AGENDA ITEM 10

Middlesbrough
moving forward

Prevention Services in Adult Social Care

Final Report of the Social Care and Adult Services Scrutiny Panel

PURPOSE OF THE REPORT

1. To present the findings of the Social Care and Adult Services Scrutiny Panel following its investigation into Prevention Services in Adult Social Care.

BACKGROUND

2. 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.

3. Under the requirements of the Care Act 2014, local authorities are required to:
   - Provide or arrange for services to prevent, delay or reduce care needs.
   - Identify the prevention services, facilities and resources already available.
   - Promote diversity and quality of services so customers have a choice of service.[1]

4. The local authority has recognised the need to shift its focus towards facilitating community-based services, and signposting to these alternatives, to promote health and wellbeing, prevent or limit deterioration and support recovery following a period of crisis.

5. The aim of the review was to:
   - Add value to the local authority's prevention work, which is currently ongoing.
   - Investigate the provision of prevention services in adult social care.
   - Examine how partnership working between the local authority and the Voluntary Community Sector (VCS) can be further strengthened to build community capacity, especially in relation to alleviating pressures on adult social care.

TERMS OF REFERENCE

6. The agreed terms of reference, for the review, are outlined below:
   a) To examine the preventative work being undertaken by the local authority to promote wellbeing, intervene early and prevent, mitigate or delay the need for costly interventions.
   b) In respect of adult social care (and health where services overlap):
      i. To identify the prevention services, facilities and resources already available in Middlesbrough.
      ii. To consider how the local authority promotes the range and quality of prevention services.
      iii. To identify gaps in current prevention provision and areas for improvement.
      iv. To examine emerging prevention practices and research.

METHODS OF INVESTIGATION

7. The scrutiny panel investigated this topic over the course of 5 meetings held on 10 December 2015, 7 January 2016, 4 February 2016, 14 April 2016 and 8 July 2016. A

[1] http://www.scie.org.uk/prevention-library/about

Scrutiny Support Officer co-ordinated and arranged the submission of written and oral evidence and arranged witnesses for the investigation. Meetings administration, including preparation of agenda and minutes, was undertaken by a Governance Officer.

8. A record of discussions at scrutiny panel meetings, including agenda, minutes and reports, is available from the local authority's Egenda committee management system, which can be accessed via the Council's website at www.middlesbrough.gov.uk.

9. This report has been compiled on the basis of information submitted to the scrutiny panel.

MEMBERSHIP OF THE SCRUTINY PANEL

10. The **2015/16** membership of the scrutiny panel was as detailed below:

- Councillors J McGee (Chair), T Lawton (Vice-Chair), D P Coupe, D Davison, S Dean, E Dryden, T Higgins, P Purvis and J Walker.

The **2016/17** membership of the scrutiny panel was as detailed below:

- Councillor J McGee (Chair), D J Branson (Vice-Chair), D P Coupe, E Dryden, J Goodchild, T Higgins, P Purvis, J A Walker and M Walters.

THE SCRUTINY PANEL'S FINDINGS

11. In respect of the terms of reference, the scrutiny panel's findings are set out as detailed below:

Term of Reference: To examine the preventative work being undertaken by the local authority to promote wellbeing, intervene early and prevent, mitigate or delay the need for costly interventions.

Local authority prevention work

12. The local authority's Assistant Director for Social Care, Head of Public Health and Health Improvement Specialist provided the scrutiny panel with information on the prevention strategy and how it encompasses all services accessed by the local community.

13. The scrutiny panel was advised that the Care Act, which was introduced in April 2015, has now placed a duty on local authorities to operate in ways that support people to retain their independence and to live full, active lives as part of the local community. In instances where people do require commissioned support, from adult social care, the emphasis should be on the customer being able to exercise choice and control over the services that they receive. For the agencies involved in working with them, the main driver for intervention should be to support the individual's independence.

14. Members heard that prevention is one of the main elements contributing to the adult social care transformation programme. Factors, which provide a rationale for this work, include:
- There is a high level or deprivation across the town, and variation in health inequalities across wards.

- Growing austerity measures are impacting on service provision, often leading to deterioration of poor health and a subsequent demand management issue.
- Individuals often present with multiple issues, therefore, there is a greater need for integrated services.

15. It was acknowledged that the shift in focus towards preventative services represents not only a transformation in terms of the modernisation of social work practice, it also represents a fundamental element in the cost reduction plans for 16/17 and 17/18. It is therefore vital that that the local authority succeeds in developing a service that intervenes at an earlier stage, minimising the percentage of individuals who present in crisis. Through this the local authority will both maximise its contribution to the wellbeing of its population and reduce its costs.

16. Members were advised that the prevention and independence work stream responsible for developing this area of work, as part of the adult social care transformation programme, focusses on optimising an individual's ability to maintain control over how and where they live by helping them to help themselves. Whilst also offering low-level support and short-term interventions, at any stage of the care pathway, to optimise peoples' outcomes and manage demand. It was explained that to meet this ambition Middlesbrough, in partnership with key stakeholders, will deliver services that meet the following principles: delay the tipping point (into long-term care), promote independence but not at any cost and build community engagement and capital in collaboration with the "stronger communities" programme.

17. As part of its ongoing work, in respect of prevention, there is a requirement for the local authority to consider how it can get the best use out of the network of services, which are currently located in the town. It was highlighted to the scrutiny panel that the local authority's stated ambition is that people are able to remain independent for longer, maintaining a good quality of life and living in their own home if they wish. Members heard that a high priority is ensuring local people are able to maintain their health and sense of wellbeing. It was explained that friends and communities will enable and support them to remain active through paid employment, volunteering and recreational and lifelong learning opportunities. This is underpinned by the following principles:
    - Help those to help themselves.
    - Help the most vulnerable feel safe and supported.
    - Do the things that are best delivered collectively.
    - Be there at times of crisis.
    - Minimise the burden of local taxation.

