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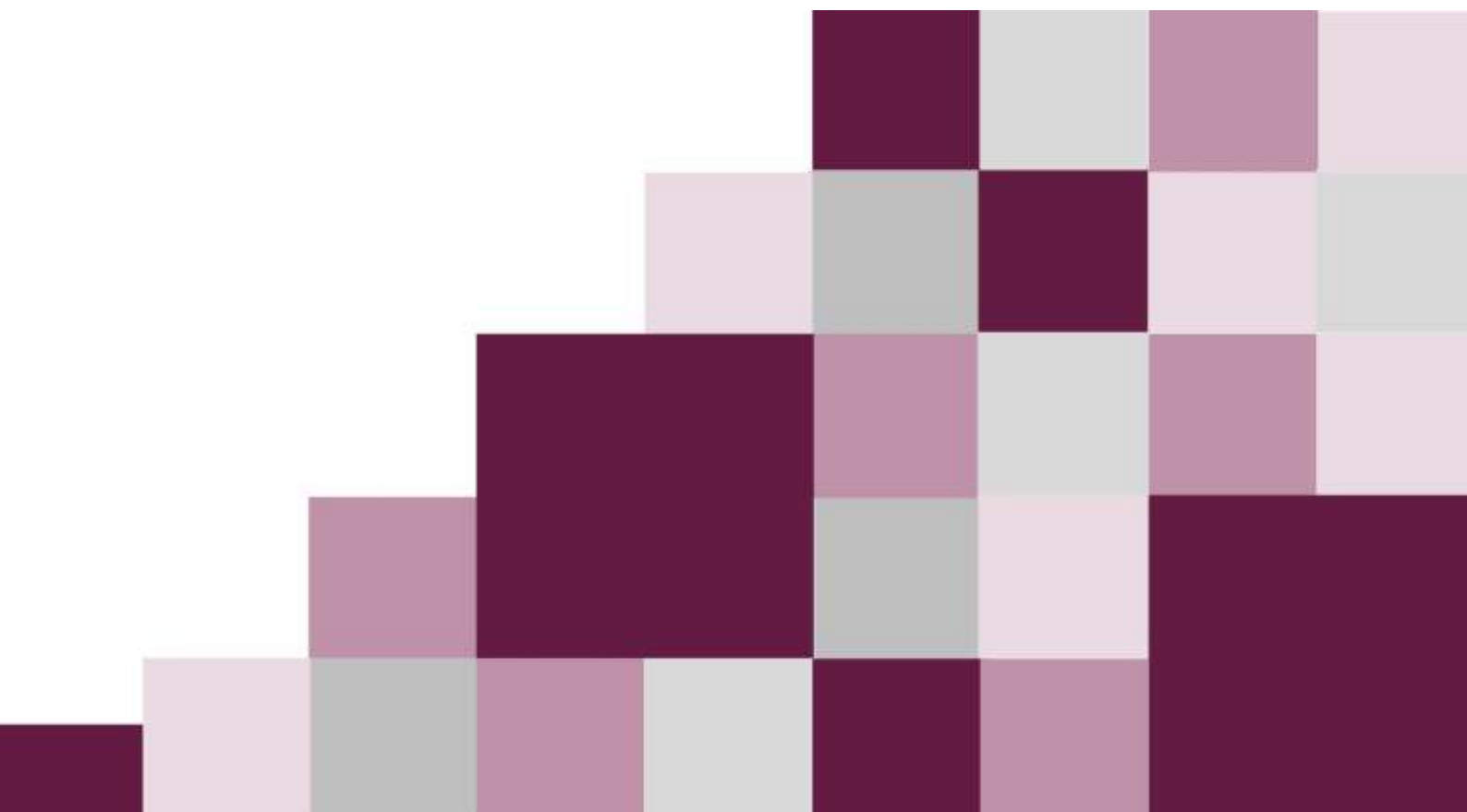
Stockport Targeted Prevention Programme Evaluation

Final Report

Stockport Targeted Prevention Alliance

Final Evaluation Report

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Acknowledgements

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The Stockport Targeted Prevention Alliance

The Targeted Prevention Alliance (TPA) is part of an ambitious programme of health and social service reform in Stockport, which is aiming to transform the health and social care system in the Borough. The TPA is the largest single service in a series of services commissioned to support prevention. It offers support to people with a diverse range of needs who are struggling with aspects of independent living and aims to encourage clients to be more resilient and able to better advocate for themselves, and to promote positive relationships with the wider community.

The Evaluation

The evaluation of TPA has run between October 2014 and October 2016 and has involved a range of activities:

- semi-structured interviews with stakeholders including service planners, commissioners and providers

- in-depth interviews with TPA beneficiaries and key workers

- short surveys with TPA beneficiaries focusing on questions of service quality

- baseline and follow-up surveys of TPA beneficiaries

- attendance at Targeted Prevention steering group meetings, direct observation of activities and interventions, and analysis of relevant programme documentation.

Developing an innovative contract with the voluntary sector

Perhaps inevitably it took some time for new processes and systems to be established, and although this has now happened, the need to develop systems at the same time as supporting clients did generate some delays in getting appropriate information and governance systems in place. Although there were initial concerns in relation to the pace of change, and the potential loss of specialisms within the alliance organisations, these have been outweighed by the benefits to emerge from closer collaboration, and in particular the sharing of skills, resources and learning. As the TPA becomes established these emergent benefits will help to integrate the TPA as a central plank in a suite of services aimed at prevention.

Providing support and improving prevention pathways

The collaborative and holistic support provided has improved access to support for clients and the alliance has succeeded in developing an approach which has helped clients to address complex issues in a way that builds resilience and independence.

Case studies tell the stories of individuals facing a range of challenges to independent living. Often, the immediate challenges are practical, related to insecure housing situations or

difficulties with finance. TPA key workers have dealt with these problems, and in so doing endeavoured to build skills and capacities in their clients to help them deal with, and prevent, similar issues in the future. These practical challenges are intimately tied up with, and sometimes caused by, mental and physical ill-health, and TPA clients are frequently experiencing anxiety, depression and isolation. The TPA has worked with clients to build confidence and resilience, and to connect them to opportunities to engage in positive and social activities.

Outcomes for TPA clients

The majority of TPA clients are older (aged 60 years or more) and around 30 per cent and 20 per cent respectively identify problems with physical mobility or mental health as their primary disability. TPA clients generally have multiple support needs and, at the outset of their engagement with TPA at least, money, housing and physical wellbeing are most commonly identified as areas of support need. There were improvements, on average, across all support needs scores between the baseline and follow-up stages and more than half of the TPA clients recorded improvements in mental and emotional health and meaningful use of time outcomes.

Conclusions

The approach has succeeded in developing an innovative contract with voluntary sector providers focusing on outcomes and building a generic service which is meeting the needs of people who are struggling to cope with independent living. Overall, the TPA has been a very positive experience for the borough, which has embraced collaborative working, and this has been embedded in thinking and practice in Stockport. The programme has been dependent on the development of positive relationships and trust between organisations. A key aspect of its success has been the willingness of all organisations concerned to work in that style and with that approach, and to embrace a new relationship between commissioners and providers.

There is ample robust qualitative evidence to suggest that the holistic, asset-based service provided by the TPA has impacted positively on clients' confidence, outlook and coping skills. Many of the TPA clients interviewed for this evaluation indicated that the support received through TPA was different to that which they had experienced previously, both in terms of the swift and effective response to issues and in terms of the ways in which it has helped them to move towards independence. This is indicative of a high degree of additionality when compared to the more fragmented, and specified, services that preceded it. The conversational approach used is effective in identifying and responding to client needs and there are very high levels of client satisfaction in relation to the services provided.

Quantitative evidence confirms that TPA clients have experienced improvements in mental and emotional health outcomes, and in meaningful use of their time. This is corroborated by the stories of individual client journeys which provide powerful testimonies of individuals experiencing multiple challenges who have been supported to overcome barriers and move forward with their lives, sometimes engaging further in positive and social activities. That these outcomes have been achieved in the context of a 40 per cent reduction in overall budget is significant, and there is strong evidence that the TPA is an exemplar of a more efficient use of resources, particularly in shortening the client journey.

The TPA needs to continue to build its links with other services within the prevention 'suite' and with others work to develop understanding of the role of all service providers within the local health and social care economy. Going forward, the continued success of the TPA will depend as much on the contribution of other services to a system which supports genuine prevention as it will on the alliance itself. A key part of this contribution will be the ongoing development of volunteering and capacity in communities and the further integration of TPA into localities. There is scope for continuing to develop a strategic approach to working with

new cohorts, and to targeting effectively so that individual can receive support which prevents problems from arising. Current work with individuals who are receiving services through elective channels is an important development in this aspect.

Introduction

1

This is the final report of the evaluation of the Stockport Targeted Prevention Alliance (TPA).

