



Middlesbrough Council Market Position Statement  
for  
**Long Term Health Conditions &  
Sensory Support Services**



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### What is a Market Position Statement?

Middlesbrough Council's Contracts and Commissioning Unit has produced this document to describe how the Local Authority is shaping the Social Care market and becoming a Market Facilitator.

Middlesbrough Contract & Commissioning Unit would like people with long term health conditions to have:  
**Choice of quality local services providing excellent support, in a timely manner, for local people and their families that promotes and enables independence, safety and wellbeing.**

We see the market position statement as an increasingly important part of our relationship with the care and support sector. Working in partnership ensures there is greater choice of high quality services for people living in the local area now and in the future.

The statement will provide data and intelligence on:

- The local Population
- Details of current services available in the local area
- Evidence of gaps in provision within the local market
- Considerations for the future

It can help Providers and Agencies of Care Services:

- Make decisions about how to invest and provide services in Middlesbrough
- Explore new opportunities and new ways of delivering services in the future

It will enable the Local Authority, with the help and assistance of Providers to plan and shape the future of services.

Middlesbrough Local Authority would like to work with Agencies and Providers of Long Term Health Services and Sensory Support Services to ensure there is greater choice of high quality services for people living in the local area now and in the future.

### Personalisation

There is a National Focus on personalisation, prevention & enablement along with outcome focused interventions.

Services should always start with the person at the centre, living in their local community.

All Providers have a duty of care to each individual person they support. Ensuring services meet the person's individual needs. Making sure systems and processes are in place to provide effective, efficient and high quality care.

Commissioners are responsible for planning for and monitoring services to meet local needs as well as purchasing care to meet people's needs. This equates to personalised services tailored to the needs of each individual person.

### Service Values and Principles:

- Privacy
- Dignity
- Independence
- Choice
- Rights
- Fulfillment
- Equality

### Disability Definition

**Disability** is the consequence of an **impairment** that may be **physical**, cognitive, mental, sensory, emotional, developmental, or some combination of these. A **disability** may be present from birth, or occur during a person's lifetime.

## Market Position Statement

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As a Local Authority and a commissioning service, our role is to influence and support the market by sharing relevant information.

This enables existing and new Providers along with Local Businesses to:

- Understand local need, based on the evidence provided
- Understand how local people want to live their lives
- Enable self-help and promote independence
- Understand local markets and monitor quality
- Decide when and how to commission services
- Work effectively with providers, service users and Carers to make sure that the right services are available, in the right place, at the right time.

The Local Authority Core Commissioning Principles include:

- Improved quality of life through improved services which meet people's needs
- Prevention and early intervention which will reduce incidents
- Specialist local services which will reduce numbers of people placed in out of area setting
- A whole life approach
- Physical and Mental Health support along with support for additional needs
- Monitoring of Quality
- Safeguarding and Advocacy



We want to work collaboratively with all stakeholders and partners to meet the requirements of the Care Act and improve the care experience for people with support needs living in Middlesbrough.

### Who is this document for?

Providers are vitally important in supporting the work around wellbeing, as well as helping people to prevent or delay the need for future care and support. Middlesbrough's Local Authority Market Position Statement includes local data for existing and new Independent Private and Third Sector Providers of Long Term Health Conditions and Sensory Support Services.

This document can help Providers and Agencies of Social Care Services to make decisions about how to invest and provide Long Term Health Conditions and Sensory Support Services in Middlesbrough along with exploring new opportunities and new ways of delivering services in the future.

We want Providers to demonstrate innovation, new types of service delivery and co-production particularly in relation to preventative community services.

Middlesbrough's Contract and Commissioning Unit have produced this document to describe how the Local Authority continues to shape the local Social Care market place as a Market Facilitator.

The Unit would like to ensure people with Long Term Health Conditions and Sensory Support Services have:

**Choice of quality local services providing excellent support for local people and their families, in a timely manner that promotes and enables independence, safety and wellbeing.**

It enables the Local Authority, with the help and assistance of Long Term Health Conditions and Sensory Support Service Providers to plan shape and stimulate the local market addressing local needs and priorities.

As a Local Authority and a commissioning service, the Units role is to influence and support the market by sharing relevant information.

This Market Position Statement provides data and intelligence on:

- The local Population, including people with Long Term Health Conditions and Sensory Support Services.
- Details of current services available to people with Long Term Health Conditions and Sensory Support Services in the local area
- Evidence of gaps in provision within the local market



### Priorities

In Middlesbrough our priority is to securing high quality services for people with care and support needs.

Over the years the Council has moved away from directly providing services and we now rely upon a market of Providers for the vast majority of services.

We recognise how important it is to engage and support Providers so they are aware of the increasing demand for care and support services along with changing expectations about choices in the type and quality of services that people in Middlesbrough want.