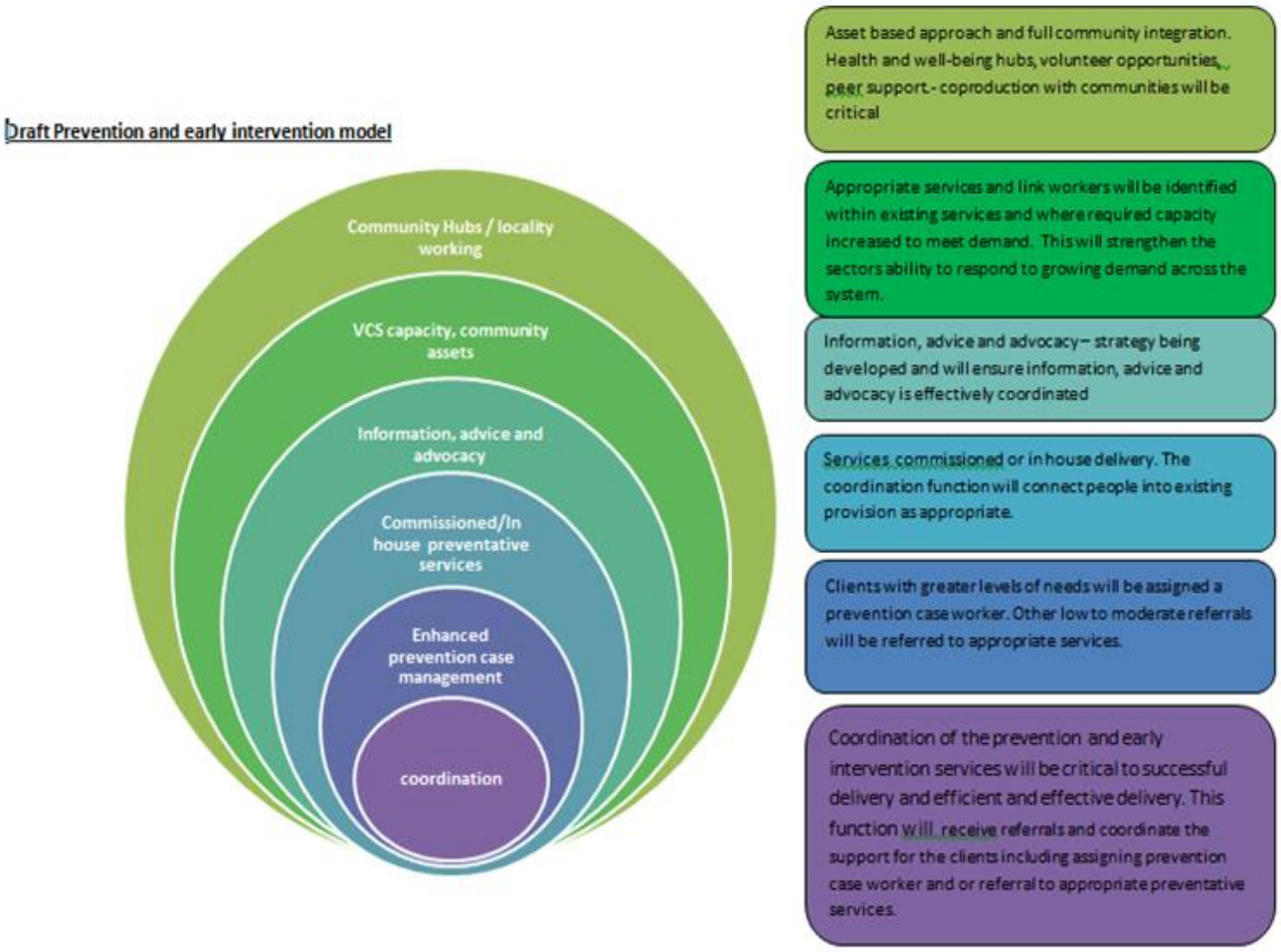
18. It was highlighted to the scrutiny panel that in the longer-term, the aim is to develop a whole-system approach across NHS community health and adult social care. The scrutiny panel was advised that this ongoing work will need to link closely to the requirements of the Better Care Fund (BCF) in supporting the transformation and the integration of health and social care services. The BCF creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources into social care and community services for the benefit of the people, communities and health and care systems. It was explained that Middlesbrough has received a budget of approximately £1.1m, per annum, made up of £750 from the Better Care Fund and the remainder from local authority capital reserves.

19. The scrutiny panel was in agreement that the engagement/integration of the NHS and social care services is a fundamental issue that requires attention. It was ascertained that it would be advantageous for Members to receive regular updates on how this work is being progressed.

Social Prescribing Model

20. The scrutiny panel was advised that social prescribing is an approach that seeks to improve health by tackling patients' social and physical wellbeing. The South Tees Social Prescribing Board defines social prescribing as a pathway that enables primary care and other services to refer patients with social, emotional or practical needs to a range of local services. These are often provided by the Voluntary and Community Sector (VCS) to improve wellbeing and support resilience and self-help.

21. It was explained that Middlesbrough Voluntary Development Agency (MVDA) is the appointed agency for the development phase of the project. It was highlighted that a proposal to develop a health and wellbeing hub has been agreed. Members heard that the model will provide a 'single point of access' for individuals identified with low to moderate needs who, with support, could maintain or improve their independence.



Health and wellbeing hub

22. It is anticipated that the health and wellbeing hub will operate from a town centre location. Dundas House is currently being explored as a possible venue. It was highlighted that there is a wide range of service provision across the town but it is disconnected. The scrutiny panel was advised that the hub will operate as an integrated 'one-stop-shop' approach with a range of services being located in the same venue.

23. It was explained the hub will provide a range of behaviour-change interventions, access to wellbeing services, assessment, support and advice. The aim of the hub is to increase access and uptake of a wide range of public health preventative commissioned services, including weight management and nutrition, physical activity, smoking cessation and mental and sexual health services. It is hoped that the integrated working arrangement will produce a social prescribing model, which will strengthen the skills and ability of the voluntary and community sector to respond to increased demand.

24. Referrals to the hub will be made by GPs, health professionals or by self-referral. The timescale for completion is between January and March 2017.

Single Point of Access

25. The scrutiny panel was advised that, as part of the BCF, a South Tees Single Point of Access (SPA) is being developed for adult health and social care. The SPA will be the access point for social care, for the two local authorities, and for elements of James Cook University Hospital's work. Particularly in respect of admission avoidance and support for effective hospital discharge.

26. The scrutiny panel was advised that, across the country, various SPA models are in existence. It was highlighted that North East Lincolnshire, for instance, has a bank of well-trained call handlers that are able to resolve about 40% of cases during the initial call. The initial call may involve the provision of advice and sign-posting to the appropriate non-statutory services. Furthermore, Members were informed that the SPA is staffed by fully qualified and skilled healthcare professionals, including nurses, occupational therapists and social workers, 24 hours a day, seven days a week, 365 days a year.

27. The scrutiny panel found that, in terms of the South Tees SPA, it is anticipated that it will be operational seven days a week but not on a 24/7 basis. It was explained that the SPA will be staffed by fully trained call-handlers and health and social care staff. Service users will be signposted to the correct pathway, which will include a social worker or occupational therapist or referral to the health and wellbeing hub.

28. It is anticipated that phase 1 of the SPA, which will only include the professional phoning in service, will be operational from June 2016. This initial phase of the SPA will be built around existing functions such as the hospitals bed bureau, the hospital's Single Point of Referral and the social care access teams for the two local authorities. It was explained that the SPA will enable key stakeholders to access one contact number, which will record essential information from which referrals can be made to existing services.

29. Members heard that a project manager has been appointed and a project delivery plan, with anticipated timescales, has been produced. It was advised that staff engagement sessions have been held with key stakeholders and these are ongoing.

30. It was highlighted that Peopletoo are in the process of finalising the analysis of current access points, collating information to support a demand analysis for the SPA and supporting the project group to produce high-level process maps - to ensure that the SPA process is comprehensive, cost effective and efficient.

Community Link Workers

31. The scrutiny panel was advised that initial discussions have taken place with regard to the possibility of introducing Community Link Workers (CLWs). It was explained that the purpose of CLWs would be to provide additional support for individuals in primary care and acute settings who present with "non clinical needs". CLWs would play a crucial role in assisting individuals to connect to the appropriate organisations for support, with the emphasis on voluntary sector services and community-based activities.

Voluntary Community Sector (VCS) prevention work

32. The Chief Executive Officer from the MVDA (Middlesbrough Voluntary Development Agency) provided the scrutiny panel with an outline of the Partners in Prevention work, which is currently being undertaken. The work explores the role of the VCS in delivering the prevention agenda in adult health, wellbeing and social care in Middlesbrough. It was explained that work is being progressed through three key strands, which include:
    - Significant engagement with local Voluntary Community Organisations (VCOs) via workshops, one-to-one interviews and online surveys.
    - A roundtable discussion with senior local authority officers and Members to consider the relationship with the local VCS in the context of prevention in adult social care (with a follow-up session to be planned in the near future).
    - Identifying established and emerging good practice from other local areas with regards to prevention in adult social care and work with the VCS.

