Prevention, Early Intervention, Promoting Independent Living

Carmarthenshire: A Resilient Community

Cyngor Sir Gâr Carmarthenshire County Council

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Supporting you to stay well and independent

The Social Services and Wellbeing (Wales) Act means that the local authority and their partners must make sure that people in Carmarthenshire:

- Can access services that promote wellbeing and that can prevent care needs from becoming more serious.
- Are involved in the design of services and that these services are based on an assessment of local population need which feeds into a local wellbeing plan.
- Have a range of high quality, appropriate preventative services which directly meet local need.
- Can get the information and advice they need, to make well informed choices about their health and wellbeing.

This strategy sets out in more detail the way in which we want to support people to stay well and independent. This important priority is described in many other plans and we want to join them together to make a real difference:

- Ageing Well Plan
- HDUHB Integrated Medium Term Plan: Care Closer to Home
- Carmarthenshire's Vision for Sustainable Services for Older People
- Carmarthenshire County Council Corporate Plan
- Carmarthenshire County Council: Integrated Community Plan
- Carmarthenshire's Carer's Plan

What is prevention?

Prevention and early intervention is not just about providing services. It is a universal approach that promotes wellbeing and can help to prevent care needs from becoming more serious.

How services are delivered are often more important than ***what*** they are.

The key features of our preventative approach make sure that we focus on both:

- Prioritising wellbeing and taking a strength based approach.
- Maximising independence, supporting the whole person and what matters to individuals.
- Supporting people themselves to understand, plan for and manage their own care and wellbeing.
- Helping people to stay connected and part of their communities.

A preventative approach is embedded across the whole system and is arranged in three tiers:

1) **Help to help yourself;** for anyone who wants to be as well as they can be.

2) **Help when you need it;** support for people at risk because of particular health issues

3) **Ongoing specialist support;** to ensure that wellbeing and independence is maximised.

Central to a 'good life' in old age is the value attached to inter-dependence: being part of a community where people care about and look out for each other; a determination 'not to be a burden' especially on close family; and an emphasis on mutual help and reciprocal relationships.

(The Joseph Rowntree Foundation -What Makes a Good Life in Old Age)

Low social interaction is as high a risk factor for early death as **smoking 15 cigarettes daily** or being an alcoholic, and twice the risk factor of obesity.

(Julianne Holt-Lunstad: Social Relationships Mortality Risk)

55%

Only 55% of those over the age of 80 in Carmarthenshire have access to a car or van – which makes local support even more vital.

75%

¾ of people who responded to consultation said that maintaining independence was important to them.

The importance of community

Personal feedback and recent evidence of new approaches to services have shown how important communities are in keeping people well.

It is particularly important that preventative services are easy to access as maximum benefit is achieved if used before individuals reach a crisis and have more intensive needs of support or care.

Older people often face practical obstacles which stop them accepting support. Issues such as reduced mobility, finding it hard to be away from home for long stretches, and feeling less confident all mean that local, familiar surroundings become more and more important.

Focusing on strengthening communities is vital for services aimed at maintaining and enhancing community connections and providing support at an early stage. Being able to get support locally is often high on an individual's list of what is important to them.

Strengthening communities is also vital in supporting issues identified by Carmarthenshire's older people. In a recent consultation undertaken by the 50+ forum, tackling the problem of isolation and loneliness was identified as the highest priority for older people in our area.

A joined-up approach to prevention

Our overall aim is to ensure that Carmarthenshire keeps improving as a place to grow old well. We also want to support our residents to manage long term health conditions or physical disability effectively.

It is a corporate priority to ensure that people living in Carmarthenshire are healthier. The vision for the Integrated Community Strategy is for "people to live healthy and fulfilled lives by working together to build strong bilingual and sustainable communities."

Many services in Carmarthenshire are designed to deliver this priority and aim to help people stay well and independent for as long as possible. These include health and social care teams, as well as wider support services, such as specialist housing, leisure, information and advice and includes wider health services such as primary care and our public health team, which work to promote and protect the health of our communities.