1.1. The Stockport Targeted Prevention Alliance

The TPA is part of an ambitious programme of health and social service reform in Stockport, which is aiming to transform the health and social care system in the Borough. The targeted prevention approach is intended to support people with a diverse range of needs, and is based on a number of principles:

- Developing a health and social care social care system that mobilises people and builds on their assets, strengths and abilities as well as meeting their needs.

- Supporting people to live well with long term conditions through partnership working between individuals, carers and practitioners.

- Building a system organises care around individuals in ways that blur boundaries between health, public health and social care and between public and voluntary and community organisations.

The Targeted Prevention Alliance is the largest single service in a series of services commissioned to support prevention. It brings together a range of serviced previously provided by separate organisations to offer support and services to people with a diverse range of needs who are struggling with aspects of independent living. It aims to encourage clients to be more resilient and able to better advocate for themselves, and to promote a positive relationship with the wider community.

The targeted prevention programme is discussed further at Section 2 of this report.

1.2. The Evaluation

The TPA has been evaluated by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University. The evaluation has run between October 2014 and October 2016 and has addressed:

- The *process* of targeted prevention: the ways in which the new services have been developed and delivered, and factors which have helped or hindered its implementation.

- The *impact* of targeted prevention: the differences that TPA has made to the individuals benefiting from the services and the wider Stockport community.

The evaluation has involved a range of activities, including:

- Semi-structured interviews with stakeholders including service planners, commissioners and providers, conducted at regular intervals throughout the period of evaluation. Twenty semi-structured interviews were carried out with 18 individuals involved in the planning, commissioning and delivery of services over the period October 2014 to October 2016.

- In-depth interviews with beneficiaries and key workers. Twenty one interviews with beneficiaries were carried out across four TPA areas. The interviews were conducted in the Spring of 2016 and focused on people's experiences of targeted prevention and the differences that it has made to their lives.

- Short surveys with TPA beneficiaries focusing on questions of service quality. Nineteen short surveys were completed in Spring 2016.

- Baseline and follow-up surveys of TPA beneficiaries. All individuals supported through Targeted Prevention Alliance services were asked to complete a short baseline survey soon after their referral to TPA and a follow-up survey approximately three months later. Surveys were administered by TPA key workers and contained questions which aimed to capture changes in the health and well-being of those benefitting from TPA services. The report utilises data from 310 baseline and follow-up surveys completed between September 2015 and March 2016.

- Attendance at Targeted Prevention Programme steering group meetings (between October 2014 and October 2015), direct observation of activities and interventions, and analysis of relevant programme documentation.

It should be noted that although the evaluation contains evidence on both the process and impact of targeted prevention, the data presented here on outcomes for individuals relates only to TPA clients. The evaluation was intended to include a comparator or control group against which to assess the degree of change observed, and thus comply with stage 3 on the Nesta Standards of Evidence scale. The evaluation has explored a range of options for establishing a counter-factual for TPA. Early discussions with Stockport MBC and Nesta indicated that a comparator group survey would not be possible for a number of reasons which included a lack of a readily identifiable population group; anticipated low response rates (based on SMBC's previous experience of similar survey work), and insufficient resource to collect primary data on a sufficient scale to robustly assess outcomes and impact. Similarly, the evaluation explored the potential of utilising client level secondary data on use of health and social care services and comparing this to wider population groups in Stockport and/or the wider Greater Manchester areas. However, there were a range of information governance and resource barriers to this approach which could not be overcome within the evaluation timescales[1].

For these reasons the evaluation team had hoped to draw on existing data sources to generate a derived comparator utilising SMBC and NHS Stockport CCG data on the use of health and social care services. However, it was not possible to negotiate data access within the relevant timescales and as such this option has also not been viable. The evaluation team has put additional resources into gathering robust qualitative and beneficiary data in order to address these limitations in the availability of comparator data.

The TPA is part of a complex programme of change which involves action across multiple geographic and policy areas. It has also been the case that different

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[1] The two main barriers are the requirement for patient level consent to access this data, which needs to be collected at a service level, and sufficient resources within local statutory bodies to extract and link the data appropriately for evaluation purposes.

elements of targeted prevention have progressed at different rates and, as is the case with any complex programme of change, variations in approach and new initiatives, have developed over time. In order to ensure that the evaluation captured robust evidence within the set timescales, and that the resources available were used to best effect, it has been necessary to set clear boundaries for the scope of the evaluation. These were discussed and agreed with SMBC and Nesta and have resulted in the evaluation focusing primarily on the process of developing a new contract with the voluntary sector, and the early work and impact of the Targeted Prevention Alliance. Other activity, including the development of targeted prevention pathways work through the implementation of health checks, the integration of services through the four area hubs, the commissioning of other contracts, and the development of volunteer capacity have been largely outwith the scope of this evaluation. It is also likely that there will be impacts and benefits associated with these change processes which will occur beyond the timescales associated with this evaluation.

1.3. This Report

The remainder of this report is structured as follows:

- Chapter 2 outlines the approach to targeted prevention in Stockport
- Chapter 3 discusses the process of commissioning and establishing the TPA
- Chapter 4 looks at the TPA's approach to supporting people, and includes evidence on the views of TPA clients
- Chapter 5 presents data from surveys of TPA clients to assess the impact of TPA on improving outcomes
- Chapter 6 incudes case studies of TPA beneficiaries
- Chapter 7 contains conclusions
- Appendix 1 contains further analysis of outcomes for TPA beneficiaries
- Appendix 2 contains the theory of change for the targeted prevention programme

Targeted Prevention in Stockport

2

The Targeted Prevention Alliance (TPA) is part of an ambitious programme of health and social service reform in Stockport, which is aiming to transform the health and social care system in the Borough utilising the principles of social action. It has emerged from the work developed in Stockport as a site for Nesta's People Powered Health (PPH) programme which demonstrated that the use of volunteers and community resources in the planning and co-ordination of care for people with a mental health diagnosis led to improved outcomes for individuals, more effective use of resources and increased capacity in communities. Targeted prevention builds on learning from PPH and extends the approach to people with a diverse range of needs. It is based on a number of principles:

- Developing a health and social care social care system that mobilises people and builds on their assets, strengths and abilities as well as meeting their needs.

- Supporting people to live well through partnership working between individuals, carers and practitioners.

- Building a system organises care around individuals in ways that blur boundaries between health, public health and social care and between public and voluntary and community organisations.

Targeted prevention has five key aims:

- develop an innovative contract with voluntary sector providers focusing on outcomes

- improve targeted prevention pathways

- develop and strengthen community capacity

- grow the number volunteers undertaking practical activities

- undertake comprehensive evaluation and learning.

The programme is informed by a theory of change, developed by SMBC and Nesta and contained at Appendix Two to this report. It sits within a complex programme of transformation which involves the redesign of services across four integrated 'hubs' across Stockport (Marple and Werneth, Stepping Hill and Victoria, Heatons and Tame Valley, and Bramhall and Cheadle), as well as the alignment of people and place to deliver a place-based approach through Stockport Together, which is a MCP (multi-speciality community provider) New Care Model delivered as part of the NHS England Vanguard programme, developing a new Accountable Care Provider Trust across health and care delivering integrated neighbourhood teams including the voluntary and community sector..

The Targeted Prevention Alliance is the largest single service in a series of services commissioned to support prevention. The service is provided by an alliance of voluntary sector organisations working in partnerships with Stockport Metropolitan Borough Council. Age UK Stockport, FLAG (local advice and guidance), Nacro, Relate Greater Manchester South, Stockport Homes and Threshold (housing, advice and support). The service offers support to people with a diverse range of needs who are struggling with aspects of independent living. It aims to encourage clients to be more resilient and able to better advocate for themselves, and to promote a positive relationship with the wider community.

The approach is based on obtaining an understanding of the strengths and assets in a person's life as well as their barriers to independence. The support starts with a guided conversation with an alliance keyworker which helps to identify the issues that the person is facing These might include social isolation or loneliness, secure housing, finding employment, managing on a budget, help with housing maintenance, lifestyle risks such as problem drinking or substance misuse, managing health conditions, mental wellbeing and relationships with friends/family/neighbours.

The person is supported to find solutions. For some clients, this might only involve signposting or help to navigate access to other services. People needing a higher level of support are carried as a 'case' by the service until they are in a more stable position and can cope better. This initial programme of support usually lasts 12 weeks, although it is recognised that some people with complex needs might also need access to specialist services, or longer term care.

The TPA aims to proactively identify and target people who need extra support to establish or maintain independent living. This includes people living in a wide range of circumstances and who are experiencing a range of issues, including people who are homeless or with substance misuse issues, offending and other risky behaviours as well as people who are frail or with a serious health condition, visual or hearing impairment, physical disability, learning disability or mental health condition. Support for carers is also provided.

The TPA has a central point of access in a shop front, town centre location. This is staffed on a rotational basis by members of the four TPA teams, which are organised on a geographical basis to align with the integrated hubs. Clients can self-refer through the central point of access, or the service receives referrals from other statutory and voluntary sector providers. At the outset, the TPA inherited a client caseload from previous prevention providers and new clients have self-referred or came via other services. Over time the Alliance has sought to develop outreach, and to develop ways of targeting its services more proactively. At the time of writing this had recently involved the TPA working through Accident and Emergency services and integrating into hospital discharge procedures.

