

Halton Borough Council

Adult Social Care  
Prevention Strategy

2023 - 2027

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# Foreword from the Portfolio Holder for Adult Social Care

Welcome to Halton Borough Council's Adult Social Care Prevention Strategy.

Prevention, early engagement and early intervention are a fundamental part of keeping people well for longer, supporting them to retain their independence and empowering people to live their lives as they choose.

Preventing and delaying the onset of ill-health and the related need to access services, has always been a key priority for Adult Social Care in Halton. Prevention plays a significant role in the wellbeing of Halton residents.

This Adult Social Care Prevention Strategy sets out the vision and focus for Adult Social Care's role in Prevention in Halton over the next four years. Like all Adult Social Care services across the country, we need to change and adapt, focus how we can work in collaboration across our communities, with our residents and partners to support long-term health and wellbeing.

We are developing our approach to designing services, by including local people who use Adult Social Care services in the planning process. This is called Co-production. Co-production will ensure that Halton's services meet the needs of local residents and what outcomes they want to achieve. We are working with Think Local Act Personal (TLAP) who are experts in Co-production techniques to transform our approaches.

We remain committed to working with health and public health colleagues to deliver person-centred services that focus on people's own strengths.

We are increasingly looking at the opportunities which exist in our local communities - local community assets and local services, for example which will help people achieve the outcomes they set for themselves. This extends wider than statutory Adult Social Care provision to universal services, local voluntary sector groups and a wide range of community-based activities which support prevention and the wellbeing of Halton residents.

We are focusing on areas of provision across of Adult Social Care which can be enhanced and, to this end, Halton is embarking on a three-year transformation programme. Here, we will aim to deliver some services differently in Halton, putting local people at the heart of the services we deliver in the future.



**Councillor Joan Lowe**  
**Portfolio Holder for Adult Social Care**

# Introduction

Prevention, as defined in the Care Act Statutory Guidance (2014), is about the care and support system actively promoting independence and wellbeing. This means intervening early to support individuals, helping people retain their skills and confidence, and preventing need or delaying deterioration wherever possible.

Prevention is an approach which supports people to be more proactive in managing their own health and wellbeing and can increase independence and reduce or delay the need for care and support services. It can also increase the resilience of our local communities and support people to live the lives that they choose to live for as long as possible.

We want to work with people so that they can decide what's best for themselves and the lives they choose to live. We want to stop people losing their independence and connection to their community, as well as addressing current health inequalities in the borough.

Nationally, there is 10 years difference in life expectancy for people who live in the most affluent areas of the UK and those that live in the most deprived. Locally, the Office for National Statistics puts the life expectancy at birth for female residents of Halton at 81.7 years and for males at 77.4 years. These life expectancies are both below the national rates of 83.4 years and 79.8 years respectively.

We will seek to achieve this by working with people to help them find more effective ways to support them to stay living in their own homes or communities for as long as possible, avoiding hospital admissions, delaying, or reducing the escalation of need and finding innovative ways to meet peoples need through what we buy or “commission” to maintain safe and sustainable services.

We may need to change some of the current ways of working to meet increasing demand and emerging needs and we will explore the use of innovative approaches to support people, particularly in the use of new and emerging technologies.

We believe that people know best how to meet their own needs and we will support people to do just that. We are introducing strengths-based working to all our assessment, care and support planning and review processes and this will empower individuals to decide what services, care and support will best help them to live as independently as possible.

We are developing our approach to designing services, by including local people who use Adult Social Care services in the planning process. This is called Co-production. Co-production will ensure that Halton’s services meet the needs of local residents and the outcomes they want from local services. We are working with national personalisation

experts, Think Local Act Personal (TLAP), to shape our approaches into the future.

For people who do require more formal or long-term care and support, we will ensure that Adult Social Care services are safe, effective, sustainable and of quality. Taking a preventative approach will change the balance of care to ensure that more people live more independently for longer.

This Adult Social Care Prevention Strategy aims to ensure that we continue to safeguard our residents and improve outcomes for people accessing our services, while also ensuring that the services we provide achieve the best value for the Council.

Close working with Public Health and our wider public sector partners will support a shared focus which will be to promote, maintain and enhance people's independence so that they are healthier, stronger, connected within their community are more resilient and less reliant in future on formal Adult Social Care services.

Through developing our Preventative approach, we will seek to achieve the following outcomes for Halton residents:

- Increased levels of Independence;
- Improved Quality of Life and Wellbeing;
- Reduced Social Isolation or Loneliness; and
- Reduced or Delayed Need for care and support.

