

Adult Services Prevention Strategy 2023 -2026



Milton Keynes
City Council

“This strategy focusses 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 2023-6 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 \(milton-keynes.gov.uk\)](https://www.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 stair lifts 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 focusses 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 integrated with the Health MiDoS database, 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 .
4. Information is shared across all services within MKCC, and with partner organisations, to better ensure people are signposted to the appropriate support .

PRIORITY ONE | IMPROVING ACCESS TO INFORMATION AND ADVICE

WHAT ELSE WILL WE PUT IN PLACE?



- An online self-help portal will be introduced, creating a more accessible way for people to access advice and guidance
- Promotion of accessible methods of communication such as ‘Sign Live’ for people with a hearing impairment or whose first language is BSL
- Increased knowledge of the AA Global Interpretation Service enabling improved communication opportunities for people for whom English is not their first language
- The Community Alarm Service webpages will be updated to ensure they are more accessible, user-friendly and informative
- A dedicated MKCC webpage providing co-production opportunities for people with lived experience and their carers
- Consideration of the communication needs of those who may not be able to access digital information, ensuring that information and advice is accessible to these residents

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, Carers MK 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 a strength-based approach which empowers people to identify and work towards the outcomes they want to achieve. The team takes account of various environmental and systemic factors which impact wellbeing and mental health. The team offers a wide range of support, as well as signposting and support to access available community resources.
5. The Community Alarm Service provides a variety 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. Trauma informed practice training is 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.
8. 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.

WHAT ELSE WILL WE PUT IN PLACE?



- Working with local communities to increase awareness of mental health
- A dedicated social worker to embed and begin early intervention with young people preparing for adulthood, identified as requiring extra support
- Greater focus on building better partnership networks to ensure maximised use of voluntary sector resources
- Recruiting a full-time social worker to the Campbell Centre to manage the demand for hospital beds and step-down process
- Introducing a more structured and sustained Prevention/Reduction pathway within the new Mental Health & Complex Needs team

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. MKCC has a partnership arrangement with Alzheimer's Society, aiming to make Milton Keynes a dementia friendly city. A Dementia Friendly Coordinator, appointed via the Alzheimer's Society, is developing a programme of work to empower communities and to support Milton Keynes to achieve Dementia Friendly Status.
2. 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. As part of the partnership with Dementia UK, two Admiral Nurses have been recruited to work with the carers of people living with dementia.

WHAT IS CURRENTLY IN PLACE AND WILL CONTINUE?

- 3. The Admiral Nurse Service continues to empower and support carers to create self-directed care plans. The Service also works towards enhancing the knowledge of health and social care professionals regarding referrals to Specialist Memory Services and to support and encourage appropriate referrals for a memory assessment.**
- 4. 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.**
- 5. 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.**

WHAT ELSE WILL WE PUT IN PLACE?



- Recruitment of a further 0.5 (totalling 2.5 full time equivalent) Admiral Nurses to meet the increasing demand
- The Admiral Nurse Service plans to offer a Carer Support Programme providing emotional support and will work with professionals to ensure greater understanding of services available and the impact on people of caring for someone with dementia
- Regular awareness sessions delivered to the public, businesses and community organisations to enable them to become dementia friendly
- Priority criteria to be created so that adaptations can be completed sooner for those with a diagnosis, to enable them to remain at home longer and to maximise the benefits of the adaptation for that individual

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.
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. Collaborative working with MKUH to support safe discharge into suitable accommodation.
4. Maximising opportunities to downsize families into smaller, more appropriate and manageable Council accommodation .
5. Working to decrease the numbers of people in temporary accommodation.

WHAT ELSE WILL WE PUT IN PLACE?



- Increasing housing supply in the Private Rental Sector with a cash incentive and rent guarantee
- Recruitment of two housing officers to work with those facing domestic abuse and mental health conditions
- Working with health partners to improve access to health services
- The Community Occupational Therapy service will provide a priority triage and assessment of occupational needs for people living in poor conditions or those facing homelessness

Thank you for reading this document.

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

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