



SOCIAL CARE AND ADULT SERVICES SCRUTINY PANEL

2 JULY 2009

FINAL REPORT

PREVENTION AND EARLY INTERVENTION SERVICES IN MIDDLESBROUGH

PURPOSE OF THE REPORT

1. To present the findings of the Social Care and Adult Services Scrutiny Panel's review of prevention and early intervention services in Middlesbrough.

AIM OF THE SCRUTINY INVESTIGATION

2. The overall aim of the Scrutiny investigation was to consider how the government's policy of making the shift to preventative services in Social Care was being delivered in Middlesbrough.

TERMS OF REFERENCE OF THE SCRUTINY INVESTIGATION

3. The terms of reference for the Scrutiny investigation were as outlined below:
 - i) To define what is meant by the term prevention.
 - ii) To gain an understanding of the Government's policy direction.
 - iii) To gain an understanding of the early intervention/preventative services currently provided for older people by Social Care, Health and the Voluntary and Community Sector (VCS).
 - iv) To consider how the Council works with older people in order to provide appropriate services.
 - v) To consider the processes in place to identify people who could benefit from having access to information and/or preventative services.

- vi) To consider if there are any lessons to be learnt from good practice and in particular the Partnership for Older People Projects (POPP) Programme.
- vii) Assess what the Council and its key partners are doing to ensure the development of appropriate preventative services.
- viii) To receive advice and gather evidence from sources the panel thinks appropriate

METHODS OF INVESTIGATION

4. Members of the Panel met formally between 20 November 2008 and 20 May 2009 to discuss/receive evidence relating to this investigation and a detailed record of the topics discussed at those meetings are available from the Committee Management System (COMMIS), accessible via the Council's website.
5. A brief summary of the methods of investigation are outlined below:
 - (a) Detailed officer presentations supplemented by verbal evidence.
 - (b) Debate with key officers.
 - (c) Discussions with the Department of Health
 - (d) Discussions with the Voluntary and Community Sector
6. The report has been compiled on the basis of their evidence and other background information listed at the end of the report.

MEMBERSHIP OF THE PANEL

7. The membership of the Panel in 2008/09 was as detailed below:

Councillors P Purvis (Chair), F McIntyre (Vice Chair), G Clark, D Davison, E Dryden, J McPartland, H Rehman, M Whatley and E Briggs (co-opted member)

In 2009/10 the panel membership was Councillors P Purvis (Chair), F McIntyre (Vice Chair), S Biswas, E Dryden, A Majid, M Whatley and E Briggs (co-opted member).

BACKGROUND INFORMATION

8. The government wants to see social care move towards prevention and early intervention. ¹ They go so far as to say that there is an expectation that by 2011 councils will have used the Social Care Reform Grant to have made significant steps towards redesign and reshaping of their adult social care systems. The transformed systems are meant to include a number of factors including

¹ Making a Strategic Shift to Prevention and Early Intervention – Department of Health, October 2008

- ◆ A whole systems approach to shifting resources from crisis orientated provision towards prevention and improved wellbeing
 - ◆ A commissioning strategy which balances investment in prevention and improved wellbeing, re-ablement, with providing intensive care and support for those with high-level complex needs
 - ◆ A universal, joined up information and advice service available for all individuals
9. The central message that emerged from the Joseph Rowntree Foundation's Older People's Programme was that older people valued the support which enabled them to live in their own homes and have 'a life worth living'.² That study looked at what could be changed to support older people to live independently rather than the difficulties of getting low level support or identifying shortfalls in services.
10. The Audit Commission's document Don't Stop Me Now stated that councils needed to start planning for an ageing population to minimise risk and that councils needed to understand their communities and shape universal and targeted services accordingly. It also stated that increased awareness, better engagement and innovation could help many older people without significant expenditure. The document goes on to say that Councillors are uniquely placed to mobilise, influence and lead both their communities and partner organisations so that local areas become places where people can thrive and continue to enjoy a good quality of life as they age.