# What is the purpose of this Adult Social Care Prevention Strategy and who is it for?

*Halton's Adult Social Care Prevention Strategy sets out the vision and focus for Prevention over the next four years.*

## The Purpose of this Prevention Strategy

In the context of the Care Act (2014), Prevention is seen as one of the Seven key responsibilities of Local Authorities for Adult Social Care alongside the fundamental principle of wellbeing. Over time, Local Authorities have shifted their focus to preventative and early intervention approaches and these types of support are now commonplace. The Care Act (2014) embedded this change in law.

Halton Borough Council's Adult Social Care Service has a long history of taking a preventative approach, which has seen a transformative shift from a focus on traditional models of long-term care and support, to focus on early intervention and enabling people to live independently for as long as possible. Taking a Preventative approach enables local people to find what support they need through their community, including accessing opportunities through the voluntary sector.

However, like all Adult Social Care services across the country, rising demand and the current economic climate, require us to change and adapt, focus on what we can do, what our partners and communities can do, and what individuals can do for themselves.

This Strategy identifies our current approach and the actions we will take to further develop our preventative approach in Halton.

## Who is this Prevention Strategy For?

The audience for this document is wide and varied, as prevention can span right across all services within a local area and all sections of the community. It can be said that Prevention is everybody's business. Halton Borough Council's Adult Social Care responsibilities under the Care Act (2014) means that the Council takes a lead-role in the development of Prevention across Halton.

Typically, Halton Borough Council, providers of Adult Social Care services, voluntary and community sector service providers, health and public health partners and providers of universal services such as libraries, community centres and leisure facilities will all have an interest in this strategy and how they can contribute to the health and wellbeing of Halton residents.

# Key Messages

In Halton, Prevention in Adult Social Care is about encouraging people to be more proactive about their health and wellbeing. Embedding a Prevention approach across the Borough can increase people's independence and reduce or delay the need for care and support services.

Making the best and most sustainable use of all available resources across Halton includes the Council, Private sector, voluntary sector, community sector and the health system ensuring that Adults, their families and Carers have access to timely and appropriate information, advice and services to enable them to live healthily and independently for as long as possible.

We are seeking to further develop our approach to Prevention in Halton. As a result of this four-year Strategy, we will;

- **Listen to our residents and co- produce our solutions wherever possible.** We know that this is better for people in terms of their long-term outcomes and allows the most effective use of health and social care resources to support people to remain independent for longer, and able to be connected and active in their community. It is also better for health partners as it helps reduce hospital admissions. Therefore, the lived experience of service users, their Carers and those who are actively engaged in support networks/services will help inform our actions.
- **Identify and understand current and future demand for preventative services** and remain responsive to change.
- **Identify those at risk of their needs escalating** and facing the risk of crisis and dependency on longer-term services.
- Make **early intervention and rehabilitation the default offer** for those in short-term need or crisis, helping them to rebuild their strengths, confidence, and independence.
- Work to replace traditional service offers that simply manage conditions with **new and innovative solutions** that maximise opportunities for individuals to live their lives well.
- **Promote diversity and quality in provision** so that people have a choice and control of service options and providers.
- **Promote personal responsibility** and empower individuals and their families to take decisions on their own care and support needs.
- Ensure the **integration of prevention** with health and health-related services including community infrastructure, including housing.
- Identify and **support informal Carers**, building their resilience to support them if they choose to remain in a caring role.

- **Promote strengths-based, self-directed Care**, offering people the opportunity to determine which services will support them to live their lives as they choose.
- Ensure all residents in Halton have access to **clear, concise and meaningful information and advice**.

# An introduction to Halton

## Location

The Borough of Halton is a unitary authority in the county of Cheshire. Straddling the River Mersey, Halton includes the two towns of Runcorn and Widnes as well as the surrounding parishes of Hale, Moore, Daresbury and Preston Brook. Halton is located in the middle of the economic triangle formed by Liverpool, Manchester and Chester.

The borough benefits from excellent connectivity and transport infrastructure. There are good road and rail connections to London (less than 2 hours by train) and Birmingham. Similarly, there is good proximity and access to airports at Liverpool and Manchester and to the Merseyside seaports.



## Population & Population Growth

The current population of Halton is 128,577<sup>1</sup>; 51% of Halton's population are male, and 49% female.

The number of people aged 65 and over is rising more quickly than any other population group. This number is expected to increase by 40% in the next 10 years, and will account for 38% of the population of Halton by 2041<sup>2</sup>. At the same time, the number of people aged 18 to 64 is expected to remain fairly static, leading to more a pronounced increase in the age of the population in Halton than in other parts of the country.

