Appendix 1

PETERBOROUGH CITY COUNCIL

Peterborough Adult Social Care
Living My Life

Prevention Strategy
DRAFT
2013 - 2015

Contents

FOREWORD

INTRODUCTION

The Prevention Commissioning Strategy

This strategy seeks to address the range of preventative approaches that will influence health, wellbeing and independence for the needs of adults in Peterborough. It seeks to achieve a balance between support developed for specific and complex population needs and the development of our approach to a 'universal offer'; enabling people to be informed, proactive and responsible in maintaining their own health, wellbeing and independence.

The aims of the strategy are:

1) Development of a proactive, preventative and partnership approach to support provision across existing systems and extending beyond health and social care.

2) Develop access to information and advice for all regardless of level of need and financial position.

3) Ensure equal access to universal support in the community. Universal support is available to everyone i.e. leisure centres, transport, libraries.

4) Identify those at risk of social isolation or in need of support, in order to enable them to maintain their health, independence and well being.

5) Empower and enable people to exercise choice and control in accessing support.

6) Embed self care in the approach to working with individuals that allows them to feel empowered and to take control thereby maximising their independence and well-being.

7) Create opportunities for people to make improvements in their own lives and avoid premature dependency on care.

8) Promote engagement with citizens of Peterborough and increase 'social capital'.

9) Provide flexible individualised support to carers.

10) Ensure a much stronger focus on the commissioning based on outcomes across the health and social care economy.

11) Ensure preventative support is sustainable and effective.

The Strategy also presents recommendations for prioritising commissioning interventions.

This strategy should be read in conjunction with the current Older Peoples Accommodation strategy (OPAS 2012), the Carers Strategy and the Dementia Strategy alongside other developing strategies for adult social care.

What is prevention?

At its simplest, taking a prevention approach means building a stronger community infrastructure in neighbourhoods/localities that reduces and delays adults from becoming socially excluded and needing more intensive, costly support. Its primary focus is not personal care for those with substantial and complex needs and it is not a simple re-labelling of existing traditional low level services, e.g. laundry services, meals-on-wheels.

A holistic or whole-systems approach to prevention carries within it both the idea of inclusion and engagement. It adds value to the social cohesion agenda, by delivering services and support that help to create and strengthen the 'glue' that binds communities together. People are enabled and supported to maintain and improve their own wellbeing, that of their families, neighbours and local communities.

The Department of Health in its paper 'Improving care and saving money: learning the lessons on prevention and early intervention for older people' identified four important elements of prevention which can be summarised as:

1. Promoting independence and wellbeing
2. Reducing the risk of crises and the harm arising from them
3. Maximise people's ability to live independently
4. Provide the appropriate level of support to meet people's needs

Commissioning should address all four aspects of prevention in order to fully optimise the local system. The diagram on the next page gives an indication of the nature of this range of needs and examples of the support that can be available.

Support to sustain people and prevent their needs growing can be grouped together in there areas, which run across the three ASC areas of:

1. Universal prevention/promoting wellbeing

This is aimed at people who have little or no immediate social care or health needs. The focus is on maintaining independence and good health and promoting wellbeing. Interventions include providing universal access to good quality information, advice services, creating safer neighbourhoods, promoting healthy and active lifestyles, delivering low level practical support and creating inclusion and social capital.

2. Early intervention/targeted prevention – enablement, reablement and recovery

Prevention here aims to identify people at risk and to halt or slow down any deterioration and actively seek to improve their situation. Interventions include reablement and recovery, short term support, screening and case management.