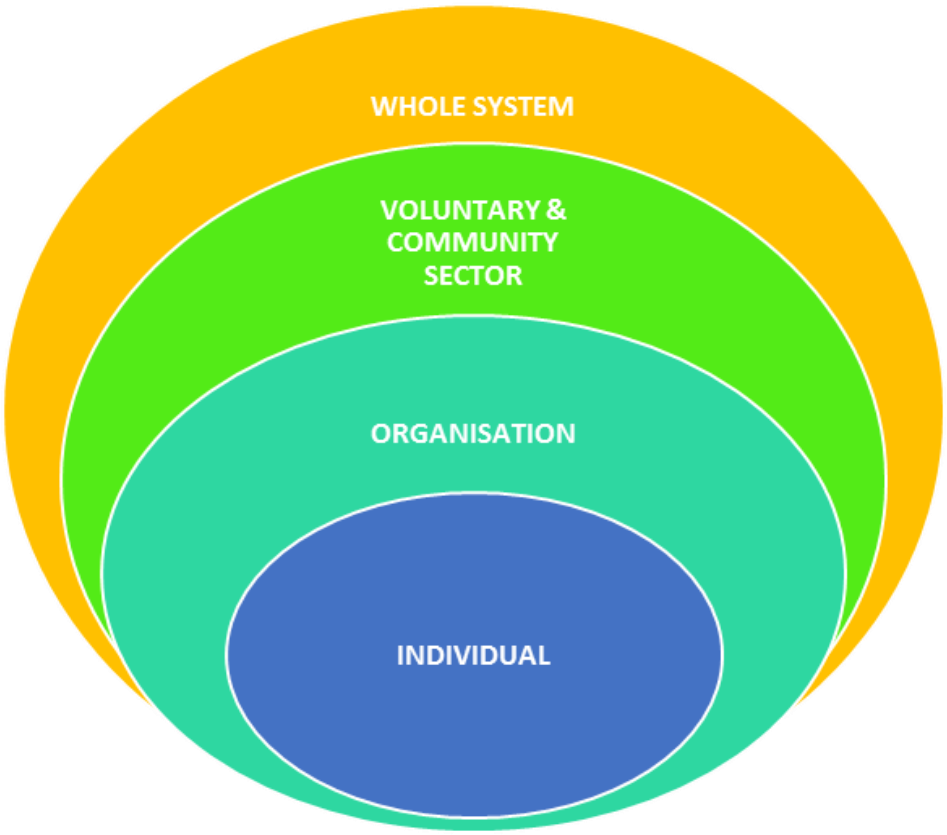
33. It was explained that VCOs are often identified as promoting new ways of working with stakeholders through local communities, supporting and leading change and innovation, and improving access for local people.

34. Members heard that the VCOs play a key role in attracting significant additional investment to the town to deliver on local priorities and achieving cost-savings through prevention and early intervention. Previously, a piece of work had been undertaken by MVDA that had identified that over £8m had been brought into the town through 30 VCOs. Work is currently underway to provide updated information in this regard.

35. Members heard that the MVDA has established a broad agreement about the role that the local VCS could play in a strategic approach to prevention in adult health, wellbeing and social care. It was advised that this is in the potential context of ‘prevention is everyone’s business’, which requires a whole-system approach to ensure it is embedded and implemented across all policies and strategies. Specifically, the VCS role includes:
    - To work in a multi-agency environment to inform, influence and demonstrate the value of prevention at all levels from community, local area, sub-region, regional and national.
    - To share learning, evidence and experience about prevention with wider partners and demonstrate what works in Middlesbrough.

- To promote positive prevention solutions to local challenges highlighted through strategic commissioning and planning activities.
- To undertake further work to demonstrate what local VCOs can provide to deliver prevention with positive outcomes.
- To identify the barriers to effective prevention support and seek to address these through appropriate partnership structures.
- To ensure that individual voices are heard and influence discussions and decisions around prevention.
- To be well informed advocates and champions for prevention.
- To build a strong base of evidence and intelligence to demonstrate the impact of prevention work.
- To provide imaginative ideas and take leadership roles in developing and delivering ideas and approaches.
- To lobby and campaign to promote prevention and approaches (national, locally), but also to promote awareness and help change perceptions and attitudes.

36. It was highlighted to the scrutiny panel that, although this requires further discussion, VCOs involved in the Partners in Prevention workshops developed a model for prevention:



For the individual • We have achieved person-centred outcomes • People are happier and we have a more positive society and communities • Individuals are changing their own behaviours • An increase in the number of people that are more independent
For individual voluntary and community organisations • As organisations, we know where we fit, how we contribute to prevention and evidence this • Our employees are engaged and have strong awareness of their role as part of the delivery • We have a clear understanding of where we compete, collaborate and complement others
For the voluntary and community sector • As a sector, we have clearly articulated how we contribute to prevention • We have evidenced the impact (cause and effect) and are influencing policy and strategy • We have a joined-up approach across the sector, but also with statutory and other services
For the whole health and wellbeing system • Prevention is part of what everyone does, valued, integrated in policies, well resourced • There is a fair balance of resources between acute services and prevention • Pathways and partnerships are clearly understood and effective • Services are integrated and flexible, with a person-centred prevention approach at their heart • There is less demand for acute services, fewer people reach, or are in, crisis • Complex needs are supported in a holistic way, looking at the whole person and environment

Partnership work undertaken by the public sector and the Voluntary Community Sector

37. The scrutiny panel was informed that recent changes to arrangements of the Health and Wellbeing Board have resulted in the work of key local partnerships being reconsidered. Particularly, in the context of delivering the priorities of the Health and Wellbeing Strategy. Members were advised that, in terms of multi-agency partnerships, there are two key groups that have a lead role in prevention:
    - The Public Health Delivery Partnership is responsible for the adult prevention agenda and is at an early stage of developing partnership-wide long-term plans to improve outcomes. It was established that the partnership has agreed to focus on a small number of priority areas. Members heard that VCS interests are represented on this group via the MVDA.
    - The South Tees Integration Programme Board (and its executive group) is driving forward plans around the integration agenda for both Middlesbrough and Redcar & Cleveland, which includes development and oversight of plans through the Better Care Fund (BCF), which clearly has a significant impact on the prevention agenda. It was explained that, as it currently stands, VCS interests are not currently directly part of this partnership arrangement. Although, in theory, the work is reported to the Health and Wellbeing Board so the VCS is appraised of progress.

38. The scrutiny panel ascertained that, from a VCS perspective, the MVDA facilitates the Health and Wellbeing VCS Forum. Members heard that membership is open to representatives from VCOs in Middlesbrough who have an interest in the adult health, wellbeing and social care agenda. It was explained that the format of the forum has recently changed and, in future, will focus on specific workshop topics.

39. In addition, it was highlighted that the MVDA has recently established a Transformation of Health and Social Care VCS Reference Group, with membership from 20 local VCOs. The group reports to the forum and provides a model that will progress key elements of work that will in part contribute to the broader multi-agency partnership arrangements. It was established that this group will support the development of the MVDA's Partners in Prevention work.

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i. **To identify the prevention services, facilities and resources already available in Middlesbrough.**
ii. **To consider how the local authority promotes the range and quality of prevention services.**
iii. **To identify gaps in current prevention provision and areas for improvement.**
iv. **To examine emerging prevention practices and research.**

Existing Provision

40. It was explained that there are challenges when attempting to understand the role of prevention within adult social care, and indeed the local authority more broadly. Members heard that if the local authority's aim is to maximise the impact of prevention and early intervention then it must ensure that all services, and those of its partners, have a consistent focus on finding opportunities to provide preventative advice and information and to deliver services that prevent, or minimise, the need for future social care services. To prevent individuals presenting to social care in crisis, the local authority must make use of every opportunity to prevent or mitigate the circumstances that bring them to crisis. Discussions in respect of this challenge to all of the local authority's departments, and its partners, is the subject of ongoing discussions.

Mapping of existing provision

41. The scrutiny panel was advised that an initial mapping exercise was undertaken of existing preventative provision and this identified services across the town contributing to "prevention" at a primary, secondary or tertiary level. Members heard that services were divided into general population level, which signifies no particular health needs; secondary, which signifies an increased risk of developing health needs and tertiary, which signifies that the service user is already part of the social care system. The scrutiny panel was advised that the mapping exercise was a very intensive task and the information demonstrated a snapshot of what service provision was available but it did not reflect quality or performance. It was explained that the exercise identified gaps in information, particularly in respect of the services provided by the VCS.

Prevention services, facilities and resources already available in Middlesbrough

42. The Assistant Director for Social Care and a number of front-line staff from adult social care provided the scrutiny panel with information on the services that represent significant elements of the social care service and focus on prevention and the promotion of independence.

