

AN EARLY INTERVENTION STRATEGY FOR WIRRAL

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EXECUTIVE SUMMARY

The past seven years have seen a series of directives and guidance from Central Government which point to a shift away from a single Departmental approach to looking after the needs of older people and people with long term conditions and disabilities to one which concentrates on working in partnership: primarily with people who use, or are likely to use services; between different Departments of Local Authorities, and between Local Authorities, Health Services and with other public bodies, such as the Police, the Fire Service and with communities themselves. This started in 2003, with “All Our Tomorrows”, published by the Local Government Association and the Association of Directors of Social Services, which stated in its foreword “We believe we will need to work in partnership with other public and independent organisations to maximise our resources and promote an inclusive approach to responding to the needs of older people. “

“Total Place” in March 2010 emphasised a whole area approach to public services, and stated in its executive summary “that there are real service improvements and savings to be made in all places from this way of working”.

Within these and other documents such as Our Care, Our Health, Our Say in 2006 and Putting People First in 2008, there is an increasing emphasis on moving away from intervening in a person’s life at the point of crisis and instead building up the capacity of local services and local communities to cater for every person, including older people and people with disabilities.

This approach requires organisations to work in partnership with each other and with the people who are most affected by their services to plan and deliver services which are not only responsive to need, but which can intervene at the earliest possible stage in a person’s life.

There is an increasing emphasis on maintaining good health at all ages, reducing the risk of long term conditions which can lead to frailty and dependence on services, on delivering low level practical support which can further halt or reduce the risk of deterioration in long term conditions, in enabling people to get better and regain independence and finally, on maintaining people in their home for as long as possible up to and including when they die.

Most Adult Social Service Departments will meet a maximum of twenty per cent of the local population of older people. However, this will not cover every person with care needs, many of whom will make their own private arrangements. The same is true for people under the age of 65 with long term conditions, including mental health needs, as there are many more people living with long term conditions than approach the Department of Adult Social Services for support.

The duty of well being on the Local Authority and on the Director of Adult Social Services requires adult social care to look beyond the people who use services, into local communities and to widen the scope of work away from crisis driven interventions. This also involves working with wider sections of the population in delivering low level practical support and also advice and information services. There is also a requirement under the duty of wellbeing to ensure that every person can take an active role as a full citizen in a local community and to build the capacity of local communities to be able to respond to differing levels of need.

The move to early intervention and prevention is often called “inverting the triangle of care”, which was first featured in All Our Tomorrows. It laid out a need to shift the balance away from focusing most resources for older people on those with the most severe need who are at the apex of the triangle towards community wellbeing of older people and the ensuring that universal services are suitable for use by all older people. This was revisited in Putting People First in 2008 which emphasised the need for universal services and prevention so that

“...a whole system redesign and the consequential refocusing of investment with the public sector.”
could be achieved

The move towards early intervention and prevention is also driven by the need for Local Authorities to take account of the cost of delivering services to a growing number of older people, as outlined in the recent Audit Commission Report “Under Pressure – Tackling the Financial Challenges for Councils of an Ageing Population”. Simply put, there is an increasing number of older people and, unless there is a radical re-think in the way in which care and support is offered, and in the way universal services are organised, the current care system will not be able to cope with either the demand or the cost. This is confirmed locally by the Joint Strategic Needs Assessment for Wirral (2008 /09) and by the Wirral Compendium of Health Statistics which shows that by 2031, the number of people over the age of 85 will grow from a projected 8,700 in 2011 to 16,200 in 2031, and that people between the ages of 80 and 84 will increase from 9,400 to 14,100 in the same period.

The Strategy for Early Intervention and Prevention is presented in response to the need of a paradigm shift in Adult Social Care which is prompted by the demographic changes outlined above, the financial resources which would be needed to maintain the current system and the increasing level of expectation for a more person centred approach to the delivery of care and support. It demands a move away from crisis driven intervention which is professionally led towards one which sees the person as a citizen in their own right, as a member of a wider community and where people who use services are full partners in the arrangement of their own support.

Taking its lead from Putting People First, the strategy offers a way forward for the Local Authority to concentrate efforts on enabling older people and people with disabilities and long term conditions to build their capacity to deal with their own wellbeing. It emphasises the need to make sure that universal services are suitable for use by the whole population; that social capital within communities is built so that every person can take part in community life; that preventing and reducing the risk of dependence is uppermost in planning services, and that choice and control over service delivery is available for people who need support and care.

The Strategy fits into the vision of Wirral Council as stated in the Sustainable Communities Strategy, which is

“Our vision is of a more prosperous and equal Wirral, enabling communities and people to thrive and to achieve their full potential. “

The outcomes of a successful strategy for early intervention will include:

- Economic wellbeing
- Improved health and emotional wellbeing
- Taking a full and active part in the life of the community, including public life
- Being able to exercise choice and control if support or care is needed
- The appreciation of the needs of older people, people with a long-term condition or with a disability in mainstream service delivery, development and planning

By laying out clear intentions of a strategy in relation to communities, citizenship, advice and information, living a healthy life, practical support, reablement and maintaining independence at home, the Strategy covers all aspects in the life of an older person or someone with a long term condition or disability living in Wirral.

BACKGROUND DOCUMENTS

All Our Tomorrows: Inverting the Triangle of Care, published by Local Government Association and Association of Directors of Social Services 2003

Independence, Wellbeing and Choice: Our Vision for the Future of Social Care for Adults in England, published by the Department of Health March 2005

Working Together for Wellbeing: From Vision to Reality, published by Local Government Association 2007

Our Health, Our Care, Our Say: A New Direction for Community Services, published by the Department of Health January 2006

Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care, published by Local Government Association, Association of Directors of Adult Social Services and NHS. December 2007

Transforming Social Care Local Authority Circular (DH) (2008) 1

Valuing People Now: A New Three Year Strategy for People with Learning Disabilities, published by the Department of Health January 2009

Building a Society for All Ages, Department of Work and Pensions July 2009

New Horizons: A Shared Vision for Mental Health published by the Department of Health December 2009

North West Mental Wellbeing Survey 2009, published by NHS North West; Department of Health; Government Office North West; John Moores University; North West Public Health Observatory

Under Pressure: Tackling the Financial Challenge for Councils of an Ageing Population, published by the Audit Commission February 2010

Fair Society, Healthy Lives: the Marmot Review. A Strategic Review of Health Inequalities in England Post 2010, published February 2010

Total Place: A Whole Area Approach to Public Services, published by Communities in Local Government and HM Treasury March 2010

Don't Stop Me Now – Audit Commission

INTRODUCTION

In October 2008, older people in Wirral identified a series of priority outcomes for their wellbeing, as

- Help to remain in their own homes
- Better information on services and the support available
- Education to recognise future needs

(Taken from Joint Strategic Needs Assessment 2008/09. Older People)

At the same time, national drivers within Adult Social Care demanded a shift in approach from specialist adult social care which sees an individual and their carer(s) in isolation and as a passive recipient of care, to one which sees the person as a citizen in their own right, who is a member of a wider community, and in which they fully participate in arranging and delivering their own support.

