



**Caring Together
Western Bay**

Health and Social Care Programme

**Gofalu Gyda'n Gilydd
Bae'r Gorllewin**

Rhaglen Iechyd a Gofal Cymdeithasol

Principles of Prevention Framework

1. Purpose

The Western Bay Health and Social Care Partnership identified the need for a Principles of Prevention Framework to be developed to guide the partner organisations in the implementation of the Social Services and Wellbeing (Wales) Act (2014).

The Western Bay Prevention and Wellbeing Project Board took this work forward, and the resulting framework has been incorporated into this paper, which sets out the pivotal prevention requirements of the Act, the meaning of prevention, a set of principles to be adopted, principles for implementation and three recommendations. The Western Bay Regional Partnership Board agreed that these principles be taken to the Cabinets/Board of each partner agency for endorsement.

2. Background

Partners in the Western Bay region are experiencing major financial issues alongside an increase in demand for health and social care services. The challenge for partner organisations is to continually improve outcomes against a back drop of reduced budgets and increasing demand. There is compelling national and international evidence that early intervention, if implemented properly can work to improve outcomes and deliver cost benefits. We need to build on the partnerships we have developed in Western Bay and step up to the challenge of creating a whole-system change to ensure sustained improvements for the region's citizens.

The Social Services and Wellbeing (Wales) Act 2014 (SSWBA) recognises the pivotal role of early intervention and prevention in delivering a sustainable health and social care system. Section 15 of the Act requires Local Authorities to provide or arrange for the provision of a range and level of preventative services which they consider will achieve the following purposes:

- Contributing towards preventing or delaying the development of people's needs for care and support
- Reducing the needs for care and support of people who have such needs
- Promoting the upbringing of children by their families, where that is consistent with the well-being of children
- Minimising the effect on disabled people of their disabilities
- Contributing towards preventing people from suffering abuse or neglect



- Reducing the need for: i. proceedings for care or supervision orders under the Children Act 1989 ii. criminal proceedings against children iii. any family or other proceedings in relation to children which might lead to them being placed in local authority care, or iv. proceedings under the inherent jurisdiction of the High Court in relation to children
- Encouraging children not to commit criminal offences
- Avoiding the need for children to be placed in secure accommodation; and
- Enabling people to live their lives as independently as possible.

The nature and level of preventative services provided or arranged must be designed to meet the needs for care and support and needs for support of carers identified in the population assessment report. Local authorities should work collaboratively and with a variety of partners and stakeholders, including Local Health Boards, to develop and deliver the required range and level of preventative services needed by the population.

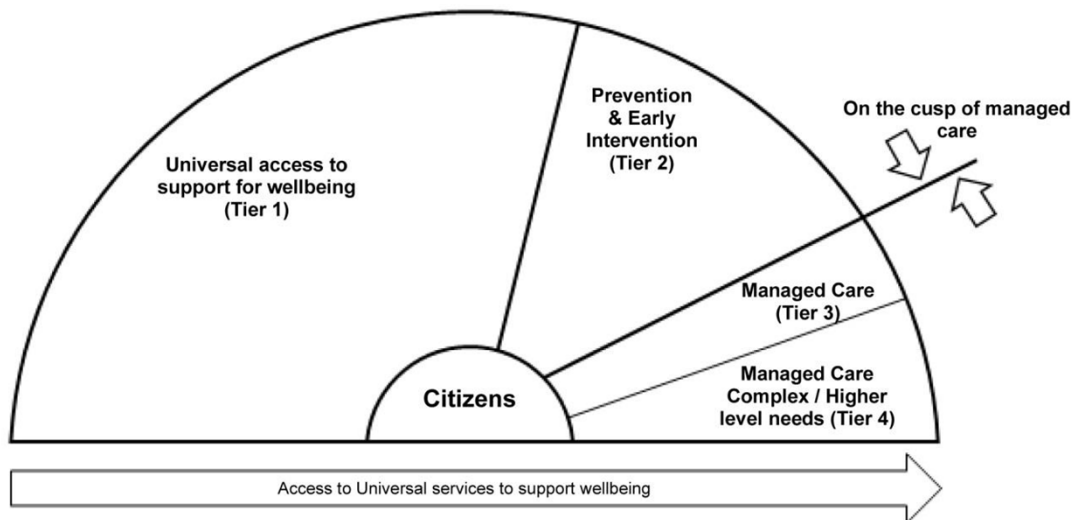
Within the local authority, preventing or delaying the development of care and support needs should be closely aligned to other local authority responsibilities, such as housing, leisure and education, including adult education. Local authorities must have regard to the importance of achieving the purposes described when carrying out their other functions. A relevant partner, such as a Local Health Board, must comply with a request to co-operate in relation to the delivery of preventative services, unless to do so is incompatible with their own duties.

