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Faye Pemberton-Crow
Assistant Director for Integration and Service Development
Worcestershire County Council

By Email

Dear Faye,

WCC Prevention and Early Intervention Strategy 2023 - 2028

Thank you for the opportunity to review the WCC Prevention and Early Intervention Strategy 2023 - 2028

We very much welcome the focus on prevention the Strategy provides. We endorse the approach that prevention is “everybody’s business”. Ensuring people are able to get the information, advice, and guidance that they need, alongside having access to services which will support them and keep them well, makes sense for residents as well as meeting the Local Authority’s statutory responsibilities.

We hope that the comments below are useful and constructive.

Co-production

We note that there has been little co-production and engagement in the preparation of the Strategy with Worcestershire residents.

As a Healthwatch we were involved in discussions about the Strategy and its development, but we would have liked to have seen this opportunity provided to a much wider range of people, groups and organisations.

Whilst we acknowledge that residents were engaged in the development of the Health and Wellbeing Strategy it seems to us that there were opportunities to carry out further engagement through established networks and forums, or the use the Councils Building Together approach to gather feedback and comment.

We hope that this will be rectified and that there will be further engagement and involvement in its implementation.

Language used in the Strategy

Overall, we think the Strategy does flow. The order of the sections makes sense, and the Councils statutory duties are explained. The Strategy is clearly laid out and supported by pictures and infographics. This is helpful in breaking up the text and aids understanding.



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However, we think the language used throughout the Strategy may be difficult for people who are not familiar with professional language or with terms used within health or care to understand. Examples include references to outcomes, collaboration, integration, health behaviours, strength-based, holistic, person centred. Whilst we are familiar with this language we are not sure how well it will be understood by members of the public.

There are also points in the Strategy where acronyms or terms used are unexplained. Examples include Better Care Fund, ICB, ICS, VCSE and Pathway 1.

We think there are places where “Plain English” would have helped people to understand the point being made. We have made some suggestions below, but think the Strategy as currently written is better suited to a professional or staff audience than the general public.

We have the following comments which are set out using the Strategy headings. We have not concentrated on typo’s etc, unless we think they alter the sense of what is being said.

An introduction from Strategic Director for People

The section that starts “To achieve this we will” states in the second bullet point that the Local Authority will consider how they will identify people with Care and Support needs which are not being met. Other than in respect of Falls Prevention we have not identified many actions in the Strategy which set out how this will be achieved. We would welcome more focus on this in the Strategy, or more explicit links between the actions identified and this aspiration.

Why do we need to focus on prevention?

Demand for Adult Social Care. Should the forecast demand for care be “by” 2038, rather than “in” 2038?

Costs - it would be useful to have the spend in Worcestershire on care and support rather than the national figures.

We are unclear of what the final sentence in this section is conveying as currently written.

It would be useful from a public perspective to have some of the positive benefits of focusing on prevention outlined earlier in the Strategy. Wording at the top and bottom of the section on carers could work well here (see below).

Evidence base

Under the Marmot Review it says:

“The Review stated that if the conditions in which people are born, grow, live, work and age *and* favourable and more equitably distributed..”.

Should the word “are” replace “and” before favourable and equitably distributed?

What do we mean by prevention?

In the section on this page about developing our preventative approach the wording of the third bullet point - the distinction between the prevention duty, which applies to all adults, and the duty to meet needs in eligible adults, could be clearer and more straight forward.

Could it say something like:

‘Our responsibility to prevent needs from developing applies to all adults living in Worcestershire.

It is separate from our legal duties under the Care Act to meet the needs for care and support of eligible adults and to provide support for carers.’

Prevention approach and Prevent, Reduce, Delay

The triangle is helpful in explaining the approach, but the language used could be simpler, are references to primary, secondary and tertiary services necessary? This would make sense to a professional audience but not necessarily a public one.

Similarly, many people will be unaware of what the description of the range of services actually means or what they provide, for example Floating support, reablement/intermediate care, assistive technology, replacement care.

In our view support for mental health and wellbeing should be included in the triangle where appropriate.

Prevention services for carers

It would be useful if this section provided a definition of an unpaid carer.