Middlesbrough Matters

43. Members found that a central requirement of the on-going prevention work is the provision of consistent, high-quality information, available for staff members to support their work and to members of the public on a "self-serve" basis. It was advised that Middlesbrough Matters is an on-line facility to provide a 'one stop shop'. Members heard that the Middlesbrough Matters directory:
    - Provides easy access to service users, helping them find the information they need about the services and support that are available to them.

- Provides a free and easy to access site, which allows service providers to promote and sell their services.

44. The scrutiny panel found that even if an individual does not think they are entitled to any support, from the local authority, Middlesbrough Matters provides access to extensive information about where help and advice can be accessed.

45. Members were advised that the system will be an important building block in respect of the Single Point of Access (see further information at paragraphs 25-30).

Intermediate care services

46. Members heard that Intermediate Care Services in Middlesbrough provide a range of services designed to bridge the gap between primary/community care and hospital services. It was explained that Intermediate Care Services are for individuals who require rehabilitation services to enable them to reach a level of independence that would not be possible otherwise. It was highlighted that these services support adults by:
    - Preventing avoidable admission to hospital or long-term care.
    - Assisting safe and prompt discharge from hospital.
    - Promoting independent living and rehabilitation.

47. Intermediate care services can be accessed through a referral being made by:
    - A GP or consultant.
    - Occupational therapists and physiotherapists.
    - A ward nurse or district nurse.
    - Social workers.
    - Warden services.
    - The Discharge Liaison Team.

48. In Middlesbrough, the following intermediate care services are available:

<u>Rapid Response</u>

49. The scrutiny panel was advised that rapid response is a home care service that is provided as part of reablement. The service:
    - Prevents unnecessary admission to hospital or residential care.
    - Provides access to Care Link community alarm service for up to six weeks.
    - Provides access to the reablement service.

50. It was explained that there is no charge for this service, for ten days.

<u>Reablement</u>

51. Middlesbrough Intermediate Care Reablement Team provides assessment and rehabilitation services, on a 1 to 1 basis, for people in their own homes to promote their daily living skills and independence. It was advised that people are referred to the service following a stay in Middlesbrough Intermediate Care Centre. Members heard that on discharge from Middlesbrough Intermediate Care Centre, the reablement team provides ongoing support to people in their own homes. The reablement service provides intensive support and guidance, at an early stage, to help individuals to regain their confidence and

skills in carrying out activities of daily living as independently as possible. It was acknowledged that the aim of reablement is to help individuals to regain or relearn the ability to perform tasks whilst continuing to live in their own homes. During this time their ongoing needs (if any) are reassessed. The focus of reablement is on restoring independent functioning following illness or injury. It was explained that this is an important element in the Government's prevention agenda, which is aimed at keeping people as independent as possible for as long as possible.

52. It was conveyed that a support plan is formulated by tasks, which are then broken down into activities. The support plan is frequently reviewed on a bi-weekly basis. The goals are set in conjunction with the service user, and the occupational therapist, and can be altered depending on the progress.

53. Reablement programmes may include the following goals:
- Personal care tasks such as washing, dressing and toileting.
- Domestic skills such as food and drink preparation, shopping, organising and planning daily routines, using transport and doing laundry.
- Encouraging the necessary confidence to manoeuvre. This would include getting up and out of a chair, getting in and out of bed and getting on and off the toilet.

54. Reablement services are provided by the local authority's contracted external provider – The Human Support Group (HSG). It was explained that the HSG have qualified and registered occupational therapists and trained support workers.

55. Members heard that reablement reduces dependency of long-term care or ongoing packages of care. There is no charge for the service for up to six weeks. A Member queried whether the local authority can evidence how successful reablement has been. It was explained that the reablement tracker accurate (December 2015) estimates annual savings of £204,866.59. This represents the avoided state costs, as a result of the use of the reablement service.

56. Members were advised that, from March 2015 – December 2015, 238 referrals were received for reablement. Of the 238 people that had been referred, 170 had subsequently been reabled and have had their care package reduced - with an additional 21 cases ongoing.

<u>Residential rehabilitation at Middlesbrough Intermediate Care Centre</u>

57. The scrutiny panel was advised that Middlesbrough Intermediate Care Centre (MICC) provides assessment and rehabilitation services for a maximum number of 23 people to promote their daily living skills and independence. The MICC has 21 beds available for use and an independent living flat, for people over the age of 18 – where people can live independently, but have access to staff in an emergency. The MICC also has an activities room and a therapy room. It was commented that the location of MICC in the Pallister Park area is ideal as it is located in close proximity to a bank, post office, doctors, chemist and the local shops.

58. It was explained that people are referred to the MICC by the hospital, or their GP, and generally stay for up to six weeks. Some people stay longer if their progress with rehabilitation requires more time. Members heard that intensive therapy-led rehabilitation is provided by care staff, physiotherapists and occupational therapists with the aim that

people who use the service return to independent living. Members heard that the MICC assists in preventing avoidable hospital admissions, providing respite care and promoting independent living and rehabilitation.

59. The scrutiny panel was advised that, on arrival at the MICC, patients are assessed by a physiotherapist or an occupational therapist. During this assessment, a support plan is developed that details achievable goals are set in terms of each patient's recovery period. Furthermore, it was highlighted that weekly meetings are held to monitor progress and review support plans for each patient.

60. It was ascertained that the service, which is funded by the NHS, is free at the point of access. The MICC holds daily conferences with the hospital. Members heard that there is no charge for up to six weeks.

61. In response to a query, with regard to whether the MICC ever experiences a shortage of beds, it was explained that reablement funding is provided by the NHS and, in terms of the number of beds available, current capacity is at approximately the right level. The scrutiny panel was advised that there is a reciprocal agreement in place with Redcar and Cleveland. If there is a greater demand for beds then additional beds can be accessed, to prevent a waiting list.

Mobile Rehabilitation Team

62. Members were advised that the Mobile Rehabilitation Team provides a home-based rehabilitation service to adult residents in the Middlesbrough area. The team is based at MICC.

63. It was explained that the team aims to:
- Provide support, at home, upon discharge from hospital.
- Prevent readmission to hospital.

64. The scrutiny panel heard that the service is for adults who are usually unable to attend outpatient appointments. Following assessment, the team make regular visits to work with individuals on an agreed treatment plan.

65. It was highlighted that the team consists of a physiotherapist, an occupational therapist and three rehabilitation assistants. The team work with older people and other adults with rehabilitation needs. It was also conveyed that the team help to support families and carers by offering advice and guidance. The service is provided in the individuals own home, free of charge, for a period of up to six weeks to assist them to return to independent living.

Falls Prevention

66. It was explained that the Falls Team provides specialist multidisciplinary assessment and interventions to people aged 65 years plus. The team works across Middlesbrough and Redcar & Cleveland providing specialist assessment, treatment and rehabilitation to older people at risk of falls. This includes:
- Education and advice on falls awareness.
- Falls and balance exercise and education classes.
- Home-based personalised exercise programmes.

- Home hazard assessments and intervention including advice and assessment with the aim to increase independence.
- Identification of osteoporosis risk and health promotion advice.

67. Furthermore, it was highlighted that practical information on falls prevention can also be provided by the local authority's Staying Put Agency. The Staying Put Agency can offer advice and practical assistance to avoid slips, trips and falls around the home.

Telecare

68. The scrutiny panel was advised that Telecare makes it possible for people to maintain an independent and dignified life, in their own home, by coupling high-tech equipment and communications technology with caring services.

69. It was explained that Telecare equipment includes a range of sensors, detectors, monitors and alarms tailored to individual need. These might include motion sensors that will detect if an individual has fallen, sensors to detect environmental dangers such as fire or gas, sensors that detect when a door has been opened or the provision of a bogus caller alarm.

