

Helping you to help yourself  
Prevention & Demand Management in  
Northamptonshire  
2013 – 2016  
Framework Document

June 2013

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# 1 Introduction

As a society we have ambitions for how people should be able to live their lives. Children should be healthy and safe, achieve at school and be prepared to be members of the community either in work or within families of their own. Adults should be able to live independently within their own homes, remaining healthy and active as long as possible. All members of the community should be able to feel safe and maintain their wellbeing. For some people their health, the impact of poverty or the challenges that they face mean that they need support to achieve this; many find this support within their families or from friends or neighbours. However for a significant number facing multiple challenges or in extremely vulnerable situations this is not possible and they require support, care or intervention from services such as health or care providers.

Providers including Local Government, Health, and other public and third sector services are currently facing major difficulties nationally. Northamptonshire faces similar pressures and challenges to other counties;

The population of Northamptonshire is growing and there are plans for many more households to come into Northamptonshire over the next twenty years, increasing the number of children, young people, adults and older people in the County. People are living longer, which means that the number of older people, disabled people, people with sensory impairments and people with mental health needs will grow.

The predicted growth may increase the number of children and young people requiring support from the Council's services. At the same time the County Council, along with its many partners, is required to make significant savings over the next four years.

Therefore the County Council and partners in Health, and Borough and District councils are facing increasing demands for services at a time when financial resources are reducing.

Northamptonshire County Council, Health and the Borough and District councils currently spend millions of pounds on services which focus on preventing problems arising in people's and community's lives, or stopping current issues deteriorating further. These are delivered by hundreds of organisations across the county and are very rarely joined up in a cohesive way.

With ever increasing demands on services, and with huge reductions in government funding, we must find a way to help more people to help themselves and, ultimately, become less reliant on more specialist services. We need to deliver prevention services in a way that helps people to either help themselves to find solutions to problems or prevents those problems developing in the first place and in doing so reduce the need for the higher cost services that we have to provide.

This framework document has been developed in consultation with other Statutory agencies within Northamptonshire and through significant consultation between June 2011 and March 2013. This is a covering document and should be read in conjunction with the Children and Families, Early Help and Prevention Commissioning Strategy and the Personalisation Strategy for Adults. The Purpose and Principles within these documents are supported by partner agencies and this work provides a platform from which joint commissioning could develop. At the point of publication these documents specifically relate to Northamptonshire County Council's approach to commissioning.

## **Purpose and Principles of the Northamptonshire Prevention and Demand Management Strategy**

The broad purpose of the Northamptonshire Prevention & Demand Management Strategy is to:

**Enable individuals and families to access appropriate support as early as possible, to help them maintain their quality of life, prevent any problems getting worse and reduce the demand for high cost, specialist support services.**

Key principles within the Prevention and Demand Management Strategy are:

- **Working with partners / communities to provide early help and support** – the Council recognises that it cannot provide all the support required by the community on its own. It will continue to work together with a wide range of partner organisations and communities to try to provide the support that people need in a way that makes best use of the resources available. Its long term aim will be to build capacity within all local communities to enable people in those communities to manage their own needs and support each other.
- **Easy access / single point of contact for clients** – efforts will be made to ensure that services provided are easily accessible and that where possible, people are provided with a single point of contact to avoid them having to deal with multiple agencies.
- **Delivery in localities (districts / boroughs)** – although some services will be delivered on a county wide basis (due to their specialist nature), most services will generally be provided in each district / borough area, to ensure that provision is locally available across the county.
- **Achieving Outcomes/Evidence Base** – the Council will need to ensure that it only invests in services that are able to clearly demonstrate that they effectively achieve the desired outcomes for people accessing them, providing strong evidence to verify this.
- **Cost efficiency and use of resources** – in times of restricted resources and public funds, services will need to be as cost efficient as possible.

## Three strands

The Prevention & Demand Management Strategy will be delivered in three distinct strands:

**Children & Families** – Working with children and their families to try to ensure that families can deal with everyday problems and by providing help and support when it is needed in an effective and efficient way.

