

# PREVENTION – ADULT SOCIAL CARE AND PUBLIC HEALTH BRIEFING

## North Yorkshire County Council

### Health and Adult Services

April 2015

## 1 Introduction

North Yorkshire County Council (NYCC) is committed to supporting people in the County to live longer, healthier and independent lives.

Prevention and early intervention are fundamental to this ambition. Our priorities and investment will focus on:

- **Universal prevention** –enabling individuals and communities to be self-reliant and to support each other. Our Stronger Communities programme, based in local areas, is at the heart of this universal approach and is already bringing together the County Council’s infrastructure and new opportunities for support and funding for community and voluntary organisations. The four Strong Communities priorities are community libraries, community transport services in areas where there are no commercial bus services, activities for young people, children and families and support for older and more vulnerable people and carers to remain involved and active within their community
- **Targeted prevention** – specific programmes to tackle issues and support those people where there is greatest risk of needing long term social care or health care without early intervention and assistance

These approaches are being funded primarily by the ring-fenced Public Health Grant and need to be seen as a part of a wider approach to prevention being taken by public and voluntary sector bodies across the County – within the County Council’s Health and Adult Services directorate, alone, the overall approach includes rolling-out our flagship extra care programme and developing re-ablement services which help people get back on their feet after a period of ill health or trauma.

Work has been undertaken over the last 18 months, led by the Public Health team, to develop a North Yorkshire framework for prevention. It is the intention to publish a North Yorkshire Prevention Strategy during 2015/16, either as a multi-agency document or as a starting point from NYCC. This document will underpin our action and investment in prevention, including the services that will be commissioned from the voluntary and community sector.

This particular briefing paper focuses on the **targeted prevention** aspect of prevention and the new role of Prevention Officers in particular. It should be noted that NYCC Prevention Officers should be seen as part of the County Council’s contribution to prevention in North

Yorkshire, working alongside other partners: they will work with a particular group of people who are at risk of needing long term care if targeted prevention is not provided at an early stage. The Prevention Officer role is not an exclusive role – however, it has a specific remit in terms of supporting people who would otherwise require social care support at an earlier stage and, as a consequence, the role has an explicit requirement to help deliver over £2m of preventative savings as part of NYCC’s 2020 North Yorkshire programme. However we see this as very much an “invest to save” programme to reduce, delay, stop people needing statutory care services.

## 2 Why are we doing it?

There is a growing acknowledgement that many areas in England need to make significant changes to how they provide health and care services to meet the increasing needs and expectations of the population. This demand increase is amplified in North Yorkshire by an ageing population with increasingly complex needs, and a predominantly rural landscape.

Our current health and care system in North Yorkshire needs to do more to *prevent* demand. The Voluntary, Community and Social Enterprise (VCSE) Sector in North Yorkshire has recognised this gap for many years and has a strong tradition of providing innovative preventative services backed by funding from a range of sources, including North Yorkshire County Council (NYCC) and Clinical Commissioning Groups (CCGs). NYCC continues to support the VCSE sector in their vital work and has maintained Health and Adult Service (HAS) funding for prevention services despite the difficult financial climate.

### 2.1 Public engagement

As part of the consultation on the proposed changes to social care eligibility, undertaken in 2013/14, there was a wide ranging consultation on prevention. 80% of respondents stated that preventative services would help maximise independence. People told us that they felt they were part of their community, they felt less lonely, more able to manage their own needs, and less likely to need social care and health support.

When people were asked to identify what makes a “good day”, they provided a list of aspirations. The list demonstrates how simple steps can make immeasurable improvements to health and wellbeing:

- I would like contact with other people
- I want the choice to go out and about
- I’d like to keep active
- I want to achieve something
- I like having a sense of purpose
- I feel safe, comfortable and not worried
- I am able to maintain my interests

## 2.2 Evidence of changing needs

Data and intelligence about North Yorkshire point towards clearly identifiable needs that we must address if we are to continually improve health, wellbeing and independence.