2.1 Meaning of Prevention

Within the context of the SSWBA, prevention is illustrated through the image of a windscreen. The illustration below is an example.

2. Admissions, needs and outcomes'; Mittelman M et al (1996), Brodaty H et al (1997); Dröes, R et al (2006).

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GLOSSARY

Tier 1 - Universal services aimed at all citizens to enhance wellbeing

Tier 2 - Prevention & Early Intervention targeted support for people in need - single agency

Tier 3 - Managed Care aimed at people in need of managed care to support achievement of person's own outcomes - Multi disciplinary approach

Tier 4 - Managed Care Complex / Higher needs aimed at people with long term complex needs

This model demonstrates the importance of developing sustainable solutions which allow people to look after themselves as far as possible. When people develop social and or health needs, these can be addressed appropriately, helping to reduce escalation to the point when they need more complex care. Similarly, for those who require Tier 3 or 4 services there should be an emphasis on supporting them in order to de-escalate the level of need and therefore the complexity of services they require. People are not constrained by this model. They can benefit from one or more tier of the services at the same time.

This construct is not fixed. It does not require rigid mapping of services to the tiers, different agencies may define each tier slightly differently depending on local circumstances.

In public health terms prevention can be described on a sliding scale¹:

Primary prevention: Preventing or minimising the risk of problems arising, usually through universal policies like health promotion or a vaccination programme.

Secondary prevention: Targeting individuals or groups at high risk or showing early signs of a particular problem to try to stop it occurring. For example, Family Nurse Partnerships, screening programmes, or the Reading Recovery Programme.

¹ The Early Action Task Force. (2014). *How to Classify Early Action Spend*. Retrieved from <http://www.community-links.org/downloads/ClassifyingEA.pdf>

2. Admissions, needs and outcomes'; Mittelman M et al (1996), Brodaty H et al (1997); Dröes, R et al (2006).

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Tertiary prevention: Intervening once there is a problem, to stop it getting worse and redress the situation. For example work with 'troubled families' or to prevent reoffending.

Acute spending: Manages the impact of a strongly negative situation but does little or nothing to prevent the negative consequences or future reoccurrence. For example, prison or acute hospital care. More recently, early intervention and prevention is being referred to as 'early action'.

3. Principles of Prevention

It is proposed that Western Bay adopts the following principles in relation to prevention and wellbeing services:

- Services will be sustainable and outcomes led
- Services will be equitable and address issues of inequality
- Services will be coproduced with the people who will or may use them
- Services will be citizen centred and outcome focused
- Services will be developed over a 5-10 year timeframe
- Services will be delivered by a range of organisations including social enterprise, cooperatives, user led and Third Sector
- Services will be delivered in partnership
- Services will make use of technological developments as a means of reducing demand
- Services will adopt a common evaluation framework
- Services will strengthen communities and give local people and communities more control
- Services are needs led and principles of prevention are embedded within commissioning processes.

Each of the partner organisations in the Western Bay region is already providing or commissioning a range of preventative services, and describing these services will be a significant part of the population assessment, along with identifying what additional services are needed in order to adequately prevent needs arising or escalating.