**Vulnerable Adults** (18-65) - Adults living within Northamptonshire may be vulnerable and require help and support for a range of reasons. NCC will work with a range of partners to put appropriate support in place to assist them to live as independently as possible and take an active part in their local community.

**Frail Elderly** – With an increasingly large proportion of the Northamptonshire population expected to be aged over 65 in the future and a related increased demand for health and social care services, Northamptonshire County Council is working with National Health Service colleagues to deliver effective support to older people.

This approach is intended to ensure that effective support provision can be created and maintained to address the often very distinct needs of these 3 sections of the community.

Separate strategy documents have been produced for the three strands identified above.

## **3 Context & Background**

### **3.1 Council Vision, Outcomes and Purpose**

Northamptonshire County Council has identified a clear vision and target outcomes for the community of Northamptonshire:

**Vision – ‘proud to make Northamptonshire a great place to live and work’**

Four customer outcomes:

- **A cleaner, greener more prosperous county**
- **Active, safe and sustainable communities**
- **Ambitious young people**
- **Service users and carers feel in charge of their lives**

It has also identified its Core Purpose which is summed up in three statements that define what it is here for:

- **We are here to help you help yourself**
- **We are here to help you when you can’t help yourself**
- **We want you to see us as a trusted advocate**

The Prevention and Demand Management Strategy is an important element of delivering this vision, outcomes and core purpose. The strategy seeks to enable local communities to help themselves to maintain a good quality of life and to manage any problems that they may experience. However it also recognises that sometimes people need additional support to address their problems when they can’t manage to help themselves. The strategy provides a framework for the effective delivery of help and support to those people, in order that they can resolve their problems and make improvements to their quality of life.

In doing this it should make a significant contribution to peoples’ individual well being and also help us create healthy, safe and active communities where people feel in charge of their own lives, but can also access support when they need it.

### **3.2 Reduced Resources and Increasing Demand for Services**

The amount of funding available to public bodies is being reduced significantly, due to national financial circumstances and the associated changes to government funding. It is therefore vital that public bodies seek to reduce the need / demand for high costs specialist services such as social care, the need for specialist education for excluded pupils, acute health services and the criminal justice system.

At the same time as resources are being reduced, Northamptonshire is currently experiencing an increasing demand for some specialist services such as social care and health services. This is related to the growth and changing nature of the population of the county. The population of Northamptonshire grew by 9.8% between 2001 and 2011 to a total of 691,000. Further significant population growth is expected to continue in the coming years. The number of residents aged over 85 increased by 33% between 2001 and 2011

and it is anticipated there will be a further significant increase in the proportion of residents over the ages of 65 and 85 in the next decade. While the proportion of the population that is aged under 18 is likely to be a smaller proportion of the overall population in the future, due to overall population growth there will also be substantially more under 18s living in Northamptonshire in the coming years.

The combined effects of reduced funding and increasing demand for some high cost services mean it is essential that the County Council and its partners work together to find more effective and efficient ways to support people and their families at an earlier stage. A key element of this will be finding ways to help people and communities to help themselves, and ultimately to be less reliant on specialist public services.

### **3.3 Why 'Prevention' and 'Early Help'?**

There is a growing acknowledgement and body of evidence relating to the benefits of services that are preventative in nature, both in terms of the better outcomes that they achieve for individuals and families, and in relation to their cost-effectiveness in comparison to specialist services for people who have developed more serious, complex and ingrained problems.

The significant costs of specialist services such as social care and acute health services, combined with the likely increase in demand for those services means that the County Council and its partners in the public, community and private sectors need to work together effectively to provide timely and effective early help and targeted support to individuals and families in Northamptonshire, to reduce the pressures on high cost specialist services. Whilst this document is associated with the County Council's resources, the principles are supported by partner agencies. Further work to explore how partners work together to achieve these principles will be undertaken through the various partnership structures that exist, such as the Children's and Young People's Partnership Board and the Joint Commissioning Board.

