

# Supporting people to live healthier lives

Score: 3

3 - Evidence shows a good standard

## What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

## The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

## Key findings for this quality statement

## Arrangements to prevent, delay or reduce needs for care and support

The local authority worked with people, partners, and the local community to make available a range of services, facilities, resources, and other measures to promote independence, and to prevent, delay or reduce the need for care and support.

The local authority's draft 'Strategy and Vision for Adult Social Care in Middlesbrough' dated May 2024, highlighted their four priorities; promoting wellbeing and personal and community resilience, maximising recovery and promoting independence so people can live independently in their own communities for as long as possible, improving the quality of life for people with care and support needs, providing choice and control for people who have care and support needs.

The local authority clearly outlined how its programme of preventative interventions would be delivered through its Joint Health and Well Being Strategy. It defined what was meant by prevention, and differentiated between primary, secondary, and tertiary models. It set out how this would be achieved, using a single point of access, social prescribing, tech-enabled care, and a falls prevention service. Overarching this, the local authority stressed the '3 Conversations' approach would be fully rolled out in the future.

Leaders had good knowledge of adult social care in Middlesbrough and how this impacted on health and outcomes for people. This knowledge and understanding had led to clear ideas on how to improve the offer available to people with a more community based and integrated approach.

Staff were focused on a prevention approach within Middlesbrough to support people to maintain their independence within the community. We heard how the joint relationship with public health was embedded and working well. Staff said their joint drop-in sessions had improved relationships and enabled public health staff to link in with social workers to explore options and seek advice.

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The local authority commissioned a range of external services from partners within Middlesbrough to provide facilities and resources to support people. This included partnering with charities and voluntary groups in areas such as domestic violence, homelessness and drug and alcohol misuse.

There was recognition of unpaid carers, but some gaps were highlighted by staff and leaders. We were told many people did not see themselves as carers, but the initiation of the community hubs and progress with their 'neighbourhood model' plans would help staff to meet and engage more with people to help identify hidden carers. The neighbourhood model is an approach to form 'neighbourhoods' within the local authority footprint. Each neighbourhood would be a community-centred, integrated team, working across healthcare, social care, public services, community groups and voluntary agencies, and the people it serves. These are multi-disciplinary front-line teams, which would deliver integrated person-centred services. It is intended that by working together, staff across different disciplines will experience improved communication between services, share knowledge and expertise, and co-ordinate care planning and delivery.

The local authority provided funding to a partner organisation who supported young carers with employment advice, training, budgeting advice and leisure activities. They also supported young carers to transition into the adult carers' services.

One partner told us the local authority provided funding for cost-of-living payments to be distributed directly to carers in financial difficulty. For example, one carer approached them for support to replace a washing machine, which was actioned the same day. Another partner told us the local authority's commitment to identifying and supporting unpaid carers of individuals with mental health difficulties was "truly commendable and deserved recognition."

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A carer told us of a positive outcome following an assessment and support they received from one of the partner organisations funded by the local authority. They stated throughout the process they had been asked what they needed, and staff introduced themselves and pre-arranged visits when it was suitable for them. They had received practical advice, equipment, and a grant.

Delays in accessing a carers assessment had impacted negatively on some unpaid carers. For example, we were told communication was challenging and delays in responses increased people's anxiety and was detrimental to the unpaid carer's wellbeing. All the unpaid carers we spoke with shared their health conditions had worsened with the stress of being an unpaid carer.

Data from the Adult Social Care Survey dated October 2024 for Middlesbrough, was in line with England averages for people who use services who say that those services made them feel safe and secure, and people who reported they had as much social contact as they wanted with people they like. Data was positive for people who have received short term support who no longer require support with 96.31% of people in Middlesbrough, against 77.55% in England. However, the data was negative for people 65+ who received reablement or rehabilitation services after discharge from hospital with 0.64% of people in Middlesbrough compared to the England average of 2.91%.

