers and residents to identify areas for improvement and a future longer-term strategy. **Analyse** local health and social care data to better understand people's journeys into care and where we can intervene earlier.
Pilot schemes	**Trial and evaluate** prevention approaches across adult social care to further inform successes and learning.

Proactive prevention across all partners

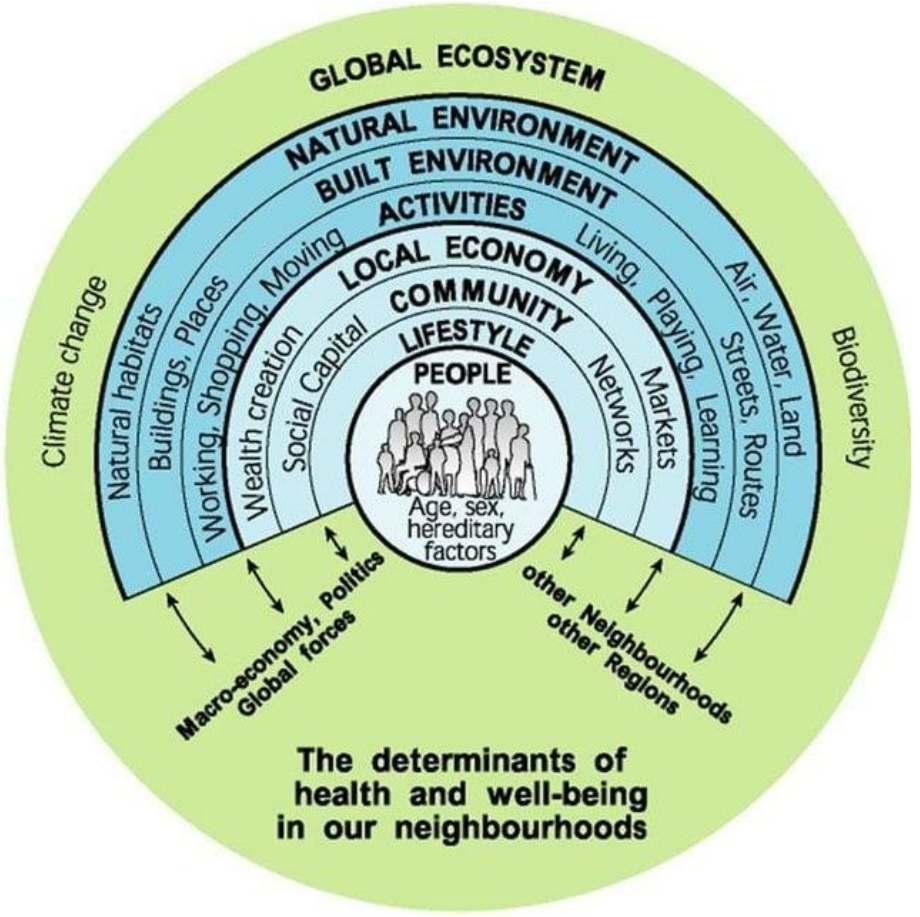
We will:

- **Raise the profile** of prevention and the need for a joined-up approach

We will do this by:

- Using consistent **terminology** that is available to all, so everyone has the same understanding of the breadth of prevention
- Hosting **conversations and workshops** with system partners and local and diverse communities, building on their existing strategies
- Exploring making Wirral an **Age-friendly Borough**

Determinants of health and well-being from the individual level to the global



Source: Barton, H., & Grant, M. (2006). A health map for the local human habitat. The Journal for the Royal Society for the Promotion of Health, 126(6), 252–253

Evidence and insights

We will:

- **Better understand** demand and journeys into care and where we might be able to intervene earlier

We will do this by:

- Conducting a **deep-dive analysis** of local health and social care data to identify drivers of demand
- Reviewing **evidence and good practice** about what works to prevent, delay and reduce care and support needs
- **Engaging key stakeholders** to gain a deeper understanding of prevention in Wirral and ensure ownership of all findings and recommendations
- Recognising the **role of the VCFSE** sector as a key delivery partner

