

A DISCUSSION PAPER ON THE STRATEGIC APPROACH TO

Early Intervention and Prevention

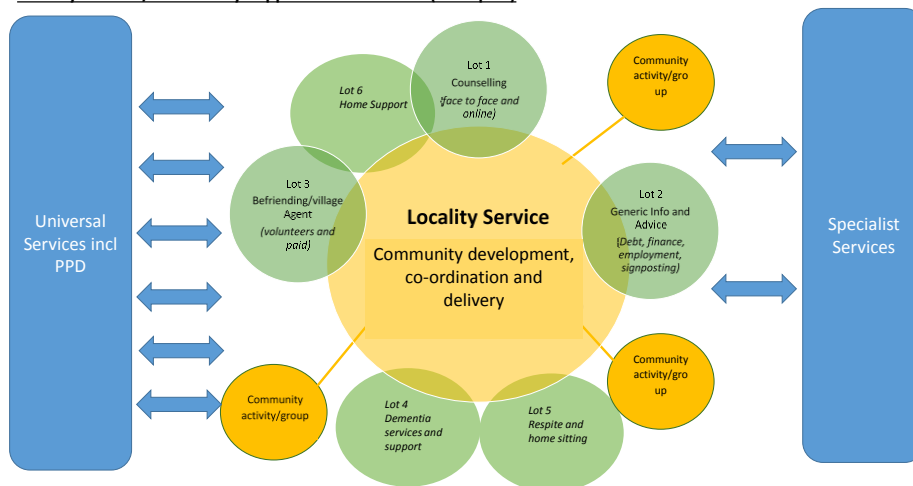
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1 What is it we want to do?

- 1.1 This document sets the foundation for the first Powys wide, all age Early Intervention and Prevention Strategy (to include clear commissioning intentions) with a view to securing delivery of an integrated and co-ordinated community based wellbeing and support service that takes a whole system approach to meeting people's needs within a universal and preventative service framework, which picks up all the above wellbeing components.
- 1.2 We are seeking to pool and align a range of resources to establish a new integrated and co-ordinated community based wellbeing and support service that takes a whole system approach to meeting people's (all age) needs within a universal and preventative service framework. It will be designed to meet Part 2 of the Social Services and Wellbeing Act and in particular the elements around:-
- Information, advice and assistance
 - Prevention
 - Social enterprise and working with the third sector.
- 1.3 The purpose of the strategy will be to help people live as independently as possible by
- providing people to be or extend their independence or support to enable them to live in their own homes, hostels, sheltered housing or other specialist housing
 - preventing problems in the first place or providing help as early as possible in order to reduce demand on other services such as health and social services
 - providing help to complement the personal or medical care that some people may need
 - providing opportunities for social, leisure and cultural activities and or helping people take an active and valued role in their own community including learning, education and employment.
- 1.4 The strategy will play a critical part in supporting the transformation agenda of health and social care by ensuring that a strategic and operational shift is made towards early intervention and prevention not just through the above model but also in relation to a cultural shift that focuses on 'what matters' to people and supports them to do what they can and will do and not what they can't and won't do. This could be on an individual or community level and would therefore support other key strategic drivers such as the Community Delivery project.
- 1.5 The diagram below provides a visualisation of the strategy and how different commissioning strategies will connect and overlap with and link to service delivery.

Locality Generic/Community Support Service Model (examples)



2 Where do we want to be by 2020?

2.1 We want to ensure that we achieve the following:-

- A shared understanding and definition of early intervention and prevention.
- A single strategic approach to building community capacity (community development)
- A well trained, multi-agency/disciplinary workforce
- Early Identification and assessment of need – ‘everybody’s business’
- Clear and useable systems and processes which help us map and track people through the system including a step up or down from statutory services
- Locality management and co-ordination that holds the baton on delivery and services needed.
- A graduated response to meeting needs and a clear care pathway that everyone is clear about
- Evidence based approaches to meeting generic and additional needs (with in a universal targeted framework)
- No wrong door for people to gain access and support
- Strong resilient communities who care and support their own
- The building of personal capacity is approached as the norm
- Resources are available close to the front line to enable a quick and flexible response.