This started in 2003, with the publication of “All Our Tomorrows”, which discussed “inverting the triangle of care”. In broad terms, this means that the current model of support and care concentrates most of its resources on those at the apex of the triangle – those with the most complex need, and that a shift is needed towards the middle section where people may need some low level practical support so that they can maintain their current state of health or towards the widest part of the triangle which affects the majority of the population. This involves ensuring that communities are resilient enough to take care of vulnerable people and that services that are available for everyone are suitable to meet the needs of every member of the community.

Demographic changes in the population mean that there is a generally ageing population; the proportion of older people to those of working age is growing and the overall number of people over the age of 85 years is expected to grow by 2025.

The Joint Strategic Needs Assessment (2008) estimates that by 2031, twenty per cent of the Wirral population will be aged 65 and above, making a total of approximately 83,100 people. Information applied in the Wirral Compendium of Health Statistics 2010 gives a population projection that by 2031, there will be an increase of 113.2 per cent in the population of people over the age of eighty five, as the numbers increase from 7,600 in 2006 to 16,200. During the same period, there will be a reduction in the population of working age adults between the ages of twenty and sixty four.

However, further investigation into the working age population of Wirral demonstrates that as of August 2009, there were 19,125 people claiming incapacity benefit (Wirral Compendium of Health Statistics 2010). It is not clear whether the numbers of people claiming incapacity benefit is likely to grow in the same proportion to that of the over 85 year old population.

The issue, therefore, is manifold:

- There will be an absolute increase in the number of older people in Wirral, particularly those over the age of 85
- There will be a decrease in the number of people of working age in Wirral
- There is currently a high number of people in Wirral who are economically inactive due to incapacity

This means that at current rates, there will be fewer people available to look after the increasing numbers of older people. There will be less funding available through taxation to spend on care.

The Green Paper “Shaping the Future of Care Together” (2009) stated that “two in three women and one in two men will develop high care needs during their retirement”. However, some people will not need any support, and for many people, those care needs will come at the end of their lives.

According to the Green Paper, twenty percent of people will need care costing less than £1000, but twenty percent will need care which costs in excess of £50000. The Green Paper did not state what proportion of these figures is self funded or paid for by the state.

There are thirteen thousand current claimants of Attendance Allowance in Wirral: this is a non means tested benefit for which the person must be over sixty five years, and in need of “frequent care and attention” throughout the day or night, or need “continual supervision”. However, in 2009/10 there were 7035 people over sixty five years in receipt of services arranged via the Department of Adult Social Services. Therefore, many of the people who receive Attendance Allowance and people who have low level or occasional support needs do not have any formal contact with the Department of Adult Social Services.

Most Adult Social Services Departments estimate a maximum of twenty percent of older people in the local population will use formal care or support services. The rest of the population either do not need support; do not think they are entitled to support, or, arrange their own support without any input from Social Services.

The same extrapolation of the population of people with mental health needs, with learning disabilities and with long term conditions or physical disability who are under sixty five years is similar to that of older people. There are many more people living with such conditions than approach the Department of Adult Social Services for support. Many people will not be eligible for support as their condition will not have been judged to meet the specific criteria which are applied, while others may receive a Disability Living Allowance which affords them a high degree of independence and the ability to arrange their own support in a way that suits their individual circumstances.

The economic imperative to move away from a crisis driven service to one in which people take care of their own needs as far as they are able, has been established. However, the Audit Commission Report of 2010 “Under Pressure: tackling the financial challenges for Councils of an ageing population” also highlights the need for an approach which ensures that older people can take a full part in community life and reinforces the duty of wellbeing of the Local Authority.

This reinforces the statutory duty of the Director of Adult Social Services to take responsibility for the wellbeing of all older people, not only those in receipt of services via the Department. This includes the maintenance of good health for as long as possible, ensuring that older people have access to leisure and cultural opportunities, making sure that community safety approaches are inclusive of older people and that the experience of older people is not disregarded in public life. In order to achieve positive outcomes, the duty of wellbeing requires the need for adult social care to look beyond traditional boundaries, and form partnerships with other local authority functions and services, with Public Health and other parts of the Health Service with other public bodies, such as the Fire and Rescue Service and the Police, with voluntary and other third sector organisations, with local people and with people who use or may potentially use its services.

In short, a system-wide transformation is required if the move towards early intervention and prevention is to be successful.

THE NATIONAL CONTEXT FOR TRANSFORMATION

Making a strategic shift towards prevention and early intervention is one of the central objectives of “Putting People First, a shared vision and commitment to the transformation of adult social care.” (December 2007)

The vision for adult social care for the next decade and beyond laid out in “Putting People First” is driven by four key themes:

- Facilitating access to universal services
- Building social capital within local communities
- Making a strategic shift to prevention and early intervention
- Ensuring people have greater choice and control over meeting their needs

“Putting People First” and the Local Authority Circular “Transforming Social Care (2008)” are clear that the strategic shift required to deliver transformation must be wide-ranging. The experience of the Department of Health’s Partnerships for Older People Projects (POPP) programme and the Department of Work and Pensions Linkage Plus programme supports this and has shown that there is a need for interventions which address the whole population of older people – not just those who come into contact with social services.

The White Paper – ‘Our Health, Our Care, Our Say’ – Department of Health (January 2006) states that

‘A greater focus should be placed on preventative services through the wider wellbeing agenda and through better targeted early interventions that prevent or defer the need for more costly intensive support’.

‘Prevention measures involving a range of local authority services such as housing, transport, leisure and community safety in addition to social care can achieve significant improvements in wellbeing’.

The document “Making a strategic shift towards prevention and early intervention” – Department of Health (October 2008) defines prevention within three key domains:

- Primary prevention/ promoting wellbeing:
Aimed at people who have few or no particular social care needs or symptoms of illness. The focus is on maintaining independence and good health and promoting wellbeing.
- Secondary prevention/ early intervention
This aims to identify people at risk and to slow down or halt any deterioration, and actively seek to improve their situation
- Tertiary prevention
This is aimed at minimising disability or deterioration from established conditions or complex care needs.

