

Prevention policy

Incorporating information and advice policy

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Introduction

1. This report sets out the Council's policy on prevention, including information and advice. It provides assurances that we are meeting the requirements of the Care Act 2014, and the Health and Social Care Act 2012.
2. Worcestershire is a healthy place to live. People here live into old age, and many enjoy a healthy old age.
3. But this is a time of unprecedented change, with significant pressures on our residents, communities, and services. Worcestershire County Council has to manage and respond to these changes, so that people can develop greater resilience, but can get the right help when they need it.
4. Some of the challenges we face as a County Council are:
 - Economic pressures meaning that there is less money available to fund our public services;
 - Demographic changes over recent years meaning that the number of people over 85 years has increased rapidly, and is projected to continue to rise;
 - Increasing complexity of ageing, with many more people than in the past surviving serious illnesses, because of medical interventions made possible by technological and medical advances. People now live into an extended old age, but often with poor health;
 - A growing proportion of the population is experiencing preventable ill-health. This ill-health is caused by lifestyles factors, in particular by smoking, being sedentary, eating too much of the wrong sort of foods, and drinking too much alcohol;
 - There are persistent differences between people's health and well-being, depending on where they live. People in the most deprived areas of Worcestershire are likely to have shorter lives than are the people living in the least deprived areas, and a far greater proportion of their life will be spent living with disability;
 - Changes in the social care and public health duties of Councils, with the Care Act bringing the biggest change in adult social care since 1945. Within this come new duties for the Council, including about prevention, information and advice.
5. With these challenges come new opportunities. In particular, we have a chance to:
 - Shape a new partnership with our residents, making sure that people can easily find out about how to live healthily (and get help to do so), so that they can take more responsibility for their own and their families' good health;
 - Transform the way that people and communities help each other, building more resilient communities;
 - Move to a prevention and assets based practice and service model, rather than one that is based on intervention and treatment once problems have happened.
6. This policy sets out our approach to prevention, based on preventing problems so that people don't usually need extra help. But when they do need help, they will be able to get the right help at the right time, making sure that Worcestershire is a place where it is easy to live well, and to live well into extreme old age.

Legislative context

Care Act 2014

7. It is critical to the vision of the Care Act that the care and support system actively promotes well-being and independence, and does not just wait to respond when people reach a crisis point (Statutory guidance chapter 2.) Under-pinning this is a new approach to prevention, articulating three levels of prevention and that a local approach to prevention is a wider responsibility than that of adult care and support alone.
8. Section 2 of the Act specifies that local authorities must:
 - Have a care and support system which is not focused on crisis intervention but which actively promotes wellbeing and independence
 - Have regard to the importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist;
 - Prevent or delay need, or delay deterioration, wherever possible, including for carers;
 - Take steps to identify and understand current and future demand for preventive support;
 - Consider the importance of identifying existing preventive services;
 - Cooperate with relevant partners, including individuals and communities, in relation to provision of preventive services;
 - Provide information and advice services which address prevention of care and support needs.
9. The Local Authority's responsibility for prevention applies to all adults in the area, including those without any current needs for support; those with care and support needs, whether or not their needs are eligible for LA support; and including carers.
10. Three types of prevention services are described in Chapter 2 of the Statutory Guidance:
 - Primary prevention (prevent): these services are designed for people who currently have no particular health and care needs, and they help people to avoid developing needs. They focus on promoting well-being; good health; and independence;
 - Secondary prevention (reduce): these services are designed for people who have an increased risk of developing needs, where provision of services or resources may slow down or reduce the development of that need;
 - Tertiary prevention (delay): these services are designed for people with established health conditions who need this support to regain skills or to delay deterioration.
11. The Guidance also describes some of the outcomes of prevention services:
 - Promoting well-being, with well-being as the guiding principle at the heart of care and support;
 - Developing resilience and promoting individual strength;
 - Developing a local approach to prevention together with partners;
 - Identifying those who may benefit from preventative support;
 - Helping people access preventative support.
12. There is a duty to promote diversity and quality of provision in prevention services, so that a person has a choice of providers.