THE PANEL'S FINDINGS

DEFINE WHAT IS MEANT BY THE TERM PREVENTION

11. The panel learnt that in the document 'Making a Strategic Shift Towards Prevention and Early Intervention' prevention was categorised in 3 ways:
- ◆ **Primary Prevention/Promoting Wellbeing** – aimed at people with little or no particular social care needs or symptoms of illness. The focus would be on maintaining people's independence and good health and promoting wellbeing. This would include, for example, providing access to good quality information, promoting healthier and more active lifestyles.
 - ◆ **Secondary prevention/early intervention** – aimed at identifying people at risk and to halt or slow down any deterioration and to actively seek to improve their situation. This could include screening and identifying individuals at risk of specific health conditions or events such as falls or those who have existing low level social care needs.
 - ◆ **Tertiary prevention** – aimed at minimising disability or the deterioration from established health conditions or complex social care needs. They would include maximising people's functioning and independence through rehabilitation/enablement services and joint case management of people with complex needs.

² The Older People's Inquiry, 'That Little Bit of Help' – Joseph Rowntree Foundation, November 2005

12. The term prevention is not an easily understood concept. Department of Health guidance noted that it referred to the avoidance of high cost care through having a range of early interventions available for people.
13. The panel were informed that at a national level the Association of Directors of Adult Social Services were concerned that there was no particular evidence base, at the present time, that preventative services had any significant impact upon stopping people accessing more expensive services at a later stage.
14. Experience from the POPP programmes ³ suggests that there is a need to move away from the concept of 'prevention' towards the notion of 'promoting independence'. This is because the terminology of 'prevention' can be problematic as:
- It is often difficult to know what exactly is being prevented - e.g. hospital admissions, residential placements, crises, poor quality of life etc. Not only is this potentially confusing, it says little about the intended outcomes for the people concerned
 - It sets up a negative paradigm which then begs lots of questions about how one can ever know if an initiative is effective - i.e. it is very difficult to 'prove a negative'.
 - It tends to focus attention quite narrowly on the health and social care agenda, which is only relevant to a small minority of people - (e.g. 85% of people never come anywhere near social care). It also tends to exclude the huge contribution that other public investment makes to people's lives - benefits, housing, further education, culture and leisure to name a few.
 - It tends to become synonymous with a range of specific services - i.e. 'preventative services' - which in turn are commonly thought of as 'low level' things such as 'luncheon clubs'. This ignores a huge range of other initiatives and processes which are extremely important
15. In contrast, focussing on 'promoting independence' provides a more positive, inclusive, outcome focussed and potentially measurable framework. By '**promoting independence**', we mean ***an approach which is focussed on ensuring that everything possible is done to ensure that people are able to remain living in their own homes, with choice and control over how they live their lives.*** Actions and services to promote independence incorporate a broad spectrum of interventions. This range from the:
- **Citizenship rights** - i.e. ensuring that discrimination is tackled and that people have equal access to goods and services.
 - **Information** about ways for people to maintain their independence or access support in order to do so is the next key element, with help to 'navigate' around 'the system' being an important dimension of this.
 - Focus on **Promoting Healthy Lifestyles** (including mental wellbeing and emotional health) is important to older people's quality of life. Working with Public Health promotion is a common intervention here.
 - Provision of '**Simple Services**' (often defined as preventative services) which provide a range of low cost practical and sometimes emotional help. Their

³ Care Services Improvement Partnership, More About POPP, Introduction to the Framework

defining features tend to include very simple eligibility criteria (if any), and principally (though not exclusively) are delivered by the VCS.

- **Early intervention**, which is about working proactively to identify people whose independence is at risk, is the next key dimension. Case finding and other tools for predicting risk are important here.
- As the focus begins to narrow onto the most vulnerable people there is a need to have in place an **enabling** or rehabilitative response which does all it can to maximise people's functioning. Re-engineering home care and/or the development of intermediate care services are key features.
- **Community services** are designed to provide the ongoing support to enable people to live in their own homes. The development of generic domiciliary workers is a key initiative here.