BACKGROUND

3 **What is Early Intervention and Prevention**

- #### 3.1
- If low-level needs can be prevented from turning into acute needs, or at least progress is slowed down, then it will be beneficial to all. In addition, if we can address system or demand failure by swift intervention, capacity and resilience can be extended both for the service user in terms of the reduced negative impact of anxiety on dependence (the notion of giving up) and the provider in terms reducing repeat caller, the danger of growing complications, and a likely extension of independence.

3.2 Thus people retain their independence for longer and receive the kind of care and assistance they actually want ('what matters') at a time they want it. The two key aspects of prevention and early intervention are seen as: -

- Services which prevent/ delay/ reduce the need for more costly intensive support services
- Approaches which promote quality engagement with the community to promote community cohesion through effective support help and assistance.

3.3 Early Intervention and Prevention is a whole systems approach and whilst Social Care Services will provide effective leadership and commissioning expertise to move the agenda forward, it is not the sole responsibility of this service area and partners need to be proactively involved in order for it to succeed (we would call this 'everybody's business'). It is an approach which is relevant across the full spectrum of need and age and is not just about 'low level or universal services'. A wide range of services lie outside of the management of Social Services and a multi-agency approach is needed to take forward an effective Early Intervention and Prevention Strategy, this will include strategic partner functions, such as: -

- Community Delivery
- Mental Health
- Health Promotion
- Economic regeneration

It will also link to individual service strategies including:-

- Schools Service
- Police
- Fire
- Libraries, Arts and Leisure Services
- Health Services and Health Promotion
- GP's
- Third Sector organisations and Volunteering
- Housing
- Employment Services and Job Centre plus
- Benefits advice
- Transport Services / Co-ordinators

3.4 The new Social Services and Wellbeing (Wales) Act introduces major reforms to the legal framework for Health and Social Care, to the funding system and to the duties of local authorities, Health and rights of those in need of social care, giving additional rights to support for carers and introduces the concept of wellbeing. There is no clear definition of early intervention and prevention in the Act although it is seen as underpinning the Wellbeing components of the Act.

"Promoting people's well-being **must** include a focus on delaying and preventing the need for care and support to stop people's needs from escalating...."

3.5 The Act also states Preventative services can be:

- a) *universally provided to help people avoid developing needs for care and support;*
- b) *targeted at individuals who have an increased risk of developing care and support needs; and*
- c) *aimed at minimising the effect of an existing care and support need on a service user.*

3.6 Within the new legislation, citizens and/or service users must be fully engaged in identifying what preventative measures could assist them to achieve their well-being and in planning their delivery. These can and where possible should be from within their own and their communities' resources. The Information, Advice and Assistance functions, will play a key role in supporting local people and practitioners to address the issues or needs that they have identified.

3.7 Wellbeing has been defined in the Act as having the following components.

- a) Physical and mental health and emotional well-being
- b) Protection from abuse and neglect
- c) Education, training and recreation
- d) Domestic, family and personal relationships
- e) Contribution made to society
- f) Securing rights and entitlements
- g) Social and economic well-being
- h) Suitability of living accommodation.

In relation to a child, "well-being" also includes:-

- a) physical, intellectual, emotional social and behavioural development
- b) "welfare" as that word is interpreted for the purposes of the Children Act 1989.

3.8 The act recognises that carers also have a significant role in the support and delivery of the preventative service approach and themselves provide a form of preventative service. Thus Carers now have new rights defined within the act which must be integrated in to any revised service delivery model. The contribution carers make to the care of people with acute, chronic illness and disability in Powys equates to £138 million per annum, nearly three times the entire social care budget for Powys.¹

3.9 The Social Services and Well Being Act 2014 and its emphasis on early intervention and prevention, reflects the intention of the Housing (Wales) Act 2014, which introduced a statutory duty for local authorities to work with applicants in housing need to prevent and alleviate homelessness, requiring intervention at an earlier stage. The Supporting People Programme Grant which the council has a duty to distribute to agencies that provide housing related support and services to prevent homelessness, is a key element of the emerging approach to the development of an holistic approach to early intervention and prevention.