Preventative services were having a positive impact on well-being outcomes for people. For example, the 'Staying Put' and 'Telecare' services which helped to promote people's independence had minimal waiting lists and staff told us their caseloads were manageable. For people, these services were more efficient than calling the emergency services as staff could respond quickly. We were told of an occasion where staff attended within 20 minutes of being contacted by a person which promoted their wellbeing and stopped a hospital admission.

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Staff told us the 'out of hours' and rapid response services helped to reduce delays to hospital discharges and got people home with emergency home care support. They also said they were able to put telecare systems in place out of hours to prevent readmissions or reduce need for more services.

Data from the Adult Social Care Outcomes Framework dated December 2024, showed 95.6% of people who had received short term support no longer required support.

The local authority had taken steps to identify people with needs for care and support that were not being met. Staff and leaders demonstrated a good understanding of health inequalities in Middlesbrough. They provided examples of initiatives which were targeted at certain communities who may require support with their health and social care needs. There were instances where staff had visited local mosques and spoken with the Chinese community to explain what help support was available, that they may be entitled to.

The local authority had commissioned a service to share information and used social media platforms to reach out to more carers and potentially reach hidden carers. In partnership with Northeast ADASS, the local authority had also commissioned a company to provide an online carer support service.

## Provision and impact of intermediate care and reablement services

The local authority and its partners were improving their response to deliver intermediate care and reablement services that enabled people to return to their optimal independence. Data from the Adult Social Care Outcomes Framework dated December 2024, showed 88.7% of people aged 65+ were still at home 91 days after being discharged from hospital into reablement or rehabilitation.

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The local authority told us there was a residential rehabilitation service set up that could be provided in any care home within Middlesbrough, for up to 24 people at any given time. This was delivered and utilised by people in services aged 65+, however it could also be delivered in aged 18-64 settings.

There was a process in place for when the local authority was informed someone may be ready for discharge from hospital. Staff explained they could have care packages set up within 24 hours in a care home or in the person's home and a community team reviewed the effectiveness of these after 2 weeks.

Staff told us where people were not deemed eligible after a full assessment they spoke with people and explained why, and signposted them to other services, which included reablement services. Staff said it was rare when a person was signposted to reablement services that they came back through the system. They told us the reablement team supported people to have more independence and changed their outlook on formal support.

People told us sometimes there was poor communication between teams. For example, social workers and occupational therapists did not always communicate well with each other when working on the same case which had led to delays in appropriate care and support being provided.

## Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes, however waiting times were longer than expected.

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The local authority told us their median waiting time for an occupational therapy assistant assessment for minor input was 11 weeks. For an occupational therapist assessment, requiring major intervention, the median waiting time was 8 weeks. The target was 2 - 4 weeks for both services. The reasons given for the delay included staff sickness, unfilled vacancies, and an increase in demand from around 200 referrals a month in 2020 to over 300 in 2024. Leaders and staff confirmed additional resources were now in place to address these issues and they would be monitoring the impact of these actions. Leaders also told us they were assured no urgent cases were waiting. Any urgent cases were seen the same day and priority cases within 1 week.

The local authority shared their Tees Community Equipment Service performance report which showed that in April 2024 there were 423 bookings made, 788 pieces of equipment were delivered, with 98.9% of the equipment delivered within 7 days.

The local authority's 'Staying Put' service managed and issued disabled facilities grants in line with guidance and legislation. The service also delivered major and minor adaptations and a handypersons service. The aim of the service was to ensure residents remained safe and independent at home.

The 'Staying Put' service also provided housing support to ensure residents health and wellbeing was maintained by delivering preventative grants, boiler serving and repair, winter warmth and hoarding intervention services.

Staff told us equipment provision was good in Middlesbrough. The community equipment store operated an out of hours service to respond to emergencies over the weekend, evenings, and bank holidays.

