

Adult Social Care Prevention Strategic Intentions & Engagement

January 2025



Introduction



The following slides introduce our thinking and journey towards embedding prevention into all aspects of ASC as part of our transformation journey

We will talk about:

- ***Our Adult Social Care vision***
- ***What we mean by embedding prevention***
- ***Understanding prevention***
- ***Why we need to focus on prevention***
- ***Our Prevention approach and how we might implement it***
- ***The people we need to reach***
- ***Questions for you!***

Our Vision | Living Better Lives



Living Better Lives is the vision for Adult Social Care and Health in Liverpool.

“Working together, we will enable Liverpool residents to live full active lives; to live independently and to play an active part in their local communities.”

This vision underpins the transformation and improvement journey we are on, to bring about lasting, positive change to how we support people in Liverpool.

We are also committed to establishing better ways to engage people in decisions about social care through co-production using approaches such as the Think Local Act Personal (TLAP) *Making it Real* framework. We will further define our approach with staff, partners and people.

Together we will create a better future for the people of Liverpool.

Focus on doing with, not doing to our residents – effectively using our resources to enable them to achieve their outcomes



Place our values at the heart of what we do, with an enabling workforce and environment



Acknowledge that independence means something different to every individual, with support being proportionate to needs and aspirations first



Work with our partners on our offer, and hold them to account for theirs



Using data and insights to intervene earlier and prevent needs escalating for vulnerable residents using a neighbourhood approach



What do we mean by embedding Prevention in ASC



Prevention, as defined in the Care Act Statutory Guidance (2016), 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**



- Increased independence
- Increased self care
- Improved quality of life & wellbeing for people who need care & support & for unpaid carers
- Reduced social isolation and loneliness
- Delayed and/or reduced need for care and support.

Guidance to help us understand prevention



Prevention is not a standalone principle, it links closely with wellbeing, empowerment and partnership

Prevention is ongoing, not a one-off process, service or application

Prevention and early intervention require us to understand needs, strengths and opportunities and work in partnership

The duty to prevent needs from developing or increasing is distinct from the duty to meet eligible needs

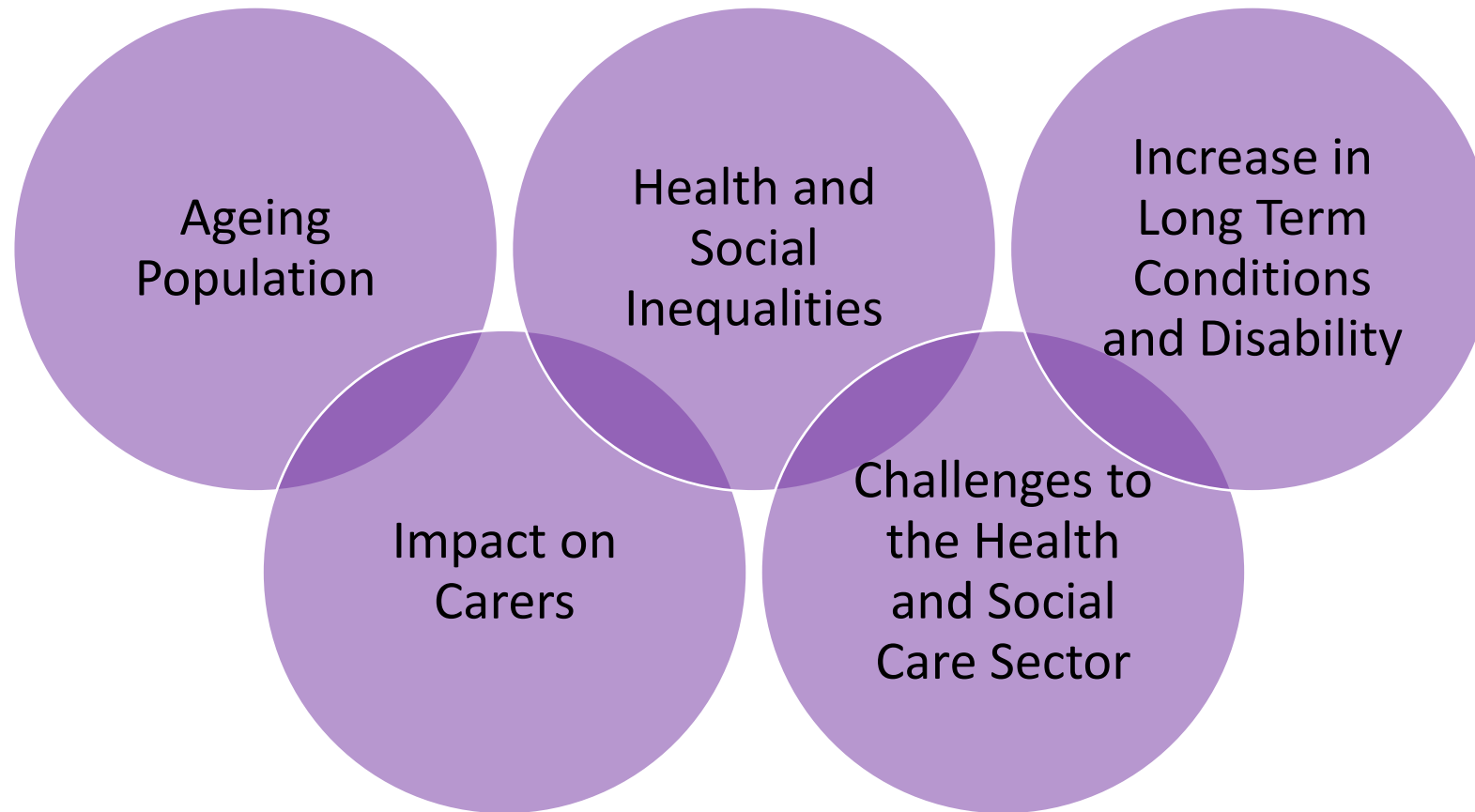
The responsibility for prevention applies to all adults:

