

ADULT SOCIAL CARE PREVENTION SUMMARY REPORT OF CURRENT ACTIVITY IN CAMBRIDGESHIRE

1. Introduction

Cambridgeshire County Council's Integrated Plan 2011-12 commits for the next five years to invest in prevention, saying, 'we will focus on services that help people early on, increasing their independence and choice and helping them to help themselves.'¹

1.1 The Integrated Plan 2012-13 continues this theme, under the priority of 'helping people live independent and healthy lives', saying, 'our growing and ageing population means we need to act as early as possible to support adults to remain able and independent for as long they can; we will do this by investing in prevention and early intervention.'²

1.2 Furthermore, the Shadow Health and Wellbeing Board has affirmed its commitment to a common theme of prevention running through its priorities.³

1.3 The structure of Adult Social Care services are defined using a suite of commissioning strategies, which are:

- Physical disability and sensory services commissioning strategy 2011-14
- 'Making Change Happen' – commissioning strategy for support for adults with a learning disability 2011-14
- Framework for older people's joint commissioning strategy 2011-13
- Mental health commissioning strategy
- Advice and information commissioning strategy
- Assistive technology commissioning strategy
- Carers commissioning strategy
- Supporting people commissioning strategy

1.4 These commissioning strategies respond to the needs identified in Joint Strategic Needs Assessments, which are written in phases, each relating to a different client group (e.g. older people, mental health, learning disability, people of working age). These are available at www.cambridgeshirejsna.org.uk.

¹ *Summary Integrated Plan 2011-12*, p1, retrieved from <http://www.cambridgeshire.gov.uk/council/finance/spending/ip2011/>,

² *The Strategic Framework for the County Council*, p29, retrieved from <http://www.cambridgeshire.gov.uk/CMSWebsite/Apps/Committees/AgendaItem.aspx?agendaItemID=4952>.

³ Shadow Health and Wellbeing Board, minutes of October 2011 meeting

- 1.5 The development and transformation of Adult Social Care services (including Reablement) is managed through the Quality for Adults Programme Board, chaired by the Executive Director.

2. Preventative services in Adult Social Care

Preventative services seek to delay the point where a person needs a package of social care support either introduced or intensified. The aim is to both improve people's quality of life (because prevention is better than cure) and save the Council money because fewer and less intense packages of support are required to support people living in the population.

- 2.1 Preventative services can be analysed in different ways. One way is by looking at the pattern of events that cause people to need support or to need a more intense level of support. We can then develop services to delay or prevent those needs from arising by reducing the incidence of those key events.⁴ Mapping events like this (in a similar way to 'customer journey mapping') could involve collecting new information as well as re-analysing what we already hold. Such analysis would provide a robust basis on which to calculate the cost avoidance effect of preventative programmes like Reablement, and the evidence base for as yet undeveloped preventative services. It is recommended below that a project is undertaken to do this causal analysis.
- 2.2 Preventative services are often thought about in three levels:
- Primary prevention – universal services that are aimed at people who have no or particular social care needs or symptoms of illness (but including those who are at risk of needing social care support)
 - Secondary prevention (early intervention) – services that aim to halt or slow down deterioration for people who have some social care need or illness (Community Navigators)
 - Tertiary prevention (specialist support) – services that are aimed at minimising disability or deterioration from established health conditions or complex social care needs
- 2.3 In general, primary preventative services provided by health and social care services are characterised by services that promote general health and wellbeing amongst the population. Good examples are vaccination programmes, smoking cessation work, or keep fit classes. In terms of primary preventative services in relation to social care services particularly, stopping people becoming socially isolated is now regarded as a key factor.⁵ Services to stop people becoming socially isolated can take many forms, from lunch clubs to good neighbour schemes to transport to knitting groups. Whatever form it takes, social

⁴ The focus on thinking about the events that cause need rather than just the needs themselves is also discussed in some of the good practice guides issued by government, Robertson (2008)

⁵ See *Preventing loneliness and social isolation: interventions and outcomes*, K Windle, J Francis and C Coomber, Social Care Institute for Excellence Research Briefing 39, October 2011, retrieved from http://www.scie.org.uk/publications/briefings/briefing39/index.asp?dm_i=4O5,KIDG,T16AG,1NZNX,1

engagement acts as a 'vaccine' against many other situations that cause people to need social care, such as preventing depression, malnutrition, cognitive deterioration or inappropriate housing conditions amongst others. In turn, this helps reduce the incidence of events that cause people to need social care support.⁶

- 2.4 Primary preventative services are developed with the aim of preventing or delaying people needing a social care package at all, but once people are 'within the system' preventative services can also be useful to reduce the incidence of events that cause a package to need to be more intense. Developing specialist **secondary** or **tertiary** services to do this job requires the sort of rigorous analysis of patterns and causes of service use described above. Reablement and falls prevention services are good examples of services that have been developed this way.
- 2.5 This system categorises services rather than people. As a result, the categories are not exclusive – people who already have a wellbeing or social care need might also benefit from programmes that are characterised as 'primary' too. This makes the commissioning and monitoring of such services more complex, because it is harder to precisely target services at a particular group of people with a specific need.

3. **Good practice in adult social care preventative services**

Making a strategic shift to prevention and early intervention, a Department of Health guide to Government policy and good practice in adult social care preventative services, was issued in 2008. It identifies a set of interventions that are thought to be particularly effective in preventing need from arising or becoming more severe.