13. Section 4 of the Care Act (Statutory Guidance chapter 3) requires local authorities to:
- Establish and maintain a service for providing all people in its area with information and advice relating to the care and support system, including independent financial advice, for adults, and support for carers;
 - Take an active role in the provision of advice, working to ensure the coherence, sufficiency, availability and accessibility of information and advice relating to care and support across the local authority area;
 - Ensure information and advice is open to everyone who would benefit from it;
 - Takes steps to evaluate and ensure that information and advice is understood and able to be acted on.
14. The information and advice provided by the local authority must cover:
- Prevention;
 - Planning for long term care needs;
 - Health;
 - Housing;
 - Employment;
 - What to do in cases of neglect or abuse.
15. It must also recognise and respond to the specific requirements of carers, which may include:
- Breaks from caring;
 - Health and well-being of carers;
 - Caring and advice on wider family relationships;
 - Carers' financial and legal issues;
 - Caring and employment;
 - Caring and education;
 - Carers' needs for advocacy.

Health and Social Care Act 2012

16. Under the Act, the Council was given new duties regarding public health, most importantly the Section 12 duty to take steps to improve the health of the local population. It must do this by:
- Providing advice and information;
 - Providing a range of facilities for prevention and treatment of illness;
 - Assessing local needs and publishing these as a Joint Strategic Needs Assessment;
 - Ensuring that there is a local HealthWatch as a point of contact for individuals, community groups, and voluntary organisations when dealing with health and social care;
 - Publishing a Joint Health and Well-being Strategy to address the needs identified in the JSNA;
 - Publishing a strategic framework for health and social commissioners to have regard to in commissioning services.

Meeting our prevention duties: core principles

17. Statutory Guidance requires local authorities to be innovative and to develop an approach that meets the needs of the local population, with a broad range of interventions. The Council is confident that our approach to prevention meets the requirements of the Acts, with a range of approaches to prevent, reduce, or delay the need for care already in place, all informed by a robust strategic approach which has been consulted on and agreed by the Health and Well-being Board.
18. We see our duty regarding information and advice as one important part of our overall duties for prevention. It is a vital component of preventing, reducing and delaying the need for care and support. It promotes well-being, and is fundamental to enabling people, carers and families to make well-informed choices about keeping well, including funding and funding the right care and support when needed.
19. We have developed a shared approach across the County through cooperation with our partners including the NHS, District Councils, HealthWatch and the Voluntary and community sector who together form the Health and Well-being Board and its sub-groups. The vision of the Health and Well-being Board is that 'Worcestershire residents are healthier, live longer, and have a better quality of life, especially those communities and groups with the poorest health outcomes.'
20. The Health and Well-being Board has agreed to work to six key principles, and these are key shapers of our approach to prevention:
 - **Partnership.** We will facilitate partnership and ensure that organisations work together across the public, voluntary and private sectors to maximise their contribution to health and well-being.
 - **Empowerment.** We will encourage and enable individuals and families to take responsibility and improve their own health and well-being. We will also ensure that targeted support is available where necessary to increase individual, family and community resilience and self-reliance.
 - **Local action.** We will recognise local assets and strengthen the ability of communities to develop local solutions to local issues.
 - **Rigour.** We will draw on the evidence of what works when developing strategies and plans for action.
 - **Involvement:** We will respect the views of the public, patients, service users and carers and ensure that they have an opportunity to shape how services are organised and provided.
 - **Transparency and accountability.** We will be clear about the impact we expect from investment and action to improve health and well-being, and open about the progress we are making.
21. The Health and Well-being Board is leading transformation of the health and well-being system, through:
 - A greater emphasis on prevention, early intervention and early help to avoid future ill health, disability and social problems; and
 - Continuing to integrate and improve the quality and value for money of health and social care.

Meeting our prevention duties: our approach

22. Our approach to prevention includes four main strands – examples of activities against each are highlighted below:
 - Developing and enforcing a health promoting environment;
 - Encouraging and enabling communities;
 - Information and advice;
 - Commissioning prevention services.
23. Our approach to prevention is informed by the Health and Well-being Strategy (HWBS) which in turn was shaped by the Joint Strategic Needs Assessment (JSNA.) Extensive work was carried out to produce these, including public consultation and stakeholder events. The JSNA considers unmet, current and future demand and the HWBS identifies our current priorities and ways to tackle them.
24. Action is co-ordinated with other partners through the Health and Well-being Board and its sub-groups to ensure that there is a shared approach to prevention, with a minimum of duplication.

Developing and enforcing a health promoting environment

25. National evidence has consistently highlighted the importance of the structural determinants of health. Determinants such as lifestyle, income, the build environment, and the natural environment all have more influence in shaping health and independence that do the NHS or social care alone. In Worcestershire, the Council already impacts significantly on all the structural determinants of health which, in turn, impact on people's health and need for support, and this is illustrated in the figure 1 below.