Those with no care and support needs

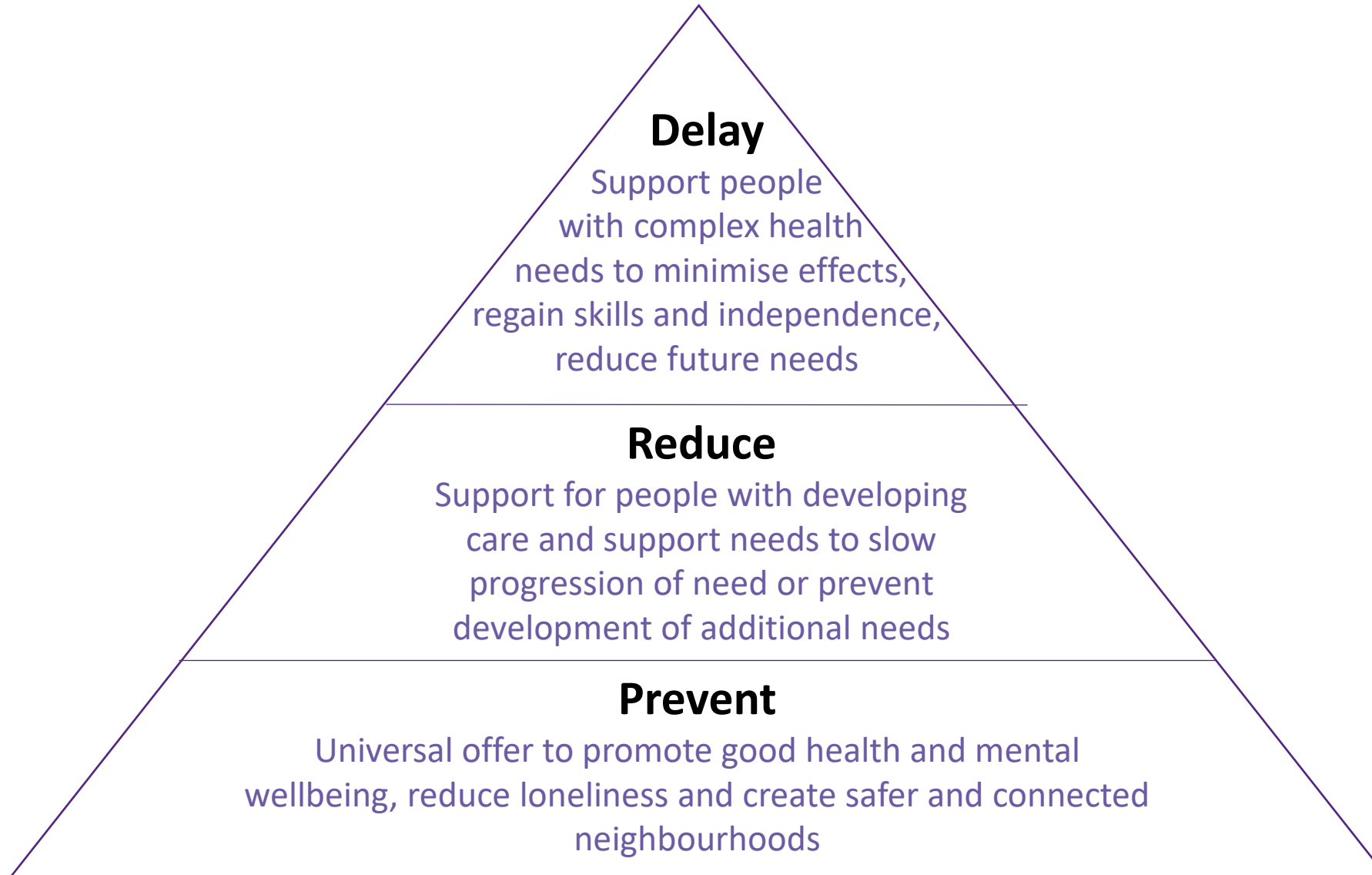
Those with care and support needs, whether or not those needs are eligible or met by the local authority