Community health and social care services are integrated to make sure that provision is delivered jointly and is focused on what matters to individuals. There are specialist workers in these teams called Community Resilience Co-ordinators. Their role is to focus on supporting prevention and early intervention services at a community level, to support groups and individuals to create networks and connections that promote wellbeing.

The PEIPIL group

*(**P**revention **E**arly **I**ntervention **P**romoting **I**ndependent **L**iving)*

There will be action group to strengthen community connections and help co-design services at a local level. The aim of the group is to ensure that organisations and stakeholders work with communities to achieve objectives outlined in this strategy at a local level.

Themes of prevention, early intervention & promoting independent living

We believe there are 6 broad categories of work that we should support and develop:

1. Connecting people, communities and organisations.
2. Promoting resilience, advocacy and peer support.
3. Supporting carers.
4. Supporting wellbeing & independence.
5. Reducing the impact of illness, disability or frailty.
6. Ensuring that people can access good information about care and support.

Connecting people, communities and organisations

Our aim is to support community connection; ensuring that there is a good mix of provision to give people opportunities to join in and contribute, as well as providing practical support to maintain and enhance community networks.

We aim for people to have opportunities to use their knowledge and skills to benefit their community.

We have created a clear mechanism for individuals, the third sector and other organisations to communicate about changing care and support needs. We have addressed this through the publication of our Joint Strategic Needs Assessment and will continue with a wellbeing plan informed by feedback taken from individuals and the local community about their views on wellbeing.

Following on from this, we are committed to working with partners to identify specific priorities for preventative activities and to review our approach regularly.

We also realise that just having activities and support available is not enough to reach everyone. We are developing provision that involves people who have become isolated to find what matters to them and discover the best way to support.

We have developed a project called **'Living Well ..... No Matter What'** which includes a service based in GP practices where patients are supported to take part in community activities that promote their wellbeing and enjoyment of life.

Some of what we do ...

The **living well ..... no matter what** project aims to raise awareness of the importance of social networks in maintaining health and wellbeing and promote activities that achieve this.

Spice Time Credits

Spice Time Credits are a social currency. When people contribute time to their community they earn a credit, Credits can be used to access events, leisure services, or to thank others.

Dementia Friendly Communities

A dementia friendly community is one which is inclusive of people with dementia and understands how to help them. Llanelli market is the first dementia friendly market in Wales.

Promoting resilience, advocacy and peer support

One of our guiding principles is that people should have responsibility for their own health and wellbeing and be at the centre of planning support. Individuals should have their voices heard and be in control.

Some people with a disability or long term health condition may either need help to speak up for themselves or support to empower them to manage their own wellbeing. We see that asking what matters to the person and working on outcomes to achieve goals are preventative in nature.

Recent research has highlighted the importance of taking a holistic approach to keeping well and maintaining independence, which includes not only supporting physical health but also psychological wellbeing, maintaining relationships and community networks.

We recognise the importance of promoting peer support networks and advocacy services as an important preventative service to ensure that all factors of keeping well are taken into consideration.

A skilled workforce

Training and support to ensure that staff can empower people is vital. Training projects such as 'Every Contact Counts' and 'Brief Intervention' is available to promote behaviour change and increase resilience. This encourages conversations based on behaviour change, ranging from brief advice, to more advanced behaviour change techniques, empowering healthier lifestyle choices.

Staff are supported to look at an individual and ask them what matters to them. All plans will be drawn up to ensure that this is at the heart of delivery with outcomes based on wellbeing objectives.

Supporting carers

Caring for carers is a key priority of preventative and early intervention services. Carmarthenshire has a carers strategy and targeted support networks, and preventative services will aim to support and maximize the impact of this work. We also have a vibrant and active third sector that supports carers across the county.