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<sup>1</sup> [Halton Area Profiles & Statistics](#)

<sup>2</sup> [JSNA Summary 2021](#)

## Deprivation

Halton is a deprived borough, relative to England as a whole (39<sup>th</sup> most deprived of 317)<sup>3</sup>. 30% of Halton's population live in areas of high deprivation.

## Life Expectancy

There has been an increase in the life expectancy of people in Halton over the last twenty years. More recently however, COVID has affected the rate of this improvement, and many people are now experiencing the physical and mental stress of a rise in the cost of the essentials in life.

Life expectancy varies across Halton depending on where people live - with men in the most deprived areas living on average 11.7 years less than men in the least deprived. For women, the gap is 9.6 years. These health inequality figures are slightly better than the average for the Northwest, but slightly worse than the average for England.<sup>4</sup>

## Ethnicity, Faith & Sexual Orientation

Whilst Halton's population is predominantly homogeneous in relation to protected characteristics such as ethnicity, faith and sexual orientation, we recognise that there are key minority groups within Halton.

97.5% of Halton's population identify as White, with 97.34% of individuals identifying English as their main language.<sup>5</sup>

- 58.6% of Halton identifies as Christian, with 35.2% describing themselves as having no religion. The next largest faith identity is Muslim, with 0.6% of Halton's population.
- 2.63% of Halton's population has a non-UK identity.
- 2.63% of people in Halton identify as Lesbian, Gay, Bisexual or another sexual orientation other than heterosexual.
- 95.3% of Halton's population said that they had the same gender identity as at birth in the 2021 census. 4.3% did not answer this question, and 0.1% of people identified as a Trans man, and 0.1% as a Trans woman.

## Employment

Halton is an industrial and logistics hub with a higher proportion of people working in manufacturing (particularly chemicals and advanced manufacturing), wholesale and retail, and transport and storage compared to the average for England.

Of the 103,948 people in Halton over 16 years of age, 60,121 are economically active (excluding full time students), which represents 57.8% of Halton's population. Of this 57.8%, 55.1% of Halton's population is in employment, with 2.7% unemployed.<sup>6</sup>

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<sup>3</sup> [Indices of Deprivation 2019 – Interactive Dashboard](#)

<sup>4</sup> [Halton Borough Council – Public Health Annual Report 2022-2023](#)

<sup>5</sup> [Halton Area Profiles & Statistics](#)

<sup>6</sup> [Halton Area Profiles & Statistics](#)

# An Introduction to Adult Social Care in Halton

## Adult Social Care Vision

Our Adult Social Care Vision is:

*“To improve the health and wellbeing of Halton people so that they live longer, healthier and happy lives.”*

Halton Borough Council’s Adult Social Care Directorate is responsible for assessing the needs of adults with care and support needs in-line with Local Authority duties of the Care Act 2014. Under the Care Act, Local Authorities also have responsibility to understand what services are likely to be needed in the future and make sure that people who live in their areas:

- Receive services that prevent their care needs from becoming more serious or delay the impact of their needs.
- Can get the information and advice they need to make good decisions about care and support.
- Make decisions about how they want their needs to be met and be involved in preparing their care and support plan.
- Have a range of provision of high quality, appropriate services to choose from.

Partnership working is highly regarded in Halton and Halton Borough Council’s Adult Social Care Directorate works closely with a number of partners including health, education, housing providers and voluntary and community organisations to signpost and connect people to help which can be provided in their neighbourhood.

‘One Halton’ is the name for our local Place-based Partnership that seeks to create a more collaborative and targeted approach to how services are delivered to Halton residents.

One Halton brings together colleagues from the Local Authority, NHS Organisations, GP Practices, Third Sector organisations, Health Providers and Hospital Trusts. The organisations involved have made a commitment to make the whole ‘system’ work better for people – working together, to join up services, share ideas and resources and tackle the borough’s biggest challenges together.

The One Halton Health and Wellbeing Strategy 2022- 2027 provides information on how Halton Borough Council, in partnership with a range of colleagues aims to address health inequalities across the borough.

The Adult Social Care sector in Halton is comprised of a mix of provision that includes in-house services, independent sector commissioned services, grant-funded voluntary sector services and a range of services that are developed and funded independently. Halton Borough Council oversees the delivery and development of these services in line with its strategic objectives.

Embedding a Prevention approach in Halton holds equal parity to delivering services that respond to people's Adult Social Care needs, as and when they need them. This four-year Prevention Strategy sets out how we want to work with people to find more effective ways to support people to stay in their own homes or communities for as long as possible, avoiding hospital admissions, delaying, or reducing the escalation of need and finding innovative ways to meet peoples need through what we buy or "commission" to maintain a safe and sustainable service. This might involve changing some of the current ways of working to meet emerging needs and using innovative approaches to supporting people, particularly in the use of new technologies.