**By stimulating the local market we will ensure there is the availability of good quality cost effective provision to meet the needs of local people.**

***“Market Shaping is a key enabler for ensuring people can exercise choice and control over a meaningful range of high quality support options that meet their needs and aspirations”***

Working in partnership ensures there is greater choice of high quality services for people living in the local area now and in the future.

This enables existing and new Providers along with Local Businesses to:

- Understand local need, based on evidence
- Understand how local people want to live their lives
- Enable self-help and promote independence
- Understand local markets and monitor quality
- Decide when and how to commission services
- Work effectively with providers, service users and Carers to make sure that the right services are available, in the right place, at the right time.

Patterns of demand continue to change and this will influence the shape of future markets for care and support. The increase and change in demand offers huge opportunities to Providers who are willing to adapt and change in response.

We know people want flexible and integrated care and support that is well co-ordinated, and enables them to feel in control and safe.

- They want to be active members of supportive communities where there are opportunities that match their interests, skills and abilities.
- They want help at an early stage to avoid a crisis.
- They want choice of support services to fit specific circumstances.

Services must evolve with the person no matter what their age and be person centred as well as individually designed.

The Local Authority want to ensure local effective services are delivered in the right way, at the right time reducing the need for costly crisis intervention including admission to Hospital treatment and assessment beds.

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Sensory disabilities refer to visual and hearing impairment.

**Visual impairment** (blind or partially sighted). There are two main areas that are looked at when measuring a person's vision:

**Visual acuity:** This is the central vision used to look at objects in detail, such as reading a book or watching television;

**Visual field:** This is the ability to see around the edge of your vision while looking straight ahead.

The vast majority of people with sight loss are elderly and visual impairment generally increases with age. People with visual loss are 1.7 times more likely to have a fall and 1.9 times more likely to have multiple falls. Of the total cost of treating all accidental falls in the UK, 21% was spent on the population with visual impairment.

**Hearing impairment** (hard of hearing or deafness). There are three main types of hearing loss:

**Conductive hearing loss:** Sounds are unable to pass from the outer ear to the inner ear, often as the result of a blockage such as earwax, glue ear or a build-up of fluid due to an ear infection, a perforated ear drum or a disorder of the hearing bones;

**Sensorineural hearing loss:** Sensitive hair cells either inside the cochlea or the auditory nerve are damaged, either naturally through ageing, or as a result of injury;

**Mixed hearing loss:** It is possible to get both types of hearing loss at the same time. The vast majority of people with hearing loss are elderly and hearing loss increases with age. It is estimated that there are 3.7 million people aged between 16 and 64-years-old with a hearing loss and 6.4 million people aged 65-years-old and above.

**Dual sensory impairment** is the combined loss of hearing and vision.

A person with a **moderate physical disability** would have mobility problems, e.g. unable to manage stairs, and need aids or assistance to walk.

A person with a **severe physical disability** would be unable to walk and dependent on a carer for mobility.

**Neurological conditions** result from damage to the brain, spinal column or nerves, caused by illness or injury and can affect any age. Some conditions are life-long with people experiencing onset at any time in their lives whilst conditions such as cerebral palsy, are present from birth.

**Duchenne muscular dystrophy**, commonly appear in early childhood. **Alzheimer's** and **Parkinson's** mainly affect older people. **Head injury, stroke, or cancers** of the brain along with **spine conditions** have a sudden onset due to injury or illness. Some neurodegenerative conditions, such as **multiple sclerosis** and **motor neurone disease**, affect people mainly in adulthood and will cause deterioration over time, affecting a person's quality of life along with their ability to live independently.

Some **neurological conditions** are life threatening, most of them severely affect people's quality of life and many cause life-long disability.

### Accessing Services in Middlesbrough



Middlesbrough Council has revamped the way public services are accessed and purchased. The Local Authority is using digital self-service methods similar to those used on the High Street by advertising and alerting members of the public to products available via the internet.

**Middlesbrough Matters** is an on-line directory of services, which operates as an information “one stop shop”. It gives people more choice and control by purchasing services directly from the fully integrated e- market place.

The directory is a major source of information as it holds a range of details on local and national support services. It allows new and existing customers the chance to choose Support Services in an easy accessible way.

People are able to consult the Directory, view and access different types of support that can meet their needs in a variety of ways such as using digital communication as well as the more traditional methods.

Local citizens are able to “**Pick and Mix**” services to suit their needs using the Middlesbrough Matters Directory!

For Providers of Care and Support services the Directory is a **FREE** marketing tool allowing the advertising of services to a wider diverse market at **NO EXTRA COST**.

Providers are encouraged to “self manage” their own accounts via log in access. The log in allows added functionality such as including Company logos, photos, corporate branding, awards & accreditation which could make the listing more customer centric and attractive.

The Directory is Care Act Compliant and in line with the Governments Digital Strategy.

The **Provider Portal** is a secure online facility allowing service providers (contracted by Middlesbrough Council) to access information about their service which is held on ContrOCC. This is the Council’s IT system for managing contracts, payments and charging.