TO GAIN AN UNDERSTANDING OF THE GOVERNMENT'S POLICY DIRECTION

16. In the Government document '*Transforming Social Care*' it set out their vision for the development of a personalised approach to the delivery of adult social care. It outlined the personalisation of services, which included a strategic shift towards early intervention and prevention. The government recognised that this was a challenging agenda that could not be delivered by social care alone. They recognised the need for working with partners across the sector such as housing, benefits, leisure, transport and health. The Social Care Reform Grant, a new ring-fenced grant, had been established to help councils redesign and reshape their systems over the next 3 years.
17. The approach was recognised by the concordat between central and local Government, '*Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care*'. In that document it outlined that each locality should seek to have a single community based support system which would bring together local Government, primary care, community based health provision, public health, social care and the wider issues of housing, employment, benefits advice and education/training.
18. In the Government's guidance '*Making a Strategic Shift to Prevention and Early Intervention*' it was stated that there was an expectation by 2011 that councils will have used the Social Care Reform Grant to have made significant steps towards the redesign and reshaping of their adult social care systems.
19. The summary document also detailed the evaluation of the Department of Health's Partnership for Older People Projects (POPP) programme. It stated that there was a growing body of evidence that showed that a preventative approach could improve the quality of life of older people and that it provided value for money. The experience of the POPP programme suggested that it was imperative that older people were involved in ensuring that changes and service developments met the needs of older people. It also stated that there needed to be a clear vision for how services would be delivered which would require effective leadership on all levels from chief officers and lead Members, to frontline practitioners, commissioners and back bench elected members.
20. In the document '*Making a Strategic Shift Towards Prevention and Early Intervention, Key Messages*' some key messages were outlined

- Promoting the independence and quality of life of older people are priority outcomes
- Prevention is an approach which is relevant across the full spectrum of need - the agenda is not just about 'low level services'
- Older people need to be fully involved and supported to co-produce service change
- Invest rather than spend - i.e. consider the different 'returns' that investment in particular interventions will deliver
- Develop a balanced portfolio of investment across the full range of possible interventions
- Pay particular attention to commissioning proactive ways of providing information and advice to older people, including for those who can afford to fund their own care.
- Develop a whole system approach which extends well beyond health and social care is likely to be most effective
- The Social Care Reform Grant provides additional resources to support Councils' ability to make a strategic shift to prevention and early intervention

21. The panel met with representatives from the Department of Health in order to understand the national perspective. The panel was interested in how Councils could get the balance right in their provision of preventative services. The panel was told that there was no national template as to what each council should do and that every council had a different mix of services. However in order to assist Councils the Department of Health had developed a self-assessment tool for use by the council and their partners to understand what they were currently doing about preventative services. Although not compulsory, it was recommended that the Council used the self assessment tool in order to develop an action plan to support the planning and implementation of a range of services both with the whole Council and other key partners such as the NHS and the VCS.
22. The Panel was advised that over a three-year period Middlesbrough Council would be receiving approximately £1.5million to help make the Putting People First agenda a reality of which prevention and early intervention is a component.
23. The Department of Health (DoH) acknowledged that there was a need to ensure that elected Members were aware of the support available within their area to facilitate the shift. The panel was advised that there were significant demographic challenges ahead and that there was a need to plan for older life. As people aged their expectations changed dramatically and although there would always be a need for care homes and sheltered accommodation, people were living longer and they

wanted to maximise their quality of life in later years and contribute to the community.

