



Adults and Safeguarding Committee 11th January 2022

Title	Prevention
Report of	Cllr Rajput - Chairman Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
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Summary

For a number of years, the Prevention and Wellbeing team within adult social care has been working with individuals on the edge of the care system to improve their outcomes and prevent, reduce or delay their requirement for care services. The team has also carried out development work at a local level to improve the service offer for residents. Funding has been secured to expand the Prevention and Wellbeing team. This report asks the Committee to give consideration to the work that the expanded team will do and agree the approach to prioritising work and allocating resource.

Officers Recommendations

That the Adults and Safeguarding Committee agree the proposed priorities and approach for the expanded prevention and wellbeing service.

1. WHY THIS REPORT IS NEEDED

- 1.1 The Barnet Corporate Plan 2021 – 2025 includes a focus on prevention, emphasising the need to “adopt preventative measures to help people remain healthy, happy and independent in all aspects of life”. Prevention has long been a focus in adult social care and the council has a statutory duty in the Care Act (2014) to prevent, reduce and delay needs for care and support.
- 1.2 The council has an in-house Prevention and Wellbeing Team as well as commissioning a range of prevention services from the voluntary and community sector. The Adult and Safeguarding committee’s delivery plan for 2021/22 includes the following: “we will explore opportunities to increase the number of people who can benefit from the work of our Prevention and Wellbeing team, delaying or avoiding the need for adult social care.”
- 1.3 The Prevention and Wellbeing Team, which is similar to the ‘Local Area Co-ordination’ model, is focused on three core areas of activity:
- Personalised & individual support for people known to adult social care and their informal carers
 - Community engagement and development work with local organisations
 - Creating new initiatives and increasing community capacity
- 1.4 Funding has been secured to expand the team to enable a significant expansion of their work. This paper sets out proposals for the team’s work programme for the Committee to approve.
- 1.5 ***Personalised & individual support for people known to adult social care and their informal carers.***

The Team’s approach focuses on meaningful conversation and interactions at the first point of contact, reinforcing the guidance from the Care Act 2014 to prevent, reduce and delay needs for formal social care.

The team works with individuals who are willing to engage proactively and set short term, achievable wellbeing goals themselves. There is a broad range of people supported but they will often have had a significant life change, for example a bereavement or a health problem, that has triggered a change in need or loss of confidence. In other circumstances it could be that a person has gradually become more socially isolated and need some support to help them access services in the community again.

Team members, known as Prevention & Wellbeing Coordinators work alongside residents to:

- Think about objectives the resident wants to achieve and how to achieve them
- Ensure their objectives are achievable in the short term and sustainable in the long term
- Identify their strengths, skills and passions and how these can be used
- Access and find the information they want and create an action plan
- Develop relationships and community links

- Find out about their community, local activities and opportunities to get involved

All residents receive a follow up call 6 months after the team's involvement has ended.

The Prevention & Wellbeing team also offer a specialist Dementia Support Service to support those living with dementia and their carers to access support, information, and advice. This includes a bespoke training programme to build carers confidence and knowledge, ensure that the person can sustain their caring role and that the person living with dementia can remain living in the community for as long as possible.

1.6 *Community engagement and development work with local organisations.*

The Prevention and Wellbeing Team work on a ward-by-ward basis to understand what local support is available, identify gaps, reduce duplication, and encourage and facilitate joint working between community organisations. This insight is then shared with social work practitioners so that they can direct residents to appropriate local provision and with the commissioning team so that they can develop strategies based on this evidence.

The Coordinators will engage with residents within their wards to talk about what is happening in their area, find out more about what they would like to see, and link them with groups and organisations to make project ideas happen.

The Barnet Voluntary and Community Sector Forum is facilitated by the Team and brings local organisations together to discuss new developments, address issues and create opportunities to network. The team also oversees information, advice and signposting work to create a consistent approach in Barnet and ensure a good quality service.

1.7 *Creating new initiatives and increasing community capacity.*

The Team works with a range of partners including health, housing associations and the voluntary and community sector. In addition, by working directly with residents the Team can explore any gaps in service provision and how residents themselves can facilitate new initiatives. For example, the Team has previously supported the development of an autism friendship group, a Bollywood dancing group (now run by Age UK Barnet) and informal carer groups for those who attended the Specialist Dementia Support training programme. This also ensures the Council has a strong understanding of local support when working with adults, supporting them to access local alternatives to paid-for commissioned services.

1.8 The following case studies provide examples of how the Prevention and Wellbeing Team's work can significantly improve outcomes for residents whilst preventing needs for formal social care.

CASE STUDY A.

Margaret was referred to the Prevention and Wellbeing Team, her objective was to return to her home in Barnet, but she was also feeling overwhelmed with where to start and sometimes physically unable to carry out some of the tasks. Margaret was living in a care home following a safeguarding intervention and change in circumstances but wanted to decide how to speed up the return to her own home.