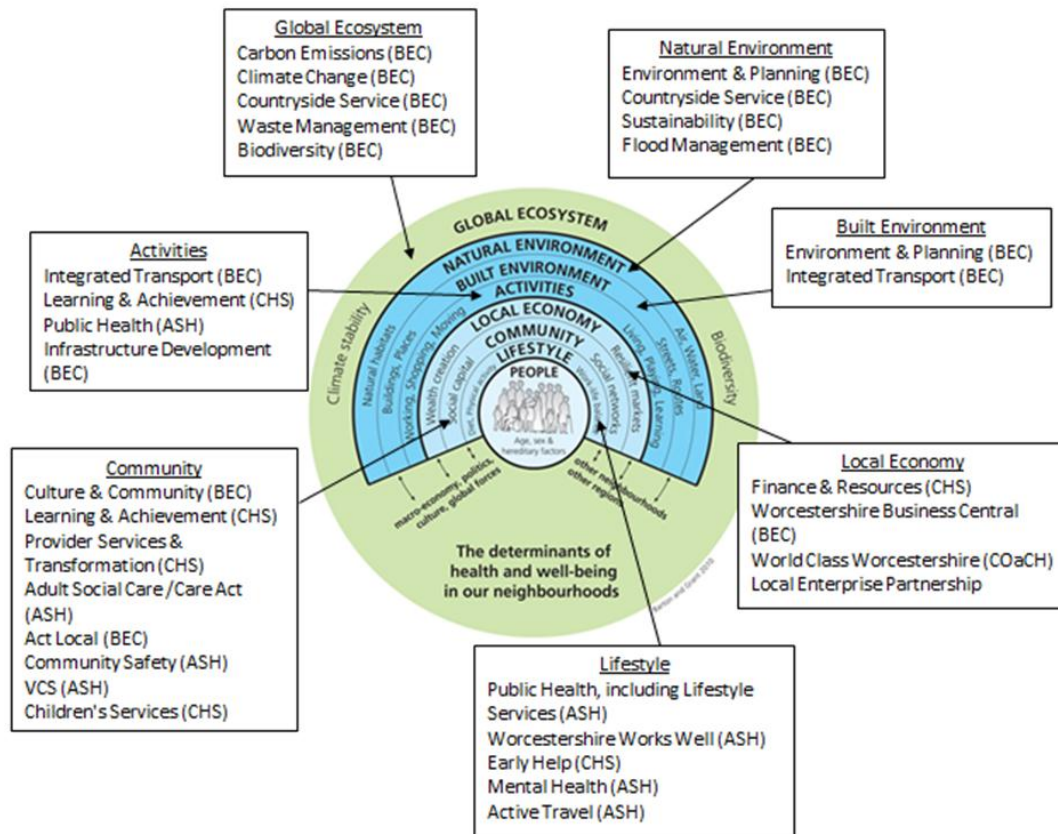


Figure 1: Structural determinants of health

26. In addition to this, the County Council does a lot of work to develop prevention at the community, environment level. Health and independence are a consequence of the environment where people live, and many parts of the County Council work to create a health promoting environment for our residents. Examples are shown in the table 1 below.

Table 1: Developing and enforcing a health promoting environment

| Primary prevention services: PREVENT the need for support. | Secondary prevention services: REDUCE the need for support among people at risk. | Tertiary prevention services: DELAY the further deterioration of the health of people already receiving support. |
|--|---|--|
| Active travel, promoting physical activity through cycling and walking infrastructure. | Ensure infrastructure is accessible for all. | N/A |
| Integrated transport, reducing reliance on cars to promote physical activity and reduce carbon emissions. | Making sure that attention is paid to the needs of people with protected characteristics. | N/A |
| Trading standards, protecting vulnerable people from unscrupulous traders. | Making sure that inspection results are publicly available. | N/A |
| Environmental health, ensuring clean air and water. | N/A | N/A |
| Planning policy and health impact assessment, maximising the green infrastructure, creating an environment to reduce isolation and minimising health harm. | Taking into account the needs of vulnerable people in impact assessment. Making sure that people with protected characteristics have equal access to the green infrastructure. | N/A |
| Support for District colleagues in licensing considerations. | Taking into account the needs of vulnerable people in decision-making. | N/A |
| Making sure that we work in partnership with the LEP, Job Centre Plus, and others to promote local training opportunities and attract inward investment so that the chance of paid employment in good jobs is maximised. | Access to work support programmes for the vulnerable. | Access to work support programmes for the most vulnerable. |
| Leisure and recreation services, ensuring easy access through front line services. | Making sure that there is easy access for all those with protected characteristics. | N/A |
| Making sure that housing conditions are optimal for good health, through the Warmer Worcestershire programme. | Making sure that the Warmer Worcestershire programme reaches the most vulnerable. | Making sure that housing is right to meet needs, including through aids and adaptations. |