### **3.4 Safeguarding**

Promoting the welfare of children and vulnerable adults and protecting them from harm or abuse is a key responsibility of the County Council, working with its partners and the wider community. Effective safeguarding procedures and processes are a key part of the approach to Prevention and Demand Management. Identifying the risk of harm early and implementing appropriate processes or support to address it will help agencies protect the well being of children and vulnerable adults.

### **3.5 Current delivery models**

Services that provide effective early help to people and prevent their problems getting worse can be delivered by a wide range of organisations in the public, community and private sectors. However at present the many millions of pounds spent on preventative services by public agencies such as the County Council, the NHS and Borough and District Councils are delivered by hundreds of different organisations through services that are not always effectively 'joined up'.

A key element to achieving more effective prevention services and managing the demand for high cost specialist services will be the ability of agencies to work together effectively to

integrate services in a way that achieves better outcomes for the community as well as making best use of limited financial resources.



## 4 Consultation & Engagement:

The Prevention and Demand Management Strategy has been developed following extensive consultation with both existing providers and customers. This has included a series of events and engagement exercises over the last two years

During March 2013 a further round of consultation was held. This was intended to update stakeholders on the progress that had been made in developing the strategy and seek further feedback on the principles that had been developed following previous stakeholder consultation and engagement.

The **key principles** that have been identified following the various consultation exercises and that have been considered during the development of this strategy are:

- One person to help with a number of different problems that a family has so that you don't have to see lots of different people.
- Able to get help from someone who is a specialist when it is needed.
- Help is available locally.
- Services are checked and information about them is available to staff and parents when they need it.

A summary of the findings of the consultation exercise in March 2013 can be found at appendix A. Information regarding previous consultation can be found at [www.northamptonshire.gov.uk/prevention](http://www.northamptonshire.gov.uk/prevention)

## **Appendix A – Summary of findings – Prevention & Demand Management Consultation – March / April 2013:**

### **1. Summary of findings**

This engagement took place in March 2013 with 5 open events being held around the county plus approximately 16 events run by children's centre's, Inter Personal Violence service providers and youth groups. In addition to these workshops the targeted prevention teams supported families using their service to complete a short questionnaire.

This engagement was designed to describe to stakeholders the progress that had been made in developing the model. Additionally it was to give stakeholders the opportunity to give feedback on the principles that will feature in the specification required for the tender process and the outcomes that will be included in this.

Below is a brief summary of the findings for this consultation. More detailed analysis can be found in section 5. Feedback (page 10) and Appendix ii (page 22).

#### **Principles**

- 1. One person to help with a number of different problems that a family has so that you don't have to see lots of different people**
- 2. Able to get help from someone who is a specialist when it is needed**
- 3. Help is available locally**
- 4. Services are checked and information about them is available to staff and parents when they need it**

A significant majority of respondents agreed with all of the principles, with agreement levels ranging from 89.8% to 98.2%.