70. It was highlighted that the sensors are monitored by the 24-hour contact centre 365 days a year, or can alert a family member or carer direct. Or, at any time, individuals can get help by pressing their personal trigger. As soon as an alert is received, staff will act immediately.

71. Members ascertained that Telecare provides individuals with the opportunity to feel safe in their home, knowing that support is there. The service also gives carers and relatives the reassurance of knowing that someone is keeping a discreet 'eye' on the person they care for.

Connect

72. Members heard that Connect is a service related to Telecare but is one which can be purchased by anyone for a small weekly fee. It was advised that Connect is the perfect way to get emergency help and support 24 hours a day, 365 days a year. It was highlighted that Connect can help individuals who feel vulnerable, feel unsafe at home, have a disability, have a medical condition or care for someone.

73. It was advised that the service provides a Connect unit, which is fitted to the telephone point, and an emergency button, which can be worn around the neck or wrist. Members heard that individuals can press the button and the contact centre will speak to them through the Connect unit, which can be heard throughout their home.

74. A Member commented that she had used the service, in the past, and it had been excellent. The scrutiny panel was advised that the service works very well and the installation of the Connect unit, for the six weekly period, had provided her with confidence. It was advised that a social worker or occupational therapist usually contacts the service user to enquire whether the service is working well and continuing to meet their needs.

75. The scrutiny panel heard that Connect are currently exploring the use of a mobile device as a gateway to Telecare and as a link to 24/7 monitoring services. This will enable service users to go out into their local community.

Adaptations

76. The scrutiny panel was advised that the work carried out, in respect of minor and major adaptations, enables homeowners to remain living at home independently.

77. Middlesbrough's home improvement agency was established in 1991. It was explained that the Staying Put Agency works in partnership with social care, and other organisations, to provide a service to help older people, people with disabilities and those who are vulnerable. It was explained that the agency provides advice on repairs, improvements and adaptations. The agency also offers information in respect of financial assistance and can offer practical help to investigate sources of funding.

78. It was highlighted that the agency operates the Middlesbrough Mobile Adapt and Mend Service (MMAMS) handyperson scheme, which offers essential minor repairs and minor adaptations that can include minor plumbing and joinery repairs, grab rails, stair rails, half steps and clearing guttering.

79. To serve the prevention agenda, the scheme covers:
- Small repairs and minor adaptations that reduce the risk of falls.
- Home security measures that prevent burglaries.
- Hospital discharge schemes, which include hazard management and equipment installation.
- Fire safety checks and installation of alarms and smoke detectors that reduce death and injury caused by fires.
- Energy efficiency checks that reduce excess winter deaths and expenditure on fuel, where a check leads to an intervention to improve heating or warmth in a home.

80. It was explained that guidance around adaptations is provided primarily by the local authority's Occupational Therapy Team.

Ongoing Intervention

81. It was advised that the Ongoing Intervention Team works with individuals who have chronic or life-limiting illnesses. The team works innovatively to encourage service users to maintain some independence and achieve the best quality of life by providing services that integrate the person into the community. The team also assists people to move out of residential care into supported living. It was found that the team works in partnership with the Transition Team to support young people with disabilities aged 14 up to 25 years of age.

82. The Ongoing Intervention Team is required to manage risks and make sure that individuals are as safe as possible. It was highlighted that a risk assessment tool is in place. The aim of the team is to balance the rights and responsibilities of the individual against the requirement for intervention.

Voluntary Community Sector

83. Members were advised that research has identified that health and social care is the main category of services being provided through local VCOs. Middlesbrough's VCS has:
- **741** VCOs registered on MVDA's database
- **462** VCOs based in Middlesbrough
- **255** VCOs on Sector Connector (online directory for Middlesbrough's VCS)
- **Over 50%** of VCOs are purely voluntary organisations, i.e. all those who work for the organisation are unpaid volunteers.

84. The scrutiny panel heard that there are more than 1,000 VCOs registered with local support and development organisations in Middlesbrough and Redcar & Cleveland. It was explained that these range from branches of national charities to small and medium-sized local organisations. Research undertaken in 2012 found that, from a sample of only 52 VCOs in Middlesbrough, £2,846,201 of additional funding was secured to deliver health, social care and welfare services. Furthermore, volunteer hours with an estimated value of £906,747 were generated.

85. It was highlighted that the voluntary community sector enables people to live independently for longer, supports early discharge and helps to prevent crisis by delivering services that take a 'whole family' approach. Representatives from three of Middlesbrough's VCOs (Carers Together, Hope North East and My Sisters Place) provided the scrutiny panel with examples of their prevention work – see **Appendix 1**.

Promoting the range and quality of prevention services and identifying gaps in current provision

86. A Member queried whether, in the opinion of the Assistant Director for Social Care, there are any gaps in current social care provision. In response, the Assistant Director advised that adult social care previously worked under the remit of the NHS Community Care Act 1990, and service users were assessed in accordance with the Fair Access to Care Services (FACS) national criteria. This resulted in intervention at the point whereby an individual was in crisis. It was explained that the Care Act, which was introduced in April 2015, makes fundamental changes to local authority responsibilities and increases responsibility for early intervention and prevention. The Assistant Director acknowledged that the social care department does not currently possess all of the required skillset to undertake early prevention work and a repositioning of the department will be required in order to train staff to carry out early prevention work.

87. It was also identified that there are gaps in information, particularly in relation to the work and infrastructure of the VCS. Members acknowledged that the pathways between social care and the range of services in existence, need to be strengthened and more co-ordinated. It was highlighted that there is a requirement to further develop existing relationships with VCOs, through MVDA, to enable the department to work more efficiently in partnership with the VCS. Further work is required to develop a complete directory of current prevention services to enable service users to be signposted to services that meet their individual needs.

88. With regard to the specific gaps in service provision, it was explained that this is difficult to determine due to the complex nature of individual cases and the fact that people are

passing through the care system at different points. It was acknowledged that the identification of services does not consider demand management implications, or capacity issues, and this will need to be addressed. The scrutiny panel was advised that there needs to be better connectivity between social care, public health, other partners in health and the VCS to be able to deliver key elements of the preventative agenda.

89. Members heard that it is anticipated that in two years, greater use will be made of the VCS. Co-ordination with the VCS, and other non-statutory bodies, and the use of informal support mechanisms is vital in order to manage the challenges of increases in demand for social care.

90. It was explained that a series of meetings have already been held with MVDA, the Assistant Director for Social Care and the Director of Public Health to discuss developing a joined-up offer. This will ensure that service users are signposted to the appropriate organisations, which have the required skills and training to deal with their requirements. MVDA are carrying out the scoping work to look at a skills/governance profile for increasing joint work with the local authority.

91. In summary, from the evidence received, the scrutiny panel established that a multi-agency partnership approach is required to:

- Develop a long-term, town-wide strategy with supporting plans for individual stakeholders. The town-wide strategy should aim to:
    - Assist in shaping plans for the town.
    - Develop a whole-system approach and an action plan for delivering outcomes.
    - Identify the roles and responsibilities of each partner.
    - Determine how intelligence will be shared.
- Identify all VCS organisations that provide preventative services to Middlesbrough residents.
- Ensure that VCS organisations are sustainable, resilient and in a position to cope with future demand. It was established that there are significant capacity issues for some local VCOs (in the context of increasing demand, more complex issues requiring support and reducing resources etc). It was explained that the MVDA are gathering more detail about this issue and working with the local authority's Head of Commissioning to fully understand the implications associated with this.
- Implement practices that:
    - Measure the impact, quality and value of VCS preventative services and provide a breakdown of avoided state costs. There is a need to determine how the impact of prevention is demonstrated both for individual VCOs and as a collective in the context of a whole system.
    - Achieve outcome-based commissioning.

  Discussions established that in order to demonstrate the impact of prevention, policy and performance work will need to be undertaken to examine how to build an evidence framework, which is based on outcomes and aligning priorities to deliver effective and safe results. The MVDA has submitted a bid to become an impact champion. If the bid is successful this will provide the organisation with the status to access the tools, resources and expertise to create an efficient and effective performance measurement system.
- Implement practices that further enhance, develop and strengthen pathways between adult social care and the range of services in existence.