Encouraging and enabling communities

27. International and national evidence has consistently highlighted the importance of social capital and social connectedness to good health outcomes. Being active in the local community is good for health and strong communities are more likely to live well. We recognise the need to connect people to their communities through our practice, and are finding new ways to make sure that staff and residents can easily find out about local opportunities for this. We are basing practice on community development principles, empowering local people to take leadership roles in their own communities, building social capital, and basing our understanding on community assets rather than deficits. By doing this, we will forge a strengthened relationship between residents, the Council, and its partners, and further prevent the need for support.

Examples of this strand of our prevention work are shown in table 2 below:

Table 2: Encouraging and enabling communities

| Primary prevention services: PREVENT the need for support. | Secondary prevention services: REDUCE the need for support among people at risk. | Tertiary prevention services: DELAY the further deterioration of the health of people already receiving support. |
|--|--|--|
| Supporting development of a range of community activities which will support the 5 ways to well-being (keep learning, connect, be active, take notice, and give) | Linking to existing community based assets provided by partners, including Fire Service home check services. | N/A |
| Promoting volunteering by our own staff and through partnership with VCS, including building peer support and volunteering into service design and specification. | N/A | N/A |
| Making sure that our work on digital inclusion gives the opportunity for local people to be digital champions, building neighbourhood assets and bringing people together in new ways. | Supporting user groups among our client groups, and supporting their development in local communities. Strengthening opportunities for co-production. | N/A |
| Finding new ways for local people to take leadership roles in their own communities, and building on the learning from Areas of Highest Need programme. | N/A | N/A |
| Building local schemes to promote health champions/navigators at local level, signposting residents to other services, and offering a peer support approach. | Building local schemes to promote health champions/navigators at local level, signposting residents to other services, and offering a peer support approach. | Building local schemes to promote health champions/navigators at local level, signposting residents to other services, and offering a peer support approach. |
| Training people in local services, such as pharmacies or community centres, to give brief interventions and signposting about prevention services. | N/A | N/A |

Information and advice

28. Information and advice is part of meeting our prevention duty as shown in table 3 below. The main method of delivering our information and advice duty will be through the Your Life You Choice (YLYC) website:

Table 3: Information and advice

| Primary prevention services: PREVENT the need for support. | Secondary prevention services: REDUCE the need for support among people at risk. | Tertiary prevention services: DELAY the further deterioration of the health of people already receiving support. |
|---|--|--|
| On-line information, including about self-help, financial information, and keeping well via YLYC. | Information and advice services for those who need tailored help, often at critical points in their lives. | Information and advice services for those who need tailored help, often at critical points in their lives. |
| Information, including on-line, available at libraries, and including Books on Prescription. | Information, including on-line, available at libraries, and including Books on Prescription. | Information, including on-line, available at libraries, and including Books on Prescription. |
| Training for and access to digital champions | Making sure that staff receive training on YLYC, across the health and social care system. | Making sure that staff receive training on YLYC, across the health and social care system. N/A |
| Campaigns throughout the year to promote living well. | Tailored campaigns for specific needs, for example falls prevention, stroke recognition, and blood pressure campaigns. | Making sure that information is available through the YLYC site to meet this need. Considering different access for those in hospital. |

29. Your Life You Choice has been developed during 14/15, and has involved service users extensively in its design and operation. It is also the key resource for staff, and staff training on the Care Act has included information about the site. A communications plan, using face-to-face and printed methods, is in progress reaching our own staff and service users and those of our partners. Key elements in meeting our duties are:
- We have made sure that the YLYC content covers all that is required by the Act, including hyperlinks to information provided by other organisations such as the NHS, National Association of Carers, or Age UK . This content will be kept under review and improved and updated as a matter of course;
 - We are finding new ways to make sure that all local people have easy access to on-line information about prevention services. The Council is a lead partner in the GoOn Worcestershire Partnership whose vision is to make sure that everyone in the County has the opportunity and skills to go confidently on-line. We are employing a Digital Inclusion officer to give this work more pace in the year ahead;
 - Local people are being recruited to work in this first year as Digital Connectors, who will build a network of volunteer digital champions. They will all be trained to a common standard, with cyber safety and attention to safeguarding issues as an important element;
 - All public libraries can give up to 2 hours free access to the internet, and library staff can give help to those who need it. Digital champions are already available at some libraries too;

