



Living Independently in Portsmouth
Portsmouth City Council Social Services
Prevention Strategy for Older People

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Foreword by Councillor Mike Park

Portsmouth City Council recognises the value of Preventive Services in enabling Older Persons to live independent, good quality lives within their own homes and communities. We are committed to an approach that enables Older People in Portsmouth to have the maximum possible control over their own lives, through the medium of choice.

For some people this could demand the application of Social or Health Care Services at either Secondary or Tertiary Prevention levels. For many Older People, however, something less costly and more within the personal control of the Older Person is all that is required. For instance, many older people are able to maintain their independence with very simple support such as help with gardening or shopping, dietary advice, the delivery of Meals on Wheels, attendance at Lunch Clubs and other opportunities for social interaction, the movement of furniture to different locations within the home, podiatry services, help with access to exercise and Falls Prevention Programme, and, importantly, Benefits Advice. For some the simple opportunity for “befriending” as provided by the “Good Neighbour” and similar schemes can be enlivening and satisfying.

Social Services are key players in the delivery of these low level Preventive Services, but other Portsmouth City Council Departments have a crucial part to play, as do the various independent and voluntary sectors. Most importantly, Older People themselves have a role to play. Meaningful, practical consultation with Older People in the Community is an essential precursor to the success of any project. Exercising real control and choice induces a strong sense of well being, of personal achievement, personal satisfaction, empowerment, and well-being.

The Portsmouth City Council Prevention Strategy for Older People has brought together all of these groups to work in partnership providing a wide range of Preventive Services that Older People have requested. Older People confirm that these services will help them to maintain their independence.

The Prevention Strategy not only reflects Portsmouth City Council’s commitment to preserving and providing Preventive Services, but provides an over arching sense of direction to the delivery of these services.

We would like to thank other Departments of the City Council, the PCT, our partners in the Independent and Voluntary Sectors and, not least, the Older People that we seek to serve, for their help in achieving the goals set for our service. We look forward to working together in support of the City’s objectives in future years.

PORTSMOUTH CITY COUNCIL SOCIAL SERVICES DEPARTMENT

PREVENTION STRATEGY FOR OLDER PEOPLE - Year 2002

1 **INTRODUCTION**

This Prevention Strategy reflects Portsmouth City Council Social Services Departments determination to place an emphasis on helping older people to remain independent for as long as possible within their own communities and with an enhanced quality of life.

The Prevention Strategy forms part of the Commissioning Plan which has been developed as part of the three year strategy for Portsmouth Social Services and sets the strategic direction for preventive services. It details how we will involve users and carers in setting targets for services and the resources we deploy to achieve our objectives. This will build upon the range of preventive work already being undertaken by the Department and will reflect our commitment to partnership based, whole system approaches.

2 **DEFINITION OF PREVENTION**

There are numerous definitions of the term prevention but for the purpose of this strategy we will use the definition developed by Wistow and Lewis (1997) and used by the Preventive Strategies and Services Task Group^o that prevention refers to.

?Preventive Strategies and Services for Older People's Task Group is a Government endorsed task group backed up by research commissioned by Anchor Trust and The Joseph Rowntree Foundation.

- a Strategies which prevent or delay the need for more costly and intensive services
- a Strategies and approaches which promote the quality of life of older people and engagement with the community.

The objective of preventive work is to help older people maintain their independence and reduce their reliance on traditional institutional services.

Prevention can operate on a number of different levels all of which can achieve demonstrable changes.

Primary Prevention

This is targeted at relatively healthy older people whose primary needs are social engagement. The object is to improve quality of life via social inclusion and thus prevent unnecessary engagement with Social Services.

Secondary Prevention

This is targeted at those people who have a greater level of dependency and who may already be clients of Social Services or another statutory agency. People in receipt of secondary level prevention may have a health or social care problem or are receiving a lower level package of care and require this input to assist them to return to, or to maintain, maximum independence and avoid the need for residential care.

Tertiary Prevention

This is targeted at people with high dependency needs, who are receiving very high level care packages, day care or even residential care and aims to prevent further deterioration and the need for even higher levels of care eg nursing care.

The important features of this tri level prevention model are that it:

- Is flexible. People can move between levels depending on their need for input.
- Incorporates social living and environmental as well as health and social care factors.
- Requires and encourages partnership working between Social Services, Health other Statutory bodies and the Voluntary Sector.

Social Services are, currently, working mainly in the higher levels of secondary prevention and tertiary prevention. The new national policy direction re-emphasises and highlights primary prevention, through Health Improvement and Modernisation Plans, Health Action Plans and Better Government for Older People and NSF; all of which encourage a more holistic empowering approach to the health and social care needs of older people.