- Investigate strategies that could be implemented, by the local authority, to further support the VCS.
- Develop practices that will increase and maximise VCS investment in the town and attract additional resources. It was advised that there is a very clear view from VCOs, through the Partners in Prevention work that more needs to be done to see a shift in resources to achieve the appropriate level of investment for preventative work.
- Establish best practice and sharing ideas.
- Work towards integration across services and sectors, so that the individual receives all of the help and support they need, no matter where they may enter the support system.

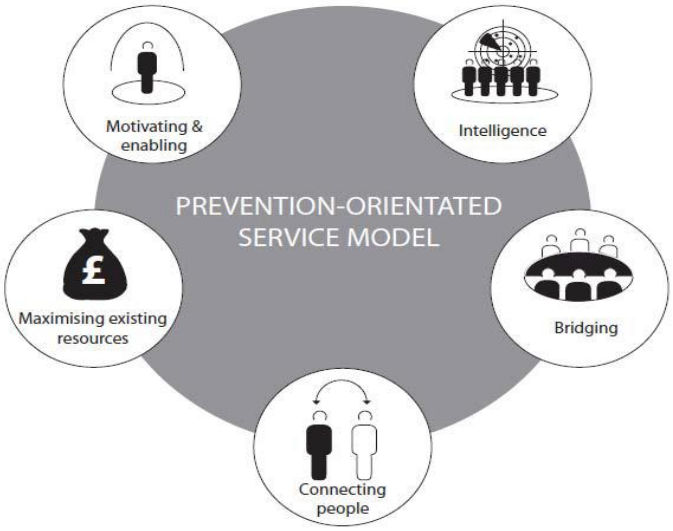
Emerging prevention practices and research

92. The scrutiny panel received information on emerging practice and research. The six documents outlined are of particular interest as they relate to examples of prevention services and approaches across England, submitted by commissioners and providers.

Buckinghamshire County Council

Prevention Matters – Building community capacity for prevention and early intervention services in Buckinghamshire

Prevention Matters is a partnership programme between Buckinghamshire County Council, NHS, District Councils, and the VCS.



A new model for prevention

A framework was developed of high-level functions that are shared by different agents and delivery mechanisms.

Key functions

Intelligence: The system must build knowledge about the effectiveness of prevention-related activities and strive to align resources to areas of greatest impact, need and potential.

Bridging: There is a great deal of duplication of effort and wasted resource in respect of the current system. Additionally, there is a gap between formal or semi-formal services (where paid professionals are involved in delivery) and informal networks and associations where levels of

trust and reciprocity are much greater. Bridging the gaps between services, networks and associations is an important factor in identifying users, building awareness, behaviour change and providing support that is useful and sustainable.

Connecting people: Connecting individuals to groups, 'buddies' and volunteering opportunities is an important way of building their resilience and social capital. This is particularly true for socially isolated individuals. This also includes 'community building' and facilitating the growth of local associations and peer support groups.

Maximising existing resources: Aligning the resources to shared outcomes and pooling resources to leverage additional funding will see funding and resources follow activities and services that are most effective at supporting those in greatest need.

Motivating and enabling: This function is aimed at enabling and motivating the target user-group to develop awareness, skills, capability and technology to support their own independence. It is about raising awareness and helping people to plan and access support of different kinds.

Core Components

Intelligence hub
The intelligence hub provides the local authority and its partners with the ability to monitor a set of prevention-related parameters including demand / potential growth areas of community capacity, usage data on a range of services and initiatives and data on individuals within the cohort.

Primarily, the intelligence hub provides a way of ensuring that the local authority can act strategically when it comes to spend on prevention. This will act as the brain centre for the model collecting information to support the other elements to function effectively. It helps commissioners connect investment to impact and potential growth. It helps partner organisations and funding partners to prioritise their activities and identify gaps and overlaps in provision. It helps the Health and Wellbeing Board (HWB) evaluate the investment in prevention and develop a rationale for third-party investment. Finally, it provides end-users with up-to-date information about available services and options. Essentially, it will link accountability to outcomes and developing measurable evidence of prevention.

Volunteer hub
The volunteer hub is a central function that operates across all of Buckinghamshire. It supports voluntary organisations, volunteers and policymakers make the most of the volunteer potential in the county.

The volunteer hub will operate in the following areas:

- Setting a framework for best practice recruitment, training and management of volunteers.
- Enabling new models of volunteering and trading time.
- Identifying priority areas of need through volunteering (geographical areas, skills, activities and role-types). This will be done through an annual survey of volunteers and volunteer organisations, and through pooling of data via the intelligence function.
- Market-shaping through incentives and re-commissioning of volunteering contracts.

The biggest drivers are to increase volunteer capacity, the quality of volunteering and the quality of support to volunteers.

Community Link Officers
Community Links Officers (CLOs) have been identified as a potential new role that would fulfil a number of important functions and would be instrumental to making the model work. The focus on this role is on the bridging function between formal and informal networks, between social care, health and the districts, and between community leaders and professionals. CLOs would be based in the community and would be the primary interface between 'hubs' of community activity and the formal system of health and social care.

The CLO has a critical role in supporting the intelligence hub and the volunteer hub. Whereas the latter are centralised functions, minimally staffed, the CLOs will provide them with substance be that in data collection, relationship building, organising campaigns and driving change.

CLOs will be accountable to meeting prevention targets for the local area that they cover. Targets will be set by the HWB and agreed with local partners.

Community Prevention Worker
Community Prevention Workers (CPWs) fulfil the most obvious support functions of motivating and enabling individuals to remain independent for longer, and connecting people (with services, with networks, with volunteering opportunities). These are important and necessary functions within any prevention-orientated model. The CPW role introduces is a single point of access to a resource that can provide a hand-holding and review function.

CPWs also fulfil an important secondary function of bridging between professionals in health, social care and informal support. Importantly, they are a source of intelligence about individuals in the cohort, as each CPW will be responsible not only for supporting these individuals, but also monitoring their wellbeing and independence over time.

CPW's responsibilities include:

- Helping individuals to plan and introduce them to available services and networks.
- Hand-holding, confidence building and training to maintain independence.
- Liaising with Community Links Officer to identify support available locally.
- Referred to by GPs and other statutory service providers, and working with them to identify at-risk users.
- Spreading the prevention agenda by providing tools and awareness of assistive technologies and services, and asset-orientated assessments to frontline workers.
- Tracking success of referrals.

PUBLIC HEALTH ENGLAND

A guide to community-centred approaches for health and wellbeing

Community-centred approaches are not just community-based, they are about mobilising assets within communities, promoting equity and increasing people's control over their health and lives. A new family of community-centred approaches represents some of the available options that can be used to improve health and wellbeing, grouped around four different strands:

- Strengthening communities – where approaches involve building on community

capacities to take action together on health and the social determinants of health.

- Volunteer and peer roles – where approaches focus on enhancing individuals' capabilities to provide advice, information and support or organise activities around health and wellbeing in their or other communities.
- Collaborations and partnerships – where approaches involve communities and local services working together at any stage of planning cycle, from identifying needs through to implementation and evaluation.
- Access to community resources – where approaches connect people to community resources, practical help, group activities and volunteering opportunities to meet health needs and increase social participation.

There is a compelling case for a shift to more person and community-centred ways of working in public health and healthcare.

Implications for local leaders, commissioners and service providers:

- Consider how community-centred approaches that build on individual and community assets can become an essential part of local health plans.
- Recognise the scope for action as there are a diverse range of approaches that can be used to improve physical and mental health.
- Use the family of community-centred approaches as a tool to consider potential options for commissioning health improvement and preventive services.
- Involve those at risk of social exclusion in designing and delivering solutions that address inequalities in health.
- Celebrate, support and develop volunteering as the bedrock of community action.
- Apply existing evidence to the local context, but be prepared to evaluate.