- We are supporting some GP surgeries and pharmacies to be able to offer public, and assisted, internet access;
- Regularly updated maps of where to access broadband, free internet, and digital champions, are available on the YLYC website, and these include facilities offered by partners such as Job Centres Plus, and social housing offices ;
- We are working closely with council colleagues, Police, and other partners, finding ways to take on-line information to where people are, for example to lunch clubs or to social and community groups;
- However, the Council is mindful that there are still some people who cannot access on-line information. We have therefore continued to commission some face to face advice and information services, for example through Age UK, CAB, and On-side Advocacy;
- We will review these commissioned advice and information services during 15/16, and make sure that commissioned services are meeting the needs of people who need the extra help to access advice and information.

Commissioning prevention services

30. We commission, directly and with partners, a range of prevention services across the three tiers. Key to this commissioning is that services are evidence based, and designed to meet identified local need. Where there is no strong local evidence of impact, services will be subject to review and outcomes will be identified and measured. The main requirement of evidence will be that it prevents, delays, or reduces the need for NHS and social care services, making an impact on people's ability to live independently and well. In reviewing services, we will also examine the extent of diversity and choice in prevention services. Whilst there is choice, we will consider whether this is equally true across the County, and how any barriers to choice might be overcome.

Examples of commissioned prevention services are shown in table 4:

Table 4: Commissioning prevention services

| Primary prevention services: PREVENT the need for support. | Secondary prevention services: REDUCE the need for support among people at risk. | Tertiary prevention services: DELAY the further deterioration of the health of people already receiving support. |
|---|--|--|
| Immunisation programmes for children (commissioned by NHS England) | Immunisation programmes for older people and those with co-morbidities (commissioned by NHS England) | Support for those experiencing domestic abuse |
| Screening programmes (commissioned by NHS England) | | |
| NHS Health checks programme to identify cardio-vascular risk among people aged 40-74 | Disease register management by the NHS, joint working on long term conditions management. | |
| Extensive staff training in brief interventions and signposting on healthy lifestyles, through structured delivery of Health Chats training | Carer's support services, including GP carer link workers | Virtual wards |
| Sexual health promotion and HIV prevention activities | Befriending services | Enhanced care team |
| Health walks | Well-checks services | Homelessness services |
| Well-being buddies based in primary care | Falls prevention services | Drugs and alcohol recovery services |
| Health champions based in primary care | Telecare, including piloting telephone management of long term conditions. | Respite care following carer breakdown |
| Befriending services | Sensory impairment services | Older people's recovery services |
| | Admiral nursing team | Enhanced packages of home care |
| | Postural stability instruction | Hospital social work team |
| | ISIS | Rapid response team |
| Living Well service, group support schemes | Living well 121 | Emergency duty team |
| Stop smoking campaigns | Stop smoking services | Night sitters |
| Substance misuse awareness campaigns | Peer support schemes for those with substance misuse problems | Community social workers |
| Campaigns delivered through Healthy Living Pharmacies | | Substance misuse recovery services |

Strengthening prevention

31. Our current level of prevention, information and advice services meets the requirements of the Acts. In some areas the services are excellent, in others they are not yet. In order to further develop our service offer so that we meet our prevention duties to the highest standards, we will focus in the coming months on the areas below.
32. First, we will make sure that YLYC is easy to navigate and fully loaded with the right information as required by the Acts. We will continue to develop the website and involve service users, staff and partners in evaluating and developing its content and functionality. We will set up an Editorial Board to oversee this work.
33. Second, we will make sure that all front line staff have easy access to the information they need, especially about prevention services, and how to refer into them. We will work with health partners to develop a referral model, building on the learning from the social prescribing pilots which are underway in some parts of the County. We will make sure that we update staff on new and developing prevention services.
34. Third, as the year progresses, we will review these services to make sure that they are meeting needs, and focus on the emerging evidence base of impact.
35. Fourth, we will review how we are reaching people for whom digital access is a challenge. We will involve service users and others to make sure that YLYC is reaching, for example, people with sensory impairment, who do not have English as a first language, who are socially isolated, with physical disability, with learning disability, and with mental health problems. We understand that the duty in the Care Act may not be met by the use of digital channels alone and will review our extended access offer, such as face-to-face, telephone, and social marketing.
36. Finally, we will strengthen our strategic overview, building a clear and shared understanding about prevention, information and advice across the health and social care system, including across the life course. We will aim to build the assurance statement presented here into a prevention strategy which is approved by the Health and Well-being Board.