Carers may need to access a range of services themselves, but this can prove difficult when services are not aware and fit in with priorities of age and dementia friendly communities. Carers are more likely to be able to access services in organisations where staff have been trained to recognise carers, and then find ways to offer support in more flexible ways.

Supporting wellbeing & independence

We already provide a wide variety of services to support people to live independently and focus on their wellbeing.

Preventative work will continue to improve quality and effectiveness of this provision, as well as review new, innovative ways of working. We will continue to widen their scope and work in partnership to maximise impact.

We are developing a model with the third sector to provide collaborative and united early intervention. We want to create a united support project in Carmarthenshire that allows the third sector to work together to improve wellbeing at a local level. This will ensure that community services are joined up and look at all aspects of maintaining independence. This could include practical support at home, advice, information or home adaptations services such as care and repair.

Some of what we do ...

Sensory Impairment

We have a county wide team that specialises in support and rehabilitation for those with a sensory impairment. This provision is a preventative service in itself, as evidence shows that it can positively affect people's ability to perform activities of daily living and improve psychological outcomes, which prevents the need for statutory provision. We will continue to prioritise this vital service.

Some of what we do ….

Reablement

Reablement is about helping people regain the ability to look after themselves following illness or injury. The service works with people over a period of up to 6 weeks, with the aim of identifying ways people can gain confidence and new ways of coping with day to day living tasks (like personal care or food preparation). It can also help identify whether support will be needed in the long term, to help people maintain their independence.
They do this by mutually agreeing goals with the individual, then recording these in a structured care plan. These goals can be achieved in a variety of ways.

Reducing the impact of illness, disability or frailty

Supporting people to manage long term health conditions themselves is another guiding principle.

This may take the form of advice or training to help people understand their own care and support needs better. We know that being able to do this can significantly reduce the likelihood of going into hospital or admitted to residential care. Networking communities and connecting individuals to offer mutual support can be another effective way of promoting self-management.

We are not only investing in services to keep people well and out of hospital but also in those that help older people leave hospital efficiently. The Transfer Of Care Advice & Liaison Service provides advice and support in both of Carmarthenshire's hospitals to ensure quick, effective and safe discharge home.

When someone returns home from hospital after an illness or injury, we aim to help them regain maximum independence. We offer a range of help and support from practical care, home adaptations to reablement services, which reduce the likelihood of needing support in the long term.

Ensuring that people can access information about care and support

Helping to navigate care and support service by providing good quality information and advice is a fundamental principle of preventative services.

We aim to make sure that information, advice and assistance services are accessible to all, working jointly with individuals to discuss what is important to them and what they want to achieve.

Our information and advice service will let people know:

- How the care and support system operates in Carmarthenshire.
- The type of support available locally, including the range of preventatives services.
- How to access these services and support Mechanisms.
- How to raise concerns about someone who appears to have a need for care and support, or support in the case of a carer.

There are several ways we aim to achieve this, through websites, a dedicated call centre with specialist workers as well as work in the community through third sector and other partners.

infoengine
Local services at your fingertips

Dewis Cymru
Have choice and take control

For information on Social Care Services log onto:
www.carmarthenshire.gov.uk/socialcare