3.10 The Third Sector's role in prevention and early intervention greatly reduces demands on local NHS and Social Services by helping people to care for themselves and each other appropriately. Council services, GPs and practice nurses often see people whose physical and mental health and wellbeing is affected by wider social issues such as poor housing, poverty, relationship and/or family breakdown, social

¹ Based on information from 'Calculating the value of Carers Support' Carers UK 2002

*Valuing Carers 2011: Calculating the value of carers' support. (2011) Carers UK and the University of Leeds.

isolation, exclusion, debt, unemployment and caring responsibilities or isolation and loneliness. They are often unable to address these without working in partnership with other stakeholders. Third Sector organisations offer a wide range of services that address these social determinants as well as helping prevent illnesses or deterioration in existing conditions and keeping people safe.

- 3.11 However it should be noted that Early Intervention and Prevention (EI&P) needs to be viewed as central to all strategies and not viewed as a stand-alone agenda. Therefore, the Strategy will be considered and address the need to increase understanding of partner roles in Early Intervention and Prevention and agreed methods of working. This will ensure planning and working practices are embedded in future strategies, negating the need in the longer term for a separate EI&P Strategy.

4 Current Position within Powys

- 4.1 The Powys One Plan set the strategic direction for all Powys Public Services when it stated

“We are committed to safeguarding the most vulnerable in our communities and to supporting independence. Evidence shows people’s lives are improved when they are confident and do more for themselves. That is why we are transforming our services around the needs of individuals.”

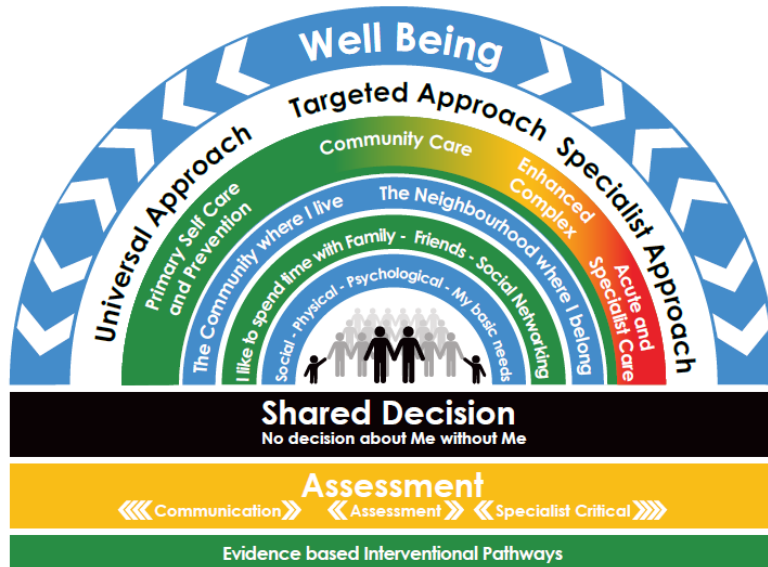
- 4.2 This is predicated by the concept of a Continuum of Need which has now been adopted across the whole of the health and social care arena in Powys. For example the Children and Young People’s Partnership adopted a version of the model as far back as 2008 which has continued to evolve. The Health and Social Care Integrated Leadership Board have more recently adopted the framework, and forms the basis of the Joint Commissioning Strategy for Older People, currently out for consultation. The continuum provides a strong visual framework for all age service planning, commissioning and delivery. This is illustrated below.

- 4.3 The service model will promote resilience and independence through active management of risk and has three core elements:

1. Universal approach; eg schools, leisure, childcare, Befriending, Primary self-care, housing advice information and information about support availability
2. Targeted approach; eg School Counselling, family support, Community care and enhanced complex care; Advocacy, Rhayader Home Support, Reablement, homelessness prevention support and floating support services
3. Specialist approach; Acute and specialist care; Looked after Children, Specialist CAMHS, supported housing and specialist housing related support services

- 4.4 As the diagram below illustrates a continuous focus on wellbeing is needed to achieve the Powys vision. The earliest stages of prevention occur within the universal services, yet preventing/delaying the escalation of difficulties will occur at the other points in the spectrum and a focus on wellbeing will help achieve this. A clear focus on effective partnership working will also help to realise the benefits of such an approach.

