Adult Services Prevention Strategy 2023-2026

Milton Keynes City Council

"This strategy focuses on a real shift towards more preventative services, to help Milton Keynes residents stay as independent as possible, for as long as possible."

Introduction

Milton Keynes City Council (MKCC) is working to ensure residents are supported and encouraged to live independent lives. This includes preventing or delaying, wherever and whenever possible, the use of adult social care services. However, we can't do this in isolation and will need to work closely with other partners, including the National Health Service (NHS) and the voluntary sector to deliver our Prevention Strategy.

This strategy provides a framework for the transformation of care services to ones that will further promote independence. Creative solutions at individual and community level will be required to support this transition.

"Our vision is to provide improved access to information, advice and guidance so people can make informed choices about their own health and wellbeing."

"This strategy also aligns locally with the priorities outlined in the MK Deal which include addressing delayed discharge, mental health, complex needs and obesity."

Vision Statement

This strategy sets out how MKCC and its partner organisations, including local community organisations, will actively promote people's independence and wellbeing. Our vision is to provide improved access to information, advice and guidance so people can make informed choices about their own health and wellbeing. Our pledge is that we will work with people to help them retain and/or regain their skills and confidence. At the same time, we'll intervene as early as we can, so we can help prevent the need for care in the first place. We also want to help people live well and independently in their own home and communities, for as long as they want to.

OUR VISION IS:

- **Helping people to stay well**
- **Offering the right support, earlier**
- **Helping people live independently**
- **Helping people live at home for longer**

"We will seek to ensure that all adults in Milton Keynes are supported and encouraged to live independently, and we will work with a range of stakeholders to achieve this, including encouraging the development of a joined-up approach to services which support independence."

National And Local Context

The MKCC Prevention Strategy 2023-26 aligns with two key Government papers:

1. Prevention is better than the cure: Our vision to help you live well longer (5 Nov. 2018)
2. The Care Act (2014)

It also aligns with the local priorities outlined in the MK Deal, which include addressing delayed discharge, mental health, complex needs and obesity.

The Care Act 2014 places a duty on local authorities to promote people's wellbeing and provide prevention services. This requires the City Council to either provide or arrange services that reduce people's (and their carers) need for support in the local area, and contribute towards preventing, or delaying the development of such needs. The act states that preventative services should operate at three levels:

1. Primary prevention
2. Secondary prevention
3. Tertiary prevention

1. PREVENT

Primary prevention is about promoting wellbeing so care and support needs aren't required by people who have no existing care needs or symptoms of illness. For example, through health promotion or action to reduce isolation.

These are largely universal activities delivered or commissioned outside the scope of this strategy. However, they are fundamental to the overall success of the other two types of prevention.

PRIMARY PREVENTION IS:

- Helping people to stay well
- Helping people stay connected
- Helping people live independently
- Helping people live at home

PUBLIC HEALTH INITIATIVES IN MK

Public Health are leading a range of primary prevention initiatives across Milton Keynes and in specific neighbourhoods. These include support to stop smoking, weight management, drug & alcohol misuse and mental health and wellbeing.

For more information go to:

Health and Wellbeing | Milton Keynes City Council (milton-keynes.gov.uk)

2. REDUCE

Secondary prevention (early intervention) is aimed at slowing down people's risk of developing needs.

It's about providing services, resources or facilities that may reduce any further deterioration or prevent other needs from developing. This could involve housing adaptations, floating support or Telecare that prevents deterioration.

SECONDARY PREVENTION IS:

- **Identifying people at risk**
- **Slowing down their deterioration**
- **Seeking to improve their situation**

Through our Care Technology Project, we are now looking at how assistive technology can help people live more independently.

We're also looking at ways we can help people live more comfortably. Last year our Community Occupational Therapy team helped over 1400 residents and carried out 488 major adaptations in people's homes installing equipment like stairlifts and easy-access showers.

3. DELAY

Tertiary prevention includes interventions aimed at minimising the effect of disability or deterioration for people with established health conditions, complex care and support needs or caring responsibilities.

Tertiary prevention includes supporting people to regain skills, improve independence and reduce need where possible, for example through reablement and rehabilitation.

TERTIARY PREVENTION IS:

- Minimising people's deterioration
- Maximising people's functioning
- Maximising people's independence

This strategy provides the opportunity to help address inequalities. This may be through identifying individuals and groups who are at increased risk of poorer outcomes, access or experience of health and care, and ensuring they receive the early support they need.