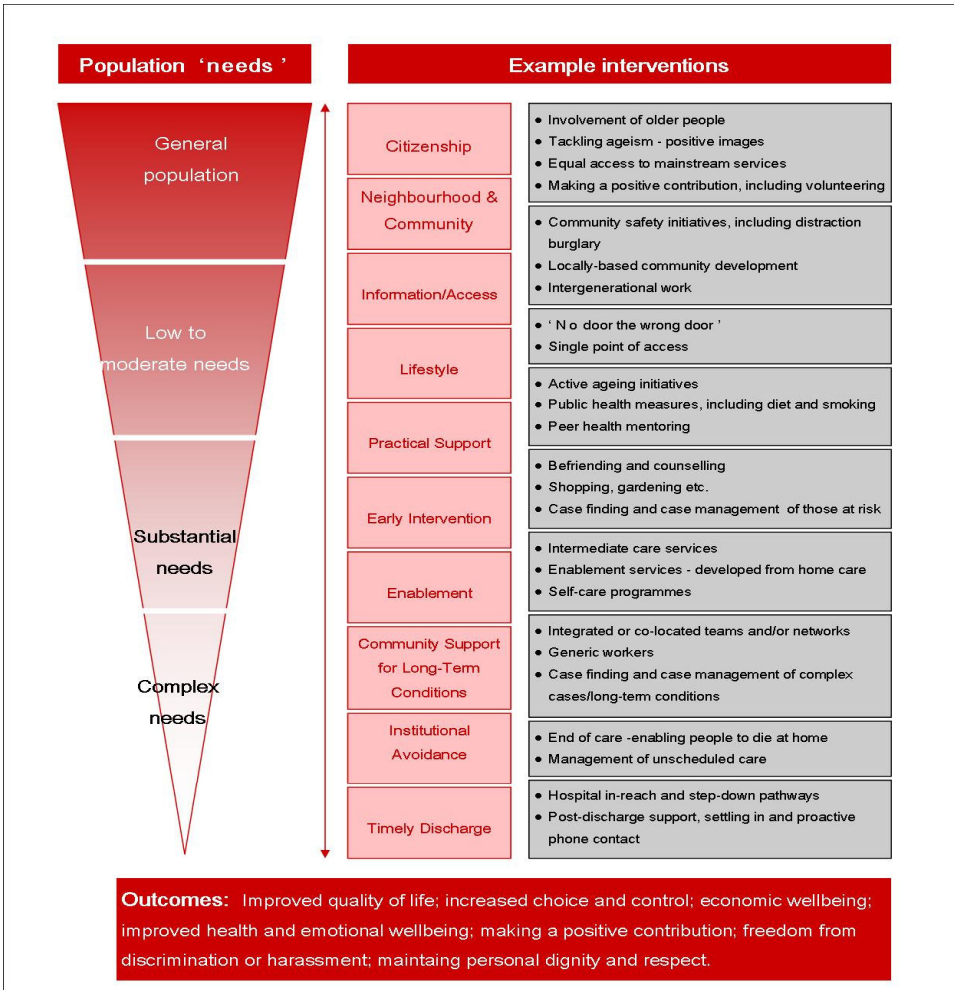
3. Personalisation

Here prevention is aimed at maximising ability for people who have a complex social care need or needs and are at risk of needing further or more intensive support.

Interventions are required across all three categories of prevention in order to deliver the wellbeing outcomes to which people aspire. The spectrum of prevention is illustrated diagrammatically in figure 2 below.

It is important to note that people may not move through tiers of preventative services in a linear way, for example, someone with complex needs in a specialist service will still benefit from timely and accurate information. A general principle within this strategy is that independence will be maximised by meeting a person's needs within the least specialist tier of support.

Figure 2 The Spectrum of Prevention



(Reference: 'Improving care and saving money: learning the lessons on prevention and early intervention for older people' DH, January 2010)

Why are we writing this strategy?

Health and Social Care is going through a time of unprecedented change. The self-directed support agenda and the reforms contained in the Health, Social Care and Public Health White Papers will completely transform the way in which health and wellbeing services are commissioned and delivered.

Looking to the future, the need for health services, social care support and related services are expected to rise. Predicted population growth over the next 10 years shows that, along with general population growth, there will be a growth in people living with a range of health and social care support needs. This additional demographic pressure will mean that adult social care funding becomes increasingly focussed on meeting the needs of a smaller group of

people with complex needs unless a more preventative approach to commissioning and support delivery is developed.

There are a number of issues where data[1] suggests that growth in prevalence in Peterborough will increase above and beyond general population growth: for example, for people aged 65 and over:

Group (aged 65+)	**Percentage rise 2014 - 2020**
Peterborough population	12%
People predicted to have a fall	13%
People unable to manage at least one domestic task on their own	13%
People with dementia	20%

Growth in prevalence[2] of conditions likely to lead to social care need for people aged 18-64 is also predicted to increase over the next six years:

Group (18-64)	**Percentage rise 2014 - 2020**
Peterborough population	8%
Moderate to serious learning disability	10%
Moderate physical disability	9%
Common mental health issue	7%

In summary there are two key challenges that must be addressed:

- Increased demands on health and social care associated with an ageing population
- A reduction in the growth of public funding for health and social care

This strategy is one of several responses to these changes and has a foundation in:

The Care and Support Bill 2012 (draft)[3]

Building on the Government's Vision for Adult Social Care, the Care and Support Bill will require local authorities to provide help earlier to try to prevent, delay or reduce people's needs for care and support; more specifically, the following requirements will be placed on local authorities:

- population-level duties to provide information and advice, prevention services, and shape the market for care and support services. These

[1] Projecting Older People's Population Information system (POPPI): http://www.poppi.org.uk/
[2] Projecting Adult Needs and Service Information (PANSI): http://www.pansi.org.uk/
[3] DH: http://careandsupportbill.dh.gov.uk/home/download/

will be supported by duties to promote co-operation and integration to improve the way organisations work together

- support the broader needs of local communities as a whole, by giving them access to information and advice, and promoting prevention and earlier intervention to reduce dependency, rather than just meeting existing needs

The focus of care and support will be transformed to promote people's wellbeing and independence, instead of waiting for people to reach a crisis point. Care will support people to maintain their independence and to stay connected to their communities, and will treat people with dignity and respect. Clearer entitlements, more and better information and support to navigate the care system, and a new statutory entitlement to personal budgets will mean that people are able to exercise real choice over their care and support, making the right decisions for them and their families.