24. It was emphasised that the prevention and early intervention agenda was not simply the responsibility of Social Care. In order for the issue to be addressed effectively a whole Council approach needed to be adopted. As an example, in area where 300 older people were in receipt of a social care budget and 3000 older people were using the local pool the aim of early intervention and preventative measures was to delay for as long as possible any of the 3000 moving into the 300. Reference was made to the 'Don't stop me now report,' produced by the audit commission, in which a mystery shopper exercise had shown that when older people contacted their local authority to find out information on leisure services 70 per cent had been referred to Social Care.
25. It was noted that the DOH had found it very encouraging that the panel was interested in supporting the development of early intervention and prevention services for older people.
26. During the discussion that followed the following points were raised: -
 - The POPP programme had initiated a culture of change away from medical models to well-being models and the joint commissioning of services.
 - Personalised services were a driving force. People wished to receive home care that supported their needs and not those of the service provider i.e. if someone needed help in going to bed they did not want to receive that help at 8pm if they did not wish to go to bed until 10pm.
 - Investment in residential care provision amongst local authorities varied from 25 per cent of total funding being spent on residential care to 70 per cent of total funding being spent on residential care. In areas with high levels of funding being spent in this way it was difficult to argue that people were being provided with any choice in respect of the type of care being offered.
 - There was a growing body of evidence to show that people with complex needs could move down the hierarchy of needs, as a result of early interventions, although at present this evidence was not significant. The POPP projects had been a first attempt to gather such evidence.
 - The Adult Social Care Programme Board had received £2.75million of funding via the Regional and Improvement Efficiency Partnerships (RIEP) to focus on Adult Social Care and how transformation could be achieved across the region. Collaboration across 12 local authorities on this agenda was already taking place, with the Adult Social Care Programme Board looking at how value could be added to efficiencies.
 - The Adult Social Care Programme Board had developed three work streams: commissioning, the personalisation agenda and workforce development the Executive Director for Adult Social Care in Middlesbrough chaired the personalisation work stream.

- Members expressed the view that real change would only be recognised once fewer people were receiving the more intensive services, there was an increase in the provision of services delivered by the VCS and a wider diversity of services available for people to access.

27. The panel also discussed good practice that had arisen from the Partnership for Older People (POPP) Programme. Details of which are in paragraph 40.

TO GAIN AN UNDERSTANDING OF THE EARLY INTERVENTION/PREVENTATIVE SERVICES CURRENTLY PROVIDED FOR OLDER PEOPLE BY SOCIAL CARE, HEALTH AND THE VOLUNTARY AND COMMUNITY SECTOR

28. In order to gain an understanding of the current services for older people the Social Care Department provided a list of Council services that were provided or commissioned for older people.

	SERVICES
PRIMARY PREVENTION (Aimed at people who have no particular social care needs or symptoms)	Operation Strongbow Independent Living for Older People* Fire Safety checks Health & Social Care Assistants ** Care Link * Independent Living Centre * Access Service *** Staying Put Agency *
SECONDARY PREVENTION/ EARLY INTERVENTION (Aimed at slowing down or helping deterioration and actively improve situation)	Intermediate Care Services *** - Rapid Response - Reablement - MICC - Mobile Rehabilitation - Sitting Service* Independence Team ** Care Link/Telecare ** Staying Put Agency * Day Centres *** Communication support for Stroke suffers * Tees Valley Asian Welfare Forum Day Service * Hindu Cultural Centre Day Service * Independent Living Centre * Access Service ** Occupational Therapy ** Minor Adaptations * Major Adaptations *
TERTIARY PREVENTION (Aimed at minimising disability or deterioration from established health conditions or complex social care needs)	Intermediate Care Services *** *(as above) Joint case management of people with long term conditions *** Minor adaptations * Major adaptations * Care Link/Telecare **

	Day Centres ** Integrated Teams ** Respite Care * Occupational Therapy **
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- * Commissioned by the Council
- ** Provided by the Council
- *** Provided by the Council/PCT

29. In addition to the services listed above, the panel learnt that people could also receive a direct payment to purchase services that meet their individual needs. This presented a challenge because people may decide that conventional services do not meet their needs and purchase alternative services not provided by Social Care or the PCT. In addition to that the concept of “individual budgets” is another element of the transformation programme for social care of which direct payments were only one component.