Carers, including those about to take on a caring role, those with no need for support and those whose support needs are not met by the local authority.

Why we need to focus on Prevention



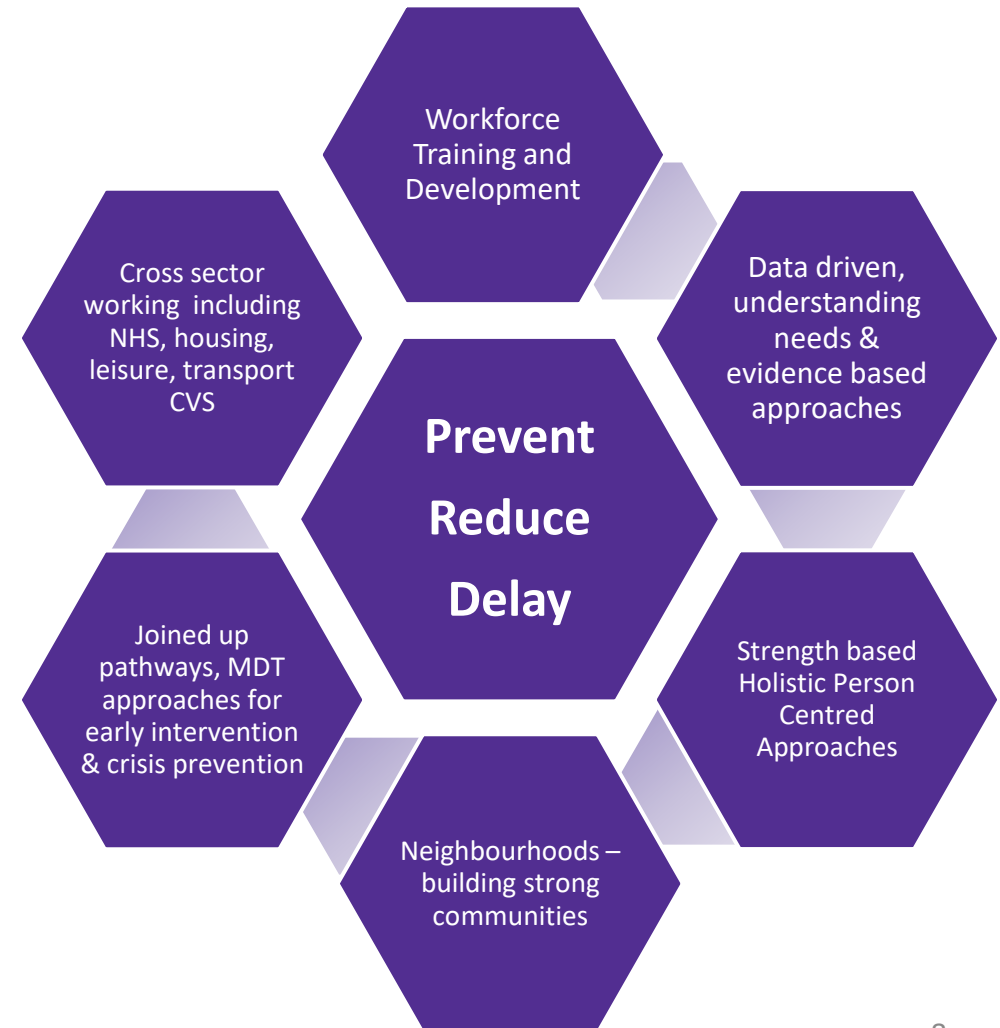
Our Prevention Approach



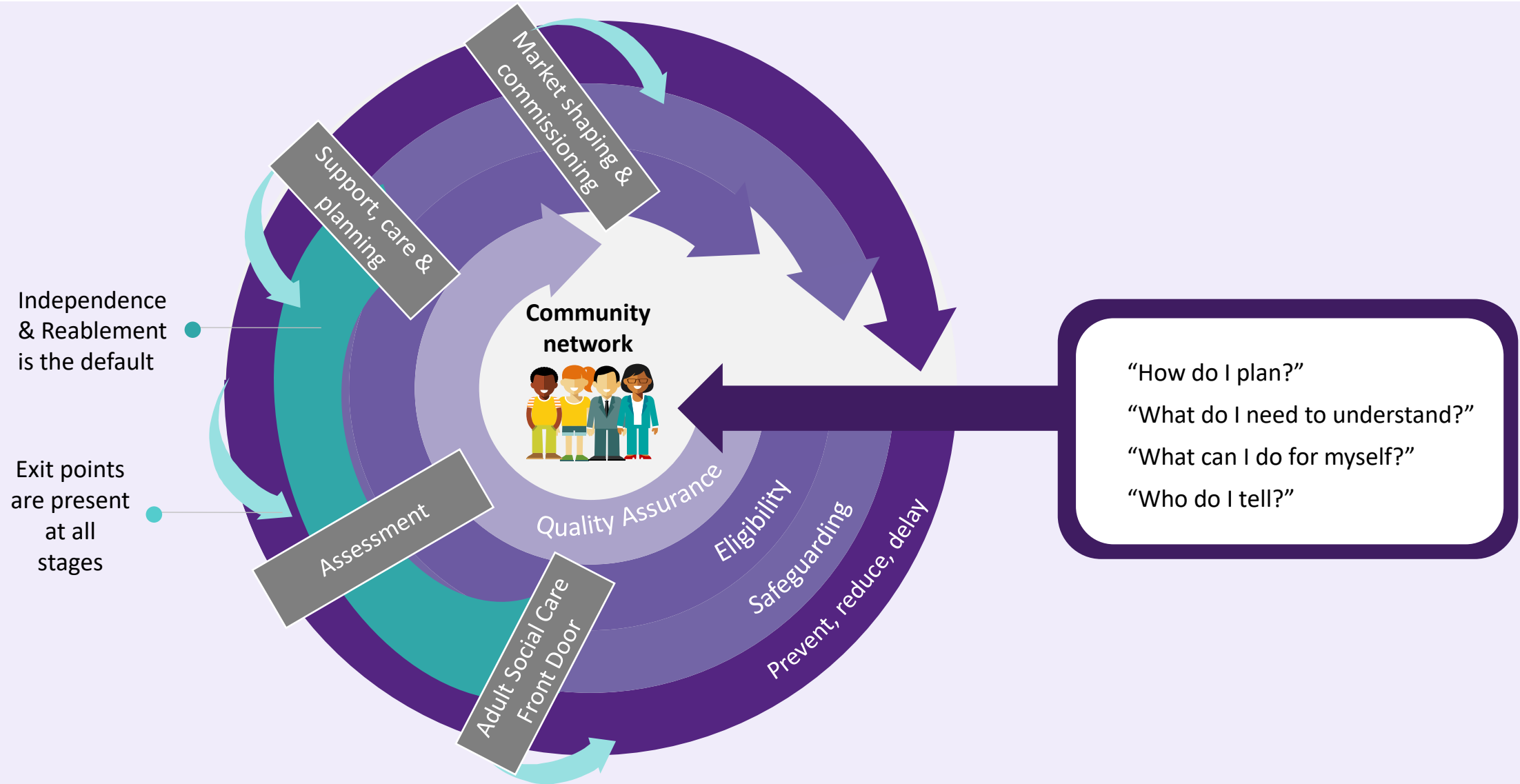
How could we implement a preventative approach?