The Adult Social Care Outcomes Framework (ASCOF)

"The ASCOF, with its clear focus on promoting people's quality of life and their experience of care, and on care and support that is both personalised and preventative, will be a key tool to track progress locally and nationally towards the realisation of our ambitions for care and support"[4]

ASCOF sets out how progress and performance in adult social care should be monitored and measured and is made up of four key areas or domains. ASCOF Domain 2: delaying and reducing the need for care and support focuses on preventative outcomes. ASCOF 2013/2014 highlights the challenges in measuring prevention outcomes and details progress made in defining how this could be done. Key outcomes detailed in ASCOF Domain 2 are:

- Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs

- Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services

- When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

Think Local, Act Personal – Living My Life

Think Local, Act Personal is a national, cross sector leadership partnership focused on driving forward work with personalisation and community-based social care.

[4] ASCOF (DH, 2012)

Think Local, Act Personal establishes a collaborative approach to transforming adult social care. The City Council, in partnership with a wide range of organisations and agencies, is challenged to ensure there is personalised support for people with multiple and complex needs, for people to maintain their independence and for people with emerging needs.

Living My Life - aims to ensure that for local people:

- It's quick and easy to find your way through the care and support system
- I've been the one deciding what care works for me – it's been my choice
- I've been able to find the right kind of care and support to meet my needs

This commissioning strategy is one element of a much wider programme designed to introduce a new system of care and support. This system will enable people to live their lives as they wish by promoting independence, choice, well-being and dignity.

Sustainable Community Strategy 2008-21

Peterborough's Sustainable Community Strategy is quite simply the plan for the future of our city and the surrounding villages and rural areas.

It is an ambitious and far reaching plan. It aims to substantially improve the quality of life of the people of Peterborough and to raise the profile and reputation of our city as a great place in which to live, visit and work.

This plan is very specifically designed to bring clear benefits to the people of Peterborough. Where we have advantages already, we want to build on them. We will seek to inject quality into everything we do, ensuring that as we build the bigger Peterborough, it is also very much a better Peterborough.

The Sustainable Community Strategy is the plan that will guide the work of all the partners in Peterborough – public, private, voluntary and community. It is also the plan for every individual. We all have a role to play if we are to build a Peterborough that is not only bigger, but very noticeably better – a Peterborough we can be even more proud of.

Peterborough Health and Wellbeing Strategy 2012-15Residents are being given the opportunity to comment on a new draft strategy which has been published by Peterborough City Council and NHS Peterborough and aims to improve the health and wellbeing of the public. The strategy allows the Health and Wellbeing Board to identify health and wellbeing priorities and set clear markers for NHS and Local Authority commissioners to meet the needs of the population.

The draft Health and Wellbeing Strategy 2012-15

This locally developed strategy includes five targeted areas, which are a priority to improve the health and wellbeing of everyone in Peterborough.

This strategy has been produced on behalf of the new Shadow Health and Wellbeing Board and is underpinned by the findings and recommendations from the refreshed Joint Strategic Needs Assessment for Peterborough. Our draft priorities are to:

- Ensure that children and young people have the best opportunities in life to enable them to become healthy adults and make the best of their life chances.
- Narrow the gap between those neighbourhoods and communities with the best and worst health outcomes.
- Enable older people to stay independent and safe and to enjoy the best possible quality of life.
- Enable good child and adult mental health through effective, accessible health promotion and early intervention services.
- Maximise the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs.

The Joint Strategic Needs Analysis (JSNA)

The strategy considers the findings of the JSNA. Headlines include:

Peterborough is growing and so is the proportion of elderly residents. According to the Office for National Statistics, (2011 Census) Peterborough's estimated population was 184,500 and will increase to an estimated 192,400 by 2021. This represents an 11 per cent growth in population between 2010 and 2021. The number of people aged 85 and over is set to increase by 52 per cent during this period.

There are approximately 2,650 people with a learning difficulty in Peterborough. Almost 40 per cent are thought to have an autistic spectrum disorder and a third of these (28 per cent) have moderate to severe learning difficulties and all of these people need varying levels of support.