Common terms used in health and social care

Assets	Any resources that are available to use e.g buildings, community groups, green spaces, personal assets such as cooking skills
Asset mapping	This provides information about the strengths and resources of a community and can help uncover solutions. Once community strengths and resources are inventoried and depicted in a map, you can more easily think about how to build on these assets to address community needs and improve health.
Asset based approach	These are an integral part of community development in the sense that they are concerned with facilitating people and communities to come together to achieve positive change using their own knowledge, skills and lived experience of the issues they encounter in their own lives.
Brief Intervention	A technique used to initiate change for an unhealthy or unwise behaviour such as smoking, lack of exercise or alcohol misuse.
Convalescence	Convalescence beds in care homes are an example of Intermediate Care. These offer people therapy to assist them to regain their previous function and independence.
Community Resource Teams CRTs	Integrated teams of health and social care professionals such as nurses, social workers, Occupational Therapists and Physiotherapists that provide care and support services to older adults, those with a physical disability, chronic health condition or sensory impairment.
Daily living activities	These include activities such as feeding, toileting, dressing, grooming, maintaining continence, bathing, walking and transferring (such as moving from bed to chair.
Domiciliary Care	This is also known as home care; this service provides personal care and support to people in their own home.
Telecare	This uses technology to help people to live more independently at home. They include personal alarms and health monitoring devices.
Careline	Careline delivers a 24x7 lifeline service across the region and handles referrals to social care services and out of hours calls. The aim is to make this service as an information, advice and assistance hub.
Co-production / co-design	Participatory design (originally co-operative design, now often co-design) is an approach to design attempting to actively involve all stakeholders (e.g. employees, partners, customers, citizens, end users) in the design process to help ensure the result meets their needs and is usable.
Intermediate Care	This term is used to describe a range of short-term treatment or rehabilitative services designed to promote independence, reduce the length of time spent in hospital, or help to avoid unnecessary admissions to hospital. Intermediate care can be provided in a hospital,

	a special unit or at home for a short time (usually no longer than six weeks). They are paid for by the NHS.
Infoengine	A website that lists the available community assets and is universally accessible
Dewis	A website promoted by Welsh Government that lists all the health and social care related assets in the community and is universally available.
SPICE	This is a registered charity which has developed a Time Credit scheme. For each hour that an individual gives to their community, they earn one Time Credit, which can be spent on an activity, help from another person, or gifted to others.
TOCALS	Transfer of Care Advice and Liaison Service. This new service is based in West Wales General Hospital and Prince Philip Hospital, and has been set up with funding from the Intermediate Care Fund grant from the Welsh Government. The service aims to avoid unnecessary admissions to hospital, reduce the length of stay in hospital and facilitate safe and timely discharges.
Primary Care	Health care provided in the community for people making an initial contact with a health care provider for example the GP or community pharmacy
Multi-Disciplinary Team (MDT)	A meeting of health and social care professionals that discuss and plan appropriate care and support.
Locality	There are 3 localities in Carmarthenshire integrated services that are based around GP clusters. These are 3Ts, Amman Gwendraeth and Llanelli.
Making Every Contact Count	Making Every Contact Count (MECC) is about encouraging and helping people to achieve positive long term behaviour change by: • Systematically promoting the benefits of healthy living • Asking individuals about their lifestyle and changes that they may wish to make, when there is an appropriate opportunity to do so. • Responding appropriately to the lifestyle issue once raised • Taking the appropriate action to either give information, signpost or refer individuals to the support they need.
Place based system of care	Where services and organisations collaborate to address the challenges, and improve the health of the populations they serve.
Rowntree Foundation	The Joseph Rowntree Foundation is an independent organisation working to inspire social change through research, policy and practice.

Useful resources

Careline: 0300 333 2222 or e-mail careline@carmarthenshire.gov.uk.:
For further information and advice about care and support services in Carmarthenshire.

www.dewis.wales
For information or advice about well-being and services available.

www.info-engine.org.uk
For information about the third sector services.

www.cavs.org.uk 01267 245555
For information and support about third sector and volunteering in Carmarthenshire.

www.gov.wales
For information about The Social Services and Wellbeing Act.

www.hywelddalhb.wales.nhs.uk
www.carmarthenshire.gov.wales
For general information and links to strategies and plans mentioned in this document.

www.carmarthenshire50.org.uk
For information about the 50+ forum in Carmarthenshire with links and how to get involved.

www.olderpeoplewales.com
For information about the independent voice and champion for older people across Wales, standing up and speaking out on their behalf.

www.ageingwellinwales.com
For information about the national programme which develop and promote innovative and practical ways to make Wales a good place to grow older for everyone.

www.ageuk.org.uk/cymru/ 08000 223 444
For information and general advice on how to maintain health and wellbeing.