

Adult Social Care Prevention strategy

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Introduction

Welcome to the Prevention Strategy for Portsmouth City Council Adult Social Care.

What do we mean by "prevention"? In the broadest sense, prevention is the action taken to stop something happening or arising that usually has a negative impact.

In adult social care, prevention breaks down into four areas:¹

- Supporting people to live as healthily as possible, both mentally and physically
- Reducing the use of health services, including primary care, emergency services and hospitals
- Preventing or reducing the escalation of health issues
- Supporting people to remain as independent as possible

Therefore, the aim of prevention is to help people to keep healthy so they can live well for as long as possible. This is not to say that people will never have poor health, rather that we undertake early intervention to stop health issues arising or, if they are unwell, providing care and support to manage their health so any further deterioration is reduced or delayed.

Prevention is not a standalone principle but is linked to empowerment, participation and partnership. Prevention is ongoing, rather than being a one-off intervention. And it applies to all adult residents of Portsmouth, not only those with care and support needs.

How the council arranges services that will prevent or delay the need for care and support, either for the individual or for a carer, is set out in Section 2 of the Care Act. Where services are provided, these can be preventative in nature, or they can be in response to a statutory assessment of need. Therefore, we need to consider how we:

- Identify prevention services already available in the local area, how these will help Portsmouth residents, how we can work with these services, and how we can make best use of their resources.
- Identify residents with eligible care and support needs which may or may not be being met by the council or other providers.
- Identify carers in the local area with support needs which may or may not be being met by the council or other providers.
- Collaborate with our professional partners and local community organisations to provide or arrange services that help keep people well and independent.



Andy Biddle
Director of Adult Social Care



Cllr Matthew Winnington
Cabinet Member for Community
Wellbeing, Health and Care

¹ [Prevention in adult social care report December 2019 \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

Our vision and values

Our adult social care vision stems from the broader [Portsmouth City Council vision](#), which was designed in collaboration with residents and key influencers in the city.

Vision

As part of the community of Portsmouth, Adult Social Care promotes health and wellbeing for all, helping people to build on their strengths through access to advice, support and care, enabling them to feel safe and able to contribute to their communities.

To achieve our vision, our work must be underpinned by values which provide a model for how care and support is designed and delivered in the city. These values provide a framework for how we work with each other and how our work can be held to account by our staff, residents and partner organisations. Our values are aligned to the Portsmouth City Council corporate values, which are below.

Council values



Respect: we treat everyone with respect, considering the feelings, wellbeing, safety and rights of others.



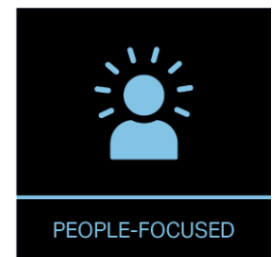
Integrity: we are accountable, can be trusted and take responsibility for our actions.



Collaboration: we work together as a team and with our colleagues, residents, partners and communities to achieve more.



Inclusive: we recognise diversity, are open, fair and provide equal opportunity to all.



People-focused: we put people first and ensure our customers are at the heart of everything we do.

Strategic context

A gap analysis was conducted using internal and external data sources such as the Joint Strategic Needs Assessment (JSNA)², Office of National Statistics (ONS)³, Public Health as well as service user and partner feedback to determine our priorities for this strategy. Consideration was given to our duty under the Care Act and the council's strategic aims.

This strategy outlines the preventative work that is already in place and work that is in development in line with our duties set out in the Care Act (2014).

As well as the Care Act 2014, this strategy is informed and supported by local and national policy including:

- [Portsmouth Health & Wellbeing Strategy 2022- 2030](#)
- [Portsmouth Adult Social Care strategy 2024 - 2027](#)
- [Prevention is better than cure.](#)

Health and Wellbeing Board

Our Prevention Strategy is a collaboration with our health and care partners in Portsmouth who form the [Health and Wellbeing Board](#).