There are almost 15,000 people living in the city with a disability. More than half of those residents (8,103 people) are estimated to have a moderate physical disability and about one sixth (2,340 people) are seriously disabled. About a third are estimated to have a physical disability requiring some element of support with personal care.

During the coming year about 20,000 people are expected to suffer from some kind of mental health disorder, including 1,000 people who are suffering with dementia. Many of these people may need to access our mental health support services. Supporting people with dementia is a growing pressure on Adult Social Care budgets.

Safeguarding

No Secrets (2009) recognised that safeguarding adults focussed mainly on responding to issues and not preventing them and found that prevention should be the foundation of safeguarding services. Effective prevention in safeguarding is not about paternalism or risk-aversive practice. Preventing abuse should occur in the context of person-centred support and personalisation, empowering individuals to make choices and supporting them to manage risks. This should lead to the services that people want to use, with the potential to prevent crises from developing.

The Social Care Institute for Excellence notes that some of the most common prevention interventions for adult at risk include training and education of adults at risk and staff on abuse in order to help them to recognise and respond to abuse. Other approaches include identifying people at risk of abuse, awareness raising, information, advice and advocacy, policies and procedures, community links, legislation and regulation, interagency collaboration and a general emphasis on promoting empowerment and choice.

The inclusion of safeguarding within the development of all preventative approaches will form a central part of the implementation of this Prevention Strategy.

Our departmental priorities

1. Promote and support people to maintain their independence
2. Delivering a personalised approach to care
3. Empowering people to engage with their communities and have fulfilled lives

What Customers and Service Users tell us

Through a range of consultations, engagement events and our partnership boards we continue a conversation with our customers about what it is they need.

What they consistently tell us and what organisations and groups say nationally is that people need:

- Maximised independence of living
- Real choice over what care they receive, from who, and when
- Support to lead a “normal” life, particularly opportunities for social interaction

A number of common themes were raised, including:

- **Clear, easily accessible, and readily available information and advice**

People want to know that there is a reliable, single source of information and advice they can go to, to help them with all aspects of their health and social care needs. Every point of contact for any needs should at the very least be sign-posting to this single source, particularly GPs and other medical professionals.

- **A simple, supported system for assessments**

People recognise that assessments are necessary, but they want them to follow a clear and quick process that they can understand. Not everyone can identify their care-needs, or carer-needs, and some find it difficult and stressful to fill out forms, so people want to be supported through an assessment by a professional in their home environment. Joint "one off" assessments incorporating the needs of whole families and care networks should also be available, to capture a more complete picture of what support is required by whom. It is important to note that assessments should be available to people who fund their own support as well as people whose support is funded by the Council.

- **Support to make and manage choices**

There is enthusiasm for personal budgets, and the flexibility and choice these will offer, but people want to know they'll be supported to make and manage the choices on offer. People want the council to be alert to where a person might not have the capacity to fully understand the options available or their own role in controlling their budget, or when a person might not be making their own choice freely, or is being unfairly influenced by people around them. However, it is clear that people wanted independent sources of support available to them too – like peer support groups and advocates, who are outside of the system but can help support people to find their way through it.

- **Flexible and responsive service options**

People want to know they can access services quickly and at short notice when they need them in a crisis or emergency, even if this is in the middle of the night or on a weekend. They also want clearly communicated, flexible options so they can maintain their independence without needing friends and family to help out all the time, including support for social contact and activity like going to the cinema or meeting friends in the evening. Services that are locally available and easily accessible are vital.

The consultation on changes to the Council's adult social care eligibility criteria and charging policy in January 2013 provided an opportunity to better understand what people thought about preventative services more

specifically. The feedback on prevention covered a wide range of issues, key points that were raised were:

- Prevention means that resources can be focussed on people with most need
- 90% of people (675) felt that reablement should be offered to everyone who could benefit from it

When people were asked how money should be spent to support people who do not meet eligibility criteria the top five responses were:

- Easy access to equipment that helps you stay healthy and safe (87% or 659 respondents)
- Help with keeping the home safe, clean and in good repair (75%)
- Breaks for carers (74%)
- Support getting out and about in the community (70%)
- Help with shopping (70%)

A range of comments were also received. Key themes were:

- Access to information, advice and advocacy including information and guidance in relation to financial issues and health issues
- An increased range of day and leisure opportunities
- Support for carers
- Access to transport

The full details of responses from the consultation relating to prevention are included in Appendix XX of this strategy.