Alongside this, the Social Services White Paper reinforces secondary and tertiary prevention by focusing on promoting independence, raising standards and improving protection. Secondary prevention policy and practice development can be seen in the National Carers' Strategy; fair access to care services initiatives and the extension of direct payment schemes. Policy and practice initiatives in tertiary prevention can be seen in the focus on promoting independence, improving protection and raising standards and through devices such as the long-term charter. These policy developments give Social Services a key role to play in making improvements to secondary and tertiary care and in undertaking policy shifts at corporate, voluntary sector, etc levels.

This will require:

- Analysis of local information on elderly people in PREVENTION categories
- Definitions agreed locally
- Strategies agreed and reflected in HIMPs, NSF, Community Safety Plans and LSP's

Policy	Implications	Individuals
<ul style="list-style-type: none"> • Better Government for Older People • Modernising Local Government • Health Living Centres • Development of PCG's • Crime and Disorder Legislation • HIMPS, HAZ • Our Healthier Nation LSP's 	<p>PRIMARY PREVENTION</p> <p>Prevention of Ill Health</p> <p>Diversion from Social Care</p>	<ul style="list-style-type: none"> • Benefits advice • Health checks • Social housing • Community network • Sustainable contracts • Good diet/warmth, etc • Social inclusion • Direct access services • Duty opportunities
<ul style="list-style-type: none"> • Better Services for Vulnerable People • NSF • Health and Social Care Framework – priorities 1999/2002 • Modernising Health and Social Services 	<p>SECONDARY PREVENTION</p> <p>Maintaining Optimum Independence</p> <p>Diversion from Residential Care</p>	<ul style="list-style-type: none"> • Therapeutic intervention • Active approaches to recovery • Maintenance social care services eg day care • Carers' support • Extra care housing • Falls prevention
<ul style="list-style-type: none"> • Modernising the NHS • Increasing emphasis on regulation 	<p>TERTIARY PREVENTION</p> <p>Diversion from Nursing Care</p>	<p>Intervention to prevent:</p> <ul style="list-style-type: none"> • Immobility • Illness • Recurrent falls • Uncontrollable incontinence • Serious medication problems etc.

3 NATIONAL CONTEXT.

- 3.1 The national demographic picture of Britain shows clearly that we are an ageing population. The number of people aged over 65 has doubled in the last seventy years and the number of people over 90 will double in the next 25 years, which will put increasing pressures on health and social care services.
- 3.2 The Government is stressing the importance for Social Services Departments and Health to achieve a balance between the targeting of care for those in greatest need and the development of a broad range of preventive services for those with a lower level of need.
- 3.3 The Audit Commission in 'Coming of Age Report' concluded there has been "too little investment in preventive and rehabilitative services, leading to unplanned admissions of older people to hospital and in turn to premature admissions to long term residential care". The White Paper 'Modernising Social Services' and various

other studies and reports, such as 'Our Healthier Nation', the SSI study 'Promoting Independence' and the 'National Service Framework for Older People', all emphasise the need to invest more resources in preventive services so older people can retain their independence and enjoy an enhanced quality of life.

- 3.4 There is a growing emphasis on improving the health and well being of older people rather than the process concentrating solely on the cure of ill health. Health Action Zones and Health Improvement Programmes encourage holistic, empowering approaches to the health needs of older people. It is not only the traditional players such as Health and Housing who have a role to play in the process but also, Leisure, Education, Transport and increasingly, the Voluntary and Independent Sectors.
- 3.5 Older people have a huge part to play in the development of preventive strategies. The 'National Service Framework for Older People' points out that "older people and their carers have experienced age-based discrimination in access to and availability of services" and has recommended some key interventions to ensure that older people have a real voice in the planning and delivery of services. The positive promotion of old age and awareness of the rights of older people to be valued and treated with respect, this will change the way that service providers, local communities, and society as a whole view the contribution that can be made by older people.

4.0 **THE LOCAL CONTEXT**

- 4.1. The demographic picture for Portsmouth is static and will remain so for approximately the next ten years. This period will be followed by an increase, particularly in the 60 - 69 and 85 plus age groups which will place challenging demands upon our services.

These challenges are likely to be compounded by an increase in mental health problems among older people, particularly dementia and depression.