The Provider Portal allows Providers to upload their activity data directly onto the Council’s database.



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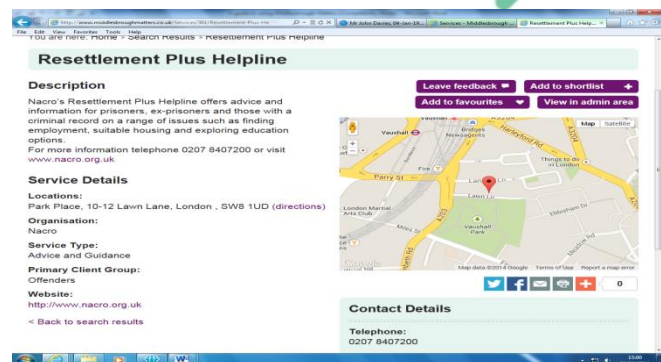
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The aim of the Portal is to improve communications between the Council and its Providers, making for a more efficient way of working and providing an audit trail for transactions.

Examples of how the Provider Portal will achieve this include:

- Providing a place for dialogue between Middlesbrough Council and its contracted service providers.
- Enabling providers to update organisational information and contact details.
- Enabling providers to view contract documents, such as terms and conditions and service specifications.
- Enabling commissioning staff to send quality and service review reports to providers.
- Allowing faster, online invoice processing.
- Enabling providers to view details of Council funded service users using their service, such as the level of service they receive and the associated cost information.
- Enabling more accurate recording of activity, by ensuring providers can easily update information, supplying actual information on the services they provide and notifying the Council of where this varies from the planned service.

Work is taking place to develop a data warehouse which will provide information in the form of a joint Tees Valley Market Place. This will improve market intelligence across the Tees area as well as establishing a consistent commissioning approach for Health and Social Care.



### Did You Know?

The Care Act (2014) covers 4 main areas:

- To support general well-being
- The prevention of developing or deterioration of need and the provision of the right information
- A duty to support Integration and co-operation
- Ensure a quality service/support market is available

This will be achieved through:

- prevention, making information available and supporting market development
- Clarifying who is entitled to public care and support along with those who pay for their own support
- Changes and clarification to assessments and eligibility
- Personalising care and support planning
- Changes to charging and financial assessments
- Protecting adults from abuse and neglect
- Changing how carers are supported
- Ensuring continuity of care when moving between areas
- Keeping an oversight on the market and responding to provider failure
- Supporting the transition from children to adult support

It will make the care and support system clearer and fairer for people who need it.

### The National Picture

In England it is estimated there are 3.3 million people aged 16-64 with a moderate or severe physical disability. In addition there are 4.3 million people aged 65 and over with a limiting long-term illness. It is estimated 0.8 million children in the UK have a disability with approximately 670,000 in England.

People with physical disabilities have a physical impairment which has a substantial and long term effect on their ability to carry our day-to-day activities.

The Care Act (2014) places a duty on Local Authorities to keep a register of people who are Severely Sighted, Impaired and Sight Impaired. The certificate of Vision Impairment (CVI) formally certifies someone as being sight impaired or severely sight impaired.

People who have reduced or low vision and who do not meet the criteria for certification need to be considered in service planning.

People with sight impairments must have early access to information and advice in an accessible format. This will help them to adapt to their situation and obtain any aides or support that will help them manage their lives better.

The Local Authority should consider securing specialist qualified rehabilitation and assessment provision (either in house or 3<sup>rd</sup> part) to ensure the needs of people with sight loss are correctly identified and their independence maximised.

Local Authorities should also establish and maintain a register of people living in their area that have a disability or those who need care and support or who are likely to in the future. Such registers may provide accurate and useful information on people whose needs may change over time:

- Someone with a progressive long term condition
- A person who is dependent for their care to be provided by someone else which may stop.

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We all have a responsibility to improve and protect our health. Public Health is working on achieving positive outcomes for the population which include:

- Improvements against health inequalities
- Helping people to live healthier lifestyles
- Protecting people's health from major incidents and other threats
- Reducing the numbers of people with preventable ill health and premature deaths

At the end of 2013, there were an estimated 107,800 people in the UK living with HIV. A quarter of people with HIV (over 26,100) are undiagnosed and do not know they are infected.

Over half of all people living with HIV are aged between 30 and 49, but there are significant numbers both of young people and older people now living with HIV. HIV/AIDS has had a great impact on society, both as an illness and as a source of discrimination.