Developing an innovative contract with the voluntary sector

3

This chapter looks at the process of de-commissioning and re-commissioning services in Stockport. It draws on qualitative evidence gathered from semi-structured interviews with stakeholders involved in the planning, commissioning and early delivery of the TPA over the period October 2014 to October 2016, including interviews with TPA key workers and managers.

Throughout this chapter the discussion focuses on drawing out evidence in relation to developing the alliance approach. As outlined in the introduction to this evaluation, the TPA is a developmental programme, and the evidence presented here reflects on the early phases of TPA. The approach, systems and practices of TPA are continuing to evolve and it is possible that the latest practice is not reflected in the evidence presented here.

The development of the Targeted Prevention Alliance (TPA) has involved a process of de-commissioning and re-commissioning health and social care services previously provided by voluntary and community sector organisations in Stockport. This has involved the ending or decommissioning of 66 separate contracts and the re-commissioning of new contracts, as outlined in Figure 3.1. The Targeted Prevention Alliance delivers a service to vulnerable adults with complex needs across Stockport. Support for older adults and carers who need help with independence and combating isolation is provided via the Wellbeing and Independence Network (WIN) and help with relationships is delivered via the Stockport Alliance for Positive Relationships. Although these contracts, along with the Advocacy Casework Service, collectively contribute to transformed health and social care services in Stockport, and the WIN contract in particular is a central element of targeted prevention, they were commissioned separately, and in the case of the WIN later, partly due to commissioning resources within the local authority. As such, these contracts are not the focus of this evaluation.

Figure 3.1: Stockport Targeted Prevention- new contracts

Source: GMCVO

A separate report, prepared by Greater Manchester Centre for Voluntary Organisation (GMCVO) has provided detailed evidence on the approach taken to new contracting arrangements and their impact in the voluntary and community sector in Stockport. It has also reflected on the validity of the five assumptions outlined in the theory of change supporting the targeted prevention approach (see Appendix Two). The evidence gathered for this evaluation focuses on the experiences of organisations involved in delivering services prior to decommissioning and following the award of the contract to the Targeted Prevention Alliance. It reflects on the opportunities and challenges presented by the alliance contracting approach in terms of developing an integrated and cohesive approach to prevention in the borough.

There were, inevitably, significant challenges to emerge from the decommissioning of existing services, and re-commissioning of services with a budget that had been reduced overall by 40 per cent. A key focus of the alliance contracting approach was to encourage voluntary sector providers to come together in collaboration with a focus on shared responsibility for outcomes. In interviews conducted prior to the commissioning of the new services interviewees in voluntary sector organisations reflected particularly on the apparent tensions inherent in building an alliance in the context of a competitive tendering process. Interviewees remarked:

> *People have had to mobilise very quickly and establish relationships very quickly in a competitive environment which is interesting 'cos an alliance is*

about the coming together of organisations working together for the good of the whole and not the individual organisation but at the same time there's been the introduction of competition with the tendering process and I don't know much about tendering and there's that culture of competition and then the culture of funding people together to establish new working relationships and a way forward (provider).

It was a real journey. It's probably the hardest thing I've done in 20 years of work…I think it was cos it was hard on so many levels, time wise, intellectually, emotionally, mentally, at every level. The negotiations around who was in and who was out of the alliance were incredibly bruising and I think damaging and I think it'll take some time to repair, if ever. I kept asking myself does it make a lot of sense to have competitive tendering and an alliance bid in the same pot, it seemed really dichotomous, to say build an alliance but compete with each other at the same time, so that's what did the damage, if it had just been competitive tendering you'd have just gone for it and if you'd just been building an alliance it could have been really positive.

It is not the role of the evaluation to comment on the composition of the alliance, or the contribution of individual organisations within it to the overall achievement of its objectives. However, it is clear from the comments outlined above, and from other evidence gathered, that the particular approach taken in Stockport has shaped the provider market, in terms of the nature and scope of responses to the tendering process.

Nevertheless, interviewees from both public and voluntary sector provider organisations also recognised that alliance contracting was a bold and constructive response from the local authority to constrained financial circumstances, and a recognised need to deliver services differently to improve outcomes. Innovation brings risk and challenges to all concerned, and an important aspect of the process has been the way that the voluntary and community sector and the local authority have come together to seek solutions. Cultural change is required on all sides: for the voluntary and community sector in negotiating and responding to competitive tendering processes and building collaboration, and for the statutory sector in responding to a new commissioning approach in which outcomes, and not deliverables, are the key drivers of change. Comments included:

I think they have to do it in a way, they're in an incredibly difficult situation, the working relationship we've had up to now with adult social care has been excellent …………., so these people who I work with closely have had to introduce this new way of working cos of this very challenging situation that they find themselves in and I think that's a difficult call to make and they've done it the best they could. I suppose from a recipient's point of view maybe if it had been earlier to know that, but no time's a good time so I think they've done the best they could, they did organise some events in October as soon as we got the letter to come together to communicate but then the tendering process kicked in (provider)

If I was to look back on the process I would say that the council has been bold which I admire, I think they're trying to be creative and forward looking, I think they're pushing a pace which I think is admirable but could just backfire cos it's a little fast. The one criticism I'd make is they didn't take the time to look what was there before they started all this. (provider)

These remarks allude also to the pace change and the challenges associated with the timescales for the tendering and commissioning of the work. As discussed in Chapter 1, the TPA is part of a complex process of change and in part these

timescales were driven by the milestones associated with the funding of the programme. Under different circumstances, a longer timeline might have allowed for a different approach to alliance building. It is worth noting however, that there were different perspectives within voluntary and community sector organisations about the impact of the tendering approach on those working within organisations. Whilst senior managers in these organisations had participated in ongoing negotiations over time, those in client-facing roles had less opportunity for engagement in strategic discussions and the re-tendering process created uncertainties for staff in voluntary sector organisations and for the users of their services. There were, in particular, concerns relating to the potential loss of specialist roles and expertise which could arise from bringing together organisations which had previously delivered separate services to different client groups. One interviewee speaking shortly after the alliance contract had been agreed, remarked:

> *Everything's been done at such a pace, which is fantastic and really good to see but you do have these moments when you think we didn't quite think this through cos there was only ever going to be one lot of staff who were going to be in a very difficult situation in June cos they were going to have to deal with the change that the rest of us had been dealing with for months….So their lives have been turned upside down, so all of mine have had to consult, at the same time as offering them new opportunities which for many don't feel exciting right now, that's not to say they won't, but the biggest thing that many staff are feeling is the loss of the specialism that they came to work for us for (provider).*

Once the contract had been awarded, and perhaps because of the tight timescales associated with the commissioning process, there was an early period of development in which it was necessary to recruit and train staff, align governance mechanisms and develop policies and procedures whilst at the same time providing a service to support people in need. The shift in cultural and working practices associated with bringing together multiple providers into a single alliance, perhaps inevitably, created some challenges. Comments from provider organisations included:

> *With regard to TPA development a big challenge has been aligning organisational policy and procedures e.g. things like safeguarding, we all come under Stockport safeguarding but have to work out what is the TPA procedure and is that procedure compliant with the organisations that make up the alliance? This has perhaps been a bigger challenge than anticipated (provider).*

> *You had the cultural changes for organisations in the mix as well, some people were always going to be really rapid in getting round that and other people not…there was a lot of fear about there's no risk assessment, there's no this, what about home visits, because it was all new ". (provider)*

There were also initial issues relating to IT and information governance, arising from different processes within different organisations, barriers around the sharing of client information and data, and the application by the local authority of a common client management system which proved unfit for purpose. These issues have been addressed over time, and at the time of writing a new client management system was in development and the governance processes and systems for the TPA are being created and embedded. They have nevertheless taken significant time and resources to agree, and the lack of readily available data on the targeting and impact of the TPA's work has created ongoing issues for both service managers and commissioners, not least in inhibiting a clear and shared understanding of where and how TPA resources have been utilised and how they should be utilised strategically in the future. A development period, in which TPA structures and processes could have been cultivated prior to engagement with clients, might have allowed for more rapid progress on these issues.

Tight timescales also contributed to a situation in which TPA staff reported that they were faced initially with a backlog of referrals and a need to deal with some angry and upset clients who were unsettled by the changes in services. A particular challenge was the inheritance of very unhappy clients from the decommissioned services. There was an initial backlog of people who had not been receiving services due to the decommissioning process. Some were angry: *"TPA copped for that"* *"I'm used to meeting disgruntled people but when you are new to that and you are thinking 'what's going on?' that made it really difficult"* (provider).