TO CONSIDER HOW THE COUNCIL WORKS WITH PARTNERS/OLDER PEOPLE IN ORDER TO PROVIDE APPROPRIATE SERVICES

30. The panel were informed that the Council worked in a variety of ways with partners especially the
- ◆ Primary Care Trust
 - ◆ Middlesbrough and Redcar Community Services MRCCS (provider arm of PCT)
 - ◆ South Tees Hospitals NHS Trust
 - ◆ Tees Esk and Wear Valley NHS Trust
31. There are a number of key groups that meet on a regular basis to ensure appropriate services are developed.
- ◆ Health and Social Care Partnership
 - ◆ Older Person’s Partnership
 - ◆ Stroke Commissioning Group
 - ◆ End of Life Care Strategy Group
 - ◆ Community Rehabilitation Group
 - ◆ Older Person’s Housing Strategy Group
 - ◆ Dementia Strategy Group
32. The representatives from Middlesbrough Voluntary Development Agency also highlighted a number of organisations and forums
- ◆ Health and Social Care Voluntary and Community Sector Forum
 - ◆ Supported Housing Voluntary and Community Sector Providers Forum
 - ◆ Care Services Improvement Partnership
 - ◆ Learning Disabilities Partnership Board
 - ◆ Physical Disabilities Reference Group
33. The panel was informed that a major initiative would be in place from April 2009 which would see the establishment of integrated services. A single point of access for Social Care and Health referrals would be created and 2 Locality Teams would

operate across the Middlesbrough Area. Team would comprise of Social Workers, District Nurses, Community Matrons, Occupational Therapists and other therapists as required. The project was funded by the PCT and was delivered in partnership between the Council's Social Care Department and MRCCS

34. There are also a number of key operational groups that are aimed at improving or developing new services such as
- ◆ Integrated Occupational therapy Services Board
 - ◆ Tees Community Equipment partnership Board
 - ◆ Carers Improvement Partnership
 - ◆ Older Person's Mental health Local Implementation Team
 - ◆ Telecare Implementation Group

TO CONSIDER THE PROCESSES IN PLACE TO IDENTIFY PEOPLE WHO COULD BENEFIT FROM HAVING ACCESS TO INFORMATION AND/OR PREVENTATIVE SERVICES

35. The panel was informed that there was a range of ways that people were identified but that the challenge facing the Social Care department was that of trying to reach a broader range of people. In Middlesbrough there is a joint funded team of health and social care assistants that undertake screening of people over 70 who were registered with certain GP practices in town. During a visit the worker would assess a range of needs but also fire safety issues and security issues.
36. The panel learnt that the Middlesbrough Senior Citizen Forum recently handed out a range of information to older people at a 3-day event that took place in Middlesbrough bus station. About 4-5,000 packs were given to people which offered information about a whole range of services and advice that were available to them.
37. Middlesbrough News was also used on numerous occasions to publicise events and provide information about topics relevant to older people such as Telecare and Independent Living for Older People.
38. The Council's Social Care Department were also in the early stages of developing a key component of the transformation programme in Middlesbrough. The establishment of a universal information advice and advocacy service, work had been undertaken to establish a team however the panel were informed that it was too early to say how that would impact upon service delivery.
39. There was a need for improving the capacity for 'case finding' and the VCS could play an important role in that. At present the panel was told that the level of service for finding people at risk of specific health conditions, i.e. case finding, was less well developed. Given the high levels of health inequalities in Middlesbrough it was highly likely that there would be significant numbers of people who had not yet been identified that would benefit from an early intervention services. However it had to be noted that a sudden upsurge in people needing those services would have significant financial implications. However in the long term those would be offset by a reduction in the need for more costly interventions.

