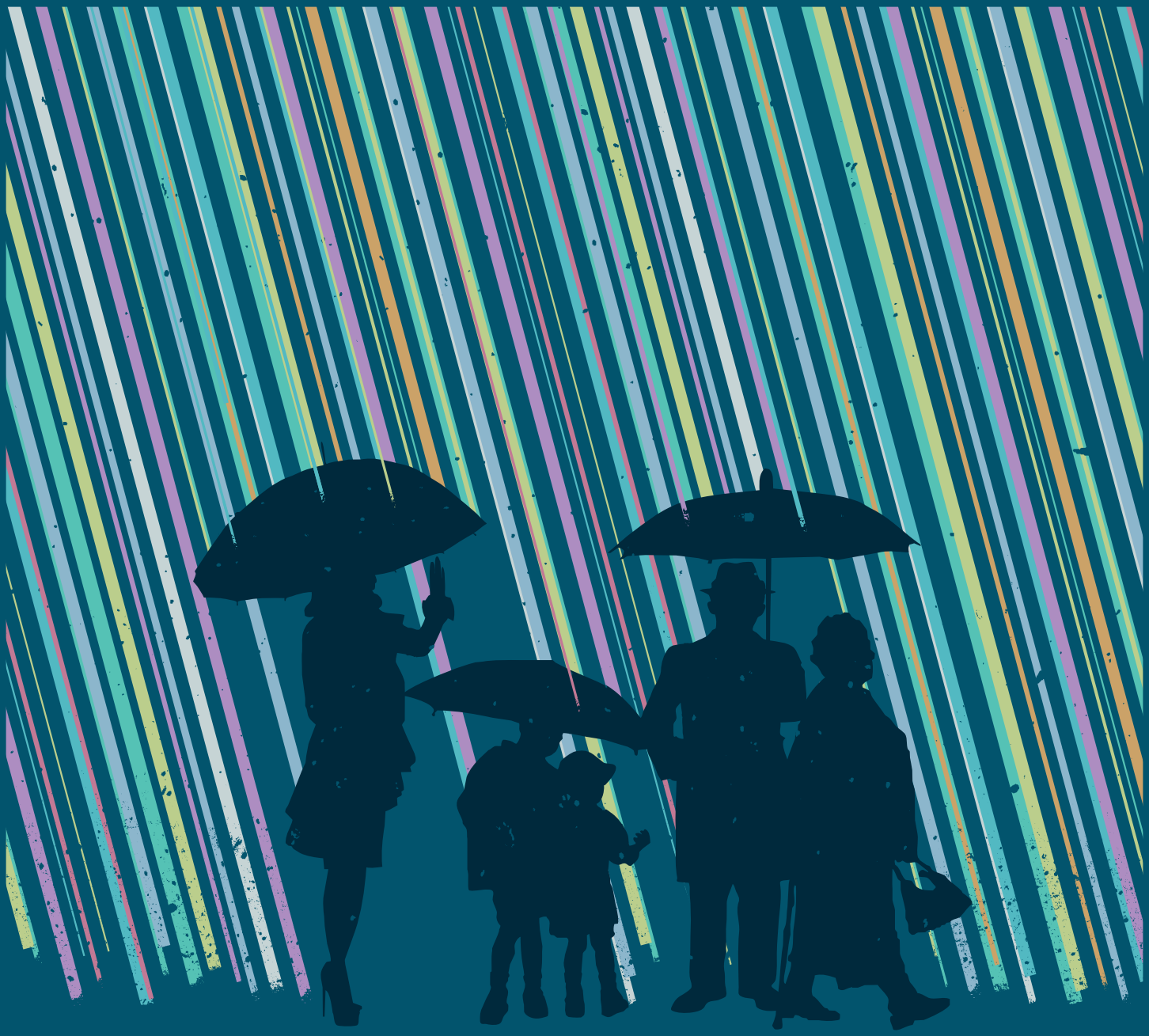


Live Well Middlesbrough

A prevention strategy for adults and older people 2017-2020

middlesbrough.gov.uk

Middlesbrough moving forward

Foreword

Middlesbrough is changing. We are moving forward as a town with significant investment in business, regeneration and housing and there are many great things as a town to be proud of.

This strategy is centred on ensuring that the people of Middlesbrough 'live well' through the prevention of avoidable illness and lead fulfilling lives. This is a town wide approach aimed at primary, secondary and tertiary prevention.

Whilst outcomes for the local population have improved gradually over the years, there are a number of communities and population groups being left behind.

The length and quality of life indicators demonstrate that deprived and disadvantaged groups have not experienced the same rate of progress compared to affluent wards. Closing the health inequalities gap across the town remains one of the key priorities.

The health and social care system is under significant pressure to cope with increasing demand. This is due to a combination of new technology and treatments, ageing population, greater public expectations and an increase in lifestyle related illnesses. The health and social care sector is also under significant financial pressure following austerity and recently announced budget reductions. In order to improve outcomes for the local population, reduce the health inequalities across the town as well as cope with the financial pressures there is need to strengthen our efforts on prevention.

It is time to get serious about prevention.

There are many great examples of work happening locally that is already making a real difference, however we need to strengthen our efforts to deliver prevention at a scale large enough to demonstrate population level impact and reduce demands on health and social care services. There is a need to maximize on every opportunity to prevent avoidable illness, reduce hospital and residential care home admissions, and prevent, delay and reduce the need for formal care through a coordinated town-wide approach.

This will only be achieved through effective partnership working, co-production and integrated planning and delivery of services across local government departments, NHS commissioners and providers, voluntary and community sector, other public sector organisations, private sector, but most importantly local communities and local people.

During times of significant and unprecedented financial challenges, there is a risk of disinvestment in preventative services to meet organisational efficiency targets. The impact of this action might not always be immediately apparent, however it is a false economy that will lead to increased demand for more costly interventions and services. Disinvestment in prevention can also reverse the progress in improvement health and well-being outcomes and could lead to widening of health inequalities as often it is the vulnerable and disadvantaged individuals, families and communities that are disproportionately affected.

The rhetoric on prevention needs to be matched with the reality on the ground with an increasing focus on prevention and early intervention. This strategy is a statement of intent, however its successful implementation is dependent on effective partnership working and community engagement.

Edward Kunonga

Director of Public Health, Middlesbrough Council

Why prevention?

The need to focus on prevention is unanimously accepted as a way of improving health outcomes, improving quality of life as well as reducing demand for costly reactive interventions and services. This has been highlighted in a number of policy directives, research evidence and local and national strategies. The NHS Five Year Forward View, states that

> **"If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness."**

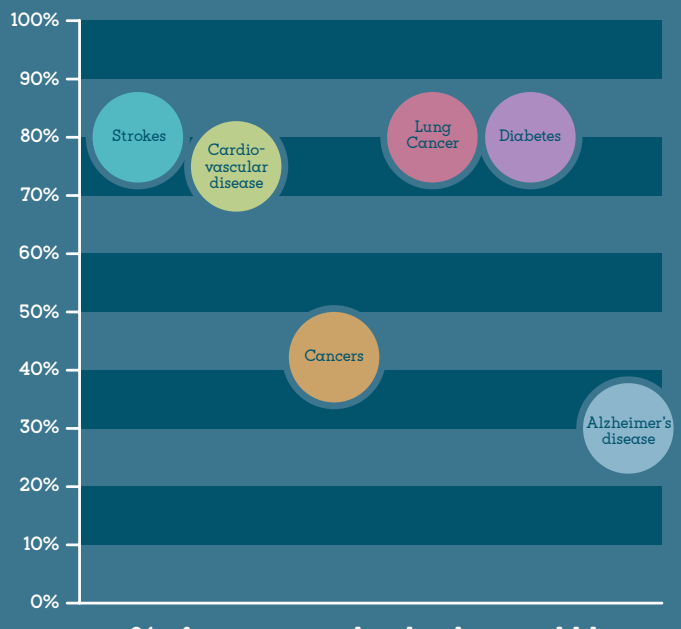
It is widely acknowledged that prevention is a cost effective way of improving outcomes.
For instance, research has demonstrated that the following interventions have these cost benefits:

- Stop smoking in preventing a range of smoking related illnesses and death;
- Physical activity and its impact on physical and mental health as well as its role in recovery and independent living;
- Community development approaches - befriending, social capital and connectedness and their impact on social isolation, loneliness and recovery;
- Drugs and alcohol services and their impact on drug and alcohol related harm, preventable illness and premature deaths;
- Prevention and early intervention in adult social care and its impact on preventing, delaying and reducing the need for formal social care interventions and services;
- Housing interventions (e.g. improving housing quality, fuel poverty, supported living, aids and adaptations) and their role on preventing illnesses such as respiratory conditions and injuries such as falls.