The document also outlines the “inverted triangle of care” first described in “All Our Tomorrows” (2003) which puts most of the emphasis onto the general population and into citizenship, neighbourhoods and community, and information instead of the current position in which social care concentrates most resources and time into complex care.

The diagram is outlined in appendix one.

Other national drivers include:

- The National Dementia Strategy, Department of Health (February 2009)
- Valuing People Now, Department of Health (January 2009)
- The National Stroke Strategy, Department of Health (December 2007)
- The National Carers Strategy, Department of Health (July 2008)
- New Horizons for Mental Health, Department of Health (December 2009)
- No Secrets, Department of Health (March 2000)
- The Marmot review of Health Inequalities 2010 (February 2010)

All of which emphasise the wellbeing of people affected, the need to intervene as early as possible and to maintain the dignity of the individual. There is also a very clear message that this is not the responsibility of Adult Social Services working in isolation from partners.

THE LOCAL CONTEXT FOR TRANSFORMATION

Since 2008, Wirral has been undergoing a transformation of adult social care. There have been many notable successes, in particular:

- Locality working
- Assistive technology
- HARTS re-enablement services
- Marketing strategy
- Introduction of Personal Budgets

All of which fit into an early intervention approach and which have been developed in partnership with other agencies and departments.

The Department has also made investments over many years which offer practical support to people without needing to undergo a formal community care assessment, including:

- POPIN (Promoting Older People's Independence Network)
- Welfare Benefits Advice service
- Outreach support to BRM communities

These services are an integral part of delivering early intervention services, along with many voluntary sector services which are in receipt of long-term funding and which deliver

- Advocacy
- 'Helping hands' services
- Carelink transport services
- Carer support
- Wirral change employment service
- Support for BME communities

As well as more formal assessed services, such as day care

Other Council departments and partners are responsible for a range of services, projects and initiatives which also have the potential for early intervention and prevention in that they are available to all people who live in Wirral and for which no formal assessment is required. These include:

- One Stop shops
- Call Centre
- Web site
- Comprehensive Engagement Strategy
- Neighbourhood Management
- Community Safety
- Trading Standards
- Home Safety checks
- Alcohol Strategy
- Obesity Strategy
- Drug Treatment and Prevention Strategy
- BME Support Service (supporting people)

And many others.

The Department has worked with a variety of different partners in order to bring some of these initiatives forward.

The building blocks are, therefore, in place for the strategy on early intervention and prevention to be successfully implemented.

The vision of Wirral Council is stated in the Sustainable Community Strategy (April 2009):

“Our vision is of a more prosperous and equal Wirral, enabling communities and people to thrive and achieve their full potential”

The strategy recognises the interdependence of each of its five corporate objectives, and that narrowing the gap between

“Wirral’s most affluent and most deprived communities in relation to issues such as health, educational attainment and crime”

will be necessary if the vision is to be realised.

The strategy also states that

“We are committed to ensuring the approaches developed for addressing Wirral’s challenges take into account the needs of all sectors of the broader community, promote fairness, value for money, accessibility and inclusion, and result in lasting improvements”.

Other local drivers for the strategy include the Health Inequalities Plan and the Local Area Agreement

Wirral’s Equality and Diversity policy states as its vision:-

“Wirral Council’s vision is to work closely with its partners to ensure that everyone living, visiting and working in the borough will be treated fairly and with respect regardless of their race, gender, age, disability, sexual orientation or faith.”

The findings of the recent BME Health needs assessment commissioned by NHS Wirral makes a number of recommendations in terms of early intervention and prevention including:-

- Promotion and awareness raising around early intervention and prevention (mental health)
- Provision of more opportunities to reduce social isolation (older people)

The corporate approach to equality, diversity and community cohesion underpins much of the approach to this strategy. The six pillars of equality are entirely relevant to the agenda for early intervention, and the use of equality impact assessments will be the single most useful tool in age and disability “proofing” existing initiatives, projects and council strategies.

THE DEPARTMENT OF ADULT SOCIAL SERVICES

Although Early Intervention and Prevention demands a whole system approach, there is a national expectation that it will be given a shape and sense of direction by Adult Social Services.

Milestone 3 of Putting People First looks at a whole system approach to early intervention and prevention and cost effective services. This includes the support available that will assist any citizen requiring help to stay independent for as long as possible. A key part of this is ensuring council-wide and partnership approaches to universal services, for example leisure, adult education, transport, employment, healthy living and health improvement (backed by targeted intervention), along with housing and supported living options.

The Department has a key responsibility for the wellbeing of every older person in Wirral, not only those who are eligible for formal social care services. It has a unique relationship with younger people with a disability and has links into communities of people with a learning disability and mental health which are not replicated elsewhere in the Authority. These are among the most vulnerable communities in Wirral; often living in areas of multiple deprivation and facing the same challenges as their neighbours in terms of low economic activity, inadequate housing and poor health, but with the addition of stigma and discrimination. For example, the Joint Strategic Needs Assessment (2008) states that “people with mental health problems are a key group at risk of social exclusion” and that “National data suggests that people with a mental health problem are more likely to be on a lower income, be on welfare benefits and live in debt. Mental health is also the most commonly reported reason for claiming incapacity benefits, both nationally and locally.

There are many older people living in affluent parts of Wirral; however, they may have their own challenges in terms of increased frailty, lack of access to transport and social isolation.

However, there are also many people who are leading busy, fulfilled lives and who actively engage with statutory bodies, helping to improve services and ensuring that their voices are heard; examples include

- Older People’s Parliament
- Mental Health Users Groups
- Enabling Fulfilling Lives group
- Wirral Ethnic Health Advisory group

The challenge will be to provide the means by which more people can realise their own potential and be fully participative members of their community at a level which they choose.

The Department of Adult Social Services and NHS Wirral have an integrated approach to commissioning services, across localities and for specific target groups. There has already been significant investment in early intervention and prevention, for example, via the HARTS Team and Assistive Technology and with third sector advocacy and capacity building services

The shift of resources into early intervention away from the most complex and expensive (per head) services is the major challenge for the Strategy, particularly at a time when resources are unlikely to grow and when there is increasing demand for complex care.