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## The Local Picture

### HIV

Indicator	Period	Middlesboro		Region		England		England	
		Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest	
HIV late diagnosis (%) (PHOF indicator 3.04) <25% 25% to 50% ≥50%	2011 - 13	9	50.0%	37.7%	45.0%	77.3%		25.9%	
HIV diagnosed prevalence rate / 1,000 aged 15-59 <1 1 to 2 ≥2	2013	114	1.36	0.90	2.14	0.37		14.70	
HIV testing uptake, total (%)	2014	1,956	75.8%	81.8%	77.5%	22.0%		94.2%	
HIV testing uptake, MSM (%)	2014	110	88.7%	95.7%	94.5%	81.6%		99.0%	
HIV testing uptake, women (%)	2014	938	73.2%	78.6%	71.5%	15.5%		92.2%	
HIV testing uptake, men (%)	2014	1,018	78.3%	86.0%	84.8%	48.3%		96.4%	
HIV testing coverage, total (%)	2014	1,785	58.4%	65.0%	68.9%	20.8%		86.1%	
HIV testing coverage, MSM (%)	2014	94	77.7%	89.3%	87.2%	65.1%		94.6%	
HIV testing coverage, women (%)	2014	843	49.9%	56.7%	61.9%	15.1%		86.3%	
HIV testing coverage, men (%)	2014	942	68.9%	78.1%	78.0%	41.1%		87.1%	

### Sensory Conditions

Indicator	Period	Middlesboro		Region		England		England	
		Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest	
People aged 18-64 registered deaf or hard of hearing per 100,000	2009/10	345	391.5	253.4	172.8	0.0		492.4	
People aged 65-74 registered deaf or hard of hearing per 100,000	2009/10	130	1,206	1,037	620	0		3,518	
People aged 75+ registered deaf or hard of hearing per 100,000	2009/10	635	6,202	4,780	3,089	140		12,183	
People aged 18-64 registered blind or partially sighted per 100,000	2013/14	225	263.0	240.2	214.1	0.0		451.3	
People aged 65-74 registered blind or partially sighted	2013/14	70	610	638	569	0		1,436	
People aged 75+ registered blind or partially sighted	2013/14	290	2,846	4,057	4,255	0		10,403	

### Long Term Conditions

Indicator	Period	Middlesboro		Region		England		England	
		Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest	
Hypertension: QOF prevalence (all ages)	2013/14	43,376	14.9%	15.6%	13.7%	7.9%		18.0%	
Asthma: QOF prevalence (all ages)	2013/14	17,530	6.0%	6.3%	5.9%	7.7%		3.5%	
Diabetes	2013/14	14,860	6.4%	6.5%	6.2%	3.5%		9.2%	
CHD: QOF prevalence (all ages)	2013/14	12,511	4.3%	4.5%	3.3%	1.4%		5.3%	
Chronic kidney disease	2012/13	4,985	4.1%	4.9%	4.3%	8.5%		1.5%	
Stroke	2013/14	2,983	1.9%	2.2%	1.7%	2.5%		0.8%	
COPD: QOF prevalence (all ages)	2013/14	8,124	2.8%	2.6%	1.8%	3.6%		0.8%	
Atrial fibrillation: QOF prevalence	2013/14	4,769	1.6%	1.8%	1.6%	2.8%		0.4%	
Heart Failure: QOF prevalence (all ages)	2013/14	2,397	0.8%	0.9%	0.7%	1.4%		0.3%	
Recorded prevalence of Epilepsy (18 years and over)	2012/13	2,432	1,065	928	780	457		1,116	

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It is estimated that 5.9% of the population of Middlesbrough has a form of sensory impairment. It is estimated there may be up to 13,048 people in Middlesbrough who have some form of auditory impairment. The number of people in Middlesbrough formally recorded as having a visual or hearing impairment in 2012 is reported in the table below:

Age Group	Blind	Partially Sighted	Deaf	Deaf without Speech	Deaf with Speech	Hard of Hearing	Deaf Blind	Total
0 - 17	13	34	11	0	0	7	0	65
18 - 64	93	136	129	7	5	127	7	504
65+	127	256	77	22	3	515	11	1011
<b>Total</b>	<b>233</b>	<b>426</b>	<b>217</b>	<b>29</b>	<b>8</b>	<b>649</b>	<b>18</b>	<b>1580</b>

As of March 2015 the total number of children accessing Short Break Services (including Direct Payments, Personal Budget, Over Night support, Residential Respite, Play scheme etc.) was 539.

This equates to:

Age Group	Under 8	8 – 13	13+
	175	155	209

Of above the **primary** disability is recorded as follows (although the child may have multiple needs):

Disability	numbers	Disability	numbers
<b>Behavioural</b>	26	<b>Communication</b>	4
<b>Consciousness</b>	3	<b>Hand function</b>	1
<b>Hearing</b>	24	<b>Mobility</b>	59
<b>Personal care</b>	1	<b>Visual impairment</b>	38
<b>Other</b>	21		

As of end of March 2015 the number of people receiving a long term service from Adult Social Care was 1423. A breakdown of long term conditions is shown in the table below:

Age	18-64	65+	Total
<b>Physical Health conditions (not specified)</b>	58	209	267
<b>Chronic Obstructive Pulmonary</b>	5	44	49
<b>Cancer</b>	9	21	30
<b>Acquired Physical Injury</b>	7	7	14
<b>HIV / AIDS</b>	0	0	0
<b>Stoke</b>	7	41	48
<b>Parkinson's</b>	1	12	13
<b>Motor Neurone Disease</b>	0	1	1
<b>Acquired Brain Injury</b>	7	1	8
<b>Neurological Conditions (not specified)</b>	35	15	50

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The table below shows the numbers of people with long term health conditions who are known to Adult Social Care:

Age	18-64	65+	Total
Physical Health conditions (not specified)	154	449	603
Chronic Obstructive Pulmonary	17	88	105
Cancer	14	46	60
Acquired Physical Injury	16	14	30
HIV / AIDS	13	1	14
Stoke	19	77	96
Parkinson's	5	24	29
Motor Neurone Disease	1	3	4
Acquired Brain Injury	12	8	20
Neurological Conditions (not specified)	59	34	93

The table below shows the number and prevalence of people aged 15 – 59 diagnosed with HIV in the North East from 2012 data. The table shows there were 1,467 diagnosed HIV-infected patients accessing care for HIV in the North East.

Middlesbrough was one of three Local Authorities with the highest prevalence and more

	All Ages				Persons aged 15-59							
	Male		Female		Total		Male		Female		Total	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
County Durham	142	0.57	32	0.12	174	0.34	130	0.87	31	0.20	161	0.53
Darlington	45	0.87	15	0.28	60	0.57	42	1.39	14	0.45	56	0.91
Gateshead	115	1.17	54	0.53	169	0.84	106	1.79	50	0.83	156	1.31
Hartlepool	23	0.51	9	0.19	32	0.35	22	0.83	8	0.29	30	0.55
Middlesbrough	79	1.17	55	0.78	134	0.97	72	1.73	53	1.25	125	1.49
Newcastle	243	1.74	128	0.92	371	1.33	220	2.38	127	1.44	347	1.92
North Tyneside	77	0.79	40	0.38	117	0.58	68	1.16	36	0.59	104	0.87
Northumberland	61	0.40	21	0.13	82	0.26	51	0.58	17	0.19	68	0.38
Redcar & Cleveland	21	0.32	9	0.13	30	0.22	17	0.45	9	0.23	26	0.34
South Tyneside	37	0.52	9	0.12	46	0.31	32	0.74	8	0.18	40	0.46
Stockton-on-Tees	80	0.85	47	0.48	127	0.66	69	1.20	44	0.76	113	0.98
Sunderland	83	0.62	42	0.30	125	0.45	79	0.97	40	0.48	119	0.72
<b>North East</b>	<b>1006</b>	<b>0.79</b>	<b>461</b>	<b>0.35</b>	<b>1467</b>	<b>0.56</b>	<b>908</b>	<b>1.19</b>	<b>437</b>	<b>0.56</b>	<b>1345</b>	<b>0.87</b>

males than females being diagnosed.

Middlesbrough Council has commissioned **Community Reablement** provision to support people to maximise their independence preventing unnecessary admissions to Care Homes.

The **Rapid Response** service provides emergency short term care and support for up to 10 days to prevent Hospital admission, support Hospital discharge or provide support to Carers.

The Middlesbrough **Staying Put Agency** assists older, disabled or vulnerable home owners and private sector tenants to remain independent in their own homes by offering a range of support services including repairs and maintenance. They can also assist

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with making repairs, improve, maintain or adapt homes making them safe, secure and warm.

The **Occupational Therapy (OT)** Team is part of the Integrated Occupational Therapy Service which operates across Health and Social Care. The OT Team undertakes assessments with regard to equipment and adaptations.

There are a number of Community Therapy Services available through the integrated service which is based at Middlesbrough Intermediate Care Centre.

An OT works within the Stroke Pathway across Health and Social Care providing a seamless service.

An OT works within Thirteen Housing to undertake OT assessments for their tenants supporting the regeneration programme.

The OT' Service links in with a number of other Agencies and Departments to enable people to be as independent as possible.

These include:

- Environmental Controls
- Stroke Association
- Teesside Community Equipment Service (TCES)

The **Independent Living Centre (ILC)** is based in Middlesbrough Town Centre delivering an integrated model of Health and Wellbeing.

The ILC provide a centralised accessible service for:

- OT assessment for aids and adaptations
- Blue Badge assessments
- Bathing assessments
- Sensory loss and post stroke assessments
- Seating clinics
- Social Work assessments and reviews for service users and Carers
- Public Health services such as Holistic Therapies for Carers



The **Teesside Community Equipment Service (TCES)** is an equipment loan store working across Health and Social Care which has been developed to assist people with daily living and promote independence.

A Health or Social Care assessment is required to ensure the correct equipment is provided.