Long term conditions and cancer present a significant burden of disease and are significant cost drivers for health and social care. Two thirds of premature deaths could be avoided through improved prevention, earlier detection and better treatment. And yet the evidence suggests that 80% of strokes, 75% of cardiovascular disease, 42% of cancers, 80% of lung cancers, 80% of diabetes and 30% of Alzheimer's disease are preventable.

2/3 of premature deaths

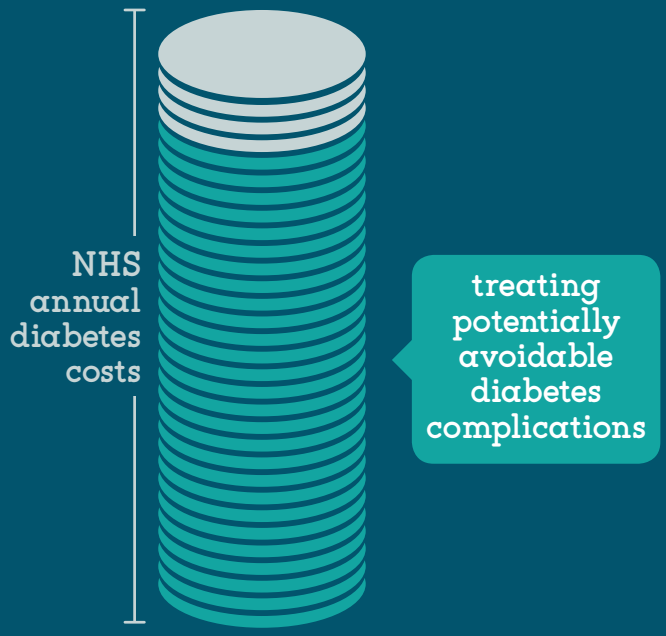
could be avoided through improved prevention, earlier detection & better treatment



% of premature deaths that could be avoided through improved prevention

The NHS currently spends 80% of its costs on diabetes in treating potentially avoidable complications. In more than 90% of cases, the risk of a first heart attack is related to at least one of nine potentially modifiable risk factors. It is estimated that nationally if Atrial Fibrillation was adequately treated, around 7,000 strokes would be prevented and 2,100 lives saved every year.

Social relationships are particularly important in increasing resilience and promoting recovery from illness in socio-economic circumstances that otherwise would be detrimental to health. A recent King's Fund study showed that individuals with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships. The magnitude of this effect is comparable with quitting smoking and it exceeds many well-known risk factors for mortality (eg, obesity and physical inactivity).



What is prevention?

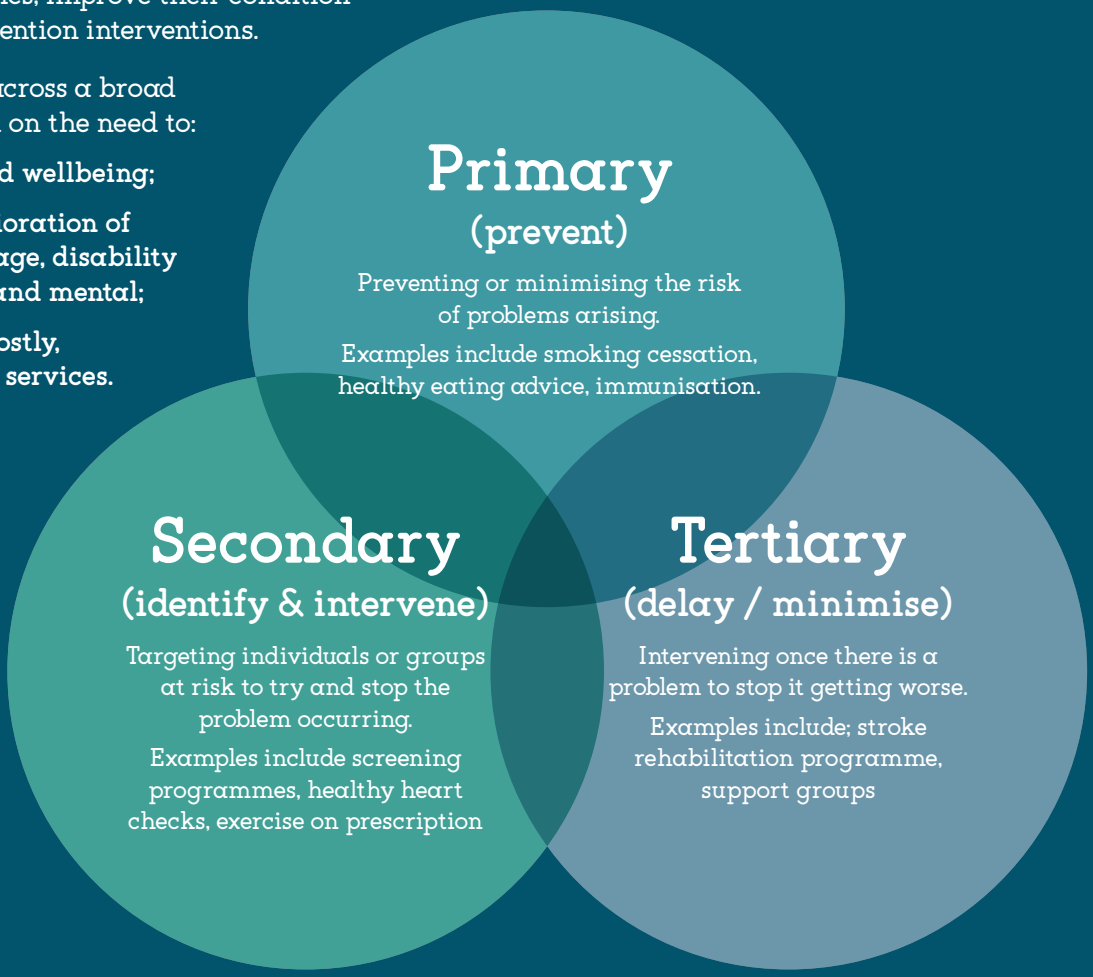
The Care Act 2014 defines prevention in three levels; primary, secondary and tertiary.

Although described differently it is important that these levels are not considered in isolation.

People receiving secondary or tertiary prevention interventions can maximise their outcomes, improve their condition by taking up primary prevention interventions.