People told us the assessment and provision of equipment was good and supported them to remain safe and independent at home. We heard requests for equipment had been responded to in a timely manner and delivery of equipment was prompt.

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One person receiving support said their main wish was to remain in their own home for as long as possible. Their family member told us they felt the assessment reflected this and equipment had been installed to enable the person to stay within their own home. Hoists, chairs, and other adaptive equipment had been identified and installed via the occupational therapy team. Another person told us following accidents at home an assessment had been completed for the provision of equipment. This included falls sensors and grab rails, which were installed promptly.

Data provided by the local authority in November 2024 showed a total of 306 people were waiting for OT support. The breakdown included 166 people waiting for an equipment assessment, 95 people waiting for an adaptation assessment and 18 people waiting for a rehousing assessment.

## Provision of accessible information and advice

People could access information and advice on their rights under the Care Act and ways to meet their care and support needs. The Adult Social Care Survey showed 95.2% of people who used services found it easy to find information about support and the Survey of Carers in England showed 65.3% of carers found it easy to access information and advice.

The local authority had multiple channels in place for people to access information, such as post, telephone, online and face-to-face. The sensory support service provided an inclusive offer of accessible information and advice. This included BSL videos, interpreters at sensory drop-in sessions, text message options for initial contact and a Braille format was available upon request.

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The council website directed people to the adult social care section of the website. It was clear, well defined, and easy to navigate, with the use of pictorial guides where appropriate. The overview laid out, services available, including care and support, information, advice, advocacy, and adult safeguarding. There were links to external organisations, such as the Citizens Advice Bureau and other relevant council departments.

Partner organisations were also commissioned to provide advice and information. One partner told us they were commissioned to provide an information, advice, and support service for adult carers. The support included a specific service for parent carers, a service for supporting carers in employment, a team supporting carers with finances and welfare benefits, a psychotherapy and counselling service for carers and support to help young carers transition to adult carers services.

Providers told us the local authority were good at disseminating information to people and gave the example of the 'Middlesbrough Matters' website and their Facebook page as methods of sharing information which were effective.

The introduction of the community hubs had proven to be a successful method of communicating with people to share information and advice. Leaders told us the proposed development of the 'neighbourhood model' would improve people's outcomes further. Staff told us there were over 70 languages spoken throughout Middlesbrough. Use of local community links were utilised to build trust and communicate with people in certain wards. For example, a program called 'Health Community Champions' had assisted with building the network to ensure key health messages were delivered. Through engagement with local communities and schools, the health champions had been able to assist in rolling out the measles vaccination program in diverse communities.

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However, we received mixed responses from people. We were told some of the support provided to people and their families/unpaid carers was good, however poor communication and waiting lists sometimes hindered obtaining support, advice, and information.

## Direct payments

There was good uptake of direct payments, and they were being used to improve people's control about how their care and support needs were met. People had ongoing access to information, advice, and support to use direct payments.

Middlesbrough's uptake of direct payments was slightly better than the England average of 25.5%. Data provided by the Adult Social Care Outcomes Framework dated December 2024, showed 29.3% of all people using services in Middlesbrough were receiving a direct payment. 79.9% of carers in Middlesbrough were receiving a direct payment. There was no current waiting time for a direct payment to start after an individual budget had been agreed.

Staff had access to detailed guidance on the eligibility and management of direct payments. Staff told us they offered everyone eligible the option of a direct payment as part of their care planning options.

Staff said the local authority had invested in a partner organisation who supported people with managing their direct payments as well as advertising and recruiting for private carers. Staff found having this service and a direct payment monitoring team beneficial and shared that the direct payments option had been very empowering for people as they have had choice and control. For example, people and their carers accessed direct payments for activities to promote their health and wellbeing, such as gym memberships, carers breaks, equipment, horse riding, courses, and college. Others used it to pay for a domestic help. However, some carers told us they did not understand the process or whether this was an option for them.

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