TO CONSIDER IF THERE ARE ANY LESSONS TO BE LEARNT FROM GOOD PRACTICE AND IN PARTICULAR THE PARTNERSHIP FOR OLDER PEOPLE PROJECTS (POPP) PROGRAMME

40. The panel was informed that it was the Council's responsibility, for people who were known to Social Care, to undertake a community care assessment. The assessor would look at a range of issues in relation to a person's needs such as medical matters, physical/mobility problems, personal hygiene, self care, accommodation, communication, mental/emotional/psychological and financial.
41. In general terms needs are identified through a range of ways
 - Joint Strategic Needs Analysis (PCT/LA)
 - Demand monitoring/forecasting internally
 - Consultation with service users/carers
 - Feedback from service users/carers i.e. surveys
 - Learning from complaints
 - Research
42. For example the Social Care department were piloting self-assessment for equipment/minor adaptations. Which was a component of the transformation programme, which would give people the opportunity to identify their own needs.
43. The Department of Health told members that prevention can be effective for all older people wherever they live and whether they have very few needs or very complex needs. The early evaluation of the POPP programme had identified the following key messages
 - o POPP pilot sites continue to have a significant effect on reducing hospital emergency bed-day use when compared with non-POPP sites.
 - o The results show an average potential cost saving in the order of; for every £1 spent on POPP, £0.73 (at £120 per bed day) will be saved on hospital bed-days with savings potentially rising to £0.91 (at £150 per bed day) for every £1 spent.
 - o Two thirds of the projects are lower level initiatives, focusing on the well-being of all groups, including those aged 85+.
 - o There are indications that the POPP projects are improving the Health Related Quality of Life (HRQoL) (ie people's physical activities/abilities) and Self-Reported QoL(SRQoL) (how people perceive they are feeling) of its users.
 - o Indicative analysis of 11 of the 29 POPP sites demonstrates that the projects within these sites are cost-effective.
 - o The POPP programme appears to have initiated a wider culture change across the POPP localities, acting as a fulcrum for service shift and moving from a medical model to that of well-being.

- POPP partnerships across the health and social care economy have strengthened and accelerated developments around joint- commissioning. In particular, there has been recognition of the value of involving the VCS in service planning and delivery.
- Older people's involvement within the POPP sites appears to be focused on the delivery of services with more limited involvement in local programme design, decision-making and evaluation. Older people as volunteers are providing almost half of the staffing of the projects across the POPP programme.
- There is an intention to sustain over half of the projects and during the next year further mainstreaming will be carried out.

TO ASSESS WHAT THE COUNCIL AND ITS KEY PARTNERS ARE DOING TO ENSURE THE DEVELOPMENT OF APPROPRIATE PREVENTATIVE SERVICES

44. The Department of Health re-iterated to the panel that the prevention and early intervention agenda was not just about adult social care. The way forward was by involving the whole of the Council, the NHS, the VCS and other key areas such as transport, lifelong learning, housing etc. It was pointed out that one of the most important findings from the evaluation was that the involvement of older people had been fundamental in making a success of the projects. They advised that the councils and their partners should involve older people at all stages of the process and that the self-assessment toolkit specifically asked about the partnership arrangements that Councils had in place to involve older people.
45. In the document 'making a strategic shift to prevention and early intervention, it mentioned that it was the responsibility of a number of people including Chief Officers, Lead Members, front line practitioners, commissioners and back bench elected members. Therefore panel members asked how Councillors could ensure that they were involved. The Department of Health pointed out a number of ways for Councillors to get involved. The Social Care Reform Grant had provided new funding in order to help councils achieve the objectives of personalisation, efficiencies, creating social capital and developing prevention and early intervention. It was therefore within the remit of the panel to ask what progress had been made and how much had been spent on prevention and early intervention and also to be able to be involved in the associated activities.
46. The Department of Health noted that effective leadership was one of the 4 key issues that were identified which would make the policy happen. Councillors had a key role in influencing the council's direction, representing the needs and wishes of older people and indeed holding the council to account. They also noted that the key role for members was to ensure that the policy was regarded as high priority.
47. The panel received information about the Self-Assessment Toolkit including the results from the department after they had undertaken the test. The kit was designed to help Councils to develop an action plan to support the planning and implementation of a range of preventative services.
48. The panel learnt that there was a shared vision with key stakeholders that set out a co-ordinated approach as based on the toolkit. The scores for the toolkit were

presented to the panel and it showed that the Council was a 'front runner' in the four categories of Developing a Vision, Leadership, Involving Older People and Commissioning for Independence. They were 'contenders' in five other categories, Whole Systems Working, Service Delivery, Service Design, Sustainability and Service Monitoring and Quality.