LEVELS OF EARLY INTERVENTION AND PREVENTION

The Department has identified five distinct levels to the agenda for early intervention and prevention:

- 1) Ensuring that services which are universally available are accessible for all, including the most vulnerable people in the community.
- 2) Working with partners to ensure that the risk of social exclusion is reduced for the whole community by building community capacity.
- 3) Preventing or reducing the risk of people entering formal Social Services or Health Services by promoting early intervention services.
- 4) Helping people who are in social care services to recover their health and independence to either move into early intervention services or move out of services altogether.
- 5) Maintaining people's health and care needs in order to prevent further deterioration, or if deterioration is inevitable, help them to maintain control and personal dignity at every stage of their life.

The strategy for Wirral covers every service, strategy and initiative which apply to any person who is at risk of entering more formal social care services or who is already in receipt of services. It has, therefore, particular applicability for every older person in Wirral, people with any mental health need, with any level of learning disability or substance misuse problem over the age of eighteen. The strategy also covers all carers over the age of eighteen.

HOW WILL THE STRATEGY WORK?

There are many examples of strategies, services and initiatives which already meet, or have the potential to meet the objectives of early intervention and prevention. However, in order to be truly successful

- Existing strategies will need to specifically target or recognise particular communities of need or of identity. This may be clarified via an Equality Impact Assessment which is thorough and detailed and where every assessment demonstrates the actions to be taken in relation to older people and people with a disability or long term condition
- The focus of some existing work may need to shift towards early intervention by setting targets for people seen at an earlier stage than is currently the case. Some social marketing may be needed to do this, and some re-configuration of resources will be necessary.
- Action plans will need to be developed in some areas, where the need for early intervention is recognised but where there is no explicit intention or statement at present.
- Gaps in existing services will be identified by working with communities and partners.
- People in different communities of need, of locality or of identity will be central to all developments which will demand a robust approach to involvement and participation.

The strategy has been split into seven work streams, the definitions for each of which are outlined in the next section.

National indicators are available for each of the work streams, and apply to each of the component strategies, initiatives and services and these will be included in implementing and performance managing the work streams.

Considerable financial investment has been made by the Council and by NHS Wirral in the enablement work stream of the strategy, which demonstrates a shift away from long term care.

However, there is considerable potential for further re investment into the other work streams. Even where the financial investment must remain in place, the challenge to the service will be to make sure that it takes on an approach which places the emphasis on early intervention and prevention

CITIZENSHIP

Active Citizenship is the philosophy that citizens should work toward the betterment of their community through economic participation, public service, volunteer work and other such efforts to improve life for all citizens.

On a more local level we will look at citizenship as being:-

- democratic engagement: how the citizens of Wirral influence the future of Wirral through their participation in the democratic process
- Engaging local elected member in the activities within their communities and ensuring support
- Involvement of people using services/carers and the wider communities of Wirral in the development and shaping of services: this can be on a number of levels that include informing, involving and consulting
- Ensuring equal access to services: through working towards the excellence Standard for Councils for Equality and Inclusion, making sure that equality and diversity is fully understood throughout.
- Making a positive contribution to communities, including volunteering and development of an employment strategy: this is of benefit to the volunteer as well as to the person receiving the service.
- Working with Children's and Young peoples department to promote and encourage citizenship from a young age and to support the outcome of developing intergenerational work as outlined in the chapter on building communities.

Current position

The Council support regular area Forums in which members of the public can voice their issues and be consulted on future developments.

Comprehensive Engagement Strategy. The Council and its partners have developed a Comprehensive Engagement Strategy and toolkit for involvement which is currently being implemented through a project group and working sub groups. The strategy also looks at the developing the support to third sector organisations that develop them to tender and deliver services

Volunteering - The Department of Adult Social Services has in place a volunteering procedure for recruiting and supporting volunteers within its own services. Through its contracts with the third sector many other volunteers are involved in supporting services.

Wirral Compact. This sets out the relationship between the third sector and the local authority and partners. A working group of the partners to the Compact and the third sector provides support to the compact and a number of Compact Champions across Wirral have been identified.

A number of groups exist across Wirral that represent communities of interest; these include:

- Wirral's Older Peoples Parliament
- Enabling and Fulfilling Lives Group
- Mental health user Group
- DAAT user groups
- Carers Association.

They seek to influence the development and implementation of services and to give a voice to the communities that they represent and to receive feedback on issues for those communities.

In addition, Wirral Local Involvement Network is well established and being actively involved in strategic groups across health and social care and is represented on Overview and Scrutiny Committee, as well as listening to Wirral's communities on what they should be influencing and shaping.

Required to Develop the Strategy

- Complete the implementation of the Comprehensive Engagement Strategy including the business development around supporting the third sector to be better placed to tender for and deliver contracts
- Review and re contract Third Sector services within the Department of Adult Social Services and NHS Wirral to reflect personalisation and the early intervention agenda, including the support of volunteering.
- Support corporate colleagues in the development of a volunteering strategy across the Council
- Review the departmental involvement policy, including how we recruit and maintain people wishing to be involved at various levels including monitoring diversity to ensure that they are representative of the population. Targeting groups that are seldom heard to ensure their participation. To look at the payment policy for involvement and how it supports individuals in terms of out of pocket expenses and replacement care and support costs and links to a council-wide policy on payment.

- Developing links with Children and Young People’s department to encourage and promote citizenship and identify opportunities for intergenerational work. Promote the links between the Older People’s Parliament and the Youth Parliament
- Development of links to Cultural services , such as libraries, arts and museums as well as maximising the benefit of other facilities within the community such as leisure, health and wellbeing services
- Employment strategy that supports the council-wide strategy that looks at how communities of interest/need and under- represented groups are supported to access employment opportunities.
- Development of User-led organisations and Social enterprise that support the needs of communities.

Performance Framework

“Making a strategic Shift to prevention and early intervention” suggests that it is possible to map a number of the indicators from the national set against the range of interventions relevant to prevention and early intervention. This framework can then be used to measure progress on making that strategic shift. For Citizenship these include:-

- NI140 Fair treatment by local services
- NI 6 Participation in volunteering
- NI 7 Environment for a thriving third sector
- NI 9/10 and 11 Engagement/Use of libraries and museums

Develop local indicator that looks at Employment rates of different communities of interest/need and those under represented, for example, carers/stroke survivors.

BUILDING COMMUNITIES

In Wirral we are undergoing significant demographic shift. The older population (aged 65 years and above) are expected to increase at the fastest rate (than any other age group) over the next two decades.

This will pose challenges but also presents opportunities to adapt as a society to ensure that everyone has the chance to live fulfilling and productive lives, whatever their age. .