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An **Environmental Control** relates to electronic equipment which enables remote control of appliances within people's homes by way of an easy access controller for those with limited hand or other functional movements where standard controls are not suitable. The following allow call for Carer assistance or emergency help:

- Door entry intercom and access
- Loud speaking hands free telephone
- Television, DVD and other media devices
- Lighting and "plug in" electrical appliances
- Computer control and special access methods

Some of the above may be funded by Health following an appropriate OT assessment.

**RNIB REACT** is a talking sign system that enables blind or partially sighted people to be more independent when they are out and about by way of a trigger fob. The fob links into "real time" information signs in Middlesbrough bus station letting people know where and when a bus will arrive.

A wide variety of activities take place at The **Asian Deaf Women's Support Group**. This includes:

- Asian Ladies Sign Language Class for hearing ladies with deaf relatives
- Coffee and Drop In sessions
- Deaf Blind Befriending Group
- Youth Club provided by Child Deaf Youth Project for children aged 11+
- Lip reading Class
- Youth Club provided by Child Deaf Youth Project for children under the age of 11
- Age 55+ group a social group for older people who are deaf or hard of hearing
- Children's British Sign Language Class provided by Child Deaf Youth Project for children under aged 5 to 12 years
- Hear to Meet Befriending Group for people who are hard of hearing

**Telecare** makes it possible for people to maintain an independent and dignified life in their own home by coupling high tech equipment and communications technology with caring services. Telecare equipment includes a range of sensors, detectors, monitors and alarms tailored to individual need. Sensors are linked to the 24 hour Connect contact centre 365 days a year or can directly alert a family member or Carer.

**Social Prescribing (SP)** is a mechanism for linking patients with non-medical sources of support recognising the social as well as medical aspects of long term conditions. People with emotional or practical needs can be referred to a range of local services to improve wellbeing and support self-help. In the future GP's may refer patients to the appointed Social Prescribing Hub. The Hub will undertake a holistic assessment of the person's needs. Dedicated key workers will support people to access local services that can address these identified needs through health promotion or action to reduce isolation both of which can make significant improvements in the person's health and



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wellbeing. For people with established long term health needs improvements to independence may be established through enablement.

There are currently 10 **Changing Places** situated in and around Middlesbrough. They are located at:

- Middlesbrough Bus Station
- My Place (Custom House)
- The Gateway (situated near Middlesbrough College)
- Rainbow Leisure Centre
- Neptune Leisure Centre
- Sports Village
- The Orchard (off Lansdowne road)
- Cumberland Resource (Chelmsford Road)
- James Cook University Hospital
- Stewart Park

A Changing Place toilet is larger than a standard accessible toilet and is equipped with:

- Height adjustable changing bench / trolley
- Ceiling track hoist
- Adequate space for a disabled person and up to 2 Carers
- Centrally placed toilet with grab bars
- Privacy screen / curtain
- Wide paper-roll to cover the bench
- Shower Slip resistant floor

Middlesbrough **Shopmobility** offers mobility equipment to hire both short term and long term (from 24 hours to up to 8 weeks). People are able to hire:

- Mobility scooters
- Wheelchairs
- Powerchairs
- Walkers
- Crutches

Shopmobility can provide escorted shopping facilities for people with no family or friends to support or assist with shopping trips around Middlesbrough town centre.

Shopmobility have a scheme in partnership with Stewart Park which provides less mobile visitors with a more convenient way to travel around the park. There is no joining fee for the Shopmobility scheme-people pay an hourly rate.



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The **British Red Cross** can provide short-term loans of equipment for people with a disability or illness by contacting the Local Red Cross Office. The types of mobility aids provided include:

- Wheelchairs
- Backrests
- Bath seats
- Walking sticks and frames
- Commodes
- Bedpans
- Urinals

The **Stroke Association** provides information, advice and support to people affected by stroke and their families, as well as providing preventative advice. The service also offers home visits and referrals can be made by the Hospital Stroke Unit, Intermediate Care Team or by a self-referral. Stroke is the largest cause of disability and has a greater impact on people than any other chronic disease.

There are approximately 200 people in the Middlesbrough area with an **HIV Positive** diagnosis who access services at James Cook University Hospital and receive support from Adult Social Care.

Services available at James Cook University Hospital include:

- Access to the Centre for Clinical Infection
- Specialist Consultants
- Nurse Consultant
- Health Advisor
- Specialist Social Worker
- Specialist Social Care Worker
- Clinical Psychologist
- Dietician

The Specialist Social Care services at the Hospital include:

- Emotional/counselling services
- Support with disclosure
- Housing and benefit advice
- Supporting and working with families affected by HIV
- Assisting asylum seekers with immigration issues
- Accompanying people to health appointments
- Liaising with external agencies.
- Working with inpatients to ensure safe and appropriate discharge.