Halton Borough Council is developing strengths and asset-based approaches within its care management processes. Assessments will focus on individuals' strengths. Personal strengths can include skills and abilities developed through work, hobbies or life experiences and assets might include a person's access to family, social and community networks. The Council is also keen to see a wider strengths and asset-based approach developed across Halton and will work with partners to adopt the approach widely.

Services and support will be co-produced through close working with 'experts by experience' – those who access services, their carers and families. This will give us direct insight into requirements for the future and is an important part of our strategic direction.

# Current Adult Social Care Prevention Services in Halton

## **Adult Social Care 'Front Door' / Adult Social Care Initial Assessment Team (IAT)**

The Adult Social Care 'Front Door' acts as a gateway and the team quickly determines needs and takes appropriate actions. In terms of Prevention, the 'Front door' is the first port of call for all referrals. The 'Front Door' team (IAT) provides information and advice and will determine whether a person's needs can be met through signposting to wider local prevention services that exist across the borough, including for example, universal services and voluntary sector services. The team plays a significant role in Prevention and early intervention in Halton.

The remit of the Adult Social Care's 'Front Door' includes:

- Receiving all new referrals into Adult Social Care;
- Providing triage and providing information and advice and signposting;
- Safeguarding investigations;
- Meals on Wheels queries and requests;
- Occupational Therapy (OT), requests for Adaptations and Equipment;
- Blue Badge Applications

A range of more formal, traditional Adult Social Care services are also aligned to the Adult Social Care 'Front Door' to ensure every opportunity is taken to embed a preventative approach for those who require more support, for example OT, Reablement, Equipment and Adaptations, Meals on Wheels requests, arranging new packages of care, all of which can enable individuals to live independently at home.

## **Adult Social Care Prevention Panel**

The Prevention Panel is a new group made up of multi-agency senior managers/ partners and professionals. The panel promotes prevention and early intervention. They use the Prevention Panel to maximise the uptake of services available across Halton. The Panel presents and discusses client cases and together, the Panel looks at the creative and meaningful activities that are available within Halton and share the good practice with their teams.

The Panel explores asset-based approaches and activities in the community/voluntary sector. The Panel enables Adult Social Care teams to prioritise referrals to ensure resources are allocated to individuals who would benefit from them most.

## **Adult Social Care Complex Care Management Teams**

Practitioners play a key role in promoting independence. In addition to IAT, there are two complex Care teams in Adult Social Care which manage all long-term clients who require ongoing formal Adult Social Care services. There is a complex care team for Widnes and a complex care team for Runcorn.

Through social work assessment and review processes, the complex care teams identify whether a person's needs can be reduced or delayed, even if the person is in receipt of a long-term service. Prevention and early intervention are ongoing and not a one-time only intervention and as such, the complex care teams have a significant role to play in maximising the opportunities for a person's wellbeing, whilst balancing opportunity with risk.

Through the development of strengths and assets-based approaches in Halton, this will further enable social work staff to direct people to wider community resources and assets which contribute to better health and wellbeing. As well as statutory Adult Social Care services, Support Planning will include wider community interventions and universal services which can also support individuals and help them to increase their independence and wellbeing.

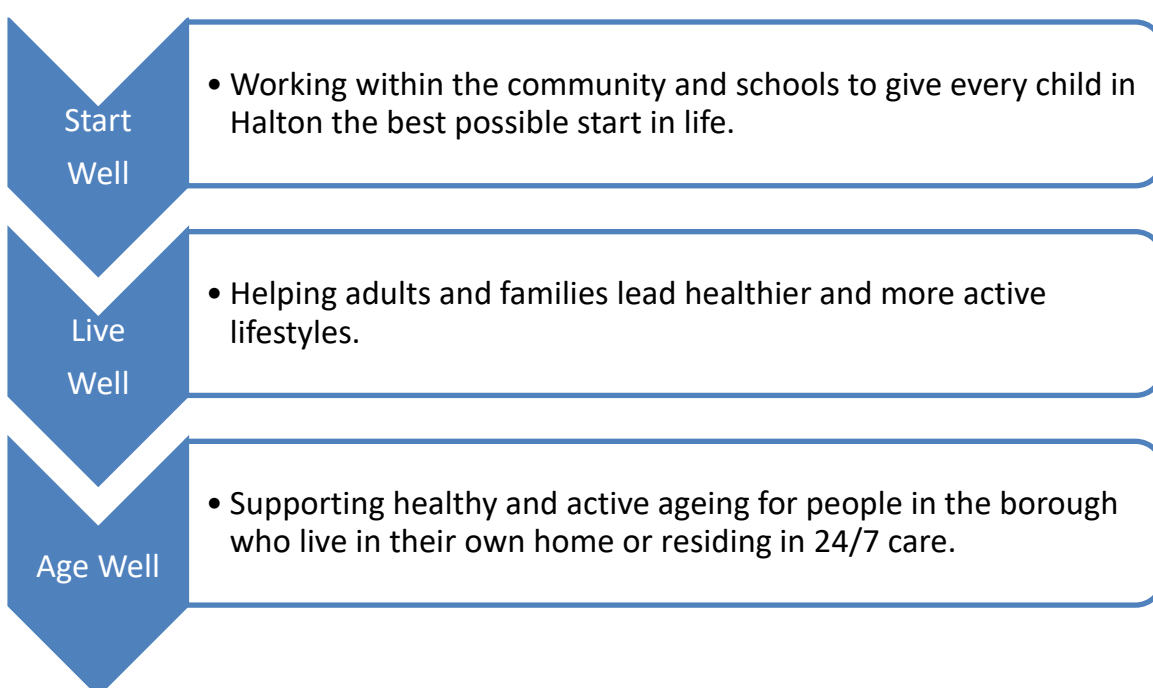
### **Halton Integrated Care and Frailty Service (HICaFS)**