With hindsight, a more gradual and 'softer' transition process might have helped ease some of these pressures, which were felt more acutely by some groups, particularly those with mental health needs. One interviewee commented:

> *There were particular clients and clients groups that were very upset and apprehensive about the change. But we got through the referrals. Some of these were appropriate for the TPA and some of them weren't and we had to assess each one on a case by case basis to find out what was going on (provider)*

Once in place however, the TPA has made rapid progress over a short space of time. In interviews conducted later in the period of the evaluation, when the TPA had been implemented for a period of time, interviewees concurred that over time the TPA has developed into a cohesive alliance, and that all partners had demonstrated commitment to the new approach:

> *The potential of alliance working is exciting cos it's challenge and it's also new and different and it enables us to problem solve together. I think everyone's genuinely committed to it and doing our best to make it work (provider)*

> *It may be unrealistic to expect to have a new service operating completely effectively after such a short period of time. But the asset-based way of working and the more holistic approach has been really well embedded, and the idea that we can have one agency that can deal with all these things together. The principle of what we wanted to commission is alive and well (commissioner)*

There are emergent benefits associated with the alliance approach, in terms of improved partnership and collaborative working, skills sharing and development and improved learning. These benefits are likely to consolidate over time, and will be important in establishing the TPA as part of broader health and social care economy aimed at prevention. Interviewees commented:

> *I guess for us one of the biggest learning is working with partners, so probably our biggest learning curve and what we got most from it was that partnership delivery and utilising the skills that already existed but in a better way. (provider)*

> *Information sharing, we did a lot of training together, we did some internal training. I guess in the past it's just been a referral programme but I do believe that, I've never worked as closely with other organisations as we have through this process and knowing another organisation and relying on each other, so it's more than just the referrals, and its skills sharing as well. (provider).*

The evidence presented in this chapter has addressed the challenges and benefits associated with developing a new, and innovative, contracting approach. Perhaps inevitably it took some time for new processes and systems to be established. and although this has now happened, the need to develop systems at the same time as supporting clients did generate some delays in getting appropriate information and governance systems in place. The chapter has also suggested that, although there

were initial concerns in relation to the pace of change, and the potential loss of specialisms within the alliance organisations, these have been outweighed by the benefits to emerge from closer collaboration, and in particular the sharing of skills, resources and learning. As the TPA becomes established these emergent benefits will help to integrate the TPA as a central plank in a suite of services aimed at prevention.

The next chapter looks at evidence in relation to the implementation and impact of the TPA's approach to supporting people with complex needs.

4

Providing support and improving prevention pathways

This chapter addresses the progress of the TPA in forming and implementing a holistic and personalised service for people with a range of issues and circumstances. It draws on evidence from semi-structured interviews with TPA staff and interviews and survey data provided by TPA clients. The data was collected in spring 2016 and reflects the practices implemented by the TPA at that time.

As outlined in the previous chapter, the TPA delivers an asset-based approach to supporting people living in a range of circumstances and facing a variety of issues. The support begins with a guided conversation which feeds into an individual action plan.

There was a clear sense amongst interviewees in the voluntary and community sector that the TPA is building on an approach which has been central to prevention services provided by voluntary and community sector organisations and which seek to build independence and resilience amongst service users. But there is also a recognition that the approach in the statutory sector is changing and the TPA provides an opportunity to influence the use of resources (in both voluntary and statutory services) and to build an asset-based approach into statutory service pathways. Interviewees commented:

> *The third sector is much more used to working in a way that we empower and build resilience whereas the statutory sector have traditionally been we will do to you, but that's not to say it can't change. (provider)*

> *We've worked in this flexible, resilience building, empowering way for a long time and now they're going can you do this, and we've been doing it for years, but that's understandable cos the routes in statutory services do tend to be do unto. I think it's changing and will have to change. (provider)*

> *I think it's just a different approach, it's about the conversation and there are people within the statutory sector who probably work a bit the same way as we do, they perhaps don't all work on the ground in the same way cos their role has been different, public sector has a different culture, but I do believe that is starting to change and they could equally have the same successes (provider).*

In interviews, clients who were being supported by TPA were very positive about the impact of the service in helping them to address issues, and to build resilience and independence. In particular, they appreciated the positive relationships that they developed with keyworkers and the proactive manner in which a range of issues were responded to. It is worth noting that in the more than 20 interviews with TPA clients conducted by the evaluators, clients were universally positive in their

assessments of the service, with many indicating that it had had a transformational effect their lives. This qualitative data is a powerful source of evidence in relation to the impact of the service provided. Examples are outlined in the boxes below. Additional case studies of TPA clients are contained at Chapter Six.

There was also a clear sense amongst interviewees who were providing TPA services that the collaborative approach outlined in the previous section was improving outcomes for clients, partly because the holistic nature of the support provided is facilitating links with other services and shortening client journeys. One provider commented

> *The benefits are lack of duplication, which is beneficial not just financially but it can be beneficial to the person, getting to the right place quicker. I think the asset based approach is very positive, it's more tolerant of positive risk taking. (provider)*

The ability, and capacity, of other services to respond to TPA client's needs when they are referred on is clearly critical to the success of the approach, but there was no evidence gathered through this evaluation to suggest that this had thus far been problematic, although there were some indications, as discussed below, that there is scope for ongoing dialogue with other services in relation to how, and where, people are best supported through the referral process. The TPA is also seen as a more cohesive, and accelerated response when compared to the approach delivered under previously funded services which focused primarily on taking on limited numbers of quite intensive cases. Despite an initial period in which a backlog of clients had needed to be supported, at the time of writing the TPA had no waiting list was able to support a large number of people in a timely manner. Evidence collected through interviews with TPA clients suggests that for many, the TPA intervention has come at a time of potential crisis, and has helped to prevent, or at least alleviate, additional problems.

Liam

Liam self-referred to TPA when he had been evicted from his home. He has a history of alcoholism and was in arrears with his bills. He has health problems which are the result of long-term alcohol misuse.

The TPA keyworker has helped Liam to access secure housing and sort out his bills. TPA were able to help Liam secure a deposit on a flat, and negotiate repayment plans for his arrears. The key worker also accompanies Liam to medical appointments to ensure that he is getting the health care that he needs.

For Liam, a key benefit of the TPA is that the keyworker intervened at a time when Liam was particularly vulnerable and has stabilised his housing situation and provided support and reassurance in the absence of other support networks. He commented on his keyworker:

He came just at the right time, like Superman. It's helpful, very helpful. He has provided all sorts of help. I do lean on him a bit when I'm not well but I know that I can speak to him on the phone and that makes a difference. I feel more secure. I don't have to worry about anything because I know that there is always someone like (my keyworker) there to help me when I need it.

There were some questions, at the time of data collection, in relation to the degree to which the TPA has thus far been able to be strategic in its approach to client

engagement, and in particular in identifying individuals for whom early intervention would prevent future problems occurring. To some extent this is not surprising. As outlined in chapter three this is a reflection of an early situation in which three factors inhibited the adoption of a more strategic approach:

- The TPA 'inherited' a significant client caseload of people who were experiencing some quite complex issues; meeting the needs of these existing clients was rightly an early priority.

- There were high (and potentially unrealistic) expectations within the Borough in relation to the TPA's role and capacity in supporting people. This resulted in some referrals which were potentially unsuitable for TPA (because they were either higher or lower risk than the TPA is designed to target.

- Delays in the implementation of an appropriate management information system which contributed to insufficient information on the clients to support effective targeting of resources.

These issues are being addressed, and it can be anticipated that moving forward a more strategic approach can be adopted.

There is evidence that the time limited nature of the support offered through TPA is important in encouraging progression and client engagement. One provider reflected

> *"I was not cynical about it but was like is this going to work? but my learning is actually that being time limited and agreeing a support end date which of course can be moved is actually quite empowering and gives clients that impetus to make the most of support". (provider)*

Noah

Noah self-referred to FLAG because he felt that he needed some support to improve his social activities - *I was having difficult times, I wanted to meet people my own age, and go different places*. Noah has no family support.

The TPA worker carried out an assessment at which it became clear that Noah needed help with budgeting and financial capability (he was in arrears with utilities and credit providers) and relationships. Noah was referred to social services with regard to a relationship involving financial abuse. Key worker: *we talked about what financial abuse is and I left Noah to decide whether that was what he was experiencing. He decided that it was and so we talked with the social worker and arranged to meet the friend. We did that and it went OK.*

The keyworker and Noah have developed a budget plan - *we spent a few hours doing that* - and the keyworker has negotiated repayment plans for utilities arrears. One problem was Noah's reluctance to open his post and lack of confidence in using the telephone. The keyworker advised Noah to write down what he needed to say, and to keep checking that the people on the other end of the line understood what he was saying. They role played telephone conversations with a number of agencies. This has improved Noah's confidence and he now feels able to tackle these problems himself. As a result he has successfully negotiated a repayment plan with a credit card provider.

The TPA worker has also liaised with Jobcentre Plus. Noah is keen to find paid work but was struggling to meet the job search criteria for JSA. As a result there was a risk that Noah would be sanctioned. The keyworker put Noah in contact with the disability employment advisor at JC+ and he has since been diagnosed with learning difficulties and his claimant commitment revised. Noah is awaiting an interview with Remploy. The

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TPA is also negotiating access to counselling for bereavement.