- Some ideas of the building blocks for 'good' prevention to enable a system that enables independence and promotes wellbeing
- Prevention needs to be in all parts of ASC system; *commissioning, service provision, every contact, care and support plans, information, advice and guidance*



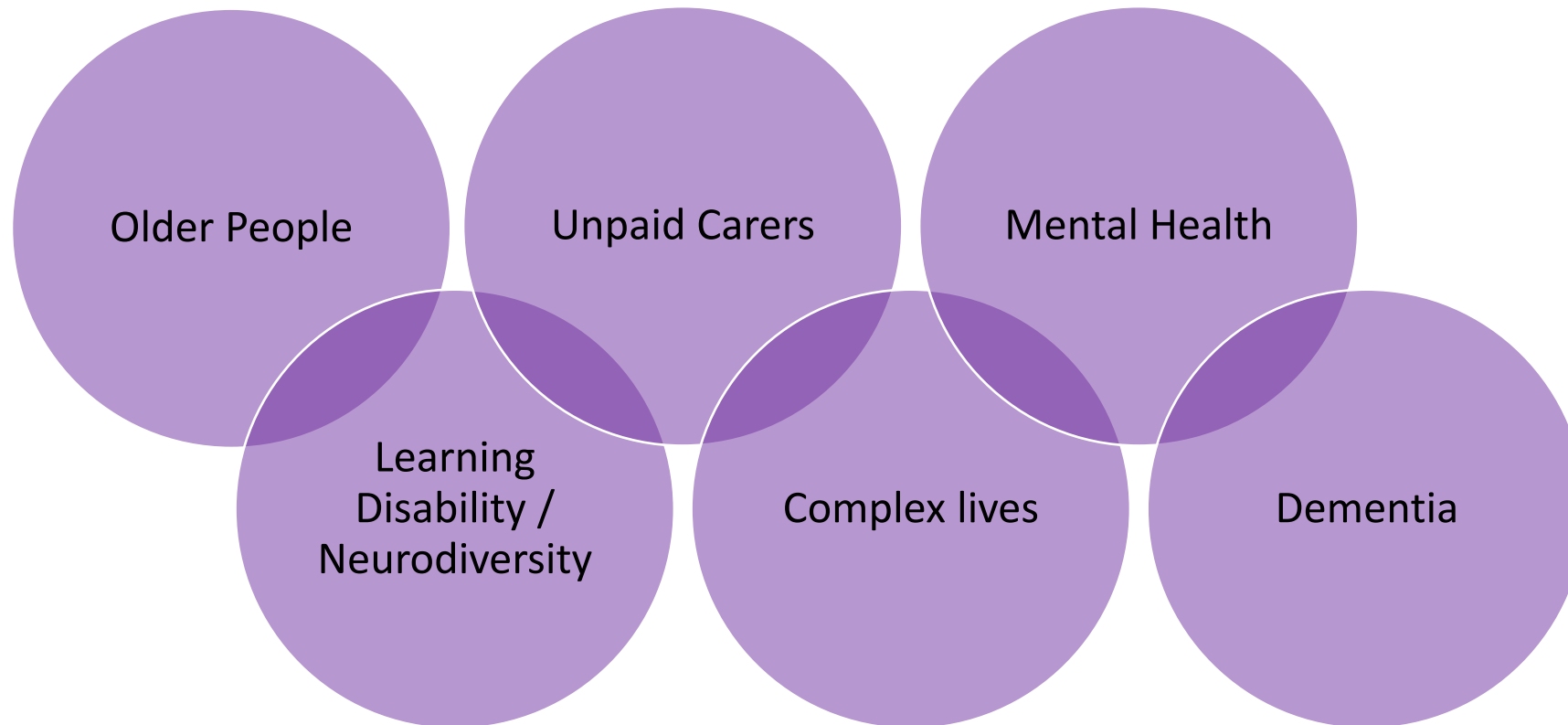
Putting the person and prevention at the centre of our approach