HICaFS ensures the seamless, safe management of referrals for people requiring Adult Community Services, Urgent Care, potentially preventing hospital admission, supporting early discharge from hospital, promoting independence and co-ordinating care closer to home for those needing rehabilitation (reablement) after a hospital stay or illness. HICaFS promotes a home-first model of care which focuses on maximising people's opportunity to live independently.

### **Halton Borough Council's Health Improvement Service**

The Health Improvement service offers a wide range of local, tailored programmes designed to improve the health and wellbeing of Halton residents. The team work with the individual, the community and other partner agencies to understand what services are needed and how best to deliver them. The team also work with local businesses and organisations to improve the health of the local workforce.

The service supports people across the life course and can be summarised, as follows:



The Health Improvement Service is part of the Council's Public Health functions and is aligned with the work of Adult Social Care to deliver innovative, evidence based and measurable interventions such as stop smoking, weight management, exercise on referral, falls prevention and tackling loneliness.

The Health Improvement Service also provide a comprehensive training offer such as courses aimed at increasing staff awareness of population health initiatives and behaviour change models such as Making Every Contact Count, Blood Pressure training and Age Well training.

The Health Improvement Service coordinates quarterly network meetings called 'Partners in Prevention'. The aim of the meetings is to bring all partners together to focus on prevention and early intervention and ensure that front line workers in Health and Social Care are equipped with the knowledge of the local offer and signpost people more effectively.

### **Halton's Community Services (Day Services)**

People who require practical and personal support to engage with their community and meet other people might access one of the many opportunities on offer through Halton's Community Services. The approach taken to day care in Halton is aimed at empowering people; providing them with a sense of purpose and enabling them to contribute to their wider communities.

The service works from a person-centred perspective to recognise individual needs as well as aspirations. Underpinned by the principles of active support service users take part in meaningful activity which encourages the development of new skills and maintain existing ones.

In its work with Adults with Learning Disabilities, Community Services operates a range of 'cottage industry' businesses ranging from a hair and beauty salon to a micro-brewery. Service users are supported through these outlets to develop social and employment skills in authentic workplace environments.



### **Falls Prevention**

There are several falls prevention initiatives in place. These include working closely with the Telecare Team and HICaFS ensuring there are robust referral pathways for people at risk of falls and providing timely information to help people to stay active at home, to prevent physical deterioration that increases the risk of falls, and loss of independence.

### **Community Bridge Building**

The Halton Community Bridge Building Team works with people with disabilities, mental health issues, older people and carers to support them in accessing services within the community.

The range of activities that Community Bridge Builders can help people to access includes: leisure activities; sports; community activities; arts & culture; education; hobbies; volunteering and paid employment; accessing faith communities; friendships and travel training.

The team offers short term access to free one-to-one support to enable people to think about the things they would like to do and where and how they can access them. The Bridge Builder will also help the person to go along to their chosen activity and overcome barriers, including providing public transport trainers.

### **Sure Start to Later Life Service**

Sure Start to Later Life is a targeted information service to help Halton residents over the age of 55 to live a happy and independent life. It offers information, advice and a wide range of activities including day trips; get together events and volunteering opportunities that enable older people to take an active part in the community.



The Sure Start to Later Life service work alongside Adult Social Care. The team provides a holistic prevention programme that acts as a Single Point of Access to information to ensure local residents get the right support, at the right time in the right place. This program has also proven successful in reducing demand on both Health and Social Care. Sure Start have a particular focus on improving the health and wellbeing of residents in care homes as part of the Enhanced Health in Care Home programme, ensuring that care homes are an integral part of their community and engaging residents in meaningful activities to help maintain their health and wellbeing.