² [Joint strategic needs assessment - Portsmouth City Council](#)

³ [UK census data - Office for National Statistics \(ons.gov.uk\)](#)

Local context

Portsmouth is a compact island city covering the PO1 - PO6 (and a small part of PO7) postcode area. It is one of the most densely populated local authority areas outside of London, with 75% of the population living on Portsea Island, itself only approximately 40 square kilometres.

Portsmouth data⁴

Ageing

Portsmouth is an ageing society. According to the 2021 census⁵:

- A total of **85%** of Portsmouth residents are aged **18 - 85+**
 - Approximately **20%** are aged **18 - 64**
 - Approximately **18%** are aged **65 - 84**
 - Approximately **2%** are aged **85+**
- Between **2020 and 2030** the percentage of people aged 65+ is estimated to increase by **18%**
- Life expectancy in Portsmouth for women is **82.4** years, compared to the national average of **83.1**, and for men it is 78.5 years, compared to the national average of 79.4.

Health

- Approximately **6%** of adults in Portsmouth are alcohol-dependent, with **22%** adults drinking to unhealthy levels
- Approximately **13%** registered patients with a Portsmouth GP aged 16+ reported having a long-term **mental health issue**

Care

In the financial year 2023/24 in Portsmouth:⁶

- Around **180** people were living in **residential care** accommodation
- Around **114** people were living in **nursing care** accommodation
- Around **88** individuals were receiving **direct payments**
- **3,560** care packages were being provided to ASC clients
- About **8%** residents were registered **carers**
- The adult social care 'Response team':
 - Received **6,369** referrals
 - Dealt with **5,733** other contacts⁷
 - Conducted **695 home visits**
- The adult social care helpdesk received **17,959** calls.⁸

⁴ [Director of Public Health Annual Report: Portsmouth Population Health Summary 2021/22](#)

⁵ [UK census data - Office for National Statistics \(ons.gov.uk\)](#)

⁶ ASC HR600Standard dataset

⁷ ASC Response team data report

⁸ ASC Helpdesk Data Report

Preventative services

The Care Act (2014) states that preventative services should operate at three levels:



Through our preventative work, we seek to support people to have choice, control and support to live the life they want to lead.

Primary services

Homelessness prevention Mental Health Hub

Independence and Wellbeing team (community development)

Making Every Contact Count training (MECC)

Food banks Assistive technology Falls prevention service

Community forums Service user involvement groups

Portsmouth Safeguarding Adults Board Family and friends

Voluntary, Community and Social Enterprise (VCSE)

Community groups Department for Work and Pensions

Sexual health services Cultural and faith groups

Health screening Dental services Safe at Home (Telecare)

Suicide prevention and bereavement

Portsmouth Wellbeing Service (supporting weight management, smoking cessation and alcohol reduction)

Community information hubs (HIVE Portsmouth, information stations, Citizens Advice Bureau)

Digital information services available through PCC or partner organisations

Secondary services

Adult Safeguarding

Community Connectors

Response team

Primary care services

Extra care housing

Drug and alcohol recovery service

Social prescribers

Portsmouth Carers Service

Room One

Virtual wards

Stop Domestic Abuse

Housing Options

Shared Lives

PA Noticeboard

Tertiary services

Sensory services

Occupational therapy

Adult Mental Health services

Neurodivergence Transition team

Residential care

Learning disability service

Hospital discharge services

Sheltered housing

Supported living

Adults Intermediate Care team

Community Rehabilitation service

Social Work teams

Discharge to Assess

Day services

Transition services

Independent Support Assistance

Prevention services for carers

In the context of this strategy, we define a carer as "anyone who provides unpaid care and support to an adult (age 18 years or older) who would otherwise not manage without that help". Carers are typically family members but can also include friends who did not plan or choose to become carers, with caring responsibilities often arising unexpectedly or suddenly. This means many carers provide care without any training, knowledge or preparation, rather they just want to help the people they love.