Strategy aims and objectives

This strategy focuses on a real shift to more preventative services, supporting Milton Keynes residents to remain as independent as possible for as long as possible through effective early intervention and an emphasis on preventative services. It addresses the issue of increased demand on the health and social care system. It outlines how the City Council will work in partnership with providers to achieve better outcomes for residents. This will mean less people residing permanently in residential and nursing homes, reductions in emergency hospital admissions and more people living independently in their own homes with less reliance on mainstream services, such as homecare.

We will:

- Seek to ensure that all adults in Milton Keynes are supported and encouraged to live independently, and we will work with a range of stakeholders to achieve this, including encouraging the development of a joined-up approach to services which support independence
- Highlight the ways in which we can support independence to reduce deterioration for those with critical or substantial social care needs
- Consider the use of information and advice to signpost to community-based services for those with low or moderate social care needs
- Reduce dependency and the need for ongoing support by using short-term care interventions to aid community recovery following a period of illness, a fall or hospital admission

Priorities for prevention

In Milton Keynes between 2011 and 2021, the number of people aged over 65 increased by 43.6%. It's predicted that between 2021 and 2031, the city's population will grow by a further 40,000. Details of Milton Keynes's demographics can be found here.

As the number of people, and specifically older people, continues to increase, it's expected there'll be an increasing number of residents needing support.

Our priorities are:

- **Improving access to information/advice**
- **Wellness: mental and physical health**
- **Dementia support**
- **Housing and homelessness prevention**

How we planned our priorities

Information on the health of people living in Milton Keynes is captured in the most recent Census and 'Our ten year health and wellbeing strategy 2018-2028' (published 2021) which is part of the Milton Keynes Joint Strategic Needs Assessment (JSNA). We used this data to plan future health and care services for local residents. (Further information on the demographics of Milton Keynes, including life expectancy, can be accessed here)

PRIORITY ONE | IMPROVING ACCESS TO INFORMATION AND ADVICE

WHY IS IT IMPORTANT?

Adult Social Care Outcomes Framework (ASCOF) data (captured as part of the 2022/23 Service User Survey) indicates that more people who use services found it difficult than previously to find information and advice. Providing improved access to information, advice and guidance will enable people to make informed decisions about their health and wellbeing, which will increase their independence.

OUTCOMES |

- ✓ Increased awareness of community-based resources, including charitable and voluntary organisations providing a wide variety of support in local communities

WHAT IS CURRENTLY IN PLACE AND WILL CONTINUE

1. The Adult Social Care Directory provides access to a broad range of information about services and groups across Milton Keynes able to offer support to residents
2. MKCC Access Team provides advice and guidance for people and professionals, signposting and sharing information bespoke to individual needs
3. The MKCC Community Alarm Service team offers information and advice to residents and will signpost to other services and providers. The Community Alarm webpages have been updated to ensure they are accessible, user-friendly and informative and a brochure provides comprehensive details of the service

PRIORITY ONE | IMPROVING ACCESS TO INFORMATION AND ADVICE

WHAT IS CURRENTLY IN PLACE AND WILL CONTINUE

4. Access to shared care records via the Health Information Exchange, enabling social work and Home 1st Reablement professionals to have a greater understanding of people's health needs, informing decision-making and ensuring better outcomes for people
5. An online self-help portal has been introduced, providing a more accessible way for people to access advice and guidance
6. Access to 'SignLive', available via a free to download App, provides an accessible method of communication for people with a hearing impairment or whose first language is BSL
7. A dedicated MKCC webpage providing co-production opportunities for people with lived experience and their carers including information about our Stronger Together Co-Production Board

PRIORITY ONE | IMPROVING ACCESS TO INFORMATION AND ADVICE

WHAT ELSE WILL WE PUT IN PLACE?

- We are looking at how we provide support to people and how we meet communication needs. Our webpages will include Recite.Me, an assistive toolbar which allows text to speech functionality, translation into other languages, and a reading aid
- Increased knowledge of the AA Global Interpretation Service enabling improved communication opportunities for people for whom English is not their first language
- Our Digital Maturity Programme is focused on improving access to digital information for everyone – people who use services, carers and professionals - including the development of a database using AI
- One of the sub-groups of our Stronger Together Board, with a focus on Direct Payments, aims to develop clearer, more understandable advice and guidance and promote the benefits of self-directed support for people with care and support needs, carers and professionals
- The Equity, Diversity and Inclusion Working Group will monitor progress against priorities identified in the co-produced Equity, Diversity and Inclusion Strategy
- We will develop literature for Personal Assistants from different cultural backgrounds

PRIORITY TWO | WELLNESS

WHY IS IT IMPORTANT?