**Teesside Positive Action** is a Support Charity that covers the whole of Teesside, providing services for people with HIV/ AIDS with the aim of reducing stigma and prejudice. They offer a 1 hour rapid HIV and syphilis testing service along with the option of other sexually transmitted disease screening.

## Representational Advocacy Provision 2014/15

Referrals by Type	Numbers
Health	14
Social Care	39
Voluntary Sector	5
Self	9
Carer	9
Other	5
<b>Total</b>	<b>81</b>

Referrals by Service User Group	Numbers
Elderly	5
Physical Disability (under 65)	14
Learning Disability	29
Mental Health	25
Other	8
<b>Total</b>	<b>81</b>

## Independent Mental Capacity Advocacy

(September 2014 – March 2015)

Referrals by type	Numbers
Change of Accommodation	9
Serious Medical Treatment	4
Safeguarding Adults	5
DOL's	14
Accommodation Reviews	9
<b>Total</b>	<b>41</b>
Enquiries	

## Independent Mental Health Advocacy

(September 2014 – March 2015)

Referrals	Numbers
Complaints	
Referrals (under 65)	98
Referrals (over 65)	44
<b>Total</b>	<b>142</b>
Active cases	

### Did you Know?

Advocacy in all its forms seeks to ensure that people are able to speak out, to express their views and defend their rights.

The Mental Health Act 1983 (as amended by the Mental Health Act 2007) makes provision for statutory access to Independent Mental Health Advocate's (IMHA's) for patients subject to certain sections of the Mental Health Act 1983. IMHA's are an important safeguard that will help and support patients to understand and exercise their legal and civil rights.

IMCA is a type of Advocacy introduced by the Mental Capacity Act 2005. The Act gives some people who lack capacity a right to receive support from an IMCA in relation to important decisions about their care

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The **Tees Advocacy Hub** is overseen by Middlesbrough CAB and began operating in June 2014 and offers a service for people living in Middlesbrough, Redcar & Cleveland, Stockton and Hartlepool.

Different types of Advocacy available via the Hub includes:

- **General Advocacy**, where the Advocate will support you with issues relating to housing, health and social care systems (available to people aged 18 and over). There are 3 types of general advocacy which includes:
  - Short term issue based or crisis advocacy
  - Non instructive advocacy
  - Health advocacy (support to attend and understand procedures)
- **Independent Mental Capacity Advocacy** (IMCA available to people aged 16 and over). IMCA is a statutory advocacy service which was introduced by the Mental Capacity Act 2005 (the Act). It allows people who lack capacity a right to receive support in the form of an IMCA.
- **Independent Mental Health Advocacy** (IMHA available to people aged 16 and over). Independent Mental Health Advocacy was introduced under the Mental Health Act 2007 and there is a legal duty to provide Independent Mental Health Advocates (IMHAs) for all eligible people. An IMHA is an independent advocate who is specially trained to work within the framework of the Mental Health Act 1983 to support people to understand their rights under the Act and participate in decisions about their care and treatment.

## Market Position Statement

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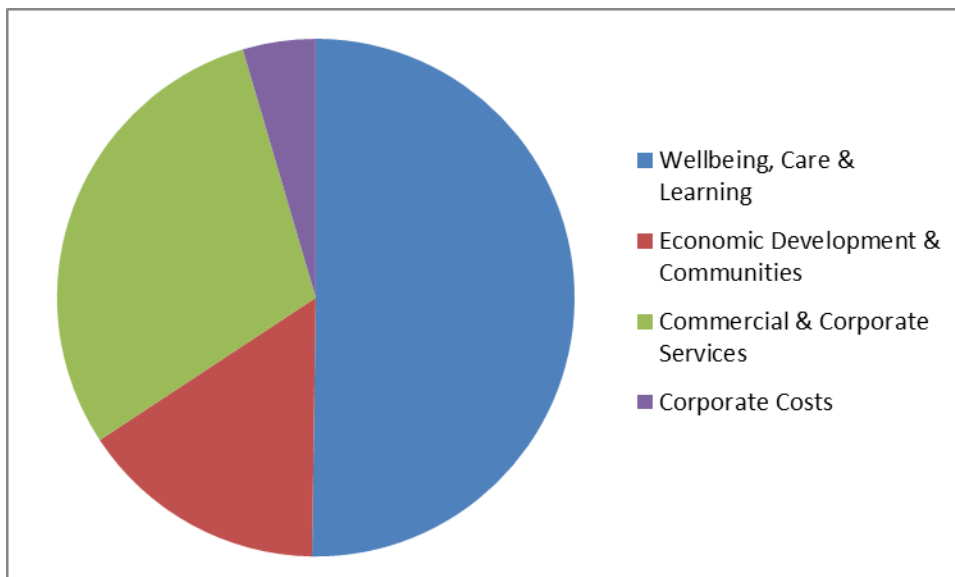
### Current Provision for Adults