Working alongside Margaret and with her consent, the Coordinator made online purchases, and managed deliveries and installations to make the house habitable. The toilet and electrics were repaired to ensure the house was safe. The Prevention and Wellbeing Coordinator supported Margaret to contact neighbours and friends so that her support network could be restarted. Margaret was supported to make outstanding payments and debit & credit cards have been restarted.

Margaret now feels less anxious and was happy to make steps towards returning home. The fact that the council has supported her to move home has reduced the need for high-cost care provision. She is looking forward to attending activities to build her physical strength and reconnecting with her friends and neighbours.

Wellbeing & Satisfaction Outcomes:

Margaret moved back into her own home several weeks earlier than planned, due to the Coordinator's involvement.

Savings in care costs: £316 per week initially, further anticipated.

Feedback: *"Oh! Thank you ever so much for everything. You have been wonderful".*

CASE STUDY B.

Carol was referred to Prevention and Wellbeing Coordination, her objective was to increase her confidence to use, plan and manage transport, complete the form and take a photograph to apply for a Freedom Pass and use transport to attend social activities to meet her friends more regularly.

Carol has osteoarthritis and a neurological condition and recently a close family member died, leaving her feeling overwhelmed. Carol and the Coordinator outlined all the steps that needed to be taken and set a timeframe. They allocated the tasks and worked on some together. They also agreed that the Coordinator would call Carol after the first journey to see how it went and discuss any issues.

Carol now uses the leisure centre at Copthall and enjoys outings with her friend as she has her freedom pass. Carol has the confidence to use technology to plan journeys and enable her to manage her own care, for example she has an *Alexa* and sets medication reminders. The Coordinator was able to discuss care alternatives as Carol's health improved.

Wellbeing & Satisfaction Outcomes:

As a result of her increased confidence and more active lifestyle, Carol's health and wellbeing has greatly improved. She has become more independent and decided that she did not need any ongoing care.

Savings in care costs: £97 per week.

Feedback: Carol has expressed her thanks and given the Coordinator a badge saying '*100% commitment*' which she proudly displays on her lanyard.

CASE STUDY C.

Mustafa was referred to the Prevention and Wellbeing Team, and his objective took some time to confirm but he was clear he wanted to organise his home and stop it getting too untidy and cluttered.

Mustafa and the Coordinator took time to look at options for tidying his home and belongings and he agreed that a deep clean was required. Mustafa agreed to pay for this, and the coordinator agreed to be present with him to ensure any important items were kept or he agreed to them going.

Following the deep clean, a fire safety visit by London Fire Brigade was completed and Mustafa is now aware of the risks and hazards collecting and hoarding items can present.

PA Choices are supporting Mustafa with his shopping, cleaning, and other domestic needs. He has contacted them privately so can add tasks or additional hours if he feels this is needed.

Wellbeing & Satisfaction Outcomes:

Mustafa feels and is in control of his finances. He has become more independent. He now feels confident to manage activities of daily living, such as keeping his home clean and shopping.

Savings in care costs: £29 per week.

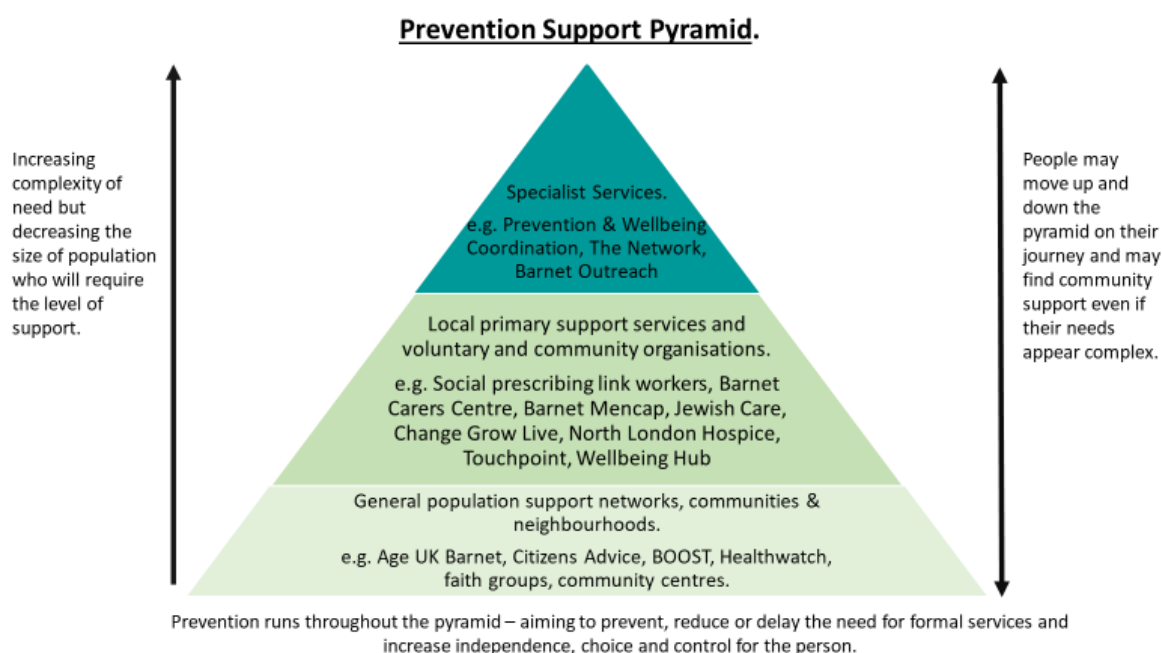
Feedback from Social Worker: “The coordinator was able to encourage and work with Mustafa patiently, to achieve his outcomes in his own time. He is more confident that he will be able to address future issues himself”.