People who use services, carers and a range of provider organisations have reviewed current preventative services and explored prevention outcomes as part of the development of this strategy. This has identified a broad range of preventative services that have developed within the City alongside existing challenges to delivering and developing the preventative agenda. Key issues raised were:

- People may require assistance to access preventative support initially

- Professionals should be aware of the full range of support available and consider innovative, personalised approaches

- Integration and coordination of prevention support is critical

- Tackling social isolation is very important; people living in rural areas find it more difficult to access support

More detail on feedback from event is included at Appendix YY.

Carer involvement

We recognise that carers are vital to ensuring that vulnerable people receive the care that they need. In more recent years there has been more emphasis on providing support to carers. The culmination of this work has been the development of a Carers Strategy alongside a range of service developments.

Despite these developments it is apparent that existing support is only reaching a minority of carers in the City - identifying “hidden” carers is a priority. The number of informal carers is expected to increase significantly in future years as the number of older and disabled people increases. Research indicates that there is evidence of unmet needs in terms of the provision of short-term breaks for carers.

Carers are central to the success of any preventative approach to social care so understanding the needs of carers within the context of prevention and the potential consequences for carers of developing prevention will be critical.

The consultation on and development of the Council’s Carer’s Strategy has highlighted a number of issues that relate to prevention, carers told us that:

- Good information and advice is invaluable
- Carers want to know where they can turn to for support
- Carers need breaks from their caring responsibilities

Local feedback from the National Carers Survey (2012) suggests:

- A large number of long term carers are juggling caring responsibilities with work, or caring for more than one person, and often have health issues of their own

- Nearly half the carers who responded care for someone for over 100 hours per week and 20% have cared for someone for more than 20 years. The likelihood of becoming a carer increases after the age of 44

- 74.6% of carers were extremely, very or quite satisfied with social services and 88.7% have no worries about their personal safety. However, 75.4% of carers are not able to do enough or any of the things they value or enjoy and 51.3% don’t have enough or little social contact and feel socially isolated.

The Council is committed to supporting carers to identify themselves as carers at an early stage and to recognising the critical part they play in supporting the people they care for. It is vitally important that carers are considered at all points in the development and delivery of the Council’s Prevention Strategy.

CURRENT POSITION

The Council commissions a wide range of preventative support, the Adult Social Care department funds around £1million of community services from the voluntary sector. This includes information and advice, day opportunities and support for carers.

Service area	Funding 2012/2013 (£K)
Voluntary and Community Services	
Information, advice and advocacy	392
Day and community opportunities	188
Carers support	221
Other	175
Sub-total	**976**
Statutory and independent sector	
Reablement service	800
Community equipment	420
Sub-total	**1,220**
TOTAL	**2,196**

The Council has approved an additional £260,000 funding to deliver enhanced prevention outcomes in 2013/2014, this will be used to support the delivery of this strategy.

Voluntary and Community Services
The Council commissions a broad range of support from voluntary and community sector organisations including:

- Lunch clubs
- Information and advice services including benefits advice
- Advocacy services
- Befriending services
- Carers support including short-term respite and breaks
- Access to social, leisure and community opportunities

Reablement
The Council's reablement service offers a period of free social care support provided through the Council's reablement team and through independent sector providers. The cost of delivering this service is supported by funding from NHS Peterborough. Total cost to deliver the service for 2012/2013 is expected to be around £800K, this will increase in 2013/2014 as the service is expanded. The Peterborough Locality Commissioning Groups also support the reablement service through joint funding arrangements and will be contributing £445,000 in 2013/2014.

The service received 455 referrals over April to December 2012, of those people completing a period of reablement 68% did not require ongoing social care support and 23% had reduced support needs.

As mentioned above, the Council's intention is to expand the provision of reablement capacity to 800 people annually so the service becomes the 'front door' for adult social care. Reablement will provide an extended period of assessment and support that maximises people's independence: assessment for eligibility will be carried out at the end of a period of reablement. It is anticipated that around 25% of people accessing the reablement service will not meet substantial or critical eligibility thresholds.

Community Equipment

The Council provides a community equipment service offering access to a range of equipment that supports people to live independently at home. The cost of providing the service over 2012/2013 was £420K.

The Operations Department also commissions and funds a range of services that support the Adult Social Care preventative agenda amounting to around £180K of funding; this includes support to new and developing voluntary sector services.

The Council's Care and Repair Team is a Home Improvement Agency which assists disabled and vulnerable people to adapt and maintain their homes and where appropriate access funding for work. Care and Repair's aim is to assist people to continue living independently in their own homes and ensure those homes are safe and warm. Care and Repair can support people to access a range of grants including Disabled Facilities Grants and also offers a Handy Person scheme that offers a minor repair service to older and more vulnerable people. More information on care and Repair is available through the Council's website.