Prevention services range across a broad spectrum but are all based on the need to:

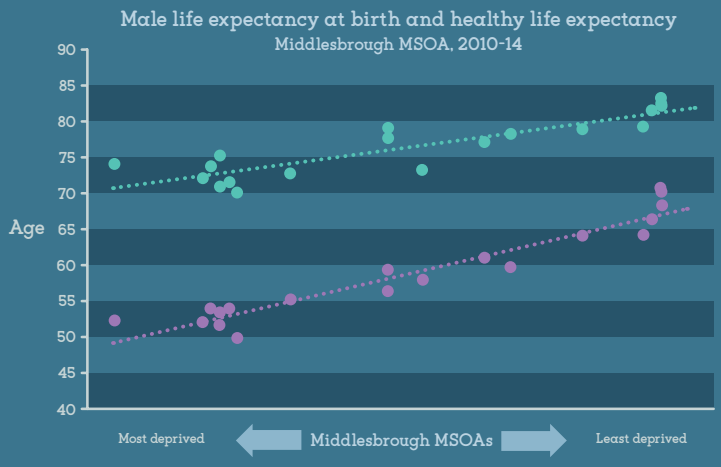
- **Promote independence and wellbeing;**
- **Prevent or delay the deterioration of wellbeing resulting from age, disability or illness - both physical and mental;**
- **Delay the need for more costly, intensive or crisis-focused services.**

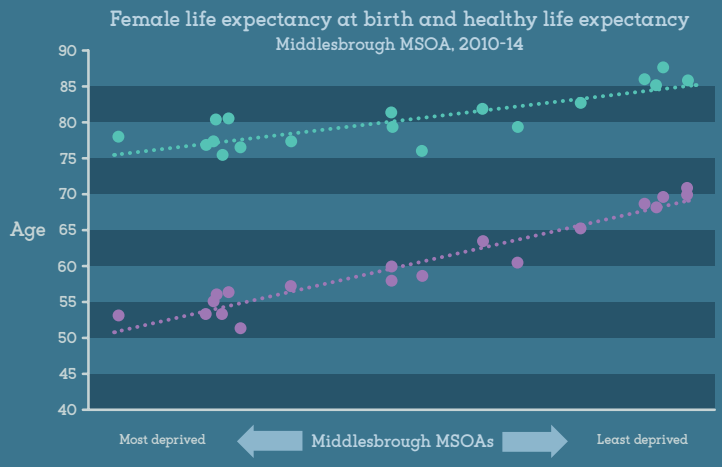


The case for change: Making the case for prevention in Middlesbrough

1. Preventable deaths, life expectancy and healthy life expectancy

Life expectancy at birth as well as healthy life expectancy for males and females in Middlesbrough remains below the regional and national averages. The gap between deprived and affluent areas within the town is increasing. People living in the most deprived areas of the town continue to have poorer health compared to those living in more affluent areas.





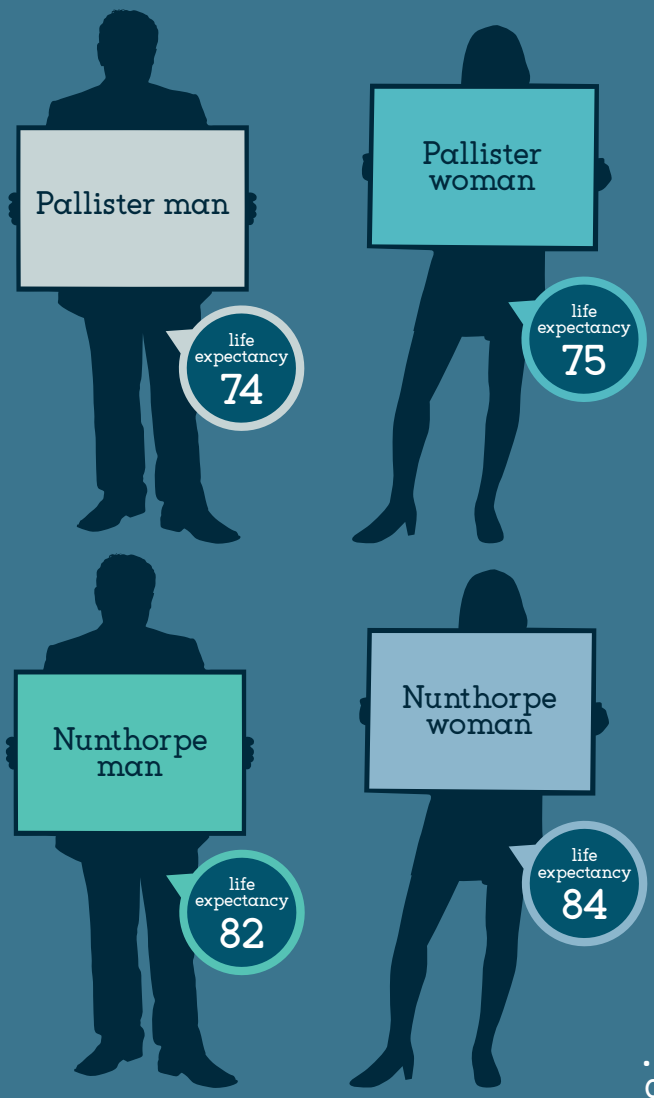
Life expectancy at birth Healthy life expectancy

*Middlesbrough Super Output Areas (MSOA) are a geographic area with an average population of 7,200

There are significant differences between healthy life expectancy in Middlesbrough with the lowest age of 49.7 years for males and 51.1 years for females and the highest of 70.6 years for males and females. Life expectancy at birth as well as healthy life expectancy for males and females in Middlesbrough remains below the regional and national averages. The gap between deprived and affluent areas within the town is increasing.

The most deprived areas of the town have significant gaps between healthy life expectancy and life expectancy, suggesting they are living over 20 years in poor health and this state of poor health begins at a much earlier age than those in affluent areas.

The inequalities in length and quality of life across the town are driven by social factors. The Marmot report highlighted social factors as the causes of the causes of illness and death. Long term unemployment, poor educational attainment, limited life chances and opportunities, child and family poverty, poor housing, social exclusion, crime, and high benefit dependency are huge contributors to poor health and wellbeing. Most of these social conditions are also associated with poor lifestyles, limited engagement with preventative services and reliance on urgent care systems to address health and social care issues which together lead to poor health and well-being outcomes.



A recent analysis of life expectancy at birth and healthy life expectancy has shown that the following wards would benefit from targeted interventions as they had the lowest levels locally:

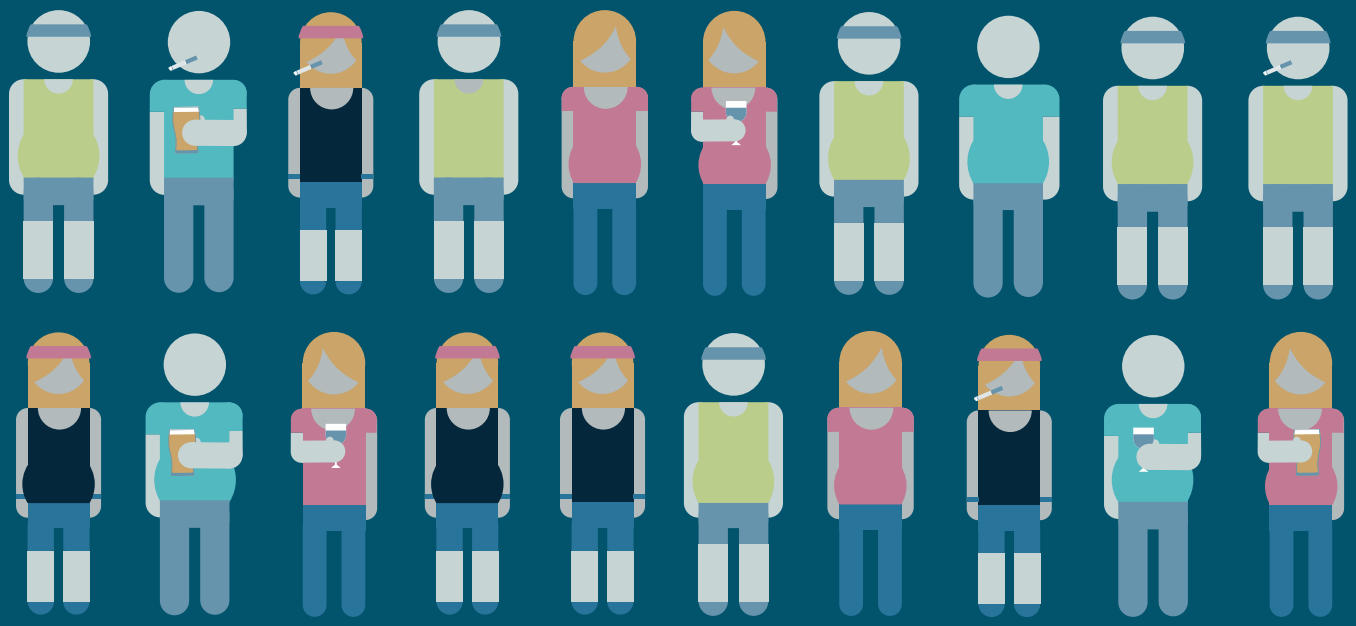
- North Ormesby
- Berwick Hills and Pallister
- Longlands and Beechwood
- Brambles and Thorntree