It is vital that carers are identified at the earliest opportunity and offered support with their caring role as identified in the Care Act (2014). Raising awareness of the caring role ensures that carers and potential carers are aware of the information and support that is available to them.

The 2021 Census recorded approximately 8.4% of the Portsmouth population as carers.⁹ The [Portsmouth Carers Strategy 2025 - 2029](#) aims to recognise, support, and empower unpaid carers in the community whose contributions can often go unnoticed or unsupported, leading to challenges in their own well-being and ability to continue providing care.

The Carers Strategy outlines a comprehensive approach to addressing the needs of carers in Portsmouth, focusing on five priority areas which also support the Prevention strategy:

Improve targeted, practical, psychological and emotional support for carers

We will look at the provision of carers breaks including respite, develop and extend the provision of peer support networks and improve access to talking therapies.

Support carers to live the life they choose

We will provide and promote opportunities for carers to have the social lives they would like and need, and the ability to find and retain employment. In particular this will include encouraging employers to provide a carer-friendly workplace and support the implementation of the [Carers Leave Act 2023](#).

Identify, recognise and involve carers in decision making and planning

We will promote the formal identification of carers across the health and social care system and provide carers awareness training for all relevant staff. We will also work to ensure that carers' expertise and knowledge of their loved one, gained via lived experience, is at the heart of decision making and care planning.

Engage with, listen to and co-produce with carers

We are committed to including carers in co-production and the quality improvement of health and social care systems in Portsmouth, increasing the digital offering to carers, and providing the information they need at the time they need and in a format they can understand.

Measure and report progress, maintaining flexibility to change plans if needed

We will include carers in the oversight of the Carers Strategy, publicise our plans, achievements and impact, and give carers the chance to comment and advise, especially on their areas of expertise.

⁹ Age-standardised proportion of usual residents (aged five years and over) providing up to 50hrs of care per week.

Our prevention priorities

In Portsmouth we recognise that health and social care organisations must align, where possible, ensuring that those who use our services experience sensible, coherent, collaborative support that can flex in a way that meets their individual needs.

During the 2023-2024 financial year, adult social care undertook a 'self-assessment' of the services we provide, ahead of a planned inspection of our services by the Care Quality Commission. Our self-assessment enabled us to identify strengths and areas for improvement, and this Prevention strategy aims to address some of these improvement areas.

We want to work with our community, our internal and external partners (including community assets) to actively promote independence and wellbeing so that residents can live independently in their own home and communities for as long as possible. We will do this by:

- Priority 1:
Improving access to information, advice and support to enable our residents to make informed choices about their own health and wellbeing.
- Priority 2:
Working with people to help them retain or regain their skills, confidence and resilience to maximise their independence.
- Priority 3:
Ensuring care and support is personalised to the individual and their circumstances to enable them to live the life they want to live.
- Priority 4:
Supporting people through early intervention with the aim of preventing, as much as possible, need or deterioration.

Priority 1

Improving access to information, advice and support to enable our residents to make informed choices about their own health and wellbeing

Why this is important

The local authority must be proactive in identifying opportunities to offer information and advice at all stages of adult care and support processes, irrespective of whether the person (or carer) is already in receipt of care and/or support services.

The Care Act (2014) recognises that people have a better quality of life if they are healthy, can be independent, and are able to have control over what they want or need.

What we want to achieve

- Strengthen our offer for carers and the support available.
- Provide a wide range of information that is inclusive to all residents, recognising that not everyone is able to use technology to access information, advice or guidance.
- Provide a front door for adult services and signpost to community resources which will enable people to find out about the support available to them.
- Work with professional and community-based partners to ensure information and advice is consistent and cohesive, to allow residents to make well-informed decisions.