### **Mental Health Outreach Team**

The Mental Health Outreach Team provides short-term structured support to people who have an assessed mental health condition and who may have social needs which are impacting on this. The team works on a 1:1 basis to help individuals redevelop or learn new skills to manage their mental health, promote recovery, increase wellbeing and independence and enable individuals to engage with their local community. This involves some practical and emotional short-term work using specific outcome programs as well as providing advice, guidance and signposting to other services and activities, where required.

### **Community Alarms, Telecare and Keysafe**

Community Alarms uses a special alarm linked to a telephone that enables a person to press a button, usually on a pendant when someone is having difficulty at home. Pressing the button sends a message to the Council's Contact Centre. The Contact Centre will then make contact with the person to find out what the difficulty is and provide help.

Telecare is a set of electronic sensors installed in a person's home which provide support and assistance using information and communication technology. Telecare is tailored to each individual's own needs and will trigger an agreed response for different types of incidents.

There is also a Keysafe service, so that Adult Social Care services, with prior permission from the individual, can enter the person's premises if required.



### **Occupational Therapy, Housing Adaptations and Equipment**

Adult Social Care provides professional assessment, housing adaptations and equipment to help people to retain independence in their own homes and to support carers to provide personal care.

A Community Equipment Service is in place that provides equipment to help with bathing, toileting, mobility and moving and handling and other needs.

Adult Social Care can also provide support with housing adaptations, including:

**Minor adaptations**, which are structural or non-structural works costing £1,000 or less, for example, handrails, grab rails, stair rails. These are provided free of charge.

**Major adaptations**, which are more substantial works costing £1,000 or more, for example, level access showers, hoists, bathroom alterations. These are generally, but not always, provided through a Disabled Facilities Grant (DFG).

### **Shared Lives**

Halton Shared Lives Service is a flexible community support service which provides care for people who have been assessed as requiring support due to age, illness or disability. The Service provides long term and day care placements plus respite/short breaks to enable people to live an ordinary life in the community.

Shared Lives offers adults an alternative and highly flexible form of accommodation and/or care and support using the shared lives carer's home as a resource. The care is provided by individuals, couples or families in their homes within the local community. This service promotes wellbeing and can prevent deterioration of health conditions. The service also can reduce feelings of isolation and loneliness.



### **Supported Living and Extra Care Housing**

To support people to continue to live independently for as long as possible they may choose to access Supported Living and Extra Care Housing (sometimes called Assisted Living). This can provide low level intervention and support to meet people's needs and can be an alternative to residential care or living with.



### **Carers**

Halton Borough Council supports Carers by offering a Needs or Carer's Assessment and use this as an opportunity to explore the individuals' circumstances and consider whether it would be possible to provide information, or support, for example, by providing training to the carer about the condition that the adult they care for has.

The Council makes provision for a Home-based Carers Respite Service. The Home-based Respite Service provides practical help, personal care and emotional support to people in their own homes, replacing the care normally provided by their informal carer and allowing that carer to have some short-term respite from caring.

Halton's Carers Centre also provides a range of information, advice and support to help Carers to manage their caring role, including activities which allow the Carer some respite from their caring role, which in turn increases their wellbeing.

# Reshaping Adult Social Care

As demand for Adult Social Care services continues to increase, in Halton we will seek to continue to promote prevention and wellbeing.

Through effective practice, we want to continue our transformational shift from a focus on traditional long-term care and support, to early intervention and enabling people to live well and independently for as long as possible.

Over the course of this strategy, this will mean reshaping local services to create empowerment for local residents through easier access to information, help, advice and support in partnership with local communities and our local voluntary sector. We will ensure that people will be able to get the help, advice and support they need online, by phone, by video calls or, where required, through pre-scheduled home visits.

On first contact with people, we will try to establish and focus on a person's strengths so we can better understand their individual circumstances. This will enable us to support them to identify, recognise and utilise the services and assets around them, including support from families and local community services, groups and activities in the first instance, before we consider more traditional and formal Adult Social Care Services. This reduces dependency on Adult Social Care services.

We will do this because we know that this increases wellbeing, helps people to be more resilient and have better outcomes. Preventative approaches also reduce loneliness and isolation and are more resource-effective in the longer term. Support identified in people's local communities, outside of Local Authority provision, makes life better for both the individual and the community. By reducing or delaying people's need to use statutory care services, we are also aiming to strengthen local communities and protect the sustainability of local community assets.