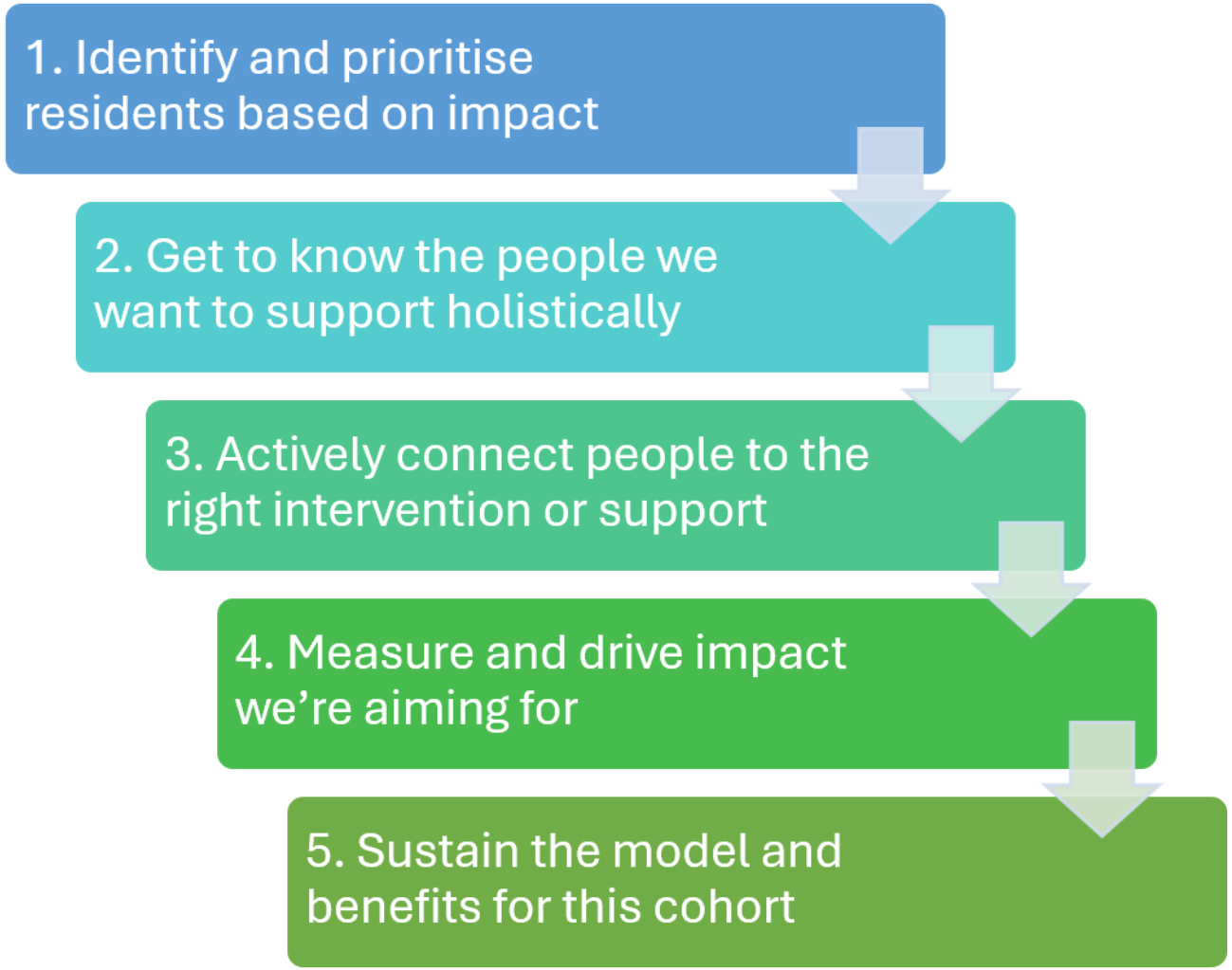
Pilot schemes

We will:

- **Test out prevention approaches** to support the planning of future prevention work

We will do this by:

- Working with partners to carry out cost-neutral pilots that **prioritise learning** over guaranteed success
- **Evaluating** the approaches used and the outcomes achieved
- Building on **existing strengths** within the system to ensure effective prevention is embedded
- Take into consideration cost effectiveness, financial benefit and social **return on investment**



Adapted from: Future of Prevention – Delivery model for targeted prevention

5. Implementing the Strategy

How Everyone Can Embed Prevention

Frontline → Early support that is focused on residents

System → Joined-up services that work together for residents

Intelligence → Smarter use of data to reduce inequalities

Community → Communities shaping services with residents

Outcome → Helping residents to live independently for longer

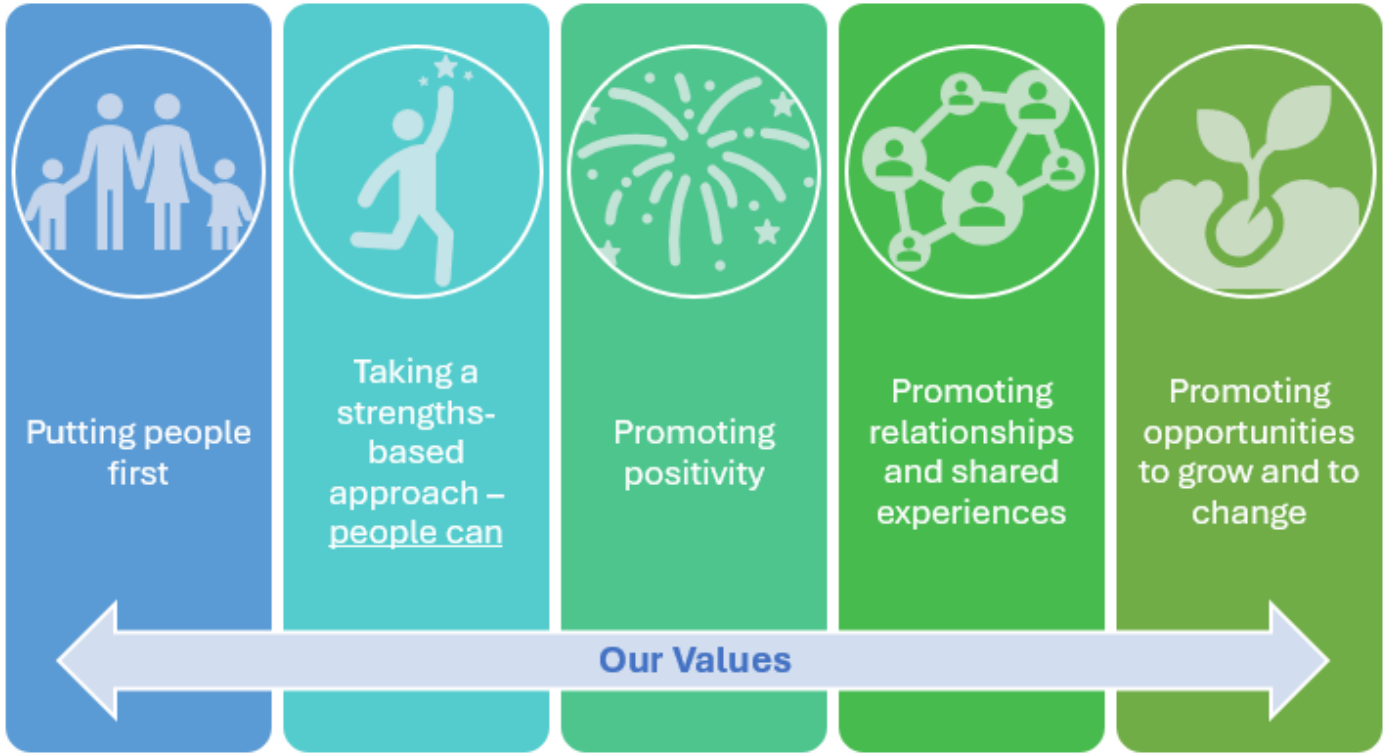
Prevention for all

We are committed to:

- working more closely with **diverse communities** and community organisations to co-design services
- ensuring prevention is **culturally appropriate and accessible**
- using data to understand where inequalities exist so we can **target resources** where they will have the greatest impact

Embedding preventative approaches

The Values Underpinning Preventative Approaches



Source: Prevention Framework, Wirral Council (2021)

- **Strategic leadership:** Establish a multi-agency implementation group to develop an action plan and drive forward delivery of the strategy
- **Partnership working:** Regularly update and engage with partners to ensure ownership
- **Commissioning for prevention:** Build prevention into all contracts
- **Co-production:** Listen to staff and residents
- **Evaluation:** Evaluate pilots to demonstrate successes and to understand what can be learned from preventative approaches

How we will make our priorities happen

Resources

- ASC and Public Health workforce
- Community and voluntary sector infrastructure
- Data and intelligence from ASC, Public Health and ICB
- Health and social care workforce
- Community Connectors
- Social prescribing
- Referral pathways
- Learning Disability health reviews
- Wirral InfoBank
- Promote existing services

Activities

- Use of AI / technology while keeping in person services
- Integrated Front Door (multi-agency)
- Social prescribing and community support
- Strength-based reviews to assess level of care
- Collate and analyse insights and data relating to adult social care
- Early Intervention and Prevention contract
- Engage with service users and providers to gather insights on their understanding of prevention
- Pilot to improve reablement programmes carried out by care staff
- Discuss and promote prevention with the wider organisation and other sectors
- Raise the profile of prevention by hosting conversations and workshops with system partners and local communities to create a shift towards prevention
- Aim to be involved in Neighbourhood Hubs planning and highlighting prevention within the design

How we will know we have achieved

Outputs

- To produce a needs assessment collating data and evidence relating to prevention within adult social care
- Carry out demand forecasting to better understand the need for prevention and the impact initiatives could have on adult social care
- As the strategy develops, we will aim to identify other pilots and opportunities for improvement that can be addressed in the short-term

Two-year strategy outcomes

- Increase understanding of the need for prevention specific to Wirral
- Gain insights from stakeholders and residents touched by Wirral's adult social care system
- Improving reablement outcomes
- Improved carer wellbeing and resilience
- Increased social interaction and engagement of older adults at risk of social isolation
- Identify areas or activities that could be evaluated to improve long-term prevention planning
- Identify what Wirral does well so we can build and learn from this
- Better understanding people's journeys into care
- Feedback on the carers self-assessment and improve the visibility of this tool

Future / long-term outcomes

- Reducing numbers in 24hr care (care homes vs. domiciliary care)
- Reduce hospital admissions due to falls
- Improving reablement outcomes
- Improve health / being active for longer
- Healthy lifestyle choices – access to services
- Reducing isolation – connecting to community throughout the life course → kinder & inclusive neighbourhoods
- Reducing carer breakdown
- Increased step-down care (from providers Trusted Assessors)
- Reduced increase in care
- Increased carer satisfaction
- Better use of Direct Payments (builds rapport)
- Outcomes for individuals, families, communities, organisations
- Understanding whether services are truly accessible or whether people face barriers e.g. digital exclusion