Over half of North Yorkshire's 607,000 population lives in rural areas which are spread over the largest geographical county area in England. Coupled with this challenge is the fact that North Yorkshire's population is already, on average, older than the English population and is set to get older and at a quicker pace; the number of over 65 year olds is predicted to increase from 133,000 to 211,000 by 2037. We already know that North Yorkshire's population is older in more rural areas when compared with more urban areas. This does, and increasingly will, present a central challenge to the health and care economy.

This challenge can also be an opportunity. It is an opportunity to look at alternative ways of working with communities to support the most vulnerable and promote a healthy ageing. We know from population information and service data that increasing numbers of people have long term conditions, often multiple conditions that can be made worse by poor management or lifestyle factors such as physical inactivity and alcohol use. People who are socially isolated are two to five times more likely to die prematurely. Over a third of people aged over 65 (37%) in North Yorkshire live alone and 43% have life-limiting long term conditions.

## 2.3 National policy

There are several national policy initiatives that support and encourage the strategic approach that North Yorkshire is taking. The Health and Social Care Act (2012), the Care Act (2014), the Better Care Fund and the NHS Five Year Forward View all place an emphasis on better joint working and preventative action across health and care to improve health, well-being and independence of the population.

The Care Act in particular includes a number of fundamental changes to how a local authority should go about performing its care and support responsibilities:

- Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person – this is known as the wellbeing principle.
- Local authorities should work actively to promote wellbeing and independence through preventative activities, in order to reduce or delay need and demand. A local authority must provide or arrange services, facilities or resources which focus on prevention.

## 2.4 Local action

Prevention is an important part of the health and social care agenda in North Yorkshire and has the support of the North Yorkshire Health and Wellbeing Board and its partner agencies. This approach is underpinned by the County Council's 2020 Plan and the strategic plans of the CCGs and district councils, as well as investment from the Better Care Fund and the Public Health Grant.

NYCC Health and Adult Services has laid out a vision for how services will look by 2020, in light of significant funding reductions from central government. The HAS 2020 Programme identifies how the current service provision will be transformed to be more effective, efficient and focused on prevention, saving £21.5m per year by 2020. Prevention Officers will have a

key role in helping HAS achieve this significant savings target by undertaking early intervention work which will reduce or delay the need for long-term care for some people.

## **NYCC's prevention approach for adults**

As part of the Health and Adult Services and the broader NYCC 2020 programme of work, there are a range of intrinsically linked programmes and projects that support a prevention approach and are working towards shared outcomes for adults in North Yorkshire. NYCC is investing in:

<p><b>Universal prevention</b> – prevention aimed at the whole population</p>	<ul style="list-style-type: none"> <li>• The Stronger Communities Programme, which also provides small grant funding to communities</li> <li>• Public health programmes such as stop smoking services, lifestyle and weight management services, and Mental Health First Aid</li> <li>• Providing good information, advice and guidance on staying healthy and independent</li> </ul>
<p><b>Targeted prevention</b> – aimed at people at high risk of needing health and care services.</p> <p>Targeted prevention also aims to prevent or delay increasing needs in those already in receipt of care.</p>	<ul style="list-style-type: none"> <li>• Benefits maximisation</li> <li>• Physical activity programmes for older people which includes evidence based programmes and community based physical activity</li> <li>• Creating a culture of prevention by training key staff groups and making changes to the way we commission and provide adult social care services</li> <li>• The Innovation and Sustainability Funds for Targeted Prevention Projects</li> <li>• Prevention Officers</li> </ul>

Some of the above are already in operation and provided by the VCSE sector, for example the current [Innovation Fund](#) (managed by Your Consortium) has already provided £954k of grant funding to community projects to:

- Reduce loneliness and Isolation,
- Reduce falls,
- Reduce fuel poverty and reduce excess winter deaths,
- Provide low level support to enable people to remain living in their own homes and communities.