	In House	Services / Comments
<b>Assistive Technology</b>	●	2 internal services
<b>MICC</b>	●	1 internal service providing residential rehabilitation, reablement, mobile rehabilitation, community rehabilitation and support for Hospital discharge for people aged 18+.
<b>Independent Living Centre</b>	●	1 internal service offering integrated support on a range of services including OT assessments, Blue badge assessment, Bathing assessment, Sensory loss and post Stroke assessment, Seating clinics, Holistic Therapies for Carers, Social Work assessments and Reviews

	External	Services / Comments
<b>Day Care</b>	●	1 commissioned service with 3 building based venues for up to 105 members currently utilised by 3 local authorities consisting of up to 360 placements a week. This service operates Monday to Friday (not including Bank Holidays)
<b>Housing with Extra Care</b>	●	1 Housing with extra care scheme for people aged 55+. A number of the apartments are fully adapted. 1 Scheme with bungalows for people aged 45 +. 6 of which have been fully adapted.
<b>Sheltered Housing</b>	●	1 organisation providing accommodation and housing related support for people aged 18+.
<b>Carer Support Services</b>	●	3 External Support Services
<b>Deaf Centre</b>	●	1 commissioned facilitator to co-ordinate a range of activities
<b>BME Carer Support Services</b>	●	1 External Service
<b>Residential Care</b>	●	30 Dual Registered Residential Homes with most offering Respite services
<b>Residential Care Physical Disabilities</b>	●	4 Registered Care Homes offering dedicated units for specialist physical disability needs for people are 18+
<b>Residential Care Sensory Loss</b>	●	1 Registered Care Home offering specialist care for people with sensory loss
<b>Residential Care Specialist Rehabilitation</b>	●	1 Registered Care Home with 30 beds for people aged 18+ with Neurological conditions and other complex needs which helps people move on
<b>Community Rehabilitation</b>	●	1 External provider for people aged 18+.

## The current spend for Adult Social Care

In the financial year 2014/2015, Middlesbrough Council spent £70,579,900 million (gross expenditure) on care and support for Middlesbrough residents.



Wellbeing Care & Learning incorporates Education, Children and Adult services. This area receives approximately half of the Council's total budget with Adult Social Care receiving 29.6% of the Council's total budget.

The Council continues to address ongoing financial challenges whilst ensuring the delivery of statutory front line services.

The table below shows the proposed Net Revenue Budget for the next 2 years:

2015 / 2016 (£m)	2016 / 2017 (£m)	2017 / 2018 (£m)
41,215	40,723	38,056

### Considerations for the future?

The focus in Middlesbrough is to provide care for people to live independently in the community, minimising the use of acute care wherever possible.

We recognise the importance of a local approach to developing a network of integrated health, care and support services across Middlesbrough. We need more effective engagement with local Providers so we can work together and provide the best services which give value for money. We need to:

- Work with local and specialist Providers
- Support opportunities to bring together Providers and customers
- Continue to work with the market at a strategic level
- Continue to work with key partners representing the interests of our customers

Specially adapted housing is required in certain locations

A skilled and trained community workforce which provides care and support for people with complex conditions and those who challenge current services. In particular overnight (scheduled calls) for people living in the community operating from 11:00pm to 7:00am as opposed to having a waking night staff to provide:

- Support for “put to bed” calls
- Support for calls during the night for toileting, medication and positional changes

Individualised support for people with HIV / Aids including:

- Initial “buddy” support for people newly diagnosed
- Support to attend Health appointments
- Support to attend activities including holistic therapies
- Organised peer group activities

### Did You Know

We are committed to improving care for people with Long Term Health Conditions in order to enable them to have an independent and fulfilling life and to receive the support they need to manage their health.

A new model of care is needed, more focused on prevention, early diagnosis, intervention, and managing long-term conditions to prevent degeneration

Self-care means looking after yourself in a health way. Whether it's brushing your teeth, taking medication when you have a cold or doing some exercise.

If you have a long term condition there are extra things to consider, such as making changes to your diet or different types of medication you can take.

Self-care also means staying active by doing things that area important to you:

- Seeing friends and family
- Doing the garden
- Going on holiday
- Continuing to work

It involves looking at what you can do rather than what you can't do!

### Glossary of acronyms:

- **CAB** – Citizens Advice Bureau
- **DP** – Direct Payment
- **IMCA** – Independent Mental Capacity Advocate
- **IMHA** – Independent Mental Health Advocate
- **PB** – Personal Budget
- **QOF** – Quality & Outcomes Framework

### References:

Middlesbrough JSNA  
Public Health Outcomes Framework for England 2013 – 2016

[www.aids.gov](http://www.aids.gov)

[www.nhs.uk](http://www.nhs.uk)

[www.papworth.org.uk](http://www.papworth.org.uk)

[www.gov.uk](http://www.gov.uk)

[www.efds.co.uk](http://www.efds.co.uk)



# Market Position Statement

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**Middlesbrough**  
moving forward