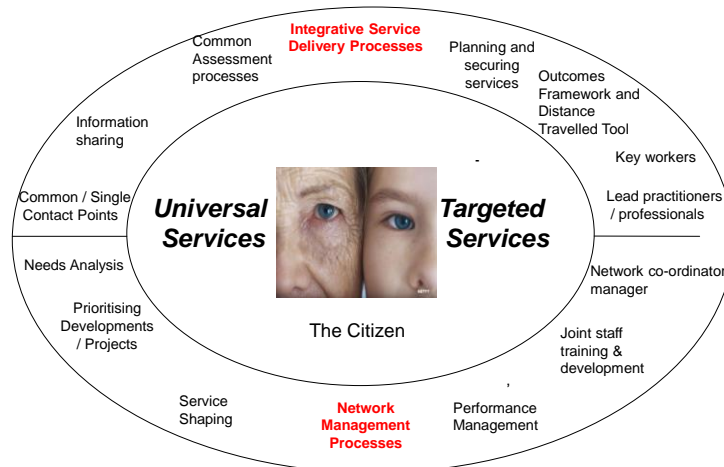
4.5



4.6 There is also a firm foundation of existing early intervention and prevention services on which to build – this now provides an opportunity to draw all these services together into a more co-ordinated framework, with equitable distribution, shared systems and processes, clear care pathways and a no closed door policy so as to ensure no one falls through the net.

4.7

An Integrated Locality Based Service Network



4.8 Current examples include (although not yet all connected):-

- CYPP work in relation to early intervention and prevention around Flying Start and Families First
- Supporting People programme
- Numerous services in the third sector but notably
 - Befriending (PAVO)
 - Positive Steps (RVS)
- Rhayader Home Support Service
- Powys People Direct (including the 3rd Sector Brokers)

- 4.9 In addition a range of commissioning strategies and reviews together with their respective needs assessments and emerging service models including:-
- Carers
 - Substance Misuse
 - Day Time Activities for Older People (part developed)
 - Domestic Violence
 - Assistive Technology
 - Powys People Direct
 - Dementia in Action Plan, Hearts and Mind, Together for Mental Health
 - Older People

5 Key Statistics

5.1 Within the local context of Powys, a lot of work has been done to analyse critical data and consider the demographics of the areas as one predictor of need. From recent research the following points are key to any future service design/re-design.

5.2 Older People

- The population of Powys is older than the average for authorities in Wales with the mean average age being 44.8 in mid-2012 as compared to Wales at 41.3. The 65+ population (currently 34,638) is projected to increase by 11% over the next 5 years (38,405 by 2020) and by 43% by 2036 (49,515). The 85+ population is expected to increase by 19% over the next 5 years from 4,660 to 5,551 and 146% by 2036 (11,456).
- The predicted increase in demand for care - secondary care outpatient and inpatient services in 5 years time shows largest increase being in the age range 65-84.
- Powys in comparison to the Welsh average has a high percentage of the population who are 30-75 year olds with a learning disability and particularly higher than the national percentage of the population in the category 60-75 and 75+.
- There is an ageing population of people with learning disabilities in line with current population trends, which has an impact on them and their carers. There are an increasing number of older carers that are struggling with continuation of support.
- The number of people in Powys with dementia is predicted to rise over the next five years from **2,386** in 2015 to 2,771 (an increase of 16% by 2020)
- Age UK (2010) states that research shows the figure of people over 65 who are often or always lonely is between 6 and 13%.
 - 6% in Powys would equate to approximately 1697 people suffering from *loneliness and isolation*.
 - 13% would equate to 4261 (this is a more realistic figure in a rural county)

5.3 Adults - General

- The proportion of young working aged people (20–39) is substantially lower than that of Wales. This has implications for the care workforce and for service delivery. Whilst the male older population is expected to increase at a higher rate than that of females, it is projected that there will continue to be older aged women than men.
- Regarding employment rates, it is currently highest among the Welsh local authorities.