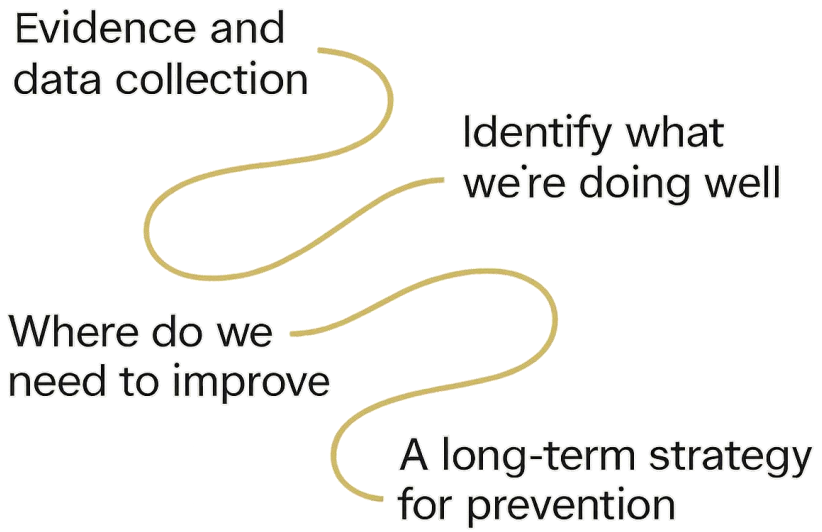
Pathway to Achieving Our Outcomes

This strategy aims to **lay the foundations** for a long-term strategy in the future. It sets out our ambitions over the next two years to work towards truly embedding prevention by:

- **Defining prevention** for a shared understanding across ASC and our partners
- Using **data, evidence and insights** to better understand where we can intervene earlier
- Piloting prevention approaches that **prioritise learning**

Delivering this strategy **requires a different way of thinking and working** to enable us to prevent, delay and reduce care and support needs across Wirral. If successful, we will be better placed to **enable culture change** and strengthen partnership working that helps our residents to stay healthy, well and independent.

Our multi-agency implementation group will **co-produce an action plan** to deliver this strategy over the next 2 years.



6. Further information

Glossary

Prevention: Actions taken to stop health problems, social issues, or other challenges from occurring, worsening, or recurring. Prevention can be primary (preventing a problem before it starts), secondary (early identification and intervention), or tertiary (reducing the impact of an existing problem).

Strategy: A plan designed to achieve specific goals and priorities. A strategy sets out the vision, objectives and actions needed to bring about desired outcomes.

Community: A group of people who share a common location, interest, or experience. Communities can be defined geographically or by shared characteristics, interests or needs.

Adult social care: Services and support provided to adults who need help due to age, illness, disability, mental health conditions, or other circumstances. Adult social care aims to promote wellbeing, independence and quality of life.

Public health: The science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society.

System partners: Organisations, agencies, groups, or individuals that work together to improve outcomes for a population. Examples include local authorities, NHS organisations, VCFSE organisations, education providers, and housing services.

Strength-based: An approach that focuses on individuals', families', and communities' strengths, assets, skills, and resources rather than solely on their problems, needs, or deficits. It aims to build resilience, independence, and capacity.

Life expectancy: The average number of years a person can expect to live based on current mortality rates and influences within a population.

Healthy life expectancy: The average number of years a person can expect to live in good health, taking into account both length of life and quality of health.

Deprivation: A measure of disadvantage experienced by individuals or communities, often relating to factors such as income, employment, education, housing, health, crime, and access to services.

Ecological: An approach that recognises that health and wellbeing are influenced by multiple interacting factors, including individual behaviours, social relationships, communities, organisations, environments, and wider societal conditions.

Legislation: Laws enacted by Parliament or other governing bodies that provide the legal framework for policies, services, rights, responsibilities, and decision-making.

Direct payments: When a person may be eligible to receive a payment to help pay for care instead of the services being organised and paid for by the local authority or NHS.

Attendance allowance: A payment to help with extra costs if a person has a disability or health condition severe enough to need personal support. This does not cover mobility needs.

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