What is currently in place

- HIVE Portsmouth provides access to a community directory, both digital and in-person, where residents can find out about community resources and/or support in their area.
- The Community Connector service, with the support of community volunteers, operates information stations at various sites across the city offering information about activities available in the city.
- The Portsmouth Carers Centre is a dedicated space for carers which provides them with information and advice, and breaks from their caring responsibility to support their wellbeing.
- The Response team provides a Community Link Officer to support staff and residents to access community support.
- Forums and Partnership groups help share information with residents and practitioners.

What we need to do

- Develop our digital offer to create a better online 'front door' that is accessible and easy to navigate to easily find information and advice.
- Review and promote our existing communication tools and resources for residents who are hearing, sight or speech impaired.
- Equality, diversity and inclusion (EDI) champions to promote the use of translation and interpretation services available to staff and residents for whom English is not their first language or who use non-verbal communication methods.

Priority 2

Working with people to help them retain or regain their skills, confidence and resilience to maximise their independence

Why this is important

Creating a culture of adopting healthy lifestyles early on in life to support good physical and mental health will enable people to keep well, stay independent, and maximise their functional abilities later on in their lives.

What we want to achieve

- Increase awareness and education on the importance of good physical health and mental wellbeing.
- Improve outcomes for people with poor mental health through early identification and to ensure they can access the right support, from the right provider, at the time they need it.
- Ensure residents have a broad range of activities they can access to support good physical and mental health.
- Develop green spaces across the city.
- Increase access to a range of equipment and support services to prevent a decline in physical health.

What is currently in place

- The Independence and Wellbeing team provides a wide range of activities to support healthy eating, exercise and reduce social isolation.
- The Community Connector service provides support for people to build confidence to access activities that can help with their physical and mental wellbeing and build on networks of support.
- Forums exist where community services, Voluntary, Community and Social Enterprise (VCSE) and public health colleagues can promote physical and mental wellbeing activities, such as Live Well.

What we need to do

- ASC managers to champion the use of digital technology and provide assistive technology so that people can stay independent or reduce their dependence on services.
- Support transformation of community mental health provisions.
- Implement the new reablement offer (the Community Reablement Service) to support individuals who may need help to regain their independence or prevent their health from getting worse after an acute illness, or following discharge from hospital, and/or people in the community who may be developing needs for care and support.
- Ensure ASC staff can identify those who would benefit from reablement.

Priority 3

Ensuring care and support is personalised to the individual and their circumstances to enable them to live the life they want to live.

Why it is important

By personalising care, we can ensure that no decisions are made without the direct contribution of the person affected by the decision. This is a key principle to ensuring that people are able to live the lives they want and not just what is convenient for a service provider.

What we want to achieve

- Embed and promote strengths-based practice in our services which empowers people to identify and work towards outcomes they want to achieve.
- Increase awareness of choice.
- Develop a micro-provision network in the city.
- Improve outcomes for people with poor mental health through early identification, ensuring they can access the right support, from the right provider, at the time they need it.

What is currently in place?

- The Health and Wellbeing team (Public Health provision) works with people with weight management, smoking cessation and alcohol intake.

- The Community Reablement Service supports individuals who may need help to regain their independence or prevent their health from getting worse after an acute illness or following discharge from hospital.

What do we need to do?

- Develop the adult social care offer to ensure that those in need of care and support have a real choice of services e.g. micro provision and direct payments.
- Further progress the transformation of community mental health provision.
- Team Managers to work with the commissioned Community Engagement team to develop service user feedback tools so that people's voices are heard.
- Strengthen partnership and community working to ensure co-ordinated development and delivery of care and support services.

Priority 4

Supporting people through early intervention with the aim of preventing, as much as possible, deterioration of their health and wellbeing.

Why it is important

Working with our partners and residents to create a culture of early intervention can empower people to improve their quality of life.

What do we want to achieve?

- Embed strengths-based practice across all areas of adult social care.
- Increase awareness and education around the importance of good physical health and mental wellbeing.
- Ensure residents have a broad range of activities they can access to support good physical and mental health.
- Improve assessment practice.