National Institute for Health Research (NIHR)

Older people's prevention services: Comparing perspectives of local authorities and the third sector

Third Sector Organisations (TSOs) have historically played a significant role in the delivery of adult social care. Often seen to be associated with qualities such as strong community links, access to disadvantaged groups and innovative practice, TSOs remain a popular choice with local authority commissioners as providers of preventative services. This study explored the views of both locally commissioned TSOs and national organisations providing preventative services for older people.

Key Findings

- Overall TSOs and their local commissioners enjoyed positive relationships. They demonstrated shared understandings of their respective roles and largely met each other's expectations throughout the commissioning process.
- Differences can be identified in commissioner and TSO provider perspectives of the main purpose of prevention. While local authorities tended to focus on preventing older people needing social care services in the future, TSO's emphasis was on improved quality of life for individual older people.
- TSOs had holistic and wide ranging notions of what can constitute a preventative service for older people.
- Both TSOs and commissioners found it difficult to set outcomes for preventative services and to understand how best to measure performance in achieving these.
- TSOs stressed the importance of their relationship with the individual leading on the commissioning of their service area within the local authority.

- TSOs displayed a strong interest in developing better outcome evidence, especially in an insecure funding environment. Sometimes with limited capacity and resources, they would welcome the potential of dialogue with commissioners and researchers to developing relevant frameworks.

National Institute for Health Research (NIHR)

Building community capacity: the economic case in adult social care in England

The key aims of the research were to establish the costs, outputs and outcomes of a number of apparently 'best practice' community capacity-building projects, especially in relation to their potential for alleviating pressures on adult social care budgets and in the context of current policy interests.

Key findings

- Third-sector projects are seen by many in central and local government as important both for the delivery of adult social care and for developing community capacity for support to people who would otherwise require more formal social care.
- Our evaluation of four diverse projects operating in this area suggests that the third sector does have potential for delivering services that prevent or delay the need for formal social care.
- However, the current context of commissioning services in adult social care presents substantial challenges and risks to third sector organisations seeking to provide state-funded services.
- In particular, funding uncertainties pose questions about the third sector's stability and capacity to take on more substantial roles. These tend to encourage organisations to focus on meeting established commissioning priorities, rather than to develop innovative community-based services.
- There are significant practical methodological challenges to undertaking evaluation of these projects. To a large extent, existing third sector infrastructures are not currently geared towards meeting the public sector's growing requirements for targeted, evidence-based investments.

British Red Cross

Taking Stock: Assessing the Value of Preventative Support

This report tells the stories of five people who have recently been supported by British Red Cross staff and volunteers. They show the value of time-limited practical and emotional support, which responds to people's individual needs and wishes at times of transition and vulnerability. This personalised support has helped all of these people live independently and with dignity in their communities.

NEF consulting (New Economics Foundation) carried out an independent economic analysis of the work that the British Red Cross had undertaken with these people. They assessed the costs that could have been incurred by the state to treat and deliver care to these five people, had this support not been provided.

It was estimated that the impact of support delivered savings of between £700 and £10,430 per person. This reflects a minimum return on investment of over three and a half times the cost of the British Red Cross service, and in most cases significantly more. This report shows the value the services deliver every day to a range of statutory services, bridging gaps between professionals and saving money.

THINK LOCAL ACT PERSONAL

Developing a wellbeing and strengths-based approach to social work practice: changing culture

The paper sets out the key knowledge and skills the social care workforce needs to apply strengths-based approaches in improving people's lives. Strengths-based social care entails three key components: resilience, targeted prevention services and assessment and purchasing. The first of these is the fundamental concept which underpins the others:

1) **Resilience:** The ability of an individual to be independent from the state, and or other institutional support, by maximising three resource domains:

a) Personal resources: the acquisition and deployment of personal skills and knowledge.
b) Networks of support: the participation in and use of close support networks such as immediate family, relatives, friends, and neighbours.
c) Community resources: the participation in and use of universal services, informal organisations such as clubs, pubs, and local groups.

2) **Targeted prevention services:** Targeted interventions are delivered once certain trigger points are reached. But all interventions need to be focussed on creating and re-creating resilient individuals.

3) **Assessment and purchasing**: There have been various publications discussing the need to slim down social care systems and processes to the minimum requirements.

Specifically, the paper aims to support development of an adult social care workforce that:

- Promotes the skills, abilities and knowledge of the person with care and support needs and their carers.
- Promotes individual wellbeing by encouraging independence, self-care, support and learning opportunities for informal carers, before specific service solutions are sourced; challenging those services to align themselves with the contribution, knowledge and skills of the individual and their support network.
- Is comfortable delivering professional support, by which we mean employing their own skills and knowledge and using their own personal abilities to further the health and wellbeing of a person with care and support needs.
- Is skilled at enabling people to put together their own bespoke packages of care, support and learning, and ensuring the right kind of support structures are in place for them in relation to their personal outcomes.

In a successful community-based system, social care workers need the training, time and mandate to be able to utilise the whole of an individual's resources, and their family's or community's resources, rather than feeling restricted to a narrow range of service responses.

An example of this kind of community-based approach can be found in Leeds, where innovative Neighbourhood Networks have supported older people for nearly 20 years. In a relatively recent development, local communities have begun to take responsibility for older people in their areas, providing social capital that goes beyond volunteering to a broader community support role, which helps reshape individual care packages and turn them into comprehensive 'living plans'.

Older people can have their personal budgets managed by the Neighbourhood Networks, with their support commissioned by the networks and supplemented by locally provided social capital inputs. These living plans look different from the care packages that preceded them. They draw on a wider range of care and support contributors but the net result may be less money spent on professional and informal care.

Additional Information

93. During the course of the scrutiny panel's investigations, information came to light which, while not directly covered by the terms of reference, is relevant to the work of the panel. This related to:

The Gateway

94. It was highlighted that the proposed closure of the Gateway facility at Middlehaven will create a gap in provision. The Gateway had offered hydrotherapy facilities at a cost of £20 per session and the service user was able to take their own carer with them. A Gym membership with hydrotherapy had been available at a cost of £30 per month. This allowed service users to enjoy quality time at the facility and allowed them to integrate into the community.

Domestic violence

95. Issues were raised by My Sisters Place, in respect of the gaps in domestic violence prevention activities and potential solutions (**see Appendix 1**). The scrutiny panel agreed that it would be beneficial for the Community Safety and Leisure Scrutiny Panel to investigate these issues in depth.

Support for carers

96. With the implementation of the Care Act, carers now have legal rights to assessments and support. Work has recently been undertaken to develop a new outcome-based strategy for carers through a process co-ordinated by MVDA, Middlesbrough Council and the South Tees Clinical Commissioning Group. Furthermore, it was explained that a multi-agency partnership for carers will investigate what is required to commission services for all carers.

CONCLUSIONS

97. Based on the evidence, given throughout the investigation, the scrutiny panel concluded that:

Prevention in adult social care

a) The Care Act, which was introduced in April 2015, places a duty on local authorities to operate in ways that support people to retain their independence and to live full, active lives as part of the local community. The shift in focus towards preventative services represents not only a transformation in terms of the modernisation of social work practice, in some cases it also represents a fundamental element in cost reduction plans.

b) There are challenges when attempting to understand the role of prevention in adult social care, and indeed the local authority more broadly. If the local authority's aim is to maximise the impact of prevention and early intervention then it must ensure that all services, and those of its partners, have a consistent focus on finding opportunities:
   - To provide preventative advice and information.
   - To deliver services that prevent, or minimise, the need for future social care services.