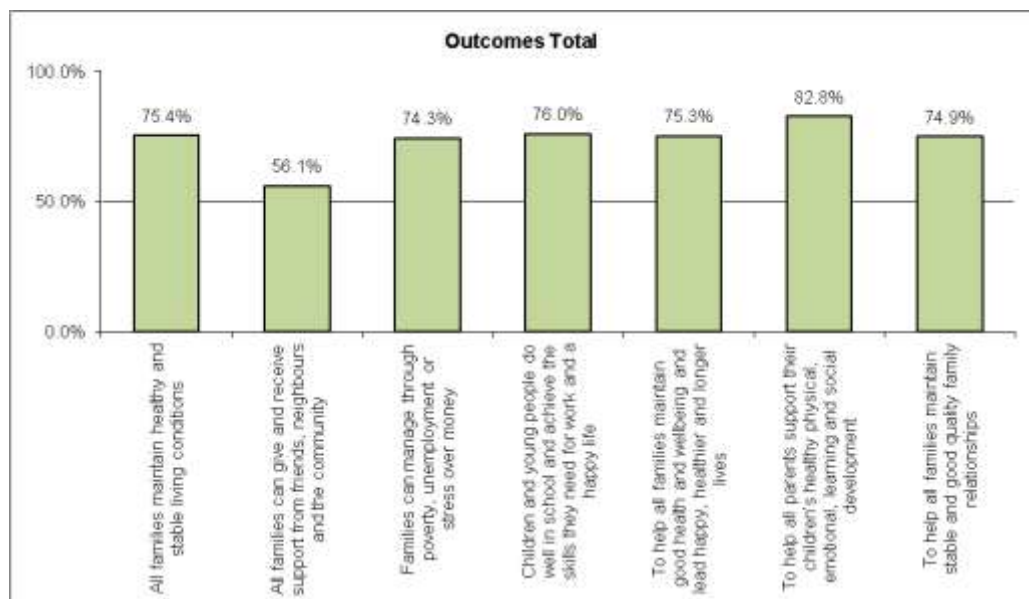
A significant majority agreed with the principle "getting help from someone who is a specialist when needed ". It was felt a skilled generalist could avoid long waiting lists but people are to be referred to a specialist service if required. Although some concerns were raised over who would decide if specialist help was required and the timescales involved.

Many participants liked the idea of dealing with just one skilled generalist in one location and it was felt that by dealing with one individual it would build a level of trust and confidence and stop story repetition. Although concerns were raised about the practicality of one person being sufficiently knowledgeable on so many subjects and subsequently the quality of service provided, and the reliance of dealing with just one individual.

The principle of providing help locally generated some discussion over the definition of what is considered local, with opinions ranging between walking distance to a few miles. Access to support in rural areas was also a concern.

The idea of the helping families to help themselves framework was supported by the majority of those consulted, although this was the least supported principle. It was felt the information should be clear and current. Having one place to get information was felt to be a positive thing though some still felt GPs and community centre's needed to display information.

## Outcomes



**All families maintain healthy and stable living conditions** was considered important to prevent a number of other problems occurring but assistance may be required helping families achieve this, although some respondents felt this was an individuals responsibility.

**All families are strong enough to manage stress over money, poverty and unemployment** was considered important as participants felt many people lack the skills to manage finances and avoid debt and that schools should support young people more to understand and deal with budgets. The current financial climate and changes to welfare benefits should also be taken into consideration.

**All families can give and receive support from friends, neighbours and the wider community** was the least supported outcome. Some participants felt informal support has a significant role in providing support; with some thinking services has a role to play in ensuring this is accessible to all. However a significant proportion felt this outcome was unrealistic as the “the community” does not exist. Others felt it is an individual responsibility, or that people are not empowered as get bullied by strong families or friends.

**All children and young people do well in education and this gives them the skills they need to find work** outcome was supported by participants but many felt schools need to play a greater role in achieving it, and that schools are more focused on overall targets than individual children. Some felt parents can feel unsupported and not involved if there are problems with education. Others felt there should be more emphasis on positive activities for young people who are not engaged at school.

**All families maintain good health and wellbeing for happy, healthier, longer lives** was seen to be only achievable by some if services work closely with health provision. Education regarding health, both physical and mental, was considered important, with some thinking health and wellbeing being dependant on other factors such as stable housing, and seeing the need to monitor county trends.

**All parent(s) support their children’s healthy physical, emotional, learning and social development** was considered the most significant outcome. Some thought children’s

centres offer a high level of support but more could be done to improve accessibility and coordination between centres could be better. Support for parents looking after a child with special needs was considered not readily available.

**All families maintain a stable and good quality family relationship was** deemed important to society and particular support should be available where there is abuse or violence. Support of relationships of parents with young children was considered key, as many new parents may not realise the responsibility of parenthood. Although, some said it is not always possible to maintain a good relationship within a family and that many kinds of diverse relationships and families should be recognised and supported.