49. The Council did not have a business plan specifically for preventative services but it did for the 7 outcomes of promoting independence, choice and control, i.e. a whole systems approach.
50. The panel was given details of the analysis of the Social Care Reform Grant spend for 2008/09, 2009/10 and 2010/11. The panels were advised that the grant would be spent on the transformation of Social Care. For 2008/09 it was noted that £47,900 had been spend and the reserve of £210,100 was carried over into 2009/10. The Council would receive £807,100 in 2009/10 and £724,000 in 2010/11.
51. The panel learnt that there was 4 particular areas where Councils and their partners were going to be required to focus on in order to be able to deliver the personalised services that were required of them and which were right for the people who needed them. The 4 areas were links and involved universal services and prevention, early intervention, choice and control and social capital.
52. Universal services are those services that provide what is known as primary prevention. Aimed at people with no particular social care needs or symptoms of illness. Their focus would be on providing services that help people maintain their independence, good health and promote wellbeing. These services could be delivered by many departments in the Council such as community safety, education, transport, leisure and housing. It would include practical support such as gardening, shopping and the provision of social activities. Things that in the past may have been delivered through support from the family or through neighbours in the community.
53. Early intervention would be about providing support to people to help them stay independent for as long as possible or support to minimise the impact of a disability. Examples would be screening, identifying people at rise of fall etc.
54. In Middlesbrough, the panel learnt that significant progress had been made by the Council and its partners to ensure that universal services are able to deliver their primary prevention responsibilities. Improvements that had been identified through groups such as the Senior Citizens Forum and the Physical Disability Reference Group. The Older People's Strategy set out a 10-year plan for improving universal services relevant to the needs of older people. The panel was told that what had become clear from the development of that strategy was the need to provide services delivered at a community level such as befriending to prevent social isolation and loneliness and help with task such as gardening and shopping. Services traditionally undertaken by friends and neighbours but which in today's society are often lacking. A development of community-based good neighbourhood scheme could help and similar schemes have made a significant contribution to community cohesion and citizenship.
55. The panel learnt that early intervention services were well developed in Middlesbrough and were already showing improved outcomes for people. For

example Telecare and the provision of equipment and adaptations had reduced the number of avoidable hospital admissions and the number of people who required residential care.

56. There were some areas for consideration such as increasing the provision of low-level primary prevention services such as good neighbour schemes, which would need a delivery plan and which could involve the VCS, neighbourhood managers and community development staff as key partners.
57. It was thought that GPs could have a significant role to play. It was suggested that there should be an examination of the role of practice based commissioning in order to establish how GPs could be involved in delivering prevention and early intervention services across the whole spectrum of need. It was thought that GPs would be ideally placed to help identify the needs of a community.

The Role of the Voluntary and Community Sector

58. The panel had heard that Middlesbrough would benefit from an increased number of preventative services and that the VCS could play a large part in this service provision in collaboration with the Council. Therefore the Chief Executive Officer and the Lead Officer for Health and Social Care from Middlesbrough Development Agency were invited to the panel. They gave an overview from their organisation's perspective about the kinds of voluntary organisations that they were aware of in Middlesbrough and how those organisations could work with the Council to improve preventative services in the future.
59. The panel learnt that there was a wide range of activity which was focused on low level preventative services and this included organisations providing services such as
 - housing related support including handyperson schemes
 - advocacy services
 - information and advice
 - befriending and support
 - carer support
 - community/self help groups
 - social support
60. However although this support is provided it was important to consider that much of the provision was unfunded, relied on volunteers and could be delivered only on the back of other specific services. It was acknowledged that preventative services were typically the most difficult to fund and sustain, either because they fell between responsibilities of council departments or because of funding. In today's economic climate statutory provision must be funded and preventative services were generally the first casualties of financial cutbacks.
61. To enable provision in the future the panel heard that a well-informed strategic plan would be needed. As part of this an audit of existing provision should be undertaken to include organisation's funding status and an analysis of unmet need. In order to do this the VCS should be involved to help identify local priorities. The Council and the VCS should work together to maximise the use of existing resources, avoid any loss of provision and to ensure the information about the services that are available reach the people who needed it.