- 3.1 One of the gaps in the work above appears to be in actively supporting people to make use of community-based services, and in actively handing over people to voluntary sector services if they do not meet social care criteria. These sort of interventions crop up particularly in relation to primary and secondary approaches.
- 3.2 Although there does not appear to be a centrally coordinated programme to do this, that does not mean to say that it does not happen within individual projects or in smaller geographical areas, or where individual members of staff take the initiative. There may be good examples of such active support within the broader range of services provided by the different strands of adult social care.

⁶ See *Under Pressure*, Audit Commission 2010, for more detail

3.3 The Dorset Projects for Older People Partnership (POPP) provides a good case study of a more active approach. The project had three main features:

- Community Leaders, recruited and managed by the third sector, who worked with people in a small area to develop new projects in response to local need
- Wayfinders, recruited and managed by the third sector, who worked with local people to link them up to the complex pattern of existing service provision, providing face to face advice in local community hubs like surgeries, pharmacies, libraries etc.
- A funding pot, designed to seed-fund small projects started by Community Leaders
- It was woven together with a strong partnership structure and close involvement of older people.

3.4 Part of the evaluation of the project was done using a method called 'outcome stories', where case studies of some of the most significant changes for people were shared as ways of illustrating the size of the effect that participating in Dorset POPP projects could have on people's lives. The outcome stories revolved around social projects like memory cafes, lunch clubs, singing sessions or community transport.

3.5 This project appears to offer features which would address the gaps identified by the good practice analysis above. It would offer a way of helping people access the range of community services that are provided already, help communities identify their own needs and organize themselves to meet them using the seed-funding pot, and allow a way of referring people who are not eligible for statutory sector services a way into voluntary sector services.

4. Activities to stop people from becoming socially isolated

Projects that use and encourage grassroots activity need a suitable base of activity to build upon. Some research has been conducted on grassroots activity in Cambridgeshire.

4.1 There are many different services in Cambridgeshire that might be thought to contribute to the overall pattern of primary preventative services that are available to people. These services are not centrally co-ordinated and are funded in different ways (for example, by district councils, health services, the Big Lottery Fund, other charitable funding, private donations or the county council amongst others). The research for the paper Findings from the prevention and early intervention multi-agency mapping pilot⁷ identified 9 projects or organisations that responded to the survey which are specifically aimed at preventing

⁷ *Findings from the prevention and early intervention multi-agency mapping pilot* Val Thomas and Sunny Singh, Shadow Health and Wellbeing Board June 2011

social isolation as a root cause of poor physical or mental health. However, social interaction was a common theme amongst many other projects that were aimed at preventing specific causes of social or health care need, such as exercise projects to prevent or delay health problems, good neighbour projects to provide older people with reassurance and help with everyday tasks, and resource centres for people with specific problems to seek advice or information from.

- 4.2 The research conducted for this paper was an online survey, which had 89 respondents, with roughly one quarter from statutory agencies and the rest from voluntary organisations. It is not known how this relates to the total quantity of preventative activity in Cambridgeshire. It is suspected that this is much lower than the total quantity, i.e. there are a lot more than 89 projects going on, and although the largest single proportion of services were categorised in 'health and wellbeing', it is not known whether that is truly representative.
- 4.3 However, the projects the respondents described repeatedly referred to the value of the social networks and social interaction in preventing need arising or increasing. This is also described in the Dorset POPP outcome stories, and in other literature.
- 4.4 Mapping grassroots community activity of this kind is very difficult. This is a structural problem, not a time / effort / resource problem:
 - Groups are often hyper-local
 - Groups operate in an uncoordinated manner, seeking funding from a diverse market
 - Potentially little continuity – vulnerable to sudden changes, e.g. a key person leaves or funding changes, so the pattern of provision constantly shifts
- 4.5 Cambridgeshire.net (www.cambridgeshire.net) is a large database of community activity in Cambridgeshire. It is as close as possible to a definitive list of community activity, having been actively promoted to voluntary and community groups and statutory agencies for a number of years. The database has also recently been cleaned. It provides database support for a number of links from Your Life Your Choice, the recently launched advice and information site for users of social care services in Cambridgeshire.
- 4.6 Cambridgeshire County Council Research team undertook a survey of the statutory and voluntary activity that is targeted at the community that is contained in Cambridgeshire.net. The results show that there are at least 3,800 grassroots / voluntary / independent sector organisations providing a range of services that could help to reduce social isolation. A significant proportion of these provide leisure activities, but there is also evidence that whether they are based on hobbies, sports or promoting health there is a strong focus on

supporting the community with people coming together in social groups. Older people and disabled people are key target groups for these services. There are more organisations providing services in Huntingdonshire, Cambridge City and South Cambridgeshire than there are providing services in Fenland and East Cambridgeshire.

5. Conclusions

There is a strong focus on prevention in the strategic management of adult social care. Some commissioning strategies (e.g. work with carers, Supporting People) are entirely focused on activity that will prevent events that cause social care need.

- 5.1 Current patterns of preventative activity are focused on 'secondary' services, i.e. services for people with a recognised need even if it doesn't meet statutory support eligibility criteria. The major area of service for people who do not yet have a social care need (i.e. 'primary' services) is based around advice and information. Some services for this group (timebanking, sheltered housing review) are either being piloted in small areas or are at the beginning stages of development. Best practice nationally and using Dorset as a case study suggests that primary services work best with an active, community-led approach, building on a base of community grassroots activity and enabling communities to identify their own needs and access some support with addressing them. It appears from the survey of Cambridgeshire.net that there is a good base of community activity in Cambridgeshire to work from.
- 5.2 There is also a need to take a systematic approach to understanding the pattern of events that cause social care need, so that preventative services can be designed to try to reduce the incidence of those events. This will aid the planning, assessment and management of preventative services in the future, and will require a close look at a substantial number of case records and discussions with staff and third sector organisations.