Also helpful would be some information about the numbers of people in the County providing unpaid care from the Census data.

This could be followed by a statement about recognising how a preventative approach can support people who are caring for others.

The range of services are generally well described. In the final bullet point we would remove the words “alongside paid employment”, there are a range of circumstances under which support for carers to manage their caring role may be required.

The wording at the top starting “By working with people early ...” and at the bottom starting “through preventative work ...” seem to us to be applicable to people in general not just carers.

What is the Wellbeing principle?

The statement at the top of this section may be difficult for many people to understand.

It may be more useful to start with the question

“What is wellbeing?”, and state that all of the following factors in the picture below contribute to a person's wellbeing. None is more or less important than another.

Under the graphic a sentence could be added that states:

“The Council must always consider how what it does and the decisions it takes effects a person's wellbeing. Promoting wellbeing is a key principle of the Care Act 2014”

Strategic Priorities

We think the strategic priorities and three key themes are appropriate, but we would have welcomed more evidence of public involvement and engagement in how they were identified and how they will be delivered.

Under Theme Two - “providing support, education and training to enable people to identify social isolation and loneliness and offer support as required”. Who are the “people” being referred to? Is this workforce across all sectors, or people in the community?

Key Priority 1 - Reducing Loneliness and Social Isolation

Theme 2 - Providing Support - Priority 2.3 - we would suggest that this could be expressed in more straightforward language.

The reasons for loneliness being a priority are well explained, although the point about the Care Act may be difficult to follow for people unfamiliar with social care.

Language such as community offer, community assets and wellbeing hubs may also be unfamiliar to many.

The outcomes sought make sense and are written in a straightforward way that people can relate to.

Under how will we get there? - we think that Point 6 will not make much sense to many people. Terms such as ICS and VCSE need to be explained.

We did not see how the provision of education and training has been translated into priorities / actions in this section.

Key Priority 2 - Ageing Well

Priority 3.3. and 4.2 could be difficult for people to understand as currently written.

The explanation of deconditioning is quite complicated, it seems to be more simply put on the next page. The relationship between the first and second sentence is not clear.

The reasons for selecting Ageing Well as a priority are well explained, although we would suggest that the last point about regular physical activity could be made first, as other points re-enforce this.

Where are we now - see points above about explaining terminology and what services are.

The outcomes sought are clear - we wonder through whether the point about falls should read that people *receive* advice and guidance rather than *provide* it?

How will we get there - see points above about explaining terminology and what services are. The language in this section could be simplified for a public audience. For example under point 2 this could be simplified to read something like: ‘When people contact us or use our services we will consider whether they may be at risk of falling, so we can offer help or advice.’

Key Priority 3 - Advice, Guidance and Information

Priorities - the language these are written in - particularly Theme 6 - Choice and Control, may be unfamiliar to people not involved with Adult Social Care

The reasons for focusing on Advice, Guidance and Information are clearly set out, but as previously stated some of the language used may be unfamiliar to people.

We would like to see a statement showing that the Council understands that not everyone is able to use the internet, so a wide range of ways to find advice, information and guidance will always be available.

Where are we now - the language used around the Adult Front Door could be more straightforward. For instance, the word “navigation” in point 2 could be replaced by “make it easier to find”.

How will we get there - see comments re language, point 2 in particular could be expressed in a more straightforward way.

Looking Forward

It may be that the section on Governance could be written in a more straightforward way for a public audience.

With Thanks

We appreciate the acknowledgment of our engagement in the development of the Strategy. However as an organisation whose role is to champion the views of people who use services we would not usually have our logo on an NHS or Council strategy in this way. This is because we are, and need to be seen to be, an independent body able to freely speak up for people. We have therefore already requested that the logo is removed, and you have agreed to this.

If you would like to discuss any of the comments in this response please do not hesitate to get in touch.

We would welcome the opportunity of a discussion of the Strategy at one of our public board meetings, so that our Board can fully understand the content and approach, and will be in touch in due course to identify a date and time.

Yours sincerely,

A handwritten signature in purple ink, appearing to read 'John Taylor', is written over a light blue grid background.

John Taylor

Director, Healthwatch Worcestershire.