CONCLUSION

62. Based on evidence given throughout the investigation the Panel concluded:
- a) That the definition of preventative services can be difficult to understand however the panel acknowledged that there was a need to ensure that people were able to improve their well being and keep their independence for as long as possible.
 - b) Preventative services do play an important part in ensuring that older people can maintain or improve their health and wellbeing and that it was important to continue to seek older people's views on the services that they need.
 - c) One of the biggest challenges facing the Social Care Department was in trying to identify those people who may benefit from services. The panel recognised that this could be improved by ensuring that people are able to access readily available information about services and support that they could receive.
 - d) Increased demand in future years will mean that the Council and the VCS will have to increase their capacity to provide low level preventative services. The panel acknowledged that significant progress had been made by the Council in order to ensure that universal services had been able to deliver their primary prevention responsibilities and that early intervention services were well developed. Where Middlesbrough would benefit would be from an increase in the number of preventative services. The VCS had a large part to play not only in the provision of services but that they were ideally placed to identify where there was a need and also any gaps in provision.
 - e) The panel was interested in the use of the Social Care Reform Grant as a fund for enabling the development of prevention and early intervention services in Middlesbrough. The panel was pleased to find out that the department had scored well in the self-assessment toolkit designed to ensure that councils were prepared for the transition.

RECOMMENDATIONS

63. That the Social Care and Adult Services Scrutiny Panel recommends to the Executive:
- a) That a joint plan be formulated between the Council's Social Care Department and Middlesbrough Primary Care Trust's Practice Based Commissioning Group to establish appropriate early intervention and preventative services, in consultation with relevant partners.
 - b) That an audit should be undertaken of low level preventative services, with assistance from the VCS, in order to clearly identify the gaps in service, including the funding arrangements of existing provision.
 - c) That the Social Care Department and the Primary Care Trust should undertake further joint work with the VCS with a view to supporting voluntary and community groups and creating additional opportunities for extending a range of activities centred on low level preventive services.

- d) It was considered important to continue to raise awareness and find ways of identifying a broader range of people with potential needs and pursue current activities such as screening, publicity events and publication of a range of information
- e) That the department provides an update on the expenditure of the Social Care Reform Grant and that this be provided alongside an overall update to the panel in 12 months time.

ACKNOWLEDGEMENTS

64. The Panel is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:

- Jan Douglas, Executive Director of Social Care, Middlesbrough Council
- Phil Dyson, Head of Older People and Physical Disabilities, Middlesbrough Council
- Wendy Balmain, Deputy Director Social Care Partnerships, Department of Health
- Debbie Smith, Older Health Lead Department of Health
- Julia Rostron, Executive Member for Social Care
- Dinah Lane, Chief Executive Officer, Middlesbrough Voluntary Development Agency
- Craig Duerden, Lead Officer for Health and Social Care, Middlesbrough Voluntary Development Agency

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June 2009

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BACKGROUND PAPERS

The following background papers were consulted or referred to in the preparation of this report:

- (a) Department of Health, Making a strategic shift towards prevention and early intervention – Key messages for decision makers, October 2008
- (b) Department of Health/Care Services Improvement Partnership/Department for Work and Pensions, Putting People First, Transforming Adult Social Care – Strategic shift to prevention – assessing the strengths and challenges
- (c) Don't Stop Me Now – Preparing for an Ageing Population, Audit Commission July 2008
- (d) The Older People's Inquiry, 'That Little Bit of Help' – Joseph Rowntree Foundation, November 2005
- (e) Care Services Improvement Partnership, More About POPP, Introduction to the Framework