This will ensure that we close the gap between the most disadvantaged wards and ensure that those in most need of support are the ones who are receiving it.

Whilst geographical/ward level inequalities need to be addressed, it is important to ensure work is also carried out for population groups that also experience poor health outcomes such as people with mental health conditions, black and minority ethnic communities, refugees and asylum seekers, people with learning disabilities, lesbian, gay, bisexual and transgender community, to name a few. It is important that the prevention strategy makes provision for specific targeted work with these groups.

2. Preventable illness and poor quality of life

Nationally 2 in 10 adults are smokers, 7 in 10 men and 6 in 10 women are overweight or obese, a third of people have drinking patterns that could be harmful and half of women and a third of men do not get enough exercise - this is depicted below:

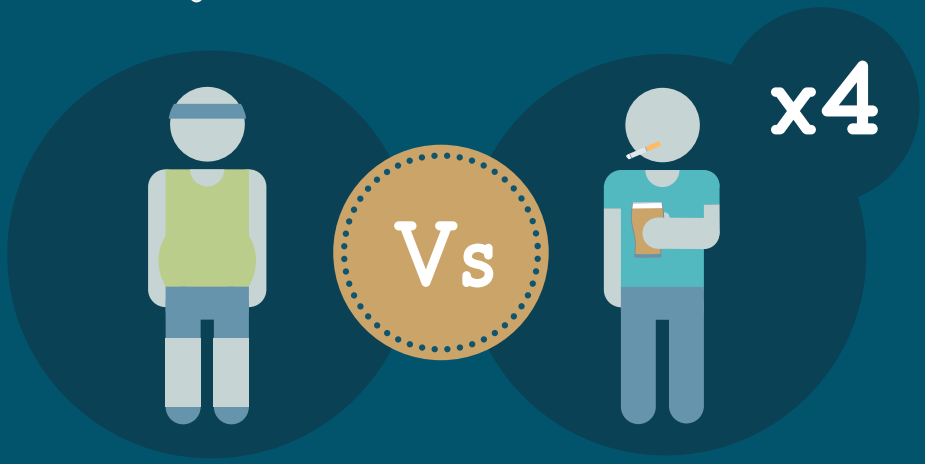


The King's Fund / Local Government Association

Middlesbrough has significantly more deaths from cancer, heart disease and stroke, respiratory and male suicides than the England average. The proportion of residents with diabetes is expected to rise significantly in the next ten years. In Middlesbrough we have higher rates of obesity, smoking and alcohol-related hospital admissions, and longer hospital stays for those recovering from a stroke or a fall.

Multiple unhealthy behaviours have a cumulative effect on health. Someone in mid-life who smokes, drinks too much, exercises too little and eats poorly is four times as likely to die over the next 10 years as someone who does none of these things (The King's Fund).

This is where health inequalities amongst different communities are more apparent as the rate of multiple unhealthy behaviours is higher in the more deprived areas, thus making life expectancy and the health of the people living there worse.

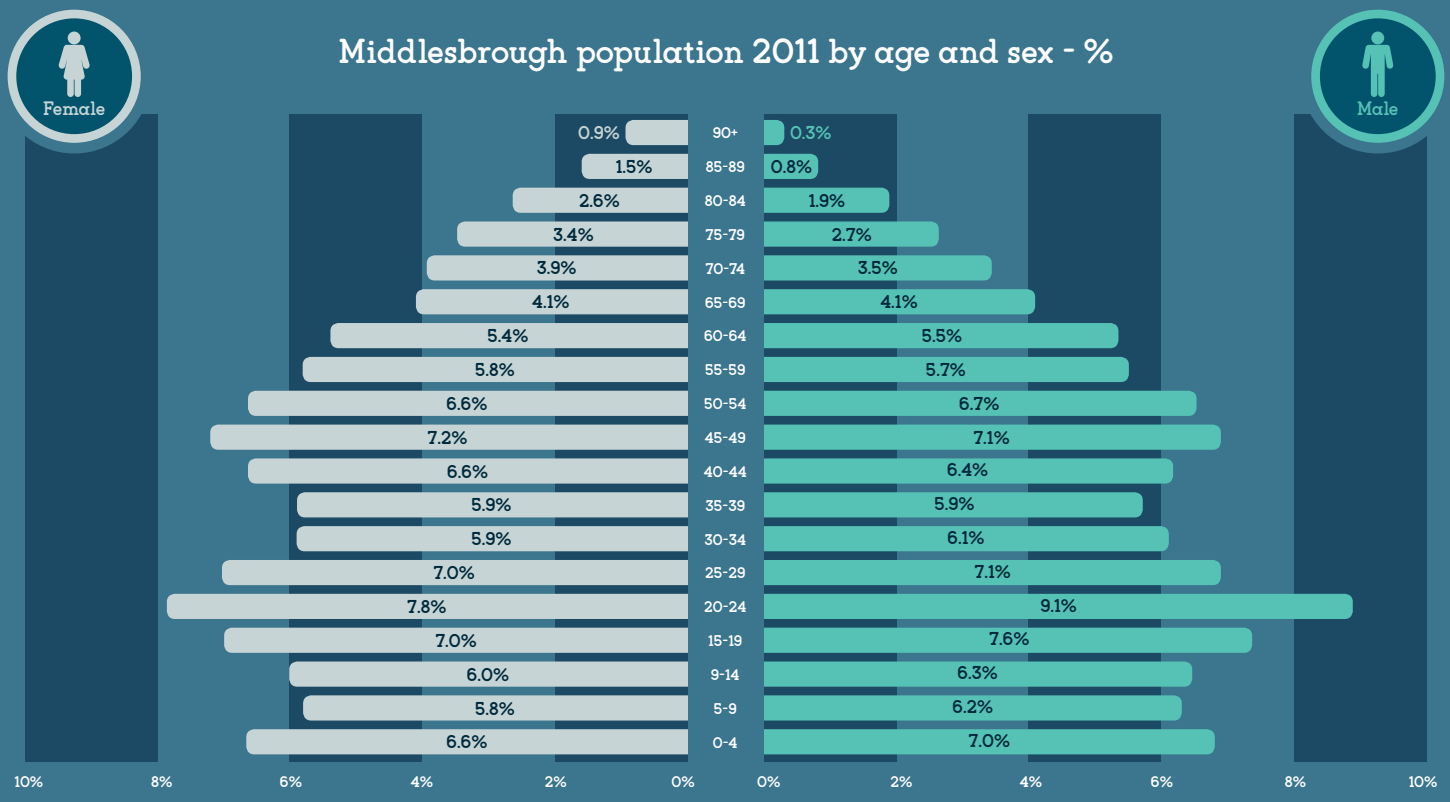


The King's Fund / Local Government Association

3. Demographic changes - ageing population and the changing ethnic mix across the town

The population of Middlesbrough is estimated to be 138,900. There are higher percentages of males at the younger ages (specifically 20-24) and higher rates of females aged 70 and over. Population projections show an increase in the number of people aged 65 and older in the next 15 years. This has a significant impact on the system, particularly if we do not look to prioritise prevention as demand for support and care could be considerably increased.