- 4.2 Portsmouth City Council Social Services already has a range of preventive services for older people, the majority of which have been developed as a result of a partnership approach both within the local authority and with the voluntary/independent sector. These services are strongly underpinned by the involvement of local people in the planning and monitoring of services and a positive attitude towards older people and later life.
- 4.3 The Portsmouth Prevention Network has been formed with the aim of developing a multi-agency approach to preventive services for older people. The Prevention Network mirrors the national approach by recognising that the well-being of older people should be seen holistically by placing the emphasis on partnership working and ensuring member, citizen and carer involvement. The Prevention Network will agree an action plan, to ensure that all involved act on appropriate, preventive goals for older people.
- 5.1 Portsmouth City Council Social Services have a major role to play in delivering

Health Improvement Programmes and primary prevention, in influencing other colleagues/departments within the City Council and developing new partnership models for community based care. This will be achieved by:

- Clearly defining what can be directly provided by the Department, through monitoring the effectiveness of these services and identifying gaps in provision, the Prevention Network will agree on a multi- agency basis, and through consultation with older people and their carers, how these gaps can be addressed.
- Helping to break down operational departmental barriers by creating single access points and helping to build and maintain the voluntary and community sector infrastructure.
- Developing compatible information systems between Social Services, Health, Housing, Health Improvement, Leisure, Transport, Voluntary and independent sector organisations.
- Ensuring that the prevention agenda is linked with the city regeneration programme by working closely with SRB5, Neighbourhood Renewal and the Local Strategic Partnership and by undertaking capacity building with individuals and community groups.
- Promoting effective consultation with older people, by recognising and supporting the important role that they play in local communities. We will develop protocols for community engagement against which we can measure the levels of local involvement.
- Reviewing the methods of current funding sources for preventive services to ensure the most effective use of available resources, eg core budgets, SRB ESF and HAZ. We will consolidate this information to provide comprehensive and co-ordinated locally based services.

THE WAY FORWARD

Targets for the next two years:

- a To extend and influence the range and activities of primary prevention to help more older people remain independent without the need for institutional health and social care. We will achieve this by working through the Prevention Network to influence policies, resource allocations, decision making at departmental, corporate, voluntary sector, and public levels.
- a To demonstrably extend activity in the area of secondary prevention and increase the amount of people who are diverted from tertiary care by working with Health, Housing, Voluntary Sector and other partners in rehabilitation and recovery.
- a To reduce the numbers of people requiring tertiary prevention by working

together with health colleagues and the independent sector to ensure appropriate placements, regular reviews, ongoing stimulation, a resource shift from residential to 24 hour domiciliary care etc.

For this to be achieved it will require:

- Analysis of local information on older people in the prevention categories, with locally agreed definitions.
- Partnership working via the Preventive Network, to ensure joined-up, holistic services.
- Strategies to achieve the above agreed at all levels and reflected in HIMP's, JIP's Commissioning Plans, Community Safety plans and LSP's
- The involvement of older people and their carers in the planning, delivery and monitoring of preventive services.
- Capacity building individuals, community groups, and networks and the public sector and voluntary groups that work with them to ensure the social inclusion of older people.

PREVENTION STRATEGY FOR OLDER PEOPLE – YEAR 2002

POLICY LEVEL – PRIMARY PREVENTION

POLICY LEVEL – PRIMARY PREVENTION	INDIVIDUAL LEVELS	TRIGGERS/INDICATORS	ACTION
Adequate income in old age	Quality of life Leisure opportunities	Low income Diet problems	Increase locally based access points to maximise benefit take up. Ensure affordable social and health care services for users and carers
Group environment	Decent quality housing	Poor housing Increased risk of falls Hypothermia	Increase in social housing/extra care housing. Greater take-up of Homecheck, Care and Repair and Handy Person Schemes. Purpose designed housing for older people.
Reasonable level of health services/health/weight levels	Health care and checks	Poor Health	Development of Healthy Living Programme - physical activity, leisure and learning. Increased advice re diet and healthy eating, smoking cessation.
Sustainable communities and community networks	Social inclusion Family/volunteer support Leisure opportunities Lifelong learning	Social Isolation and fear of crime Mental/physical deterioration	Increased day opportunities programme Intergenerational Schemes Community Capacity Building Initiatives Befriending/Good Neighbour schemes
Integrated strategies health and social care	Better detection of those at risk. Early intervention	Lack of information about or access to appropriate low level services	Multi agency assessment procedures joint initiatives to prevent unnecessary admissions to hospital/residential care.
Affordable and accessible transport	Quality of life, choice, social inclusion	Inadequate/non accessible transport systems Isolation	Ensure adequate and accessible public transport for older people. Development of community based transport schemes.
Comprehensive information about the full range of primary preventive services.	Choice - quality of life - feeling in control of decisions - wellbeing	Lack of choice Unable to access primary prevention services eg housework – gardening – laundry	Accessible one-stop information points 24 hours a day. Increased use of local community information networks eg Community Newspaper, Pompey Pensioner, Lunch Clubs/Day Activity Groups. Increase the use of electronic information systems to inform about services.