People we need reach



Ensure our approach meets those who are in greatest need, where we know needs are increasing, this includes

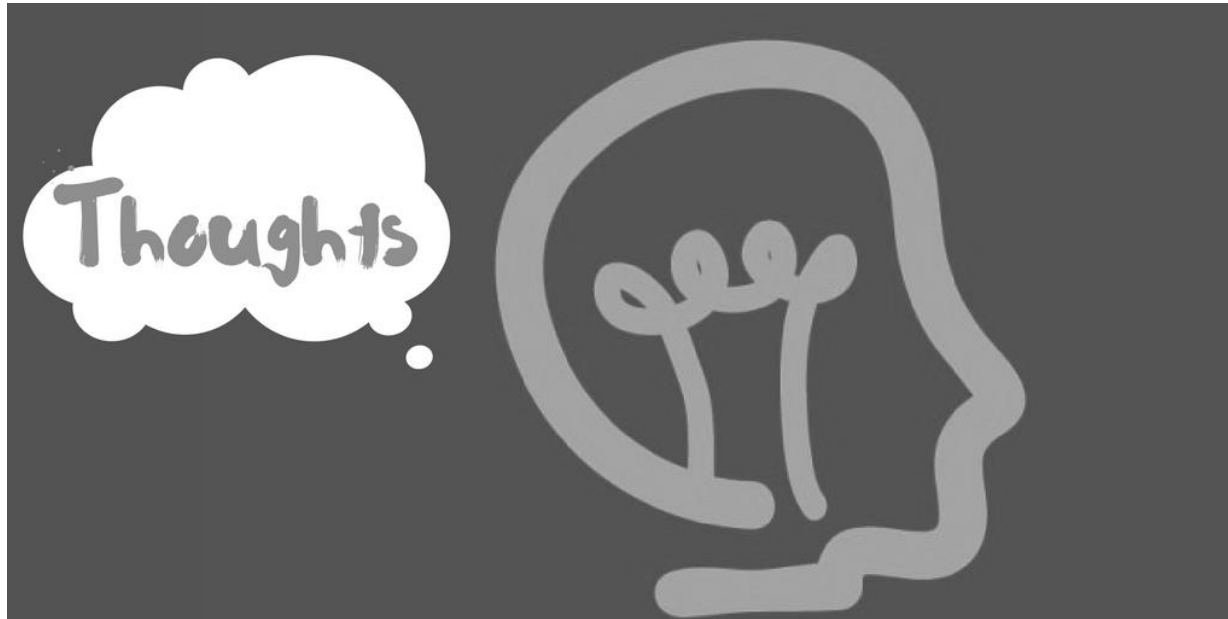


Questions for you:



- Are these the right building blocks for an effective approach to prevention?
- Are the groups we need to reach the right groups? Are there any groups/populations missing?
- What work / projects is already ongoing in these areas that you are involved in that feeds into our approach
- How do we 'socialise' this approach wider?

Your views...



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We would love to hear your views and how you could support this work.
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