Prevention services

c) Services that represent significant elements of adult social care and focus on prevention and the promotion of independence include intermediate care services, falls prevention, Telecare, Connect, adaptations, ongoing intervention and services provided by the Voluntary Community Sector (VCS).

d) As part of its ongoing work, the local authority and its partners need to build knowledge about prevention-related activities and services in Middlesbrough. One of the central requirements of prevention work is the provision of high-quality information. Therefore, it is crucial that the local authority and its partners have access to a complete directory of voluntary sector services and community-based activities:
   - To enable service users to be signposted to services that meet their individual needs.
   - To provide service users with the ability to exercise choice and control over the services they receive.

Prevention work

e) It is vital that the local authority succeeds in developing a service that intervenes at an earlier stage, thereby minimising the percentage of individuals who present in crisis. In Middlesbrough, the local authority and its partners are striving to achieve this by undertaking prevention work, which includes:
   - The development of a health and wellbeing hub, which will provide a range of behaviour-change interventions, access to wellbeing services, assessment, support and advice.
   - The introduction of a South Tees Single Point of Access (SPA), which will provide an access point for social care, for the two local authorities, and for elements of James Cook University Hospital's work.

f) Evidence suggests that the pathways between social care and the range of services in existence need to be strengthened and more coordinated. Initial discussions have taken place in respect of introducing community-based Community Link Workers (CLWs). Evidence suggests that CLWs play a crucial role in assisting individuals to connect to the appropriate organisations for support, with the emphasis on voluntary sector services and community-based activities. Furthermore, CLWs are seen as an important tool in bridging the gaps between services, networks and associations to identify users, build awareness and provide support that is useful and sustainable.

Community-centred approach

g) The local authority has acknowledged that there is a compelling case for a shift to more community-centred ways of working that build on community assets. In this respect, the health and wellbeing hub, CLWs and Voluntary Community Organisations (VCOs) have a significant role to play. VCOs are often identified as promoting new ways of working with stakeholders through local communities, supporting and leading change and innovation, and improving access for local people. There is a need for the health and wellbeing hub to provide a central function for intelligence and work closely with the Middlesbrough Voluntary Development Agency (MVDA) to increase volunteer capacity in the town, improve the quality of volunteering and provide support to volunteers. Volunteers are

crucial in the delivery of the prevention agenda, therefore, the local authority should consider the option of releasing its staff to volunteer in the community. It is essential that the local authority and the MVDA ensure that VCOs are sustainable, resilient and in a position to cope with future demand.

h) VCOs currently attract significant investment to the town to deliver on local priorities and achieve cost-savings through prevention and early intervention. There is a need to implement strategies that measure the impact, quality and value of VCS preventative services. Outcome-based commissioning must be achieved to establish costs, outputs and outcomes and ensure targeted, evidence-based investment. It is extremely important that the local authority acts strategically when it comes to spend on prevention and strives to align resources to areas of greatest impact, need and potential. In addition, further work is required to develop practices that will increase and maximise VCS investment in the town and attract additional resources.

Partnership working

i) Currently there are multi-agency partnerships in place, which are responsible for the adult prevention agenda and are working to develop partnership-wide long-term plans to improve outcomes. However, evidence suggests there is a great deal of 'silo working' and there needs to be better connectivity between social care, public health, other partners in health and the VCS to ensure the delivery of key elements of the prevention agenda. There is a requirement for a multi-agency approach to develop a long-term, town-wide strategy and model with supporting plans for individual stakeholders. Prevention is everyone's business and requires a whole-system approach to ensure it is embedded and implemented across all policies, strategies and services.

Integration across health and social care

j) In the longer-term, the aim is to develop a whole-system approach across NHS community health and adult social care. This ongoing work will need to link closely to the requirements of the Better Care Fund (BCF) in the transformation and the integration of health and social care. It would be advantageous for Members to receive regular updates on how this work is being progressed. The primary aim is to work towards integration across services and sectors, so that individuals receive all of the help and support they require, no matter where they may enter the support system.

RECOMMENDATIONS

98. The Social Care and Adult Services Scrutiny Panel recommends to the Executive:

a) That local authority staff receive the appropriate training, time and mandate to deliver services with a far greater focus on prevention.

b) That a complete directory of all Middlesbrough voluntary sector services and community-based activities is developed.

c) That community-based Community Link Workers are introduced in Middlesbrough:
   - To motivate and enable individuals to remain independent for longer and connect people with services, networks and volunteering opportunities.

- To bridge the gaps between services, networks and associations to identify users, build awareness and provide support that is useful and sustainable.
- To bridge the gaps between professionals in health, social care and informal support.
- To act as the primary interface between community activity and the formal system of health and social care.

d) That the health and wellbeing hub:
   - Provides a central function to plan, gather, analyse, share and monitor data and information in respect of prevention-related activities and services (this links closely with recommendations g and h).
   - Works closely with the Middlesbrough Voluntary Development Agency (MVDA) to increase volunteer capacity, improve the quality of volunteering and provide support to volunteers.

e) That joint work is undertaken between the local authority and the MVDA:
   - To ensure that VCOs are sustainable, resilient and in a position to cope with future demand.
   - To establish practices that will increase and maximise VCS investment in the town and attract additional resources.

f) That the local authority investigates the possibility of providing its staff with the opportunity to volunteer in the community.

g) That practices are implemented:
   - To achieve outcome-based commissioning.
   - To measure the impact, quality and value of VCS prevention services.

h) On an annual basis - that costs, outputs and outcomes are analysed:
   - To secure targeted, evidence-based investment.
   - To ensure that funding and resources follow prevention-related activities and services that are most effective.
   - To align resources to areas of greatest impact, need and potential.

i) That a multi-agency partnership develops a long-term, town-wide strategy and model with supporting plans for individual stakeholders. That the strategy:
   - Assists in shaping plans for the town.
   - Develops a whole-system approach, which is embedded and implemented across all policies, strategies and services.
   - Includes an action plan for delivering outcomes.
   - Identifies the roles and responsibilities of each partner.
   - Determines how intelligence will be shared (this links with recommendations d, g and h)
   - Establishes and implements best practice.

j) That Members receive regular updates on how work is being progressed to integrate health and social care.

k) That those issues raised by My Sisters Place are referred to the Community Safety and Leisure Scrutiny Panel for investigation.

ACRONYMS

99. A-Z listing of common acronyms used in the report:

BCF – Better Care Fund
CLO – Community Link Officer
CPW – Community Prevention Worker
FACS – Fair Access to Care Services
GP – General Practitioner
HSG – Human Support Group
HWB – Health and Wellbeing Board
MDVA – Middlesbrough Voluntary Development Agency
MICC – Middlesbrough Intermediate Care Centre
NEF – New Economics Foundation
NHS – National Health Service
SPA – Single Point of Access
TSO – Third Sector Organisation
VCO – Voluntary Community Organisation
VCS – Voluntary Community Sector

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- Suzanne Hodge - Prevention and Access Lead, Middlesbrough Council
- June Hunt - Manager of Middlesbrough Intermediate Care Centre, Middlesbrough Council
- Becky James - Health Improvement Specialist - Early Intervention and Prevention, Middlesbrough Council
- Carol Martin - Occupational Therapy Team Manager, Middlesbrough Council
- Sue Perkin - Head of Public Health, Middlesbrough Council
- Becky Rogerson - My Sisters Place
- Erik Scollay - Assistant Director for Social Care, Middlesbrough Council
- Dot Turton - Hope North East
- Simon Wall - Team Manager for On-going Intervention, Middlesbrough Council

BACKGROUND PAPERS

101. The following Council sources were consulted or referred to in preparing this report:

- Agenda papers and minutes of the Social Care and Adult Services Scrutiny Panel meetings held on 10 December 2015, 7 January 2016, 4 February 2016, 14 April 2016 and 8 July 2016.

COUNCILLOR JULIE MCGEE

CHAIR OF THE SOCIAL CARE AND ADULT SERVICES SCRUTINY PANEL

Contact:
Georgina Moore
Scrutiny Support Officer, Legal & Democratic Services
Telephone: 01642 729711 (direct line)
Email:georgina_moore@middlesbrough.gov.uk

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