Although the priorities were to work on Noah's debt, confidence and vulnerability in relationships, Noah also expressed a desire to widen his social activities. He has been referred to a community connector and is due to meet with a volunteer soon. Noah volunteers at a day centre and is enjoying this very much.

Noah has benefitted from intensive support in the initial period but this has now been scaled down to allow Noah to develop independence. Noah and his key worker met once or twice a week initially, then once a week and currently meet once a fortnight although they speak on the phone every week.

Noah reflected on the importance of support which helped him to develop skills to look after himself: *I have had support workers from other organisations but this is the best that I have been to. It has brought me more confidence. I think it's (the keyworker) - she makes me do things and I don't always like it. It's tough sometimes but it does give me confidence.* One example was phone calls - Noah reflected that in the past workers might have made the calls for him but not give him the skills to do it himself.

Noah was able to reflect on how his life might have been different if TPA had not been supporting him. He commented that he thought that his problems would have worsened and this might have resulted in a need for support from other agencies: *It's my lifeline, it's important to have someone to talk to. If TPA was not there I think I would have more mental issues, more problems and my debt might have got worse. I think I would have gone to MIND or somewhere else.*

Noah's positive experience at TPA has encouraged him to recommend the service to his friends.

The evidence outlined above suggests that, as referral pathways continue to develop, the TPA will become an essential part of a health and social care system in which an integrated approach reduces the likelihood of clients being passed ineffectively from one service to another. Two provider comments are illustrative of the approach:

> *I think it's linking in with the community but I think it's, one of the biggest benefits is that partnership, it is having that close relationship with the other agencies and getting it right at the beginning and getting that person on the right pathway at the start, whether that's an agency support, a community support, whatever that right pathway might be, that it's identified as early as possible and people aren't being passed from pillar to post, cos that's what frustrates people and causes delays (provider)*

> *It's engaging and signposting with people in the community so we give people every opportunity to access early on and the emphasis is on that, early intervention and prevention and as a result and cos of the new way of working it's a more seamless service, so (name) will assess the situation and that person will be signposted immediately so I think it'll be a much quicker service so it's better for the customer and also it'll reduce the revolving door situation and people are not passed to several people (provider)*

These quotes confirm the importance of early intervention within the TPA approach, and also highlight the aspiration to develop pathways for linking individuals to sources of community support. The role of the Community Connector within the TPA is central to this aspect of the programme. At the time of data gathering the role of the Community Connector was beginning to be established as a central part of the TPA offer, although as the of TPA clients' stories outlined above .demonstrate the Community Connector role is already linking individuals to volunteering opportunities.

The evaluation also gathered evidence on TPA clients' views on the services they received. A short survey containing questions in relation to the degree to which the TPA was meeting client needs was completed by 19 clients in Spring 2016. The results are presented at Figure 4.1 and Figure 4.2. Whilst the numbers of respondents to these surveys are small, the responses are overwhelmingly positive. In all cases a majority of respondents strongly agree or agree with the statements, indicating a high degree of trust between TPA workers and clients and a strong feeling amongst TPA clients that they have choice and control over the support that they receive and that the services are personalised and providing the support they need. TPA clients also agree that they did not have to wait long to access support, that they do not have to tell their story to lots of different people and that TPA workers understood the support that clients want. These responses validate the views outlined above, that TPA is providing an asset-based approach, which is responsive to clients' needs.

This chapter has reviewed evidence on the degree to which the early implementation of the TPA has delivered a transformational service which is meeting the needs of a wide range of clients. It has argued that the collaborative and holistic support provided has improved access to support for clients and that the alliance has succeeded in developing an approach which has helped clients to address complex issues in a way that builds resilience and independence. Further detail on client experiences of the TPA service is provided through the case studies contained at Chapter 6. The next chapter however looks at data gathered through the TPA client survey to provide evidence on the people whom the service has supported and the degree to which it has improved outcomes for service users.

Figure 4.1: Short client survey results (1)

	Strongly agree	Agree	Neither Agree nor disagree	Disagree	Strongly disagree	Invalid response
I have a positive relationship with the workers here	16	3				
I trust the workers here	16	3				
Getting support from them makes me feel safe and secure	13	3	2			
The support they provide is helpful to me	17	1	1			
I know how to access support if I need it	16	3				
The support makes me feel positive about my future	12	3	3			

Figure 4.2: Short client survey results (2)

	Strongly agree	Agree	Neither Agree nor disagree	Disagree	Strongly disagree	Invalid response
I didn't have to wait long to receive the services/ support I need	12	5		1		1
I don't have to tell my story to lots of different people	13	4		1		1
They understand what support I want	12	5	1			1
I know what services are available for me to access	9	7		2		1
I can make choices about the support I receive	10	6	2			1
I have control over the support I receive	11	5	2			1
The services or support are personalised to me	12	4	2			1
I am getting the help or support I need	14	3	1			1

Outcomes for TPA clients

5

This chapter presents evidence on the impacts of the TPA on outcomes for individuals benefitting from the service. It utilises data collected for TPA clients between July 2015 and August 2016 through the Semitae client management system developed for the Stockport Supporting People programme (which preceded TPA) and a bespoke questionnaire developed by the evaluation team and SMBC to capture changes in health and wellbeing outcomes which were not recorded on the Semitae system. The decision to use the existing client management system was taken in order to encourage routine collection of the evaluation data as part of the process of client engagement and to embed the outcome questions into local systems and thus encourage ongoing data collection beyond the lifetime of the evaluation. However, challenges in the development of appropriate systems for data gathering and management have also impacted on the quality of data available to the evaluation and the Semitae system is no longer used by the TPA. The bespoke client survey was piloted in the Marple and Werneth hub prior to the implementation of the alliance contract. TPA keyworkers were asked to complete a survey for all clients taken on to the TPA caseload from July 2015 and a follow-up survey approximately three months later. It is important to note therefore that the data does not include individuals referred to the TPA but who required only information or signposting and not taken onto the TPA caseload for the twelve week support programme.

The data provided through Semitae contains:

- The opening date (if applicable) of the case

- Limited demographic information

- Information on support needs, including a score out of ten for the start of the support need and a 'current score' for the most recent update

- Answers to six questions included by the evaluation team

- Classifications used as part of client management

- Outcome data detailing start, completed and closed dates for the case, as well as an indicator of which intermediate step the beneficiary is currently completing.

The analysis contained in this chapter focusses primarily on the demographic information, the support needs data, and the data from the evaluation questions. The classification data is not relevant to the task of evaluation and the outcome data does not contain a useable baseline.

5.1. Caseload

Figure 5.1 shows the number of cases that completed a new baseline survey or a new follow up survey in different months. Where baseline or follow up surveys were completed over more than one date for different questions, the first date recorded was used.

The analysis for this report only includes cases that have provided at least some valid data as part of a baseline and follow up survey for the evaluation. There are 310 such cases, which were added to the database between September 2015 and March 2016.

A marked increase in the number of follow ups is visible from March 2016, when the management team began focussing extra resources towards ensuring follow up surveys were completed and inputted into the database.

Figure 5.1: TPA Caseloads
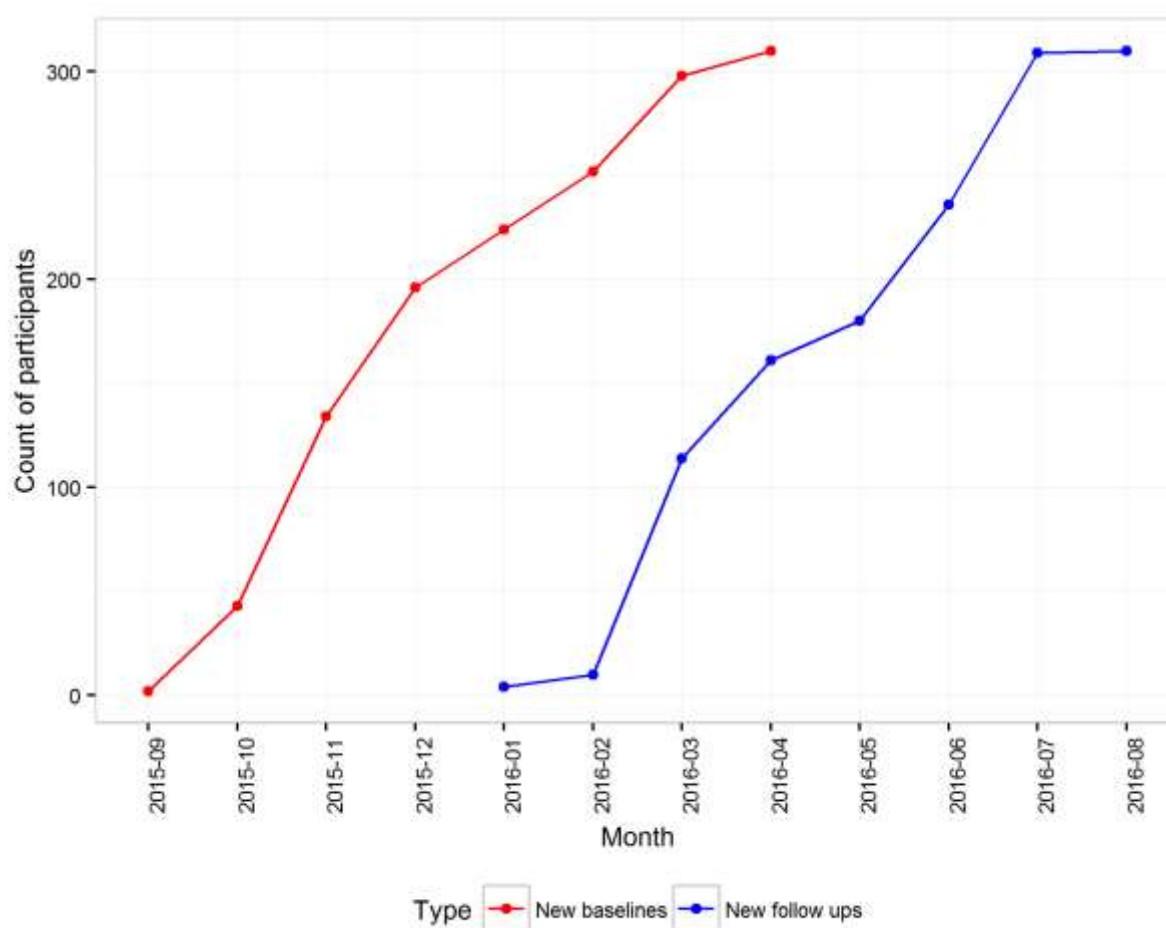
5.2. Demographics