What is currently in place?

- The Independence and Wellbeing team provides a wide range of activities to support healthy eating, exercise and reduce social isolation.
- The Community Allotment and a variety of collaborative gardening activities are available across the city.
- There is ongoing learning and development support for staff to improve their strengths-based practice.
- Make Every Contact Count (MECC) training is available to all front-line staff.

What do we need to do?

- The Independence and Wellbeing team to work with HIVE Portsmouth and community groups to identify and fill gaps in provision of activities in the community.

- The Independence and Wellbeing team to support local community groups to develop activities which meet unmet needs.
- Work with the Greening Development Group and residents to identify, use or repurpose green spaces in the city.

Conclusion

To achieve our ambitions over the next year we will need to change how we work, with a greater focus on co-production with our residents and key partners. We will know if this strategy is successful when:

- People make the choices that best support their health and wellbeing
- People know how to age well and take positive action to minimise their need for care and support services
- People have a sense of independence and connectedness to their local community
- Key partners (Residents, NHS, Public Health, PCNs, VCSE) actively work together to embed strengths-based approaches to achieve the best outcomes for people

It is important this strategy delivers not just what we must do as part of our statutory duty, but also what we should do, to ensure the current and future wellbeing of our residents. We will achieve this through:

- Developing and embedding preventative services
- Monitoring progress and outcomes
- Embedding co-production and strengths-based practice.

The Adult Social Care Governance Board will monitor our work to ensure we achieve our stated priorities and that we work in compliance with our statutory duty. Actions from this strategy will contribute to the ASC Improvement Plan which is monitored by the Board. Therefore, to make sure we successfully implement this strategy we must:

- Develop an action plan to support delivery of this strategy
- Inform our residents and partners who are affected by our decisions
- Develop robust feedback mechanisms to ensure residents and partners can share their experience of adult social care
- Monitor progress at all levels with quarterly updates to the Governance Board.

Glossary

Word / Abbreviation	Meaning
ASC	Adult Social Care
ASC Helpdesk	Responds to contacts from both the public and professionals. Provides information and redirection to appropriate teams within the service or signposts to other teams, services or organisations as required.
ASC Response Team	Provides an initial response to requests for care and support, including resolution of people's needs and issues wherever possible at this first point of contact.
Care and support	A mixture of practical, financial and emotional support for adults who need extra help to manage their lives, to be independent or to maximise their functional abilities.
Co-production	Co-production is when you as an individual influence the support and services you receive, or when groups of people get together to influence the way that services are designed, commissioned and delivered.
Council	Refers to Portsmouth City Council.
Culture	Learned attitudes, beliefs and values that define a group or groups of people.
EDI	Equality, Diversity and Inclusion
Effective	A person's care, treatment or support achieves good outcomes, promotes a good quality of life based on best available evidence.
Governance	By which accountability for adult social care is monitored and assured.
Integrated Care Board (ICB)	The Integrated Care Board (ICB) is the NHS-led organisation responsible for developing a plan to meet the health needs of our population and the NHS budget.
Integrated Care System (ICS)	The ICS is the partnership of local health and care organisations working together to better join up services to improve the health and wellbeing of people in the communities we serve.
Independence	By which a person has control over their own life and any decision made about it.
Joint Strategic Needs Assessment (JSNA)	An assessment of the health and wellbeing needs of the local community.
Office of National Statistics (ONS)	The UK's largest independent producer of official statistics and the recognised national statistical institute of the UK.
Provider	An individual or organisation that is working in partnership and/or has been commissioned by Portsmouth City Council to deliver services.
Residents	People who live in the city of Portsmouth.
Safeguarding	Ensuring people live free from harm, abuse and neglect and, in doing so, protecting their health, wellbeing and human rights.
VCSE	Voluntary, Community and Social Enterprise.
Wellbeing	The overall state of a person's physical, mental, emotional and social satisfaction with life.