The 2011 census demonstrated a significant growth in black and minority ethnic residents rising from 6.8% in 2001 to 11.8% in 2011 - equivalent to an increase of 86% from within this group. The changes in the ethnic mix across the town has implications for the way services are delivered and the need to be responsive to different needs in a culturally appropriate way.

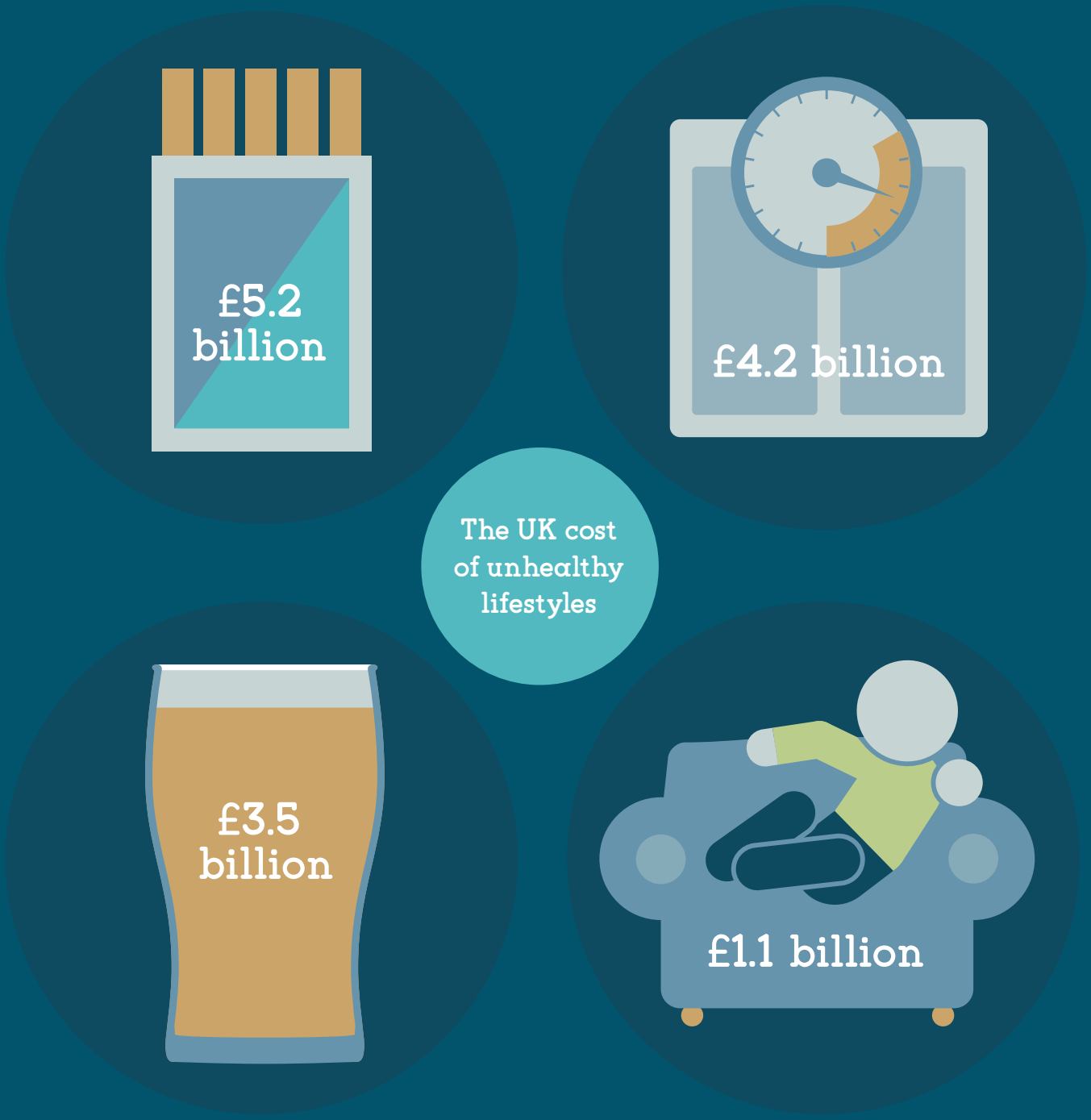


4. Patterns of service use and increased demand

In line with the national picture our local services are experiencing a time of high demand coupled with diminishing resources. Despite progress in recent years, the resulting pressures are being reflected daily across our hospitals, GP practices, residential care homes, social care and community services.

As the population grows and people live longer, so the challenge of balancing available resources and meeting local needs will continue to grow. The solution to these spiralling issues cannot be to keep reacting and investing in costly treatment but has to be a shift towards prevention to prevent, minimise and delay the need for intervention from health and social care services. Locally we know that our services experience the following avoidable issues:

- Over reliance on hospitals and often as emergencies - emergency admissions for CVD, stroke, diabetes
- A&E utilisation for conditions amenable to self-help and self-management
- High admissions to care homes for people aged 65 and below
- Delayed diagnosis and late presentation for a number of long term conditions - COPD, CVD, diabetes - with a high rate of related complications



The King's Fund / Local Government Association

5. Financial case

Unhealthy lifestyles cost the UK billions of pounds every year. It is estimated that smoking costs £5.2 billion, obesity £4.2 billion, alcohol £3.5 billion and physical inactivity £1.1 billion.

Prevention currently accounts for a small percentage of the health and social care system spend. There is need to shift from spending on 'downstream' expensive treatment and formal care, towards coordinated investment on 'upstream' interventions. The financial pressures faced by the NHS, social care and the voluntary and community sectors in meeting current and future demand makes prevention an even more pressing issue.

There is a need to have in place effective interventions that prevent, reduce, delay and minimise the requirement of formal care. It is well recognised that prevention is more cost effective than crisis response and downstream interventions which very often are costly and do not always lead to improved outcomes.

At a time of financial pressure and high demand on services it can often seem difficult to focus on prevention amidst competing pressures in the here and now but we need to take a step back and look at how we all work together across the town to think seriously about opportunities for prevention.

Examples of return on investment in prevention:

The King's Fund / Local Government Association

Spending and costs

The costs of health and care services are not widely known. Some costs can be avoided or reduced through cost-effective public health interventions.

Housing interventions to keep people warm, safe and free from cold and damp are an efficient use of resources. Every £1 spent on improving homes saves the NHS £70 over 10 years.

School-based public health interventions can be good investments. For example, smoking prevention programmes in schools can return as much as £15 for every £1 spent.

Social support plays an important role in increasing resilience to illness, helping recovery and improving wellbeing. Befriending services have been estimated to pay back around £3.75 in reduced mental health service spending and improvements in health for every £1 spent.

Policy drivers

The need to focus on prevention has been highlighted in a number of policy directives, research evidence and strategies both local and national.