Figure 5.2: TPA client demographics
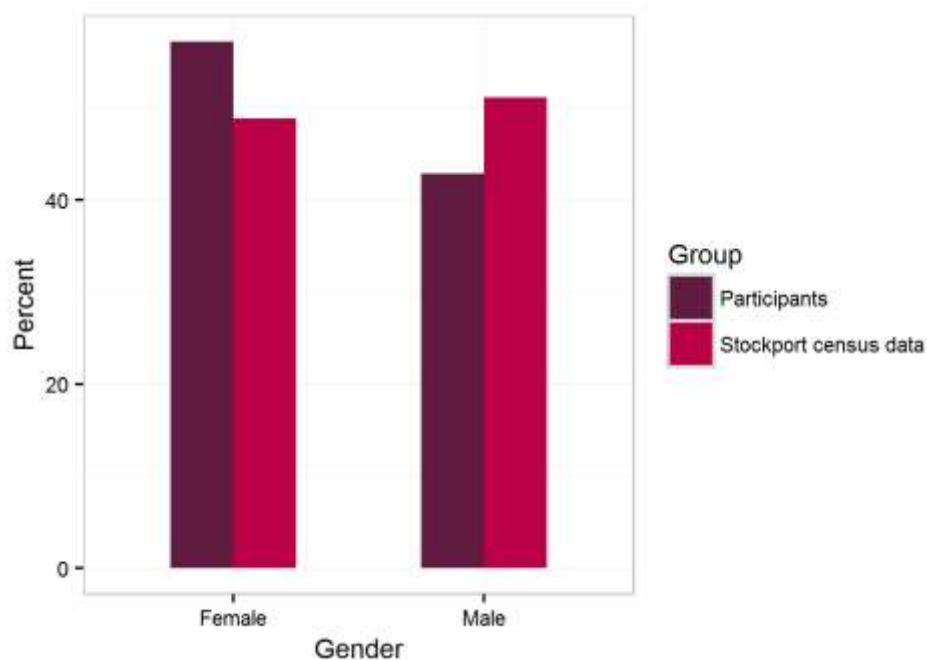
There are more female respondents than male respondents (57% versus 43%, Figure 5.2), despite a slightly higher number of males in the Stockport area according to 2011 Census data.

Figure 5.3: TPA clients' primary disability
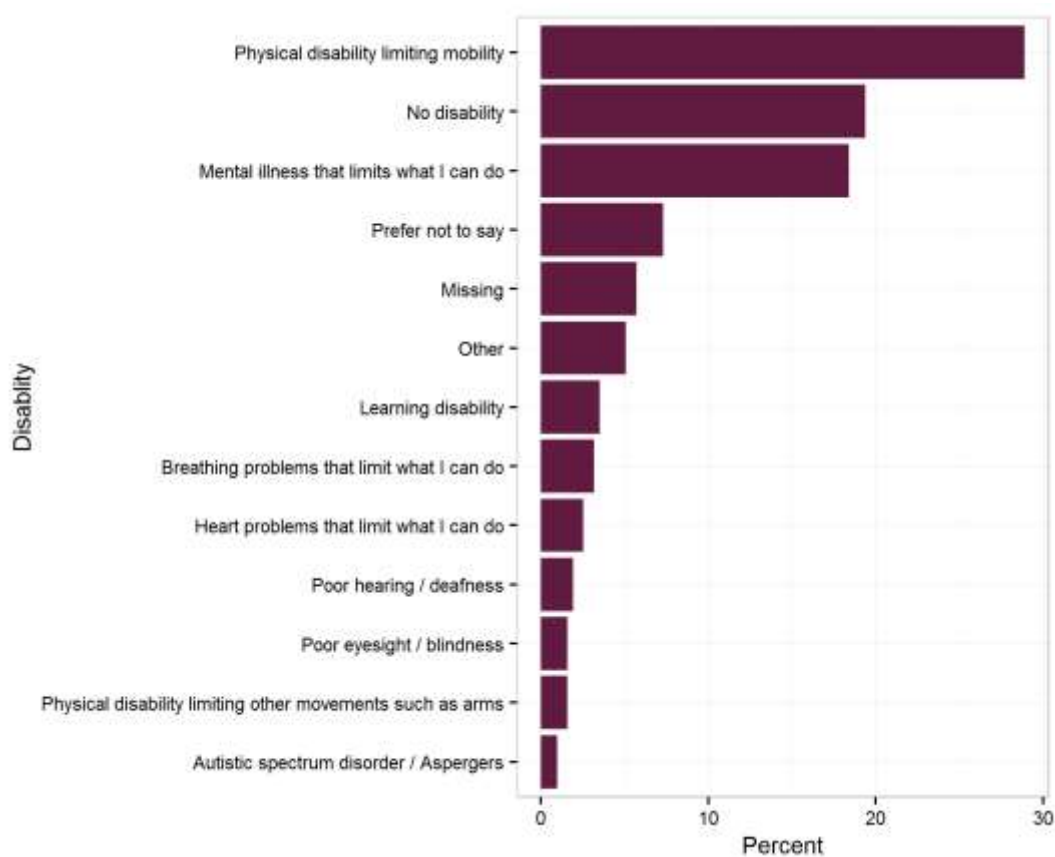
Respondents were asked to record their primary disability if applicable. A substantial percentage of all respondents reported some form of physical disability that limits mobility (29%). This outstrips the 20% of all respondents that have no disability at all, and the 19% that recorded some form of mental illness that limits what they can do. These figures, shown in Figure 5.3, indicate very high rates of disability within the project's cohort of service users. The 2011 Census data, by contrast, suggests that 82% of the Stockport Council area reported no disability or long term health issue.

The results on disability levels probably partially reflect the relatively high age of users. 38% of service users are over 60 years old and 23% are over 70. The distribution of participants between age categories can be seen in Figure 5.4 alongside the Census figures for Stockport as a whole. The participant data is clearly more skewed towards the higher age categories.

Figure 5.4: TPA clients' age
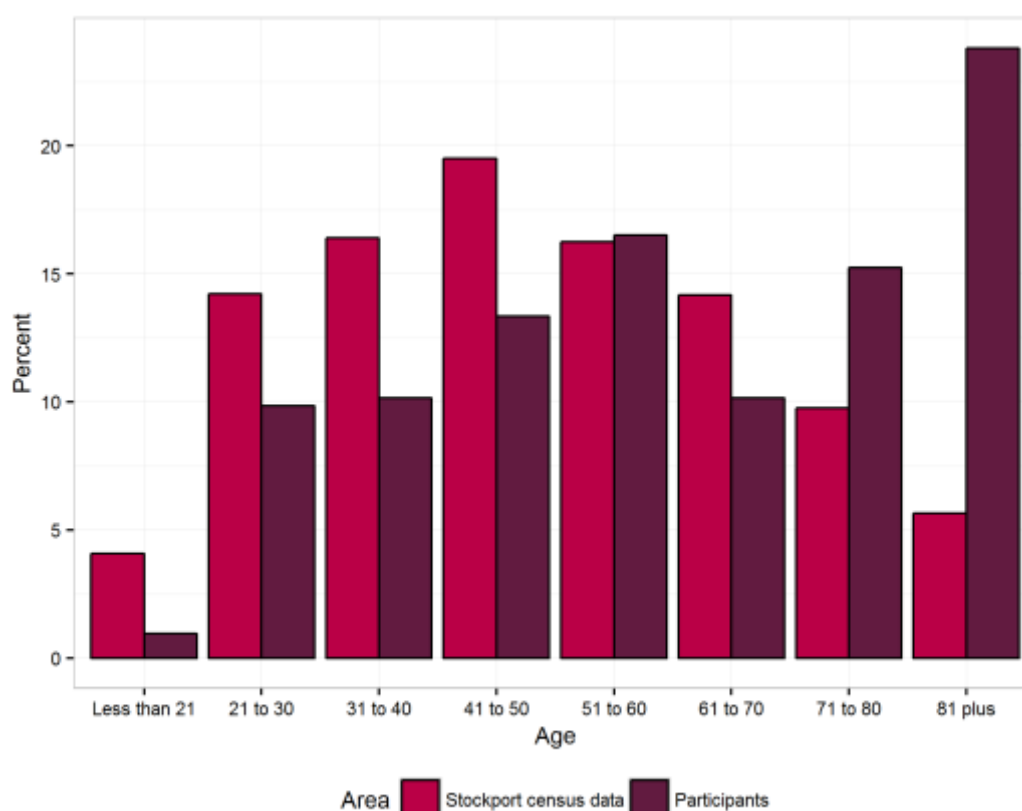
93% of respondents identified as "White", which is very similar to the Census figure for Stockport as a whole (92%).