In contrast the demographics of black and minority ethnic communities in Wirral are experiencing an increase in the numbers of younger people

The Lesbian, Gay, Bisexual and Transgender community in Wirral is estimated at anything between 5 and 10% of the population
Awareness of the complex inter relationship between individual wellbeing and the community has resulted in greater citizen involvement in shaping neighbourhoods and in particular the facilities that will allow independence and improved social engagement,

Sustainable long term improvements in health and wellbeing will be more effectively delivered by wider social and economic programmes, delivering strategies in partnership to unlock the potential wellbeing of communities.

The strategic shift required to deliver transformation must be wide ranging and include a broad spectrum of interventions that includes neighbourhoods and communities that have a clear identity and vibrancy, which are safe to live in and where there is good cohesion across the generations.

The audit commission in “Don’t stop me now”- preparing for an ageing population says *“Councils are uniquely placed to mobilise influence and lead both their communities and partner organisations so that local areas become places where people can thrive and continue to enjoy a good quality of life as they age”*

The Councils strategic objectives for 2008 to 2012 includes:-
“To improve health and wellbeing for all ensuring people who require support are full participants in main stream society

This is reinforced through the Department of Adult Social Services aim
“Supporting Communities and individuals in Wirral to thrive”

Current position

Wirral currently has in place:-

- Sustainable communities strategy
(www.wirral.gov.uk/lqcl/10006/20074/856/xecutive_summary.pdf) which sets a long term partnership vision for 2025 of a more prosperous and

equal Wirral , enabling all communities to thrive and achieve their full potential.

- Crime and disorder strategy that supports the vision to make Wirral a safer place in which to live work and visit.
- Trading Standards division of the Local Authority that protects the interests of Wirral consumers and businesses and operates the Wirral traders Scheme which creates a trading environment where consumers can buy goods and services with confidence
- Housing Strategy which aims to create sustainable communities across the whole of the borough in which people choose to live and stay. This includes having a sound understanding of basic housing needs and the housing and support needs of vulnerable people and to work collaboratively with partners and communities to meet our priorities and aims In addition there is a supported and special needs housing strategy which aims to improve the lives of vulnerable people in Wirral by increasing their opportunities for independence through the commissioning and delivery of quality, cost effective and preventative support services that meet strategic priorities
- Community Engagement and community development – This exists both through the corporate services element of the council and its contracts with Voluntary Community Action Wirral as an infrastructure organisation supporting the needs of voluntary and community sector organisations. Within the Department of Adult Social Services three community development workers have been employed to capacity build and develop services within communities of place i.e. localities and to work with communities of interest and need.
- Local transport plan, which is currently out for refresh and consultation (Spring 2010). In order to engage and be involved in their communities many are reliant on Public transport and good road and cycle and pedestrian networks. Those living in the lower super output areas in the areas of greatest deprivation are less likely to be car owners
- Safeguarding – Wirral’s safeguarding adult’s partnership board makes sure that a wide range of agencies and services and people work together to safeguard vulnerable adults to ensure that they are able to retain independence, wellbeing and choice and can live their life free from abuse and neglect. A Hate crime MARAC has been developed which ensures that information on hate crime is available to the partners and appropriate support offered to the victims of crime.

Required to Develop the Strategy

- Engaging with faith communities- who can be a very significant resource in delivering wellbeing both in terms of buildings and through volunteering and networks and the local knowledge of the communities in which they work
- Developing and mapping activities within communities
- Intergenerational activity- the need to develop links with younger people and to aim to produce enhances wellbeing both for older people and children and young people
- Community development – which builds capacity within communities of geography, need and identity’
- Engaging with LGBT and transgender communities and being more proactive in ensuring that needs are met. There is an excellent example from Sefton of a network of volunteers from the transgender community
- Empowering individuals within BRM communities to report abuse e.g. financial abuse to trusted leaders / individuals to remove the language barrier.
- Proactively creating opportunities for individuals from different communities to come together.

Performance Framework

“Making a strategic Shift to prevention and early intervention” suggests that it is possible to map a number of the indicators from the national set against the range of interventions relevant to prevention and early intervention. This framework can then be used to measure progress on making that strategic shift. For Building Communities these include:-

Place Survey Indicators NI 1 to 6

NI 139 Satisfaction of over 65’s with home and neighbourhood

NI 175 Access to Services and facilities by public transport

INFORMATION AND ADVICE

Information, advice and advocacy are essential for all adults, their relatives and carers who need, may need services and support in order to lead their lives. This includes people with the full range of needs and financial means (I&DeA report on transforming social care)

One of the Putting People First Milestones is the development of an information and advice (and advocacy) strategy by March 2010 This has been achieved in Wirral through the development of a corporate Marketing strategy. This strategy should set the vision and direction for advice and information services across the Department of Adult Social Services and through the corporate marketing strategy the role of the whole Council.

Good quality advice information and advocacy is key to people being able to maintain their independence and to access support and services when necessary. This includes people who may be paying for their care, and those not meeting Fair Access to care Eligibility criteria

A further key objective needs to be achieving a situation where “No door is the wrong door” and that staff are actively supported to deliver a system that reflects this and that “signposting” is not seen as just moving someone on to another service

Current position

The Council delivers information and advice on a number of levels, through the corporate website, through the corporate contact centre which encompasses a number of specialist teams such as Streetscene, Council Tax and Housing benefits as well as the Central Advice and Duty team specialising in receiving contacts and referrals for Social care.

Face to face advice and information in local areas is offered through a number of means, for example One Stop Shops providing a wide range of information and advice on Council services at different accessible points throughout the borough. There also exists a network of libraries, health centres and GP surgeries that are also delivering at a community and locality level.

Specialist advice is made available through a number of mechanisms and initiatives, examples of these include:

- Welfare Rights Unit – provided through the Department of Adult Social Services as a service to all Wirral residents. The importance of providing good quality advice on access to benefits and maximising income is key to promoting independence and choice.
- Network of Citizens advice bureaux providing a range of advice and information.

- Specific support groups and associations providing specialist information to communities of interest, often supporting people with long-term conditions; examples of these would be Alzheimer’s society, Diabetes UK, Age Concern Advice and Information Service, Carers helpline and Website.

At present, each information and advice provider concentrates on its own specialist area.

Advocacy services are currently commissioned by the Department of Adult Social Services from third sector organisations for a number of specialist areas including mental health, visual impairment and carers.

The Council has a set of Customer Care Standards which aims to make sure that the highest level of service are delivered across the council and sets standards for the delivery of those services.

Information and advice is developed in range of formats, tailored to the needs of individuals who may need to access them.

A corporate Financial Inclusion Strategy is in development through a corporate partnership led by the Department of Finance.