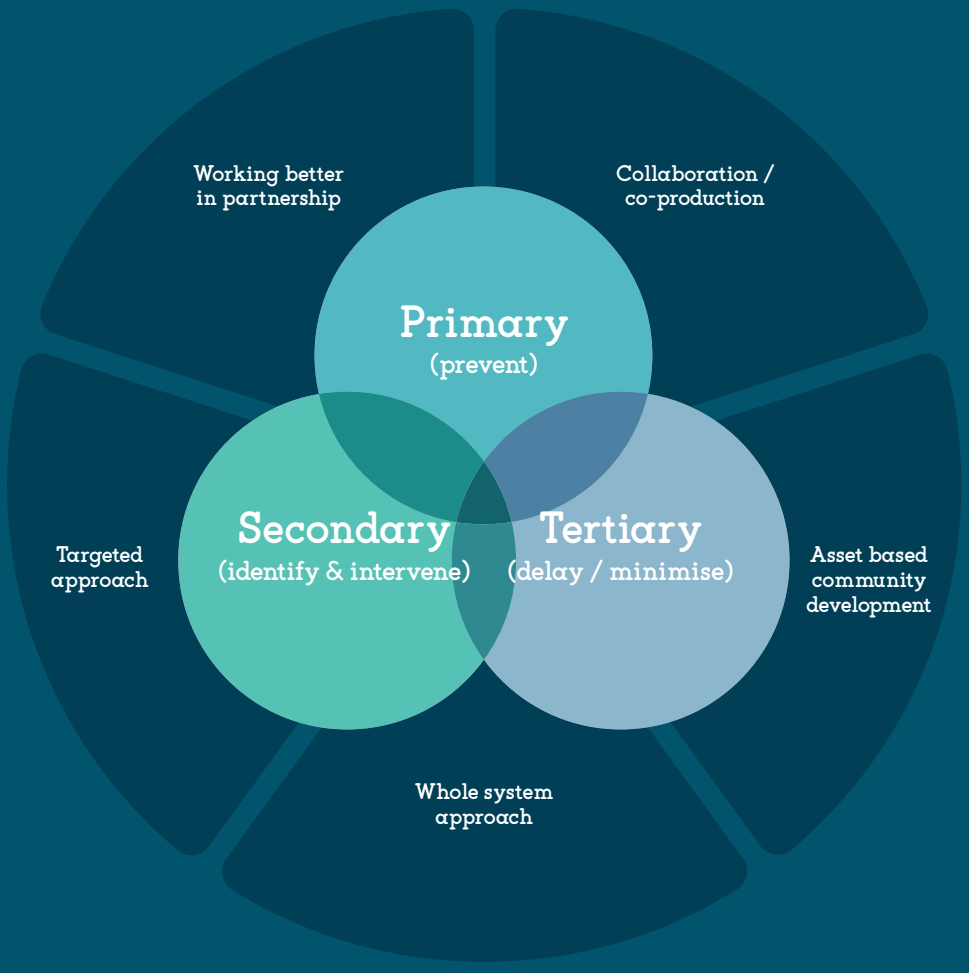
NATIONAL	LOCAL
NHS 5 Year Forward View (2014) Sets out a shared vision for the future of the NHS based around new models of care. Calls for a 'radical upgrade in prevention'	**Joint Health and Wellbeing Strategy** Provides the local vision for improving health and wellbeing and tackling health inequalities
NHS Sustainability and Transformation Plans (STPs) Provide the opportunity for the NHS, local authority and partners to work closely in each area to strengthen preventative interventions	**Middlesbrough 2025 - Fairer, Stronger, Safer** Sets out the Mayors vision for the town
The Care Act 2014 Sets out statutory duties for local authorities in relation to the prevention agenda	**Middlesbrough Council Scrutiny Investigation 2016** Recommended strengthened work around prevention locally
Better Care Fund Financial support for local authorities and NHS organisations to jointly plan and deliver integrated services	**Corporate Peer Review 2016** Recommended the development of a prevention strategy for adults and a sustainable approach to early intervention

Vision

Live Well Middlesbrough - a joint approach to improving the health and wellbeing of the local population through the prevention of avoidable illness, improving independence and quality of life and reducing premature deaths.

The strategy sets out a vision for Middlesbrough which puts prevention at the heart of its ambition for reduced health inequalities and people living longer healthier lives.

It sets out a number of key recommendations and ways of working to make a sustainable improvement in health outcomes and reducing demand for health and social care services.



Purpose

The strategy is aimed at the prevention agenda for adults and older people. Work is underway to develop a linking children and young people's prevention strategy. This is a three year strategy and to ensure the content remains fresh and appropriate in the ever changing landscape and fluctuating demands across the system it will be reviewed annually through the Health and well-being board arrangements. The strategy outlines how as a town we will work together to get prevention high on the agenda as a multi-agency priority. This strategy will set the scene as to why prevention should be everyone's business and paves the way for future updates once working practice has been embedded.

Where does it sit?

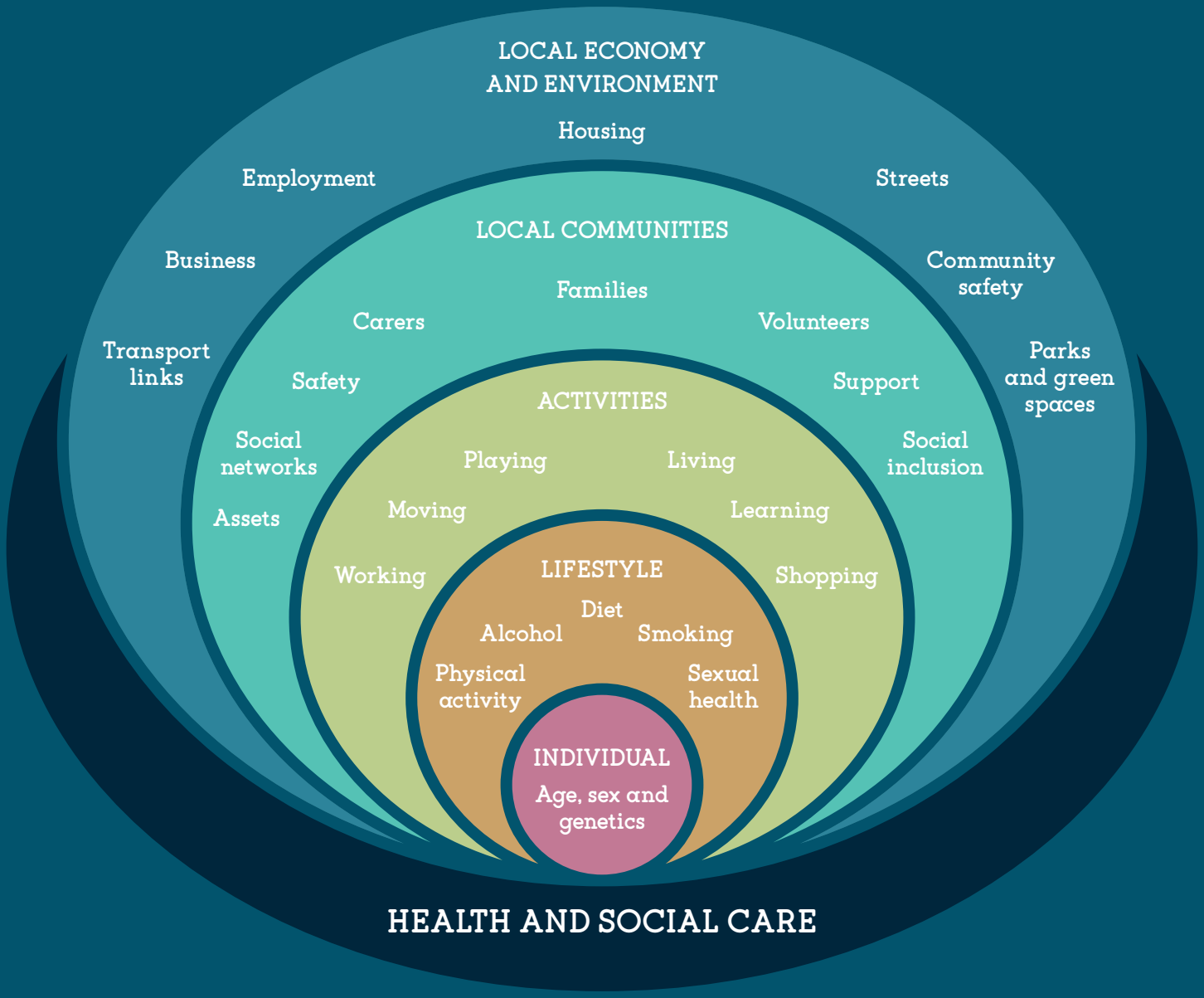
The prevention agenda is vast and has so many links across many different strategies and action plans already in place across the town. We cannot possibly mention all within this document but provide an assurance through the implementation plan that robust reporting mechanisms will be put in place to ensure that specific work across each priority area and wider determinants are brought together to add to the prevention agenda going forward. Part of the intention to review and refresh the plan every three years will be to ensure that key actions integral to the prevention vision at the time will be brought into the current strategy. This existing plan is a broad overview of how as a town we start to work together collaboratively and start to shift working practice towards prevention.