The Council's budget proposals for adult social care identify a range of savings and some shifting of investment. In relation to further developing a preventative approach, additional investment related to the costs associated with the social care white paper of £260K is proposed. This will support a range of investment, final amounts allocated towards developing preventative approaches are to be agreed.

MAKING IT HAPPEN

We will use a commissioning approach to deliver improved prevention and early intervention outcomes.

Commissioning is the means to secure the best value for local citizens. It is the process of translating service and support aspirations and need by specifying and procuring provision for users which achieves the desired outcomes within the best possible use of available resources.

This strategy will guide the commissioning of prevention and early intervention services and support. Some services and support are and will be 'universal' and available to all adult citizens. There are and will be services and support that are specifically for older people, people with physical disabilities and sensory impairments, people with learning difficulties, people with mental health problems, people with substance misuse problems and their carers who:

- are deemed at risk of social isolation and social exclusion or of needing more intensive health and social care support
- require access to information and advice, and from that, access to relevant services that will assist them to retain/regain their independence and wellbeing.

Services and support will be available for those people who fund their own support as much as it is for those whose personal social care and support services are funded by the City Council. This is a key element of the Adult Care universal offer for Peterborough citizens.

In the provision of a range of prevention support, there is a need to work with local partners from all sectors to ensure there is a good balance in respect of support available for:

- the general population (universal support); generally equating to primary preventative services and support
- low level preventative support for more vulnerable groups of people; generally equating to secondary preventative services and support
- people with high level, more complex needs; generally equating to personalised services and support.

Programme of Action

From the support outlined above, it is apparent that a good range of preventative provision is already in place. However, there are gaps in provision, some support opportunities are not available city wide, and access can be difficult and something of a postcode lottery. So we know that we have work to do to improve equity and extend the availability of certain provision, to better meet the needs of people across all cultures and communities; and to continue to grow our prevention package of services and support.

We will have succeeded, if by 2014:

- People can easily and reliably access health and wellbeing information and advice and community resources

- People are well informed about options available to them when faced with potential risks and support needs.

- More people are accessing preventative support as an alternative to a Personal Budget.

- More people have been supported to maintain their independence.

- More people have been supported to maintain or become involved in a range of cultural activities.

- More people are helped to avoid a crisis that could lead to unnecessary admissions to hospital or into longer term care, through joined up early intervention.

Actions are outlined in Appendix ZZ, these are the areas of work on which we want to focus our efforts and resources and seek to influence and work with our public and voluntary community sector partners to deliver. Actions are set out under functional headings derived from the menu of services and support stated above.

PRIORITIES FOR PREVENTION

To achieve our goal of improving the wellbeing of adults in Peterborough and supporting them to stay active and live as independently as possible in their home and community of choice, there must be pre-investment in preventative and community based services that meet identified needs. This investment will deliver future savings. The reconfiguration of certain existing services will generate potential revenue for reinvestment in preventative and early interventions.

Timely, early intervention not only improves outcomes for people but also reduces the longer term costs of care, for example by reducing the need for support by carers, hospital bed use and delaying the need for more intensive long term care services.

The Department of Health's POPP's Programme findings suggest that small services providing practical help and emotional support can significantly affect the health and wellbeing of older people, alongside more sizeable services designed to avoid the need for hospital admission. We also have a body of evidence that early intervention can cut need for residential and nursing care by 22% (National Dementia Strategy, DH, 2009). Plus, there is strong evidence of the benefits of exercise in older people reducing circulatory

disease, which causes up to 50% of dementia cases. (Under Pressure, Audit Commission, 2010)

As such, evidence is that prevention and early interventions should be focused on:

- Information and advice, so people are well informed, can help themselves, particularly by accessing benefits advice. It is also needed to support people who do not meet social care eligibility criteria, or who fund themselves.
- Effective signposting to information, services and community resources
- Specific proven early interventions e.g. falls prevention, Telecare, and housing related support
- Situations where someone has a major life change or is going through a life transition and may need support to help them remain independent
- Low level, practical support that enable people to continue to live in their own homes if they choose to do so, e.g. maintenance services to keep the home safe and in good repair, support with shopping
- Reducing social isolation as loneliness and depression are recognised as major factors in the quality of life for people, particularly older people
- Tackling low income e.g. benefits information and advice services
- Promoting mobility and the accessibility of community facilities, e.g. adequate transport services
- Support that promotes peoples engagement in their community and social cohesion, e.g. volunteering, intergenerational practice
- Healthy living advice and support, e.g. exercise classes, dietary advice.

We think that the above outlined menu of provision offers the right balance of preventative services and is the right focus for our continued investment in prevention and the commissioning of services. This menu of provision is supported by feedback from consultation work.