Required to Develop the Strategy

- Development of a ‘No door is the wrong door’ policy.
- Those gaps and actions identified in the Advice, information and advocacy strategy and the corporate Marketing Strategy.
- Councils to meet Recommendation 4.3 of Improving the Life Chances of Disabled People (in that by December 2010 each Council should “have a user-led organisation modelled on existing Centres for Independent Living” (Prime Minister’s Strategy Unit, 2005).
- Development and re-commissioning of advocacy services that reflect the transformation of Social Care and the personalisation agenda.
- Further development of the Wirral Advice network – a group of statutory, third sector and legal agencies and services working to develop and promote advice services in Wirral.
- Audit / Quality assurance (Mystery shopping) of access to information and advice to ensure that it is accessible to all. Strengthen access to translation/ interpretation / easy read and CD recorded information.
- Development of a reader panel for documents that ensures it is appropriate and understandable by its intended audience.

Performance Framework

“Making a strategic Shift to prevention and early intervention” suggests that it is possible to map a number of the indicators from the national set against the range of interventions relevant to prevention and early intervention. This framework can then be used to measure progress on making that strategic shift. For information and advice these include:

- Benefits take-up – local indicator
- Number of hits to the Department of Adult Social Services pages of Wirral Council website
- Monitoring of advocacy services provided through the Department of Adult Social Services

HEALTHY LIVES

A corporate objective of the Council is to “improve health and wellbeing for all, ensuring people who require support are full participants in mainstream society. Many Wirral residents enjoy an excellent quality of life; however between the most affluent and deprived areas there is a stark mortality gap with those in the most affluent areas living on average over ten years longer than those in the most deprived areas.

Within this objective are a number of aims:

- Narrow the mortality gap – this will require consistent action across a wide range of agencies at national and local levels to achieve. For men the main conditions contributing to gap in life expectancy are cardio vascular disease and digestive disorders including cirrhosis and in women are again digestive disorders. One of the key challenge areas therefore lies in tackling alcohol harm and its related conditions.
- Promoting greater independence and choice. People wish to remain as independent as long as possible and to have choice and control on how they access services in the future and this is a key aim for the Council in developing services in the future including transforming social care
- Reducing the numbers of falls for older people. Falls are a major cause of disability and the leading cause of mortality due to injury to older people age 75 and over
- Encouraging healthy lifestyles and participation in fulfilling activities. The Council, in Partnership with NHS Wirral, has developed five lifestyle strategies to encourage these healthier lifestyle choices. The 5 strategies include:-
 - Obesity
 - Food and drink
 - Physical activity
 - Drink safe
 - smoke free

These 5 strategies have been integrated in to an overarching health and wellbeing strategic framework under the direction of the Joint Director of Public health.

- Access to culture and leisure services is important in addressing a range of problems associated with deprivation, in particular health inequality.
- Improve Support for those with mental health problems supporting this group with their condition and providing assistance with building their skill base to assist with recovery
- Tackling domestic violence: Use of the innovative MARAC (multi agency risk assessment conference) is a key intervention in tackling domestic violence across the Borough.

- Informal carers are more likely to be in poor health and the Wirral Carers Strategy looks to improve access to health checks and a life outside of caring, promoting access to leisure, cultural and social activity.
- Having a home which is warm, safe and secure. Good quality housing (which is addressed in the Building Communities section) has a significant impact on the health and wellbeing of individuals.
- Improving access to health services for people with learning disabilities, ensuring that health messages are available in formats which are easy to read and understand

Current Position

- As stated above the 5 strategies have been integrated into an overarching health and wellbeing strategy and there is an action plan in place to implement.
- There are other disease specific modernisation groups such as stroke and cancer developing early intervention and prevention strategies and pathways for treatment and care.
- Health action areas through public health working at community and street level to promote health and wellbeing.
- Health Checks for Carers; in order to prevent carer breakdown, informal carers are being offered health checks by GP's. Through the work of the sub groups for the implementation of the Carer's strategy work is underway to increase the number of carers receiving a health check.
- A falls preventions service and strategy are in place aiming to identify fallers through the use of assessment tool which look at the key indicators that make a person more likely to fall and to put in place interventions that reduce the risk of a fall.
- Older People's Mental Health Strategy.
- Health checks for people with Learning disability.
- A BME health needs assessment has been commissioned by NHS Wirral and this will be used to inform the Joint Strategic Needs Assessment
- Affordable Warmth strategy. A borough-wide Affordable Warmth strategy is in place which aims to reduce fuel poverty and to increase access to information and advice and services to improve both the heating and thermal insulation of properties.

- Home Fire Safety Checks. Significant work has been undertaken with Merseyside Fire and Rescue service to target those people known to services and others to ensure that they have had a risk assessment, been offered advice and smoke alarms fitted to reduce the number of people dying or being injured in fires. A local data sharing arrangement and agreement exists between the Department of Adult Social Services and MFRS to achieve this.

Required to Develop the Strategy

The Marmot review concentrates its attentions onto the social determinants of health and identifies that many of the gaps will be addressed through related strategies and initiatives which are not necessarily lifestyle specific. This will need to be taken into account in the implementation of the Strategy.

Performance Framework

“Making a strategic Shift to prevention and early intervention” suggests that it is possible to map a number of the indicators from the national set against the range of interventions relevant to prevention and early intervention. This framework can then be used to measure progress on making that strategic shift. For Healthier lifestyles these include:

NI119 Overall health and wellbeing

NI 137 healthy Life expectancy

NI 8 Participation in sport

NI 9 Use of public libraries

NI 187 Tackling fuel poverty

Local Indicator – percentage of carers receiving a health check

PRACTICAL SUPPORT

Practical low level support services provides a range of low cost practical and sometimes emotional help. Often have simple eligibility criteria, fall outside of care managed services and can be delivered through either statutory or third sector agencies. To be able to provide these practical services in a proactive manner rather than waiting till a crisis situation develops shows the need for the development of case finding and other tools for predicting risk.

Case finding is defined as the process of working proactively to identify people who could have benefit from having access to information, advice or services. It will make a marked departure from systems which just wait to receive referrals.

The range of practical services and support across Wirral is extensive and far ranging and many examples of services provided can be identified, these are much wider than health and social care and aim to provide resolution to the barriers preventing people remaining independent.

Practical support can also include emotional support through befriending and counselling and there are existing services provided for example through Age Concern for befriending and counselling for Carers through WIRED.