Aims and objectives

The strategy makes the case for a town wide approach to prevention and recommends key actions required to make a sustainable improvement in health outcomes and managing demand in the following ways:

- Focus on well-being (physical and emotional) and wellness and not illness and treatment services
- Coordinated and sustained prevention approaches at population, organisational, community, family and individual levels
- Having a focus on addressing health inequalities and prevention; providing information and support to enable people to remain as healthy as possible for as long as possible
- Developing and supporting individuals in self-manageing their long-term conditions at home or in their local communities
- Ensuring primary and community care has an even more prominent role to support more people locally without the need to refer to hospital or institutional care

Model of wider determinants of health and wellbeing



Key principles

1. Addressing the social determinants of health

The Marmot Review highlights the significant role that social factors play on the health and well-being of individuals, communities and population groups. It is important that the prevention strategy is delivered within the context of the need to continue to improve the conditions in which people are born, develop, live and age. This includes a range of factors such as housing, employment, economic regeneration, community safety and crime, transport, education, culture and leisure.

Whilst all these strategies cannot be incorporated into the prevention strategy it is important for effective links to be made between agencies and departments to ensure all assets across the town are harnessed to improve health and well-being outcomes. There are however specific areas such as housing, employment, culture and leisure where joint working would be required to improve outcomes especially for vulnerable groups. These areas will be highlighted within this strategy with specific recommendations for joint working.

2. Effective partnership working

A town wide shift towards prevention will only be achieved through effective partnership working, co-production and integrated planning and delivery of services across local government departments, NHS commissioners and providers, voluntary and community sector, other public sector organisations, private sector, but most importantly local communities and local people.

3. System, scale and consistency

In order to have the desired impact on population level outcomes, demand management and reducing costs to the NHS and social care services, prevention needs to be delivered consistently, systematically and at scale. Prevention programmes and services are often delivered in an ad hoc way through small scale, pilot, time limited projects funded from non-recurrent resources. This is not sustainable and will not achieve the local and national prevention ambitions. Prevention measures should not be undertaken in isolation, but should be coordinated and delivered systematically at a population level, across organisations, at community levels and resources targeted at individuals and population groups where the benefit is likely to be greatest.

4. Speed of impact

The prevention interventions have different timescales and pay-back periods for the investment. These can be classified into short term impact (mainly secondary and tertiary prevention), medium term impact (mainly secondary and primary prevention) and long term impact (mainly primary prevention). It is important for the prevention interventions and the corresponding investment to span all the three levels to avoid focusing on the short term impact interventions at the expense of the medium and long term impact interventions.

5. Asset based approaches

Resilient communities have a significant role to play in the prevention agenda. The asset based approach recognises the importance of harnessing the assets within each community and utilising these to address the different health challenges within a community. This is a strength based approach and focuses on the assets and not the deficits within a community.

6. Co-production - across agencies and with the local communities

Key to the success of the strategy will be the involvement and ownership of its vision and objectives, not only by the vast range of partner agencies but by our local communities. People need to be empowered to take responsibility for their own health and wellbeing, to make informed decisions and have equitable access to appropriate services and support.

Key areas for action

1. Addressing social determinants

Key to this approach will be addressing the wider determinants of health through collaborative working between agencies - the Local Authority, Police, Fire Service, Combined Authority, Schools, University, Colleges, Businesses, Voluntary Sector, Job Centre Plus, Housing Associations and many more. There are a number of strategies, action plans and policies that provide the foundations for effective prevention across the town.

2. Increase the number of health promoting settings through the roll out of the settings based 'Extra Life' programme

This will ensure there is a coordinated and consistent health improvement offer - to improve health and wellbeing across the town by engaging organisations and settings with the potential to reach high numbers of people (staff and service users). These will include hospitals, dental practices, pharmacies, workplaces, schools and housing providers.

3. Standardise a local approach to Making Every Contact Count

Maximising every contact to improve physical health, mental health and emotional well-being for local residents. There will be a clearly defined local public health capacity building programme to ensure clinicians, practitioners and service providers across all agencies have the confidence and knowledge to deliver brief interventions and awareness of the local referral pathways.

4. Coordinated information, advice and advocacy

Ensure information, advice and advocacy resources are coordinated across the town and delivered through a wide range of channels and methods. There is a need for information and advice to be coordinated between and across professional, organisational and sector boundaries in an easy to navigate way that reduces duplication and maintains accuracy and latest updates.

5. Building resilient communities

Resilient communities lie at the heart of preventative approaches and this strategy will seek to engage with communities to develop local solutions to meet local needs through:

- **Asset based approaches;**
- **Strengthening offer within community hubs via development of health promoting hubs;**
- **A target offer for communities where progress on health outcomes has not been at the same pace as the rest of the town.**

The first area will be North Ormesby building on the Changing North Ormesby initiative. Part of a 3 year corporate improvement programme for the area centred on housing, crime and antisocial behaviour and community, specific interventions around public health will be put in place harnessing the key assets already in the locality and centred around consultation with the community.

6. Development of integrated approaches to addressing risk factors through the integrated well-being centre (Live Well Centre) and a local well-defined offer within each community

The Live Well Centre in Middlesbrough offers a one-stop shop approach to tackling the health and wellbeing needs of individuals and families, through the co-location of a diverse range of services that collectively support clinical, psycho-social and lifestyle-related issues. Through the 'Collaborate Well' offer a governance board is being established to provide a consistent approach to promoting positive health and wellbeing both within the centre and out into the community. It will do this through the roll-out of a consistent approach to training, performance management, quality assurance, information sharing and shared policies and procedures. This model will link to the health promoting hubs being developed across the existing community hub settings in the town.

The Live Well Centre also employs a team of Navigators who provide a vital linchpin service to link together key organisations and services to provide a seamless service to individuals who require support with multiple health and wellbeing needs.

Case Study: Live Well Centre

The Live Well Centre is a unique town centre wellbeing hub offering a wide range of support to people in Middlesbrough who want to lead healthier lives. The centre will see the co-location of a range of wellbeing services aimed at improved population health and reduced inequalities.

This state-of-the-art wellbeing facility has been designed to energise Middlesbrough for change and encourage collaborative working between key delivery partners, who can collectively empower individuals to lead healthier and happier lives.

Whether it be making positive lifestyle changes, learning new skills or taking the first steps to overcome addiction or a mental health issue, The Live Well Centre will support individuals and families to access services that can empower them to reach their goals.

This fresh idea has been designed with local people, for local people, and aims to bring together a wide range of services on one site, without the need for multiple appointments, endless paperwork and telling the same story over and over again.