Proposed model for expanded Prevention and Wellbeing Service

- 1.9 The current service consists of 8 roles, a service manager, four co-ordinators, a service development office and two specialist dementia support officers. This will expand to 19 roles with the addition of seven further co-ordinators, a social work lead practitioner and three further posts.

Case work

- 1.10 Section 1.5 sets out how the service works with individuals. The current service capacity is to manage c.200 referrals per year. It is anticipated with the balance of work proposed that the new service will be able to manage c.450 referrals per year from 22/23.
- 1.11 The Team will work with the social work functions that identify suitable individuals and refer into the service to ensure they are clear on the scope and capacity of the function. This will include hospital teams to identify those being discharged from hospital that would benefit from support and the 0-25s team to focus on those making the transition from children's services to adult social care.
- 1.12 They will work with residents and families that would benefit from multi-agency support, helping them to navigate the system to address unresolved issues.
- 1.13 The addition of senior coordinators to the structure provides the capability to manage more complex cases within the team and also to clearly identify when it is appropriate to refer for social work or safeguarding advice.
- 1.14 Coordinators link up with social prescribers from a range of organisations across Barnet. The roles are distinct but complementary. The Prevention and Wellbeing Coordinators will work with a smaller number of people in a more in-depth way and can support those with more complex needs. The diagram below shows the scale of prevention support services in Barnet:



Ward-level service development

- 1.15 In the present model, the team has capacity to work in four wards each year. In the expanded team, each coordinator will cover 2-3 wards, enhancing community engagement with residents and partners. This will enable the team to cover the whole borough throughout the year.
- 1.16 When working at ward level, Prevention and Wellbeing Coordinators will link in with ward Councillors as appropriate, as well as with local voluntary and community sector groups and community leaders to help maximise opportunities for residents.

2. REASONS FOR RECOMMENDATIONS

Improved resident outcomes and reduced demand for care

- 2.1 The approach will help find alternatives to commissioned care by working with residents on the edge of care, supporting them to access the community, source domestic help, including shopping, deliveries and meal options.
- 2.2 Increasing capacity in the team should reduce referrals for formal care, as well as enabling the sustainable use of community services.
- 2.3 The larger team will mean that more residents can be supported to ensure their personal objectives are achieved and sustainable for a longer period of time, continuing our strength-based approach.
- 2.4 The team can also work to ensure a wide-ranging carers support offer, with short term interventions, training, and a collaborative approach with partners to avoid crisis; building carers' confidence with sustainable support available when needed.

Partnership working

- 2.5 The new approach will ensure we can collaborate with the Council's social prescribing partners to have a consistent approach, supporting residents with their wellbeing. This will ensure consistency across services that take referrals from primary care and social care, avoiding duplication.
- 2.6 The team will be able to provide intelligence to the corporate Data and Insight work across Barnet. This work includes the identification of inequalities.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

Section 1 of this report set-out the different functions of the Prevention and Wellbeing Team, broadly categorised into work directly with individual residents and community development work. With the additional capacity being introduced, the balance of work within the team could be configured differently to do more or less work with individuals or community engagement / development. Two alternative models are set out below.

Alternative model A

- Do not expand the work on community development at the ward level.
- This would increase capacity within the Team for work with individuals by around c.100 referrals per year.
- It is uncertain if there would be sufficient demand for working with this many individuals.
- It will be hard to find services for all the individuals to access without doing any more of the service development work.

Alternative model B

- Double the resource time allocated to ward service level work to allow an even greater focus on local area development.
- This would reduce capacity for work with individuals by around c.50 referrals per year.
- It is unlikely that there would be sufficient benefit from expanding the ward work by this amount.

Having worked through the likely demands, it is felt that the proposal outlined in section 1 is proportionate and should lead to an effective way of operating.