Current position

The range of practical services and support across Wirral is extensive and far ranging and many examples of services provided can be identified, these are much wider than health and social care and aim to provide resolution to the barriers which prevent people from remaining independent. Examples of existing practical support services include:

- POPIN – Service – promoting the independence of older people through identifying barriers to independence and working to support older people to access advice and services that can help them remain living independently
- Home Improvement Agency and Handyperson services providing practical support in maintaining properties , but also developing a hub of information and services to further support older and more vulnerable people including accessing affordable warmth initiatives, undertaking a risk assessment in terms of falls and benefits checks
- Support to BRM communities – this is achieved through a number of agencies such as Wirral Multicultural Organisation, Wirral Council Supporting People team , Wirral Change, Irish Community care, Polish Community Association and the Citizens advice Bureaux providing support to access to a wide range of services to migrants and people from BRM communities.

- Carers Support – Being delivered through the Carers Helpline locally and the National carers helpline. A carers website locally developed by WIRED gives on line access to advice and information alongside the opportunity to share experiences and thoughts with other carers – providing emotional and peer support
- Home from Hospital Service – providing Practical support to those recently discharged from Hospital through Voluntary Community Action Wirral
- Luncheon Clubs operating across Wirral and including specific clubs for members of BRM communities , including Chinese, Bangladeshi and Afro Caribbean
- Helping Hands and Carelink services providing transport and practical support in the home

Practical support can also include emotional support through befriending and counselling and there are existing services provided for example through Age Concern for befriending, which has included working with the Chinese Community Association and counselling for Carers through WIRED.

There are informal networks in place across many agencies that cross refer for support for individuals to access such initiatives as a medication review. This ability to refer for proactive services enables front line staff from various agencies who are the first point of contact to be able to identify and support individuals who may not be identified through other means.

Required to Develop the Strategy

- Developing the awareness of staff across the Department of Adult Social Services and its partners of the wide range of practical support services that are available and the various referral mechanisms.
- Identifying gaps in practical support, such as affordable low level domestic help, gardening, decorating.
- There are often issues around practical support on how these services are funded and their future sustainability and on many occasions they are short term funded and the shift towards early intervention and prevention needs to consider this. It is also difficult in many instances to prove the benefits and outcomes other than on a qualitative basis and this proves a challenge in commissioning services
- Develop intelligence in relation to support and practical services for people from communities of identity such as LGBT and transgender

Performance Framework

“Making a strategic Shift to prevention and early intervention” suggests that it is possible to map a number of the indicators from the national set against the range of interventions relevant to prevention and early intervention. This framework can then be used to measure progress on making that strategic shift.

Number of people in early intervention and prevention services (local indicator)

NI136 Supported to live independently

NI 139 views on extent of support to live independently

NI 142 “supporting people” to live independently

RE-ENABLEMENT

Research has shown the significant financial and quality of life gains that can be achieved from a more rehabilitative and therapeutic intervention at the point of referral to social care. Enablement services appear to be able to make significant reductions in the number of people requiring support after a 6 week intervention. Connection with intermediate care services is also important.

“Councils have increasingly shown how developing home care services can support independent living and deliver value for money. Assistive technology such as telecare and minor adaptations , like fitting a handrail can also enable people with support needs to continue their life independently” Transforming Social Care

Current Position

There has been considerable investment by the Department of Adult Social Services and NHS Wirral into this area of early intervention, with positive outcomes for people.

- Wirral has in place an award winning Assistive technology service that seeks to develop both telecare and telemedicine that meets both emergency and re- enabling outcomes for individuals. Assistive technology is a low impact way of helping people to retain their independence at home
- Each person is assessed to match the needs of the individual with the wide variety of solutions that are available.
- Assistive technology also plays a key role in reassuring carers and family that the person is safe and able to request assistance when necessary A recent cabinet decision has seen a significant Invest to Save Bid approved for the further development of Assistive technology and the implementation of this will be a separate project to the implementation of the Early Intervention and Prevention Strategy
- Wirral HART service is a short term assessment and reablement service which is provided for one to three weeks, but may extend to six weeks and is provided through health professionals and social care staff. The service aims following a hospital in patient stay and an assessment from the Department of Adult Social Services for an occupational therapist to support to:-
 - Increase confidence
 - Find new ways of doing things
 - Providing specialist equipment/ technology
 - Offering practical help and encouragement

The further development of the Reablement Strategy for Wirral will form part of the implementation of this strategy.

- Specific strategies are in place or being developed to support recovery from significant life changing events such as having had a stroke or a fall that has resulted in a fracture. These strategies look to provide specialist short term support, information, advice, rehabilitation, ongoing support networks and accessing employment.

Required to Develop the Strategy

To further develop re-ablement services through the projects identified above and ensure that the actions identified through the Equality Impact assessments on these services are implemented

Performance Framework

“Making a strategic Shift to prevention and early intervention” suggests that it is possible to map a number of the indicators from the national set against the range of interventions relevant to prevention and early intervention. This framework can then be used to measure progress on making that strategic shift

NI 125 Achieving independence through rehabilitation / intermediate care
Number of people who have access to a telecare package

MAINTAIN INDEPENDENCE AT HOME

This includes the development of services that support people to remain in their own home, to avoid inappropriate admission to care homes or hospital and the timely discharge interventions which enable people to spend no longer than is necessary in hospital and to return safely to their own homes.

Current position

The overall approach over several years has been to help people to remain at home for as long as possible and to improve the quality of residential care homes. The availability of services includes:

- Three Extra Care Housing Schemes including a specialist scheme for people with dementia. Significant investment is seeing the development of further two schemes during 2010/11 providing an additional 119 units of accommodation for rent and shared ownership. Extra care housing provides the independence of maintaining a tenancy/ home of ones own with the support of 24 hour and personalised care provision.
- Wirral also has a significant number of supported and sheltered housing that provides low level support to remain independent; this is provided through a range of Registered Social Landlords and often funded through Supporting People. Work is currently being undertaken as part of the Supported Housing and Special needs strategy as to how the transition to providing more floating / peripatetic support can be achieved.
- Both safeguarding and Home Safety which have been covered earlier provide essential elements of maintaining people within their own homes and communities
- Visual Impairment Rehabilitation services provided through the Department of Adult Social Services and third sector groups such as Wirral Society for the Blind and Partially Sighted are essential for ensuring that people who are visually impaired are enabled and empowered to remain as independent as possible through the development of new skills and reablement and also through the provision of equipment appropriate to their needs
- Community Equipment services provided through NHS Wirral and the council enable access to equipment that supports people to remain independent in their own home. This service has recently been subject to a review that looked at a retail model of provision
- Following referral to an occupational therapist, adaptations, which are changes to the home which promote safety and maintain people in their own home, can be requested.