The religious makeup of respondents is somewhat ambiguous as 36% preferred not to say. This also makes it difficult to compare to Census data where this is not an available option. Nevertheless, 35% of participants identified as Christian and 16% as having no religion. 13% identified as belonging to another religion.

The vast majority of respondents reported being either heterosexual (88%) or preferred not to give their sexuality (9%). Census data on sexuality is not publically accessible, so no comparison is possible.

5.3. Support needs

Figure 5.5: TPA clients support needs
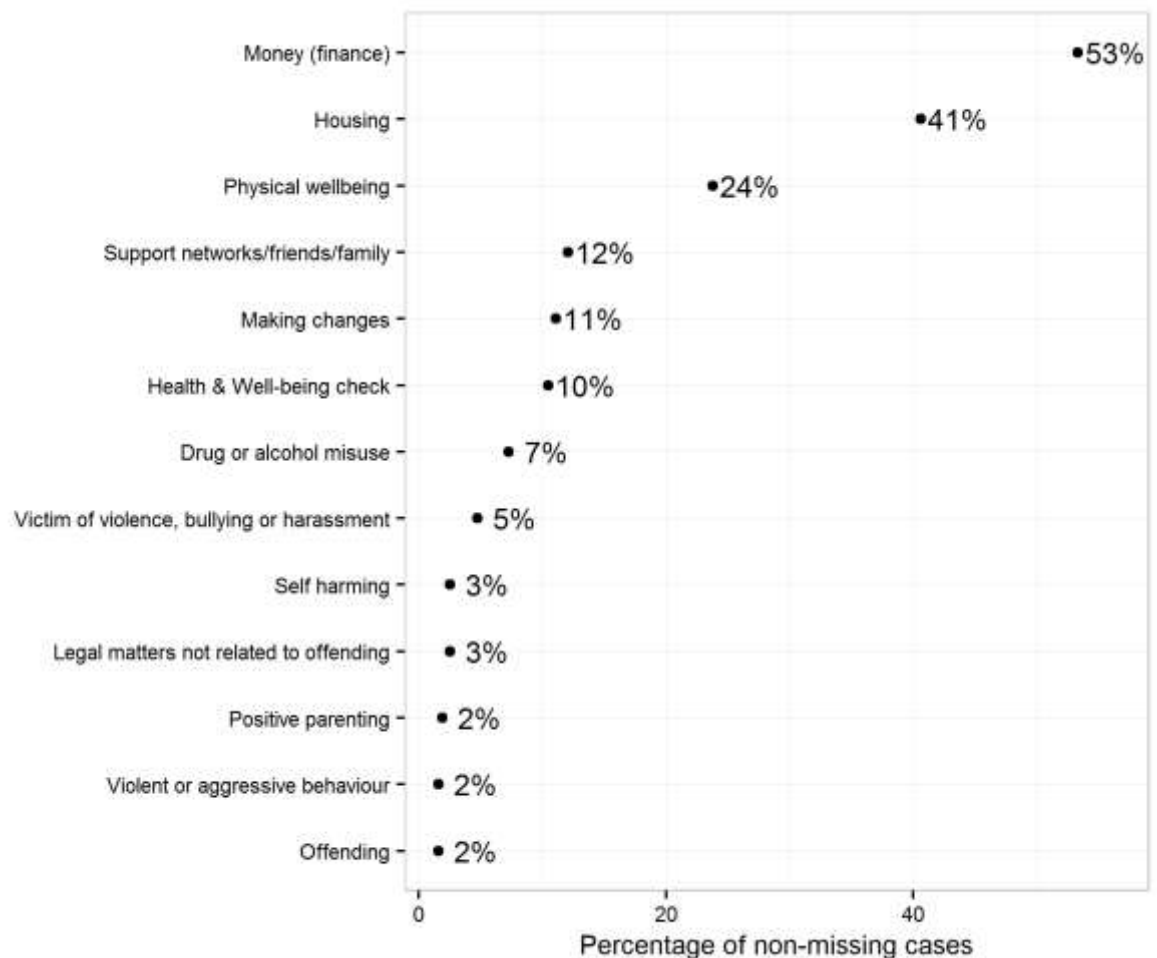
Figure 5.5 shows the proportion of all cases (n = 310) that flagged each support need as relevant and provided a valid 'initial score' for the severity of that need. To date, very few valid scores have been recorded for 'offending', 'violence or aggressive behaviour' or 'positive parenting'. In contrast, the number reporting scores for the practical issues of 'money' and 'housing' are substantially higher.

Figure 5.6: TPA clients' number of support needs
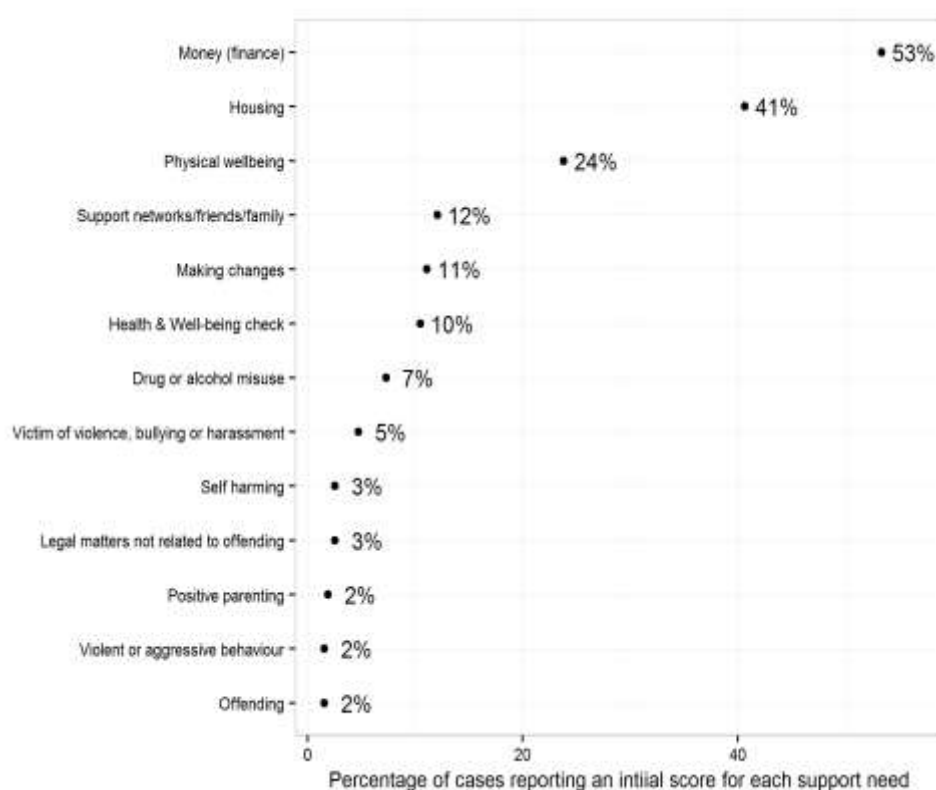
The data confirm that TPA clients generally have multiple support needs (Figure 5.5). Only 2% have one support need, whereas 87% have between 2 and 5 support needs. A small minority have even more support needs.

5.4. Support need average scores

The picture painted by the changes to average score levels in relation to support needs is generally positive, indicating that between the baseline and follow-up stages there were improvements on average scores across all clients. Figure 5.6 shows the difference in the means between the scores for the baseline and follow-up surveys for each support need with at least 10 valid cases (valid cases are those that have provided a baseline and follow-up score for that support need). Some caution is needed in interpreting this data however, as some of the biggest increases are for support needs with lower numbers of cases, although this is likely to be a reflection of the impact of very intensive support provided to smaller numbers of individuals with complex needs.