3.1 Developing A Vision for Prevention Services

The Population Assessment currently being undertaken in the region is a requirement of the SSWBA. This assessment identifies and quantifies the need for preventative services for the whole population across Western Bay. The region has a significant number of early intervention and prevention services in place with some examples of good practice and improved outcomes, however the benefits are often limited due to a disjointed commissioning process and service

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delivery model, with duplication and gaps. We need to learn from examples of good practice and develop a co-ordinated approach which focuses on clear priorities and which is properly resourced.

As an example, *Appendix 1* looks at the range of prevention and early action services that may support older people to retain their independence and prevent or delay the need for mainstream health and social care services.

Developing a vision of a comprehensive prevention approach is complex and needs to be underpinned by an understanding of what is lacking for people when they move from one tier, or section of the windscreen, to the next. Conversations need to be held to ask people "*what would have made the difference to keep you out of managed care?*"

Local Area Co-ordination/ Local Community Co-ordination is a strengths based approach to building resilience in families and communities and has been adopted in the three local authorities. This key development offers the opportunity for LAC/LCC to underpin a commitment to a wider prevention strategy.

Sufficient and effective early action investment should be embedded as part of the anticipatory care programme being developed by the Community Services Project. The potential for reducing the demand on acute services is substantial. For example in a study which tracked people aged over 75 years it was found that 20% of people needing care were admitted to hospital because of breakdown of a carer². Providing sufficient carer support and ensuring that there are plans in place for what to do if the carer becomes ill would result in savings of £120 per bed day³ and result in better outcomes for the cared for and the NHS.

Information and advice is a key element of a prevention and early action approach. Most people are unaware of the range of support that is currently available and which could reduce or stabilise their escalating care needs.

3.2 Principles for Implementation

The major difficulty in moving to an early action approach at a time of growing demand for mainstream services is in funding the prevention services. It is important to have a long term (5 – 10 year) plan for prevention services, and a commitment to an incremental funding shift, ideally a specific proportion of total spend each year. The sliding scale of levels of prevention outlined above can be used to loosely attribute expenditure so that money spent on preventing problems can be roughly distinguished from money spent on acute treatment and care once needs have escalated. This exercise needs to be repeated regularly so that it is possible to track how the balance of expenditure is shifting upstream. Invest to save is crucial to implementing an early intervention/ prevention approach. "A Prevention Strategy for Swansea 2017-2020" provides the mechanism for implementing the Principles for Prevention Framework.

4. Recommendations:

2. Admissions, needs and outcomes'; Mittelman M et al (1996), Brodaty H et al (1997); Dröes, R et al (2006).

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It is recommended that:

The Western Bay Principles for Prevention Framework be adopted by the City & County of Swansea

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Appendix 1

Psychological / Social wellbeing	Physical wellbeing	Suitable housing	Safety	Support for Carers
Clubs/groups/ community connectors	Eye care	Care and Repair	Telecare/ Community alarm	IAA
Local Area Co-ordinators	Continence support	Sheltered housing	Falls prevention	Short breaks
Befriending	Dental care	Equipment and adaptations	Nutrition/ meals delivery	Laundry service
IAA	Podiatry	Extra care housing	Fire safety/smoke alarms	Community transport
Volunteering	Exercise classes	Disabled Facilities Grant	Resilient communities	Lifting and handling training
Community transport	Mobility aids	Supporting people/ help with bills etc	Prevention of financial abuse/scams	Social support
Welfare rights/ financial advice	Medication support	Safe neighbourhoods	Medication support	Information sharing
Gardening support	Hearing/audiology		Safe hospital discharge	Counselling
Cleaning service	Management of long term conditions			Bereavement support

Silver surfer classes	Laundry service			LTC advice
Health promotion	Bathing service			Carer friendly employers
	Nutrition/ meals delivery/shopping service			

2. Admissions, needs and outcomes'; Mittelman M et al (1996), Brodaty H et al (1997); Dröes, R et al (2006).

3. Western Bay Intermediate Care Business Case 2014