- The introduction of personal budgets and direct payments offers choice and control for individuals
- NHS Wirral (in partnership with other Merseyside NHS and local authorities) currently commission support services from Sahir House for people who are HIV positive. The aim of this service is to “empower service users to enable them to maximise their social, psychological and physical wellbeing and to achieve their full potential in terms of quality of life.

Performance Framework

“Making a strategic Shift to prevention and early intervention” suggests that it is possible to map a number of the indicators from the national set against the range of interventions relevant to prevention and early intervention. This framework can then be used to measure progress on making that strategic shift

NI129 End of Life Care – access to palliative care enabling people to choose to die at home

NI 124 Long term conditions supported to be independent with choice and control

NI131 Delayed transfers of care

NI146 People with a learning disability in settled accommodation

People with a mental health need

NI136

NI130

CONCLUSION

Making sure that there are opportunities to build the capacity of individuals or communities to deal with their own wellbeing or life changing conditions can only succeed if social care and health work within the context of the wider local authority, third sector, independent sector and with people who use services, carers and other members of local communities.

Wirral must be committed to ensure that social care and health services deliver personalised, flexible and seamless services to those who are in need and that people are given choice and control over the services they receive.

To achieve the vision set out in this strategy, there must be investment and preventative and community based services that meet the needs of local people. This will require disinvestment in some services in order to reinvest in those which have positive outcomes. It will be necessary to develop a commissioning agenda which recognises the need for early intervention and for community capacity building, ie the ability of individuals and communities of need to identify a place to meet their need with the minimum of official involvement. It will be necessary, therefore, to build alternatives to existing services to which people can be signposted or about which they can be given information.

Early intervention and prevention will be increasingly central to the work of the Department of Adult Social Services. It will require an approach to existing service delivery that encourages people to take control of their own life offers choice and enables creative solutions to situations. This may mean enabling risk and it will mean the removal of a 'professional gift' model, whereby the professional always knows best, to one in which the professional and the person using services work in partnership. It will also require services to be proactive in encouraging people to seek advice, information and assessment (if necessary) at an early stage, so that skills and knowledge can be acquired in time to deal with a long term condition or situation. It will require a culture within social care services that encourages a move out of formal services where possible; encourages people to find their own solutions and which gives confidence that services are targeted to where they are most needed.

Wirral has already laid the foundations for this approach, evidenced by personal budgets, user involvement, one stop shops and a central call centre. The foundations now need to be built upon with the implementation of this strategy, in order to improve outcomes for Wirral people.

MAKING IT HAPPEN

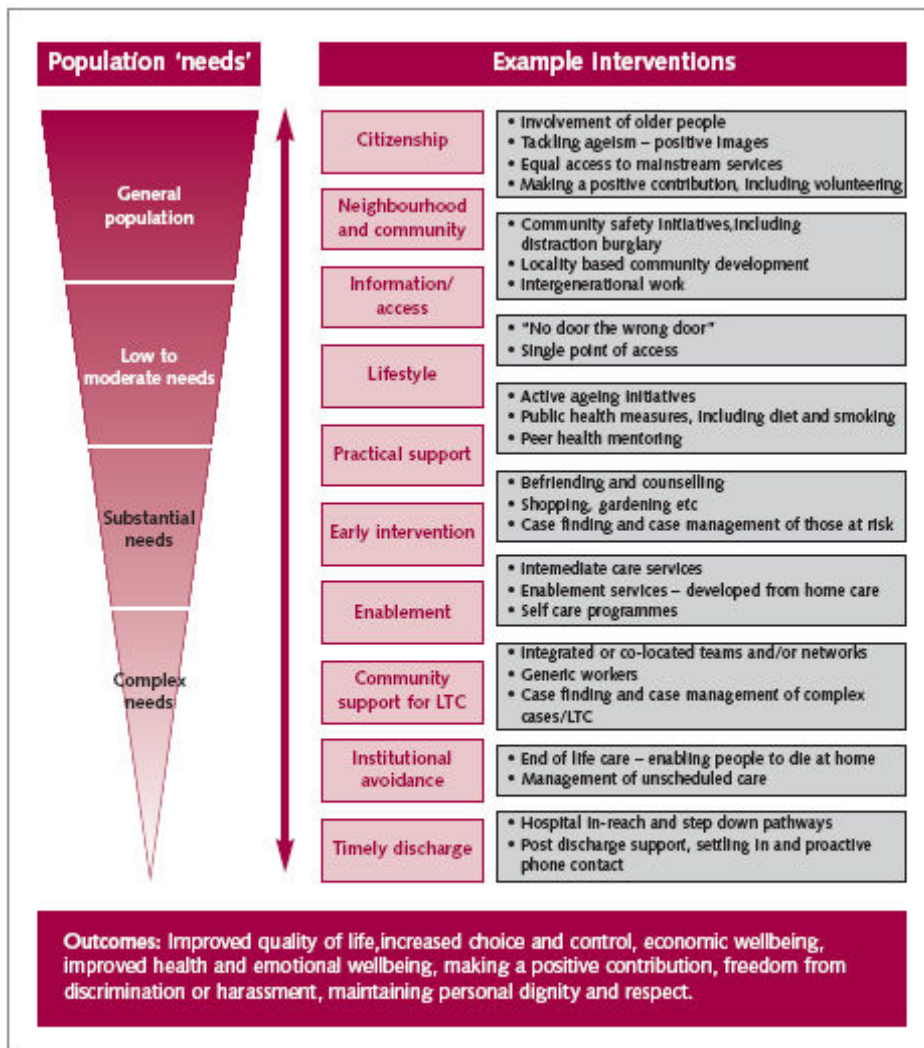
As identified earlier in the document (“How will the strategy work) seven work streams will need to be developed. As part of the transformation agenda the implementation of the strategy will be one of the Department of Adult Social Services key projects during 2010/11 with the intention of meeting the Putting People Milestones as follows :-

By October 2010

That processes are in place to monitor across the whole system the impact of this shift in investment towards preventative and enabling services. This will enable efficiency gains to be captured and factored into joint investment planning, especially with health.

By April 2011

That there is evidence that cashable savings have been released as a result of the preventative strategies and that overall social care has delivered a minimum of 3% cashable savings. There should also be evidence that joint planning has been able to apportion costs and benefits across the ‘whole system’.



NB it is important to remember that even those with complex needs will want to make use of many of the 'lower level' interventions.