Figure 5.6: TPA clients support need average scores
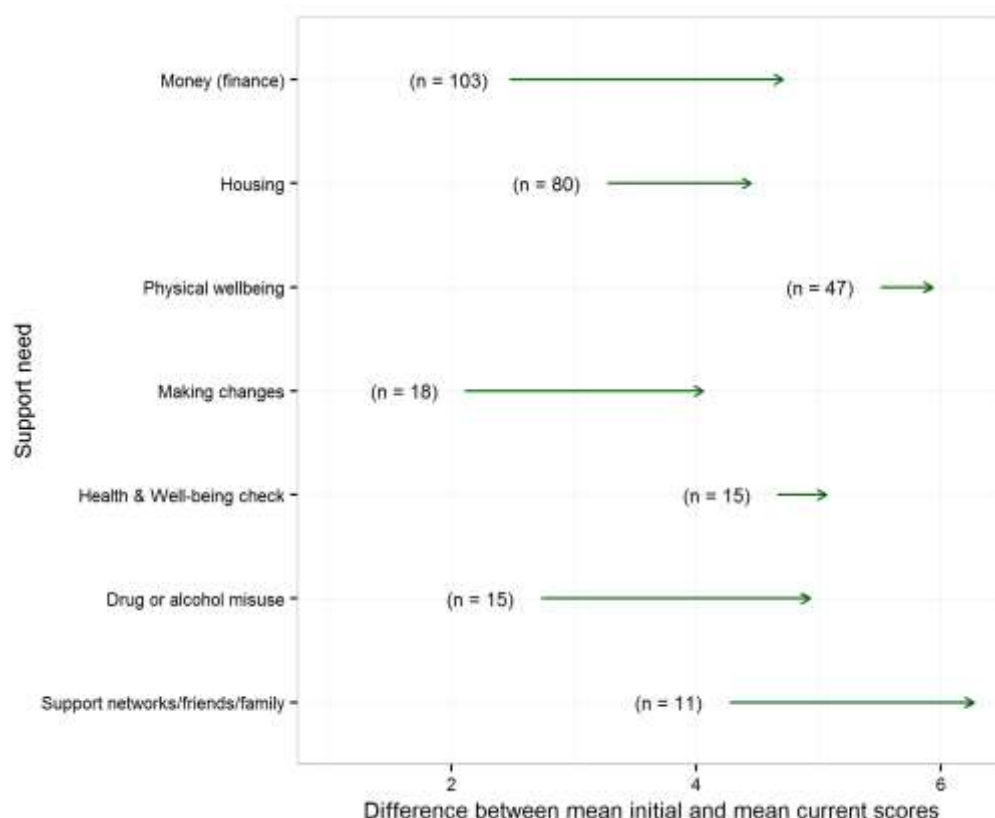
Plotting the initial scores against the follow up scores can help to reveal some of the underlying detail behind these changing averages. These 'bubble charts' (attached at Appendix One) show the percentage of cases that fall into each combination of baseline and follow-up scores. Improvements are coded green, decreases are coded red, and scores that did not change are coded orange.

For those that reported suffering from violence, bullying or harassment, most of the valid responses show a positive improvement.

Similarly the scores relating to support networks, friends or family mainly show improvements, though 18.2% of cases started at 10 and remained at 10, which potentially raises some questions for the way in which support needs are identified.

Those reporting drug or alcohol problems also showed mainly positive shifts in scores, but with around a third of cases remaining unchanged between the baseline and follow up.

The scores for physical wellbeing are more varied. Around a third of cases remained stationary, and while many improved, there are also a moderate number of cases highlighted in red and below the diagonal, showing a fall in scores.

The health and wellbeing check scores show that 33.3% of participants experienced no change, 20.1% showed a decline, and the remainder saw generally small improvements.

The practical issues of money (finance) and housing, mainly show improvements to scores, some very substantial. There are also some reductions, however, particularly down to a score of zero, implying some form of crisis has occurred between the baseline and follow up surveys.

Finally, scores relating to the slightly abstract support need relating to <u>making changes</u> are predominantly positive, with only a fifth of cases showing small reductions to their scores. These scores were more likely to be lower to start with compared to other support needs.

5.5. Health and wellbeing outcomes (evaluation questions)

In addition to the support needs and scores identified as part of the programme, a range of questions were asked of participants for the purposes of the evaluation. As demonstrated in Figure 5.7, the largest improvements were seen in questions relating to mental health and meaningful use of time and the client satisfaction question (which records satisfaction with care).

Volunteering levels, either formal or informal, and questions relating to health and mobility show comparatively little change. Scores relating to mobility and looking after oneself appear to have decreased slightly more often than they have increased, potentially reflecting the age profile of respondents.

Figure 5.7: TPA clients' health and wellbeing outcomes
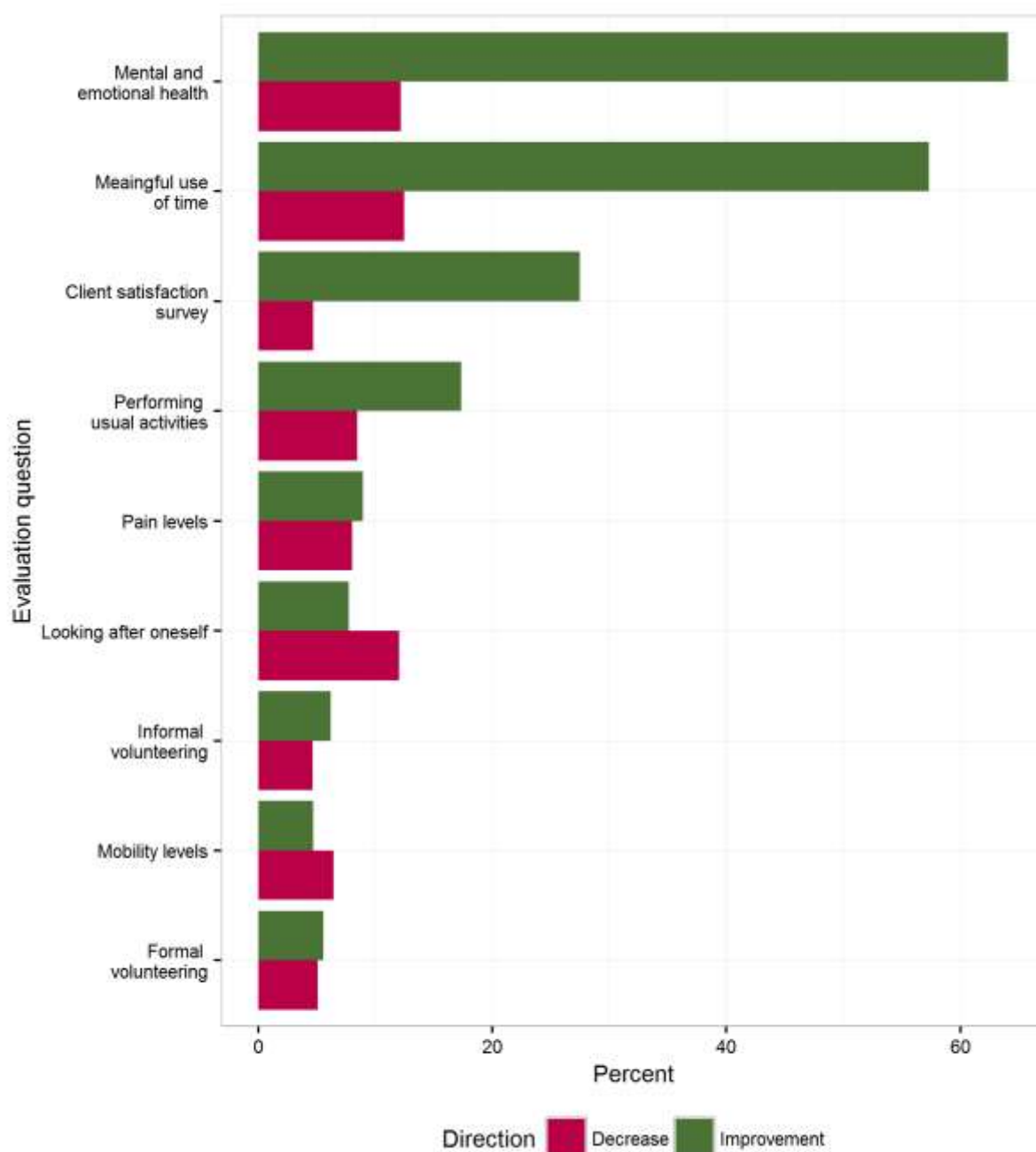
The bubble charts in Appendix One also show a more detailed breakdown of the changes to scores. The charts for meaningful use of time and mental health and emotional wellbeing confirm Figure 5.7 with a higher concentration of cases above the diagonal than below.

For pain levels, the most common scenario is for individuals to have started with moderate problems and to have remained that way through to the follow up. Moderate numbers also started with severe or no problems and also remained unchanged. There is a fairly equal division between those who improved and declined, but more have experienced a shift of one level up or down than two.

The picture is similar for mobility levels, though it was much less common for participants to