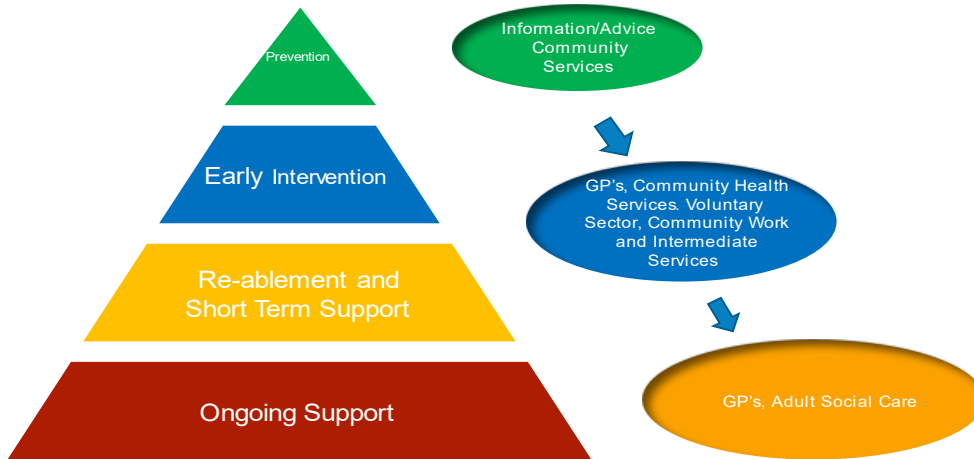
By engaging with our local residents earlier, it will help us provide advice and information to families on the criteria for receiving Adult Social Care support; explaining choices and setting expectations to ensure we can meet aspirations and outcomes in the future, as and when people do require more formal Adult Social Care services to meet their care and support needs. We will also be able to understand our local population and better anticipate the needs and demand of our local population and co-design and commission local services in accordance with needs and demand.

We will seek to ensure that there is no gap in support as young people transition between Childrens and Adult Social Care Services.

## A Different Approach

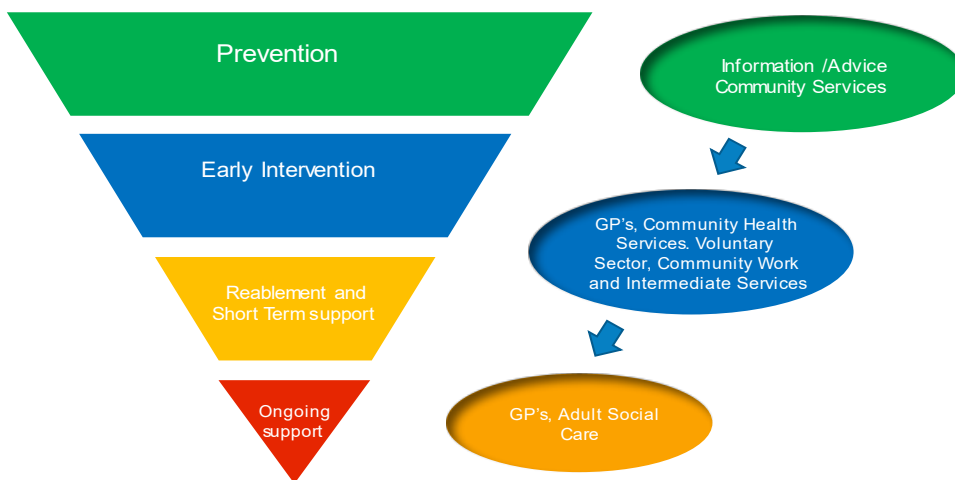
The current model below shows how services are currently reactive and responsive. Ongoing support from statutory organisations such as Adult Social Care and health services are most dominant and typically come into effect as a response to a crisis situation.

## Responsive Services



A new model, as identified below shows what the service could look like in 2027, by the end of the terms of this Strategy. The model depicts an up-turned version of the current model, with greater emphasis on Prevention and Early Intervention and less reliance on on-going and formal Adult Social Care support and services.

## Further Move to Empowerment



# Direction of Travel

Whilst the preventative offer is already well-developed within Adult Social Care in Halton, as a result of developing this Strategy we want to further improve our offer.