PREVENTION STRATEGY FOR OLDER PEOPLE – YEAR 2002
POLICY LEVEL – SECONDARY PREVENTION

POLICY LEVEL – SECONDARY PREVENTION	INDIVIDUAL LEVELS	TRIGGERS/INDICATORS	ACTION
Resource direction in social and health care services eg access to stroke/falls prevention/recuperation /rehabilitation	Falls prevention therapeutic intervention active approach to recovery/rehabilitation	Stroke / fall Heart Attack	Falls prevention programmes Home from Hospital/Good Neighbour Secondary level day care Cardiac rehabilitation
Speedier access to secondary level services	Faster assessments, secondary level support services/community equipment, Day Care, MOW, Home Care etc.	Finding it difficult to manage at home	Single point of entry for assessments/services – easier access to homecare, community equipment.
Housing options eg extra care/sheltered/warden assisted/Smart/Care and Repair/home improvement programmes	Range of suitable housing options	Poor housing eg risk of falls, social isolation	Increase extra care housing places. Lifetime homes, Smart technology, keep warm, keep well programmes. Care and Repair, Homecheck
Support for carers	Comprehensive range of services available to support carers	Carers not coping. Increased need for residential care placements	Increase opportunities for carers respite breaks. Increase separate carers assessments. More availability of a broad range of support services eg day care, sitting etc. Increase direct payment schemes.
Ensuring culturally competent care	Equal access to the full range of culturally sensitive social and health care services.	Lack of awareness of service availability, limited choice, Intervention only at point of crisis, isolation and discrimination	Ensure that the needs of minority ethnic older people can be met within the mainstream of social and healthcare services.
The effect of food and diet on rehabilitation and recovery	Good nutrition encourages good recovery	Slower recovery rate. Possibility of deterioration. Possible admission to hospital	Individual work with clients. Information booklets eg Cooking for One, Microwave Cookery. Shopping schemes.

PREVENTION STRATEGY FOR OLDER PEOPLE – YEAR 2002
POLICY LEVEL – TERTIARY PREVENTION

POLICY LEVEL – TERTIARY PREVENTION	INDIVIDUAL LEVELS	TRIGGERS/INDICATORS	ACTION
Maintaining contact with previous social network in the community	Social inclusion - feeling wanted/valued and in control	Lack of out door mobility - small social network - social isolation - depression	Exercise programmes and assistance with out door mobility to encourage contact with previous social network
Health eating and diet healthier ageing	Prevention of obesity - maintain good general health - prevention of disease	Obesity - coronary heart disease – diabetes - high blood pressure	Individual work around diet - health eating with clients and staff Tasting sessions
Falls Prevention	Good balance and mobility - feeling in control	Frequent falls and fractures/injuries - loss of confidence - need for nursing - hip replacement	Expansion of preventive programmes eg slips, trips and broken hips. Specialist exercise sessions.
Dementia	A good balance between maintaining an independent capacity and mental health care in areas of dependency delayed - onset of further dementia.	Onset of further deterioration. Loss of remaining mental assets	Recall work with individuals and groups
Social activity	Stimulation. Social interaction. Improved quality of life	Depression. Loss of motivation	Life long learning Befriending Intergenerational contact.
Recognition of contribution to be made by frail older people in residential care	Pride at making a contribution. Feeling useful and valued.	Feeling useless and “over the hill” Feeling dependent and a burden on others.	History, arts and crafts, work with schools.

SUMMARY

We know that Portsmouth, in common with the rest of the country has an ageing population and we are aware that people's health and independence deteriorate with age. We also have substantial research based evidence to support the view that preventive services can help to delay deterioration and improve quality of life and that help will have a longer term impact if it is provided on a preventive basis rather than as a response to a crisis when an individual becomes frail.

With this in mind Portsmouth City Council Social Services Department is investing heavily in a broad range of preventive services. We do recognise however that if we want to increase the effectiveness of our prevention programme we need a simple, coherent strategy that crosses the boundaries of different agencies, sectors and services and that values the contribution that older people themselves have to make to local communities.

This strategy therefore aims to be understandable, inclusive, cross service and flexible enough to meet the changing needs of all older people. An action plan will be produced, based on the outcomes identified from the Prevention Conference, to be held in October 2002, and will be updated on an annual basis.

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Prevention Team Web Site for further information
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