4. POST DECISION IMPLEMENTATION

If the Adults and Safeguarding Committee approves recommendation the implementation stage will include the following:

- 4.1.1 Completion of recruitment to new posts.
- 4.1.2 Design & configure IT systems for the new approach.
- 4.1.3 Create Standard Operating Procedures and process flow charts.
- 4.1.4 Embed alternatives to care approach, team criteria & priorities.
- 4.1.5 Creation of joint health and social care induction/training module.
- 4.1.6 Engage with VCS and other partners to roll out training model.
- 4.1.7 Developing and then using a new performance framework to measure effectiveness of the team.
- 4.1.8 Ongoing quality assurance and using this to make modifications to systems and processes, driving improvements.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

On 8th February 2021, Policy and Resources Committee approved the Barnet Plan, which identified the four key priorities for the council over the next four years, as set out below. The Prevention and Wellbeing team's expansion will support the achievement of the healthy priority.

- **Clean, safe and well run:** a place where our streets are clean and antisocial behaviour is dealt with so residents feel safe. Providing good quality, customer friendly services in all that we do;
- **Family Friendly:** creating a Family Friendly Barnet, enabling opportunities for our children and young people to achieve their best;
- **Healthy:** a place with fantastic facilities for all ages, enabling people to live happy and healthy lives.
- **Thriving:** a place fit for the future, where all residents, businesses and visitors benefit from improved sustainable infrastructure & opportunity.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

The costs of the expanded team have been secured for the next two years through the Council's medium term financial planning process.

P & W Team Establishment	Budget
Current Establishment <i>Of which:</i>	£390,000
<i>Public Health funding</i>	£34,000
<i>Better Care Fund funding</i>	£200,000
<i>Base budget funding</i>	£156,000
Cost of additional posts	£574,000
TOTAL ANNUAL BUDGET	£964,000

5.3 Social Value

None applicable to this report, however the council must take into account the requirements of the Public Services (Social Value) Act 2012 to try to maximise the social and local economic value it derives from its procurement spend. The Barnet living wage is an example of where the council has considered its social value powers.

5.4 Legal and Constitutional References

The prevention duty is set out in s2 of the Care Act 2014

1) A local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will—

(a) contribute towards preventing or delaying the development by adults in its area of needs for care and support.

(b) contribute towards preventing or delaying the development by carers in its area of needs for support.

(c) reduce the needs for care and support of adults in its area.

(d) reduce the needs for support of carers in its area.

The local authority's responsibilities for prevention apply to all adults, including:

- people who do not have any current needs for care and support
- adults with needs for care and support, whether their needs are eligible and/or met by the local authority or not (see chapter 6)
- carers, including those who may be about to take on a caring role or who do not currently have any needs for support, and those with needs for support which may not be being met by the local authority or other organisation

5.5 Risk Management

The service will be managed in accordance with the council's risk framework.

5.6 Equalities and Diversity

5.6.1 Equality and diversity issues are a mandatory consideration in the decision making of the council.

5.6.2 Decision makers should have due regard to the public sector equality duty in making their decisions. The Equality Act 2010 and the Public-Sector Equality Duty require elected Members to satisfy themselves that equality considerations are integrated into day-to-day business and that all proposals emerging from the business planning process have taken into consideration the impact, if any, on any protected group and what mitigating factors can be put in place. The equalities duties are continuing duties they are not duties to secure a particular outcome. The statutory grounds of the public sector equality duty are found at section 149 of the Equality Act 2010 and are as follows:

5.6.3 A public authority must, in the exercise of its functions, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.6.4 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

- 5.6.5 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- 5.6.6 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
- Tackle prejudice, and
 - Promote understanding.
- 5.6.7 Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics are:
- Age
 - Disability
 - Gender reassignment
 - Pregnancy and maternity
 - Race,
 - Religion or belief
 - Sex
 - Sexual orientation
 - Marriage and Civil partnership
- 5.6.8 This is set out in the council's Equalities Policy together with our strategic Equalities Objective - as set out in the Corporate Plan - that citizens will be treated equally with understanding and respect; have equal opportunities and receive quality services provided to best value principles.
- 5.6.9 Progress against the performance measures we use is published on our website at: <https://www.barnet.gov.uk/your-council/policies-plans-and-performance/equality-and-diversity>

5.7 **Corporate Parenting**

Support from the Prevention and Wellbeing team is available for people known to adult social care and as such can be available for Barnet residents who are care experienced and young adults transitioning from Family Services to Adult Social Care.

5.8 **Consultation and Engagement**

An internal 21-day consultation was undertaken, although there were no changes to job descriptions and no post were at risk. No substantive issues were raised however, it was suggested the layers of management be reduced, this change has been implemented and the new structure incorporated the enhanced Senior Coordinator roles.

5.9 **Insight**

N/A

6. **BACKGROUND PAPERS**

N/A