MARKET DEVELOPMENT

In recognition of the views of the local providers and national government we need to develop a role in:

- Shaping the local health and social care market and
- Stimulating providers by providing the flexibility to develop innovative solutions.

With the increased pressures on all local authorities to reduce public spending, the City Council and its commissioning partners must look at the delivery of adult social care and redefine the health and social care market.

Strategic planning is necessary to ensure that the local health and care market becomes a dynamic mixed-economy. Market development activity should aim to improve the quality, mix and affordability of a wide range of preventative interventions.

The City's social care providers will need assistance to enable them to compete effectively in commissioning and procurement processes, including the development of lists of registered providers, identification of potential suppliers and redesign of procurement approaches. For example, there is potential to realise value for money by stimulating the voluntary sector and realising the energy and knowledge of local communities to provide innovation in delivery.

In addition, commissioners must clearly demonstrate full consideration of costs and benefits and take into account the impact on local providers and the sustainability of provider diversity.

Commissioners will strive to ensure that procurement is packaged in a manner that actively encourages local Small and Medium Enterprises or Voluntary and Community Sector organisations to participate.

Commissioners will take every opportunity to involve potential providers in developing service specifications.

Commissioners will recognise that consortia approaches are the preferred method for making larger contracts accessible to smaller local third sector providers.

Emerging Prevention Market

Health and social care markets face the same pressures and trends as economic markets, with an increasing emphasis on providing individualised or customised services that can adapt to the individual user's different and often changing expectations.

Areas for future development include:

- Activities to address social isolation.
- Practical help with shopping, gardening, minor repairs and adaptations in the home.
- Advice and support to promote healthy lifestyle choices.
- Community safety – fire safety, victim support and crime prevention.
- Supporting housing choices and home improvements.
- Alternatives to existing specialist transport services.

- Supporting volunteering – enabling people to make a positive contribution
- Timely responses to short-term escalation in need, such as telecare, community equipment and reablement.

It is anticipated that many of these interventions will be provided by the voluntary and community sector. Others will provided by a range of by a multi-agency approach including statutory organisations, private organisations and social enterprises across the housing, public health and social care sectors.

INTEGRATION

Given the challenges in relation to population growth and increased demand for health and social care support there is a growing expectation that commissioners will work together to identify local solutions that maximise outcomes for all. There are a range of local examples where this is happening such as the development of reablement and intermediate care services. There is evidence that closer working with housing services will deliver enhanced outcomes. More integrated planning and commissioning of prevention across health, social care and housing has the potential to:

- transform local services to provide greater quality and choice
- increase productivity through integrated service delivery
- offer greater personalisation of support
- achieve efficiencies to enable funding to be reinvested where there is greatest need[5]

The Health and Wellbeing board will provide the strategic forum and leadership to develop more integrated approaches to delivering outcomes and providing effective preventative and personalised support across Peterborough.

CONCLUSION

What is clear is that for prevention and early intervention to be effective requires a joined-up, strategic approach which can, in turn, deliver the desired outcomes and make best use of the available resources. This requires a new way of thinking within and engaging across local care economies that rewards closer integration, encourages innovation and market development, supports investment in physical (housing and environment) and social (people and community) capital and realises longer term rewards.

[5] Caring for our Future - consultation exercise, Department of Health (2011)

ACTION PLAN

	What are we trying to achieve	Where are we now?	What are we going to do?	Who is going to do it?	When will it be done?	We will know we have been successful when…
Universal Services						
1	**Improved access to information, advice and advocacy**	A range of information, advice and advocacy services are commissioned through the voluntary sector. The Council has implemented an online service directory.	Develop the Adult Social Care element of the Peterborough Direct service to provide enhanced information advice and signposting. Work with Healthwatch Peterborough to provide a broader range of opportunities for people to access information about health and social are services. Commission a range of information and advice services; ensure that, where appropriate, commissioned services include a clearly identified information and advice element. Information for carers an essential element. Work with other partners to link information and advice provision more effectively, particularly around finance,	PCC LCG HWP	April 2014	People can directly access information, advice and advocacy services. There are minimal hand offs between organisations before people get the service they need. People know where to turn to for advice and support. Services offer high quality information.

			entitlements and benefits Key partners include: • Locality Commissioning Group • Public Health • Children's Services • Neighbourhoods • Healthwatch • Employers and occupational health services			
2	**Developing community resources**	Time banking and volunteering opportunities are available. Community development work in relation to care and support is uncoordinated. The Disability Forum are actively developing sport and leisure opportunities.	Support the development of community resources such as: • Time banking and volunteering • Assist communities and groups to provide a network of support • Developing skills and knowledge • Supporting user led organisations • Support the set up of social enterprises Develop peer support opportunities alongside groups such as the Disability Forum.	PCC DF	April 2014	Innovative, new, community led services are developed and sustained. Communities are supported to develop local solutions to health and social care issues. Successful service development can be shared and replicated.