Initial focus for 2023/24 will be mental wellbeing. A people centred, partnership approach to early response and prevention is shown to reduce the number of people being admitted, or re-admitted, to hospital with a mental health crisis.

OUTCOMES |

- ✓ Improved outcomes for people with poor mental health including early identification of cases and ensuring people are provided with the right support from the right providers when they need it
- ✓ People will be supported to sustain their tenancies, employment and relationships with interventions based on the person's understanding of their own wellbeing and a focus on what matters to them

WHAT IS CURRENTLY IN PLACE AND WILL CONTINUE

1. Joint working with Central North-West London NHS Foundation Trust (CNWL) and Thames Valley Police (TVP), sharing information and joint decision-making to achieve better outcomes for people. Collaboration across teams within Adult Services ensures people are referred to the most appropriate services for support
2. MKCC works in partnership with a range of external organisations including MK Citizens Advice Bureau and the Dementia Information Service to ensure advice and support is available on a wide variety of issues which may impact mental and physical wellbeing
3. The experienced Approved Mental Health Practitioner (AMHP) Service is co-located with health colleagues, enabling collaborative working aimed at preventing the need for more restrictive intervention

WHAT IS CURRENTLY IN PLACE AND WILL CONTINUE

4. The ASC Mental Health & Complex Needs Team follows the Well-12 strengths-based conversation model, which empowers people to identify and work towards the outcomes they want to achieve. Offering a wide range of support, as well as signposting and support to access available community resources, the team takes account of various environmental and systemic factors which impact wellbeing and mental health
5. The Community Alarm Service provides a range of equipment offering reassurance to people and their families. Community Alarm Service workers appropriately signpost residents and their families to a variety of services
6. Employment and vocational support is available through the Integrated Care Partnership (ICP) for people who use secondary mental health services
7. The Integrated Care Support Team (ICST) provides a coordinated and integrated approach to supporting individuals, primarily over the age of 65, to manage their health and social care needs. Holistically working as collaborative multi-disciplinary team (MDT) with Primary Care Networks (PCN) (GP surgeries) across Milton Keynes to put in preventative measures to avoid hospital admission, frequent attendance at GP surgeries and to combat isolation
8. Regular interagency risk management (IARM) meetings ensure agencies work together to put the person at the heart of the process when safeguarding vulnerable adults
9. The Preparing for Adulthood (PfA) Team is actively working with young people from the age of 16, with a focus on key areas such as education, training, employment, independent living, community inclusion, and health. The team collaborates closely with young people and their families, and any professionals involved to ensure a smooth transition into adulthood
10. A link worker in the Campbell Centre ensures that Social Care are present during ward rounds when there is not an allocated worker and supports discharge into the community

PRIORITY TWO | WELLNESS

WHAT ELSE WILL WE PUT IN PLACE?

- Working with local communities to increase awareness of mental health
- Greater focus on building better partnership networks to ensure maximised use of voluntary sector resources and partnership working on key strategic priorities, as well as entering into the Civil Society Covenant
- Increasing resource to support the newly introduced Prevention/ Reduction pathway, a more structured and sustained pathway, within the new Mental Health & Complex Needs team. In addition, there will be a weekly drop-in session for people in this pathway awaiting allocation
- Trauma informed practice training to be delivered across Adult Services, enhancing practitioners' awareness of how previous trauma, including adverse childhood experiences, can impact a person's mental wellbeing as well as reducing the risk of re-trauma during intervention

PRIORITY THREE | DEMENTIA

WHY IS IT IMPORTANT?

Due to the projected number of older people who are currently (or will be) living with dementia in Milton Keynes, we've put in place a robust offer to help people living with dementia, and their carers

This includes advice, support and services which are available earlier in their diagnosis and that will enable people to live at home for longer, which is known to enhance mental wellbeing.

OUTCOMES |

- ✓ Earlier support for people living with dementia and their carers
- ✓ Information and advice that's readily available through GP practices and online
- ✓ Raised awareness of the services and support available, including carers able to access a range of respite options

WHAT IS CURRENTLY IN PLACE AND WILL CONTINUE

1. A Service Collaboration Agreement has been developed between MKCC and Dementia UK to support the growing numbers of people in Milton Keynes living with dementia who are being supported by informal carers, family, friends and loved ones. Our Admiral Nurses work with the carers of people living with dementia. As part of the partnership with Dementia UK, we have recruited to 2.5 full time equivalent Admiral Nurses posts
2. MKCC Community Alarm Service provides a wide range of assistive technology equipment to people with a diagnosis of dementia to help support people to remain living safely in their own homes and communities, with things that are familiar to them, for as long as possible