The centre, which is based in Dundas House, Dundas Shopping Centre, spans across five floors and provides a wide range of services including a state-of-the-art community gym and fitness studio, training kitchen, training rooms, cafe, consultation rooms, clinical rooms and rooms for alternative therapy.

The initial concept for The Live Well Centre was brought together by Middlesbrough Council's Public Health Team, following significant investment from the Council and Public Health England. This new venture promises to support more innovative, accessible and collaborative service delivery – improving outcomes, reducing costs and putting Middlesbrough on the map as a town invested in improving population health and wellbeing.

7. Targeted approaches to prevention and early intervention services

To utilise intelligence to ensure the approaches to preventative services is targeted such as:

- **Lifestyle services - emotional well-being, stop smoking, weight management, drugs and alcohol recovery;**
- **Prevention and early detection services - cancer screening, immunisations, NHS Healthy Heart Check etc.;**
- **Encourage higher uptake from disadvantaged and vulnerable groups based on insight into barriers.**

Adult Social Care services

Following the implementation of the Care Act in 2015 and the development of the Better Care Fund, Middlesbrough Adult Social Care has redesigned its service to give more focus on the prevention agenda:

- **Assistive Technology Team - this project aim is to promote further the integration of health and social care along with involving stakeholders, partners and commissioners. It will establish the demand, increase awareness and usage of Assistive Technology;**
- **Independent Living Centre (ILC) - relaunching with a focus on prevention;**
- **Falls Prevention;**
- **Eye Clinic Liaison Service (ECLO)** - Action for Blind People (Action) has expanded its hospital based Early Reach service to enable a greater number of blind and partially sighted people access preventative support at the point of sight loss diagnosis, deterioration or crisis;
- **Teesside Stroke Club** - to provide safe, effective, evidence based physical activity sessions to stroke patients who had completed a course of rehabilitation post-stroke with the Community Stroke Rehabilitation Team;
- **Time to Think Beds** - the 'Time to Think' principles work on an individual being transferred out of an acute hospital bed, once medically stable, and having up to six weeks in a Residential care setting where adult social care service, partners, the individual and their families to plan for their longer-term care needs;
- **Hoarding Intervention Service** – aimed at supporting people affected by hoarding;
- **Overnight Planned Care** - the implementation of 'overnight planned care' aims to expand the offer of support packages made by Social Care, help drive reductions in unplanned admissions to our hospitals, earlier discharge into more appropriate community based services, to return people home following a crisis and reduce both social care and health related demand on long term care.

8. Effective management of patients with existing long term conditions

Long term conditions (like diabetes, arthritis, chronic obstructive pulmonary disease (COPD), coronary heart disease, hypertension, dementia, depression) are the leading cause of death and disability in Middlesbrough. These conditions have a huge impact on health outcomes for the individual, their quality of life and their ability to contribute fully to society.

People with complex conditions require long term support from the NHS and adult social care. These conditions when not diagnosed early enough or managed effectively, tend to require intensive or expensive support such as urgent care and complex care packages.

In Middlesbrough, long term conditions contribute significantly to the inequalities in life expectancy between the deprived and affluent wards. We need a strategic shift from the current emphasis on reactive provision of health and social care towards prevention, early intervention and integrated management through:

- **Active case finding and the early identification and effective management of risk factors and long term conditions;**
- **Tackling variation in primary care management of long term conditions to improve outcomes and reducing emergency and urgent care needs for complications and ambulatory care sensitive conditions;**
- **Coordinated approaches to self-care, self-management and secondary prevention;**
- **Addressing the mental health needs of people with long term conditions;**
- **Addressing the physical health needs of patients with mental health;**
- **Effective rehabilitation, survivorship and pre-habilitation programmes for long term conditions;**
- **Predictive risk profiling and ensuring targeted support is in place.**

9. Identifying vulnerable groups and developing targeted prevention approaches, strengthening and integrating pathways for the following groups:

- **Carers;**
- **People affected by social isolation;**
- **People with mental health conditions;**
- **Ex-offenders.**
- **People living with dementia;**
- **Substance misuse clients and ex-offenders;**
- **People at risk of falls;**

Across each of these areas there will be a number of existing workstreams, organisations and strategies that will overlap – it is essential that these are considered when looking at prevention pathways to ensure a comprehensive joined up approach to improving overall outcomes for the individual.

10. Coordinated low level interventions

To meet the needs of clients and patients not eligible for or already receiving formal health or social care there is a need for coordinated low level interventions and utilising the social prescribing principles. This is aimed at preventing, delaying or reducing the number of clients and patients requiring step-care health and care arrangements as well as supporting step down arrangements.

Social prescribing is an approach that seeks to improve health by tackling patients' social and physical wellbeing by developing pathways and support utilising local services rather than clinical and medical interventions. It promotes resilience and self-help to prevent care needs escalating and has also proved effective for stepping down care where community based services are a more appropriate service for the individual.

Working with the voluntary sector a programme has been introduced, '**Community Connect**' into Adult Social Care which will focus on prevention. Overall objectives for the scheme are:

- **To address non clinical demands on primary care and acute settings by delivering this model of intervention which; connects people to sources of support within their community;**
- **To make effective use of voluntary and community sector assets by improving connections and relationships;**
- **To improve the health and wellbeing of local people by connecting them to community based activities which support their independence and reduce reliance on acute or specialist services;**
- **To support transformational changes to the way we deliver health and social care through a new model that focuses on individual assets and community resources.**

Ageing Better Middlesbrough is a Big Lottery funded programme aimed at reducing loneliness and isolation in Middlesbrough for people aged fifty and over. It cover three main strands:

Intervention – Outreach and Psychological Therapies

Prevention – Community Development, Volunteer Development Digital Inclusion

Communication – the Network is a hub of communication and information about activities and opportunities relevant to older people

There needs to be some work to join up the current workstreams around targeted interventions that facilitate access to services to ensure a standardised referral process, clear pathways into services and equitable access and demand on the range of services available within the local area.

What will success look like?

Successful investment in prevention and independence would improve the quality of lives for local people by reducing the need for acute care, maintaining wellbeing and independence and reducing costs.

Progress will be measured by monitoring the following outcome measures:

	Outcome Measure	Data Source
Prevent	Prevent people becoming overweight and obese	PHOF
	Promote physical activity and increase the use of open space to do this	PHOF
	Prevent smoking and harms caused by tobacco	PHOF
	Prevent alcohol related harms	PHOF
	Prevent people developing long term conditions - e.g. diabetes, heart disease, dementia	PHOF
	Promote screening and encourage people to make informed choices	PHOF
	Reduce social isolation, depression and other mental health indicators	
Reduce	Reduce number of hospital admissions	NHS OF
	Reduce number of readmissions to hospital	NHSOF
	Reduce delayed transfer of care	ASCOF/NHS OF
	Reduce number of falls, fragility fractures, hip fractures and emergency admissions	PHOF
	Reduce emergency admissions and non-elective activity, complications for long term conditions	NHS OF
Delay	Delay the need for residential care or nursing care placement	ASCOF
	Delay the need for people to access social care support	ASCOF
	Increase the number of people at home 91 days after discharge	ASCOF

Accountability and reporting arrangements

The Public Health Delivery Partnership - sub group of Middlesbrough Health and Well Being Board - will be responsible for the delivery of the Prevention Strategy including holding partners to account for delivery against key actions.

An implementation plan is attached at the end of the document. Regular reporting will form a key part of the delivery partnership agenda going forward as well as regular progress updates from existing strategies and action plans linked into the priority action areas.

For further information regarding the strategy contact:

Becky James
Health Improvement Specialist (Early Intervention & Prevention),
Improving Public Health, Middlesbrough Council

Becky_James@middlesbrough.gov.uk | 01642 728741