- The 2011 Census states residents have better physical and mental health than the Welsh average. The percentage of people reporting high blood pressure, respiratory illness, diabetes, and a heart condition are all lower than the Welsh average. However, the increase in the number of older people is likely to cause a rise in chronic conditions such as circulatory and respiratory diseases with cancers.
- The Learning Disability review stated that currently, too many people are placed out of county. To enable them to return home would require an appropriate infrastructure within health and Adult social care to sustain them in local placements.
- 42 LSOAs are among the worst 10% of areas in Wales and eight more LSOAs are among the worst 20% of areas and five among the worst 30% of areas in the Access to Services Domain¹
- Powys has low GVA (£12,999; Wales average £15,405 (see figure 5 below). This was below the Welsh average and the tenth lowest amongst the 22 Welsh local authorities
- 29% of people who are in employment do so on a part-time basis, which is higher than most other authorities in Wales and results in low income
- Powys citizens have, on average, earned consistently less than those in most other Welsh local authorities (£487 average weekly earnings, 2013), ranking third lowest in Wales
- The 2011 population census reported that Powys has over 16,000 carers out of a population of 133,000, (compared to just over 14,000 in 2001, an increase of 14%).
- The incident rate of alcohol use has declined by 18 per cent since 2009, whilst the incident rate of drug use has declined by 28 per cent. With a continued decrease in the young population and increasing older population, this trend will be set to continue in Powys over the coming years.
- There is variance across Powys with regard to alcohol use among the adult population. The southern and northern areas experience higher levels of binge consumption than mid Powys. Powys demonstrates lower rates of alcohol related health problems in comparison to other Welsh Area Planning Boards for substance misuse. This finding holds true for both men and women which are both below the Welsh average and applies to both primary and secondary alcohol related conditions.
- There are approximately 32 adult drug users and approximately 25 adult alcohol users in community-based treatment in Powys every month.

5.4 Children and Young People

- 0-14 age group is reducing which could marginalise children and young people in Powys and significantly reduce a potential future workforce
- 13% of children in Powys are in poverty
- There were 740 children in need as at 31 March 2015
- There were 148 looked after children in Powys as at 31 March 2016 .
- A total of 145 children were placed on the child protection register in 2015/16.
- According to Radford et al., (2011) Meeting the needs of children living with domestic violence , NSPCC/Refuge, one in seven children and young people under the age of 18 will have experienced living with domestic violence. In Powys, this would equate to over 3,000 children and young people living with domestic violence.
- In the 2014/15 academic year, there was 1 permanent exclusion from a Powys primary school and 8 from secondary schools. There were 79 fixed-term exclusions from primary schools and 380 fixed term exclusions from secondary

schools during the same academic year. In some instances, these would be the same individual being excluded several times.

- In terms of young people, key indicators such as the alcohol-specific hospitalisations for under 18s, place Powys' needs close to the national Welsh averages for adolescent alcohol related problems. Whilst there has been progress across Wales in reducing hospital admission rates amongst young people, this decline has not been matched in Powys.
- The majority (82%) of referrals to the substance mis-use service for young people are drug related (predominately cannabis), with alcohol accounting for 22% of notifications (the remainder are referrals for concerned others).
- Whilst general rates of children in need are below the Welsh averages, those children living with parents with substance misuse related problems in Powys is close to the national average.

6 PREVENTION AND EARLY INTERVENTION – A WAY FORWARD

6.1 Whilst Powys has already embarked on the Early Intervention and Prevention agenda the next stage in its development needs to be shaped with a clear understanding of the demographic pressures facing the area, the decreasing budgetary position and the requirements in the new Social Services and Wellbeing Act.

6.2 Early Intervention and Prevention in Powys is based on the following 4 outcomes.

OUTCOME 1: Individuals and families maximise their resilience, independence and wellbeing through accessing swift and timely support and assistance throughout the continuum of need

OUTCOME 2: Strategies and services are informed and shaped by the aspirations and 'what matters' to the citizen.

OUTCOME 3: Fewer individuals and families require statutory interventions, for long periods of time.

OUTCOME 4: A leadership culture that facilitates a whole system approach to building community capacity and resilience to recognise and meet its own needs.

6.3 The above outcomes all have underpinning priorities and will be outlined in a separate action plan detailing, lead officer, timescale, performance indicators and measures in ensure effective implementation and monitoring of performance.

7 Governance Framework

7.1 As stated, Early Intervention and Prevention covers a wide range of services and support which does not solely reside in Health and Social Care. Early Intervention and Prevention are cross cutting agenda for Public Service Board, Regional Partnership Board and all thematic groups.

7.2 The strategy should be viewed as a live document, reviewed on a regular basis and robustly managed through our programme plans and directly managed by the Head of Transformation.

- 7.3 The strategy will be available on our websites and annual reviews will be published to demonstrate progress or changes to our commissioning intentions. We will also make available the accountability framework alongside the strategy; this document will set out what projects and actions are in place to achieve each priority and how and when it is going to happen.

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