WHAT IS CURRENTLY IN PLACE AND WILL CONTINUE

3. **Our two sheltered housing with care schemes, Courteney's Lodge and Flowers House, which specialise in supporting tenants with dementia, will continue to provide 24-hour support to promote independence and prevent admission to long term residential and nursing care**
4. **The Admiral Nurse Service engages with our internal MKCC and Hospital Teams to promote the support available through the service, and has also worked with external organisations and attended engagement events to promote the service and raise awareness of Dementia and its impact on people**

PRIORITY THREE | DEMENTIA

WHAT ELSE WILL WE PUT IN PLACE?

- The OU will undertake academic research to determine if Milton Keynes is an Age Friendly City, and MKCC is working jointly with public health. Information gathering will be via online questionnaire, and work will be undertaken to ensure accessibility for those who may not have digital access. Findings will provide insight into how Dementia Friendly the city is and inform next steps
- Priority criteria is to be created and embedded into our Housing Assistance Policy which is in development. In the meantime, a process is in place to classify recommendations for major works as critical for people with Dementia. This will allow adaptations to be completed sooner for those with a diagnosis, enabling them to remain at home longer and to maximise the benefits to them of the adaptation

PRIORITY FOUR | HOUSING

WHY IS IT IMPORTANT?

Homelessness leads to poor physical and mental health for people. It also affects the financial and social prospects for people and their families. Homelessness in Milton Keynes is higher than the national average.

OUTCOMES |

- ✓ **Reduction in the numbers of people requiring temporary accommodation and, for those in temporary accommodation, a reduction in the average length of stay**
- ✓ **Increase in the number of lets into the private rented sector**

WHAT IS CURRENTLY IN PLACE AND WILL CONTINUE

1. **A range of services to prevent homelessness including collaborative approaches with partners, agencies and local communities, including commissioned services, to enable early support and intervention. Services include providing advice and guidance, toolkits and bespoke housing solutions such as personal housing plans**
2. **Meeting people face to face in the MKCC appointment centre and in community locations has proven effective and is well received by people using the service**
3. **An Integrated Discharge Hub, with co-located professionals from social work, health and housing teams. The multi-disciplinary team works collaboratively with voluntary and partner organisations to support people to have a safe discharge into suitable accommodation**
4. **Working to decrease the numbers of people in temporary accommodation**

WHAT IS CURRENTLY IN PLACE AND WILL CONTINUE

5. Maximising opportunities to downsize families into smaller, more appropriate and manageable Council accommodation
6. Working in partnership with MK Act to provide a joint intervention service for people experiencing domestic violence
7. The Landlord Incentive Scheme which provides an opportunity to negotiate with landlords and property agents to secure settled accommodation, as well as cash incentives such as funding deposits, rent in advance or the provision of a rent guarantee
8. Housing Solutions Officers based in health and mental health provisions, including the Probation Service, to support an integrated pathway into housing to prevent homelessness on discharge from hospital or release from prison
9. Partnership working with Public Health to maximise opportunities to promote health initiatives and support with drugs or alcohol misuse or gambling through attendance at community events aimed at those who are facing or are at risk of homelessness
10. The Community Occupational Therapy service has a dedicated Occupational Therapist who, during triage, creates housing needs reports which are assessed within 48 hours for people living in poor conditions or who are facing homelessness

PRIORITY FOUR | HOUSING

WHAT ELSE WILL WE PUT IN PLACE?

- A review of the resource within the Housing Solutions team, to enable work with landlords to prevent households reaching the eviction stage
- Using the Low-Income Family Tracker (LIFT) to identify cohorts of people who are struggling to cope financially, to enhance their financial resilience and prevent homelessness
- Development of a communication campaign “Call before you serve” aimed at negotiating and sustaining tenancies
- Provision of drop-in advice and guidance about on homelessness prevention sessions at education and community locations
- We will identify and assist those facing homelessness due to rent arrears. Working with colleagues in the Revenue and Benefits service to consider the issue of debt and its impact for households in temporary accommodation, removing barriers for people to move into settled accommodation
- Fund services that offer advice and assistance to people who are at risk of eviction
- We will review the rough sleeper nightly provision that will offer single roomed accommodation for male and female rough sleepers
- We will continue to explore opportunities for on-boarding new suppliers of accommodation

Milton Keynes City Council

Thank you for reading this document.

If you have any comments or feedback, please contact the MKCC Commissioning Team at:

CCTeam@milton-keynes.gov.uk