The following provide an indication of the direction of travel over the term of this four-year strategy:

- A proposed new Prevention, Assessment and Wellbeing Service will ensure individuals are supported to access community-based services to allow them to meet their own outcomes from existing community resources. This will also ensure that individuals who require more formal long-term support are able to receive timely person-centred services. An increased focus on wellbeing and prevention at the Adult Social Care 'Front Door' will bolster the support and services already provided via Adult Social Care and will ultimately help local residents access the information and support needed to improve their wellbeing. The main function of the Prevention, Assessment and Wellbeing Service will be a triage function/prevention approach, which will support individuals to access wider services, for example equipment, income maximisation, social groups and support, support to carers, as well as lower-level tasks like gardening, shopping and cleaning. This will ensure that an individual's wider needs are supported, with an emphasis on wellbeing, maintaining a healthy lifestyle and preventing a person from experiencing ill health or a social crisis.
- We are developing a strengths-based approach and training programme alongside Helen Sanderson Associates Ltd to all our assessment, support planning and review activity which will empower local residents to decide what care and support will help them most, which will include a mix of local community-based services, activities, groups and community assets, alongside more formal Adult Social Care services;
- Supported by Think Local Act Personal (TLAP), we will embed a Co-production approach to designing services, by including local people who use Adult Social Care services in the planning process;
- We will continue to place emphasis on 'home-first' - providing care at home and building capacity within community-based services to best meet individuals' needs closer to home so that people can continue to live independently, This will include a reablement approach to maximise people's ability to live independently;
- We want to explore alternatives to traditional residential care, through greater use of care at home and supported living accommodation which includes 'own front door' accommodation, particularly for those with Learning Disabilities and/or Autism;
- We will continue to place strong emphasis on early intervention to maximise independence and the opportunity for people to stay in their own homes – reducing the growth in residential care placements, especially for those with learning disabilities;
- We will seek to ensure that there is no gap in support as young people transition between Childrens Services and Adult Social Care Services and will embed a focus

on prevention for all young people entering adulthood;

- We want to improve the provision of respite care to support family carers to meet the needs of those with more complex conditions;
- We want to increase the use of assistive technology to improve the experience of paid-for and family carers in their role as carer;
- We will explore new and alternative models of delivery and opportunities for innovation with providers;
- We will explore the potential development of the direct payment approach and look to remove unnecessary barriers, potentially enabling residents to stay independent for longer by accessing carer support from within the existing community;
- We will continue with long term work collaborative work with the wider Integrated Care System (ICS) to develop preventative models of care that:
  - focus on keeping people healthy, independent and out of residential care for longer and
  - maximise the opportunities of remote healthcare monitoring and advances in technology.
- We will ensure the preventative services offer remains sustainable in light of austerity and the current financial climate;

# Delivery Plan

| Objective/Aim                                                                                                                | Performance Indicator                                                   | Lead Groups | Success Criteria                                                                                      | Actions to ensure Achievement of Aim?                                                                                                                                         | By When     |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Increased Contact Centre/ASC 'Front Door' referrals to community services                                                    | Target of 75% - 80% of all ASC referrals dealt with by ASC 'Front Door' | SMT         | Monitor number of referrals to Community Services via IAT and Contact Centre                          | Monitor number of people accessing local non-commissioned Community services.<br><br>Monitor number of people accessing commissioned Community services.<br><br>Case studies. | March 2025  |
| Creation of a Universal offer for Wellbeing                                                                                  | Number of people accessing ASC Wellbeing Service                        | SMT         | Creation of an ASC 'Front Door' Wellbeing Service                                                     | Monitor number of people accessing Community services and feedback of numbers accessing commissioned services.                                                                | March 2025  |
| Evaluation from service users, carers and families and partners to feed into service development and commissioning processes | Surveys/ Evaluation reports                                             | SMT         | Evidence to inform commissioning process                                                              | Evaluation of feedback from surveys, Service Providers, Service users, Commissioners and Quality Assurance Team.                                                              | March 2025  |
| Delay the need for people to access Adult Social Care Support                                                                | ASCOF                                                                   | SMT         | Reduction in numbers of people accessing ASC eligible services using 2022/ 2023 as a baseline         | Local Performance Reports/Statutory Returns                                                                                                                                   | Annual Data |
| Delay the need for Residential Care or Nursing Care Placement                                                                | ASCOF                                                                   | SMT         | Reduction in numbers of people admitted to Residential or Nursing Care using 2022/ 2023 as a baseline | Local Performance Reports/Statutory Returns                                                                                                                                   | Annual Data |

|                                                                               |       |     |                                                                                                                                                                                                                                                                                         |                                             |             |
|-------------------------------------------------------------------------------|-------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------|
| Increase the number of people at home 91 days after discharge from Reablement | ASCOF | SMT | <p>Increase in the number of people at home 91 days after discharge from Reablement using local performance reports 2022/2023 baseline</p> <p>Number of people discharged through Pathway "O", and reduction in Pathways 1 and 2 using local performance reports 2022/2023 baseline</p> | Local Performance Reports/Statutory Returns | Annual Data |
|-------------------------------------------------------------------------------|-------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------|

-End-