			Engage with neighbourhoods to better understand how support can be developed and delivered by communities. Work with partners to develop intergenerational approaches that reduce or mitigate social isolation and develop social capital.			
3	**Market development**	General market review has begun, development of market information planned. Working with strategic partners to develop a whole system approach is key.	Support the market to develop and provide a range of innovative, responsive and personalised services. This will include support to develop small voluntary groups and social enterprises. Better understand how people who fund their own support access services.	PCC LCG	December 2013	The market for preventative services is dynamic and responsive to the needs of the whole community.
4	**Low level support** Ensure people can easily access a range of low-level and practical support including: • Simple equipment and adaptations	Simple aids and adaptations alongside community equipment is available through the Council and through voluntary sector and independent providers. Voluntary sector agencies	Review voluntary sector practical support services and map against need. This will inform commissioning of new services. Work with stakeholders to coordinate practical support e.g. linking in fire service	PCC LCG	April 2014	People can readily and quickly access simple aids, adaptations and community equipment. Services are working together to support people to maximise their wellbeing at home. People are supported to maintain

	• Trusted traders and services • Housing related support • ASC transport	offer practical support services. The Council has developed an ASC transport policy aimed at supporting access to personalised transport options.	home checks with information on equipment. Improve access to simple aids and adaptations.			their homes to maximise their wellbeing.
Targeted Services : reablement and enablement						
5	**Further develop evidence based early interventions** Work with partners to ensure effective services are targeted at those who need them, including: • Telecare • Falls prevention	ASC working with health partners on falls prevention. Telecare infrastructure is developed and equipment is available.	Increase awareness in relation to telecare and assistive technology. Review falls and finalise falls prevention approach with health commissioners and providers. Work with housing providers to coordinate housing and social care support to more pro-actively support people to remain living in their homes. Work with agencies and services to raise awareness around prevention and support pro-active identification and signposting of people who would benefit from targeted interventions.	PCC LCG RSL	September 2013	People at risk of future social care support needs are identified and offered enabling support.

6	**Enhance access to reablement**	The reablement service supported around 600 FACS eligible people over 2012/2013. This has significantly reduced the need for long term support for those completing reablement.	Ensure that reablement is offered to people who do not meet adult social care eligibility but who would benefit from it. This could include working with voluntary sector and independent providers to mainstream the reablement approach across a broader range of services. Work with health partners to better integrate reablement with intermediate care, admission avoidance and hospital discharge services. Support people through transitional points in their lives to ensure that they are able to be as independent as possible. This includes developing longer term reabling approaches for people with learning disabilities, physical disabilities sensory impairment.	PCC LCG RSL	September 2013	Reabling service across health and social care are integrated and seamless. Reablement values are central to all social care support delivery. A whole lifespan approach to maximising people's independence is taken by all services.
Personalisation						
7	**Further develop integrated multi-agency approaches**	The reablement service is part of primary care based Multi-Discpilinary Teams aimed at reducing hospital	Ensure that health, social care and associated services can pro-actively respond to changing needs:	PCC LCG	April 2014	Health and social care services are integrated and seamless.

		admissions.	• Review and develop multi-disciplinary team approaches • Explore more effective joint working to support people with long-term-conditions			
8	**Prevention is central to health and social care interventions**	There are a range of services offering reabling and rehabilitation approaches to supporting people across health and social care.	Service specifications include maximising independence and proactive delivery of preventative interventions as core requirements. Work force development plans include raising awareness of and training staff in preventative approaches. Joint training around prevention across sectors to be developed. Develop a local professional prevention network to share practice.	PCC LCG RSL	September 2013	Prevention is central to all health, social care and related interventions. Prevention and integration are central to professional practice.
9	**Self-directed support**	The Council has developed self-directed support systems and commissioning approaches that support personalisation. Personal budget are the default method for providing	Review personalisation processes to ensure they are delivering the required outcomes. Work with health and other stakeholders to integrate personalisation and support	PCC LCG	March 2015	People have choice and control over their health and social care support. People have integrated, outcome focussed health and social care support plans.

		community support. The Council commissions a range of voluntary sector services focussed on supporting the personalisation agenda.	choice across the health and care economy. Promote Direct Payments as the preferred way to take a Personal Budget. Review the integration of health Personal Budgets with Social Care Personal Budgets.			People are enabled to commission their own, personalised support.

Key:
PCC Peterborough City Council
LCG Peterborough Local Commissioning Groups
HWP Healthwatch Peterborough
DF Disability Forum
RSL Residential Social Landlords

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