Further opportunities for joint working with the VCSE sector **will be developed**, for example through the creation of a Sustainability Fund to work alongside the Innovation Fund to provide stability and increase the scale of projects that are achieving good outcomes. HAS is proposing to create the fund, with proposals being developed during 2015/16, to establish evidence-based programmes on key areas of need including falls prevention, loneliness and isolation, dementia awareness, and bereavement support. Details on the future Innovation and Sustainability Fund are yet to be agreed, but the fund will be in the region of £600k per year.

The HAS Programme on Targeted Prevention is an “*invest to save*” programme with clear targets to reduce and delay the number of people needing statutory care services.

A significant amount of Public Health Grant / HAS investment in prevention will be commissioned from the voluntary and community sector, whether via the Stronger Communities programme, the Innovation / Sustainability Funds or the other programmes listed in the boxes above. In addition, NYCC already invests £2m in a range of low-level preventative services which are currently commissioned from the voluntary sector.

Prevention Officers will be employed by NYCC working in partnership with Clinical Commissioning Groups, District Councils and the VCSE sector. They will work with vulnerable and older people (and their carers) who are on the cusp of becoming regular users of health and social care services by helping them access other community services, and by helping and empowering them find solutions and reach their own health and wellbeing goals. The role will help to reduce loneliness and isolation and rapidly help to prevent or resolve issues for people before they become a crisis. The service will be free to use and but targeted towards areas of greatest need.

This service will be different to that provided by Stronger Community Delivery Managers. Prevention Officers will work directly with individuals and their carers, while Stronger Community Delivery Managers are working with community leaders and groups to develop community initiatives. The two roles will work very closely together and rely on each other, but they serve different purposes.

Prevention Officers will be helping people directly, working with them in their homes and in the community.

Stronger Community Delivery Managers are working with community groups, district councils, the voluntary sector to develop services and initiatives, as well as working with them to take responsibility for assets and services that may previously have been managed solely by NYCC. Stronger Communities will be working with the whole population of North Yorkshire and will not be directly targeting high risk individuals on the cusp of health and care services.

### **3. What are Prevention Officers?**

There is growing evidence that small improvements to a person's life or circumstances can improve their health, well-being and independence. Most research in this area has focused on social circumstances, networks and relationships, and suggests that participants increase their confidence and links into the local community, preventing depression and emotional distress. Increasingly, evidence suggests this will prevent later complications or emergencies, help older people see their GPs, and so ensure that a range of health needs are met. In addition, brief advice on a range of topics (e.g. being more physically active and having a healthy lifestyle) has been shown, by the National Institute for Health and Care Excellence, to be highly-cost effective.

The Prevention Officer role will work with individuals to:

- Identify their goals and what matters to them. Work with individuals to get the right help and support to achieve their goals, first time,
- Help people make simple changes to their lifestyle and their home environment. This may, for example, include providing basic advice to help people be more active, improve their mobility and therefore increase their independence and reduce the risk of falling,

- Identify barriers and challenges to maintaining or improving their wellbeing and independence, and help to remove those barriers. For example, finding ways for a person to attend a local community group or attend their hospital appointments,

The Prevention Officers will provide advice and/or support to help people live active, independent lives. They will know what is available to support people in their communities. This might range from access to home adaptations, such as grab rails on the front step to stop someone having a fall in their own home, to benefit advice to ensure people are financially secure, or support to access a local friendship club to stop someone feeling isolated, to providing advice on healthy living and sign posting to lifestyle services.

As a minimum, Prevention Officers will be trained in behaviour change and motivational interviewing, Mental Health First Aid, alcohol Identification and Brief Advice (IBA), falls prevention and stop smoking brief advice.

### 3.1 Who will they work with?

Pro-active preventative support will be targeted at individuals who are currently outside of social care eligibility criteria and who are:

- carers,
- disabled adults,
- those with physical, learning disabilities, sensory impairment or mental health needs,
- older people and carers who are at high risk or on the cusp of health and social care support who are lonely, socially isolated, or at risk of falls,
- recently bereaved,
- those who are supporting families/ carers of people who are at the end of their lives,
- those who are going through a significant change to their health and wellbeing.

In addition to working with individuals, Prevention Officers will be extra eyes and ears in the community. They will provide feedback on the quality and availability of low level support in the community to health and care commissioners. They will also support the work of the Stronger Communities team to identify gaps, needs and community assets, providing information for the community directory.

### 3.2 What is their scope?

The Prevention Officer service is:

- Free
- About *doing with* individuals and not *for*,
- To promote independence, not to foster dependency,
- To facilitate self-assessments and make referrals where appropriate, not to replace formal assessments which are more appropriately done by another service.
- To provide time limited, targeted, support for appropriate people, not a default for all.
- To complement existing services, not to replicate VCSES services already in existence, this may mean a local variation across the county.

- Not to be the support for people who are actively involved with health/ social care support – this would only be by exception.
- To provide the low level advice, information and facilitate self-help, not simply refer to others
- To support people to access public/ community transport and other options
- Not to develop community groups (this is the role of Stronger Communities and the VCSE sector) – Prevention Officers will work with individuals and potentially introduce them to a group,
- Not formal counselling or advocacy

### 3.3 How will they work and what will they achieve?

The service being delivered by the Prevention Officers will be reviewed as the service develops and may change in response to the needs and demands placed on the service. However, initially Prevention Officers will work with individuals (or couples and carers) on a one-to-one basis visiting them in their home or in community settings for appointments typically for around an hour. They will spend time with an individual understanding their needs, assets and aspirations using various tools and techniques. They will work with individuals to set outcomes and support them to think of ways to reach those outcomes. They will have excellent knowledge of local services and initiatives that the individual may be able to access and where necessary they will support them to access those services. They will typically provide support for up to 12 weeks, with the aim of fostering independence rather than dependence. Some types of support may only take one visit, for example simply signposting people to a relevant service. Prevention Officers may attend groups, clubs, GP surgeries etc. where they can meet and provide information to individuals who are eligible for support.

Prevention Officers will focus on those residents that currently fall outside of social care eligibility criteria. Users will be referred into the service through multiple routes, including social care, primary care, voluntary agencies and self-referral.

The service aims to improve the health; well-being and independence of individuals and in doing so reduce their use of formal support services, including emergency admissions and placements. Prevention Officers will not provide a direct service, they will provide advice, signpost and handhold (where required) to existing community services or programmes.

Where necessary, Prevention Officers will apply behaviour change techniques and the use of motivational interviewing to enable individuals to maximise their own assets and potential and to achieve personal outcomes. For each individual, their needs will be reviewed and achievable outcomes will be agreed with points of review.

Accessing the right support can be complicated. Evidence suggests that people with the greatest needs (particularly when linked with deprivation) often do not access available services, particularly when compared with more affluent groups. The Prevention Officer's job will be to target individuals with the greatest needs first.

Prevention Officers will be embedded in the communities they serve. They will be visible in communities; developing networks and links with other important services, such as



Community Support Officers, GPs, Pharmacies, and community leaders. During the prevention consultation, 47% of people felt that their GP was the most appropriate place to access information on prevention (hence the close development with CCGs on the preventative agenda) followed by self-referral. Forty one percent felt that advice and information should be given before a problem occurs. People also identified the need to tackle loneliness and social isolation, opportunities for exercise, healthy living advice and low level help around the home. Responses identified groups that were “not likely to want to ‘trouble anyone’” and identified an “unseen community.”

Prevention Officers will be outcomes focussed, working with people on what matters to them.

- People will be safe and independent,
- People will be healthy,
- People will experience wellbeing,
- People will experience economic wellbeing,
- Carers will be healthy and experience wellbeing,
- Preventative thinking will be the norm across health and social care,

An outcomes framework has been developed for the overall prevention approach in North Yorkshire, which will be shared across a number of programme areas. This framework includes population indicators that can be monitored over time to gauge improvements.

Within the overall budget that will be allocated to the Prevention Officer service, there will be a contingency budget managed at Head of Service level to allow flexibility for social prescribing where necessary and/or not met by other funding streams such as the Stronger Communities programme or Innovation / Sustainability Funds, so that officers can resource any additional needs and community support that may be required locally.

## **4. The implementation plan**

### **4.1 Capacity and Recruitment**

Based on similar interventions in other authorities, a whole-time Prevention Officer should see over 100 individual people every year. NYCC are initially seeking to employ 3.5 Managers and 21 Officers. The range of complexities that will be referred into the prevention service will require a range of proportionate responses. Caseloads will vary as prevention officers adapt to the individual needs of their clients.

The North Yorkshire model will not be committing to a fixed amount of support provided by each Prevention Officer as the model needs to reflect the needs of the people who use the service. During the first year of the programme there will be continuous monitoring of the support provided and the outcomes achieved. The model will then be adapted and refined accordingly. Other partners are willing to boost the number of Prevention Officers in their locality, so this will also inform the continuous review of the service. For example, Scarborough and Ryedale are willing to fund an additional three Officers in their area.

The recruitment campaign for the Prevention Officers will start in April and is anticipated to take 6-8 weeks. The recruitment campaign will be led by the Head of Targeted Prevention (Cath Simms) and will include key partners at each stage.

- Roles will be advertised on a dedicated website,
- Recruitment will be done in each locality – pre and post interview briefings will take place to ensure consistency and fairness in the process,

Recruitment will normally take place on the basis of permanent contracts, with some flexibility for fixed term and/or secondments as appropriate.

## **4.2 Localities**

Prevention Officers will be distributed throughout North Yorkshire using a combination of population indicators known to identify needs amenable to prevention. Because these needs are not always concentrated in certain areas, it will be important to establish continuous feedback to allow us to adjust where officers will work. We know from local health and social care intelligence that those people most at risk of becoming dependent on statutory services:

- Are generally older, over 65
- Can live in urban or rural areas
- Are lonely or socially isolated
- Have a history of receiving community social care services
- May be distributed across all levels of deprivation (analysis of disabilities in North Yorkshire shows large amounts of inequality in both low and high deprivation areas)
- Will have a diagnosis of more than one long term condition
- Are repeat attenders at hospital and GP surgeries
- Are at higher risk of risk of death in colder months

These characteristics are represented across North Yorkshire. Prevention Officers will be met with a range of demands regardless of their initial placement. Officers should remain within the same set of communities for a minimum of 6 months to allow for an adequate period of implementation. On-going evaluation will then determine the appropriateness of either a change in capacity or the reassignment of select officers.

## **4.3 Customer insight**

Alongside recruitment of the officers, we will seek to gain customer insight from members of the public, providers of health and social care services and the VCSE sector on the role of the Prevention Officers. This will ensure that preventative services are valued by the local community and they are accessible to those who are most in need.

## 5. How will we know if it has worked?

Health and Adult Services will commission an independent academic evaluation to look at the cost-benefit of the Prevention Officer role, using the direct costs of health and social care as the main indicator of success.

The evaluation is planned to finish in 2 years with the findings informing the future of the Prevention Officer role. The results of the evaluation will provide an additional high-quality piece of evidence that will help to shape future health and social care delivery locally, and nationally.

## 6. Further Information

Health and Adult Services is the lead County Council directorate for Prevention Officers.

If you have any general queries or comments please direct them to [targeted.prevention@northyorks.gov.uk](mailto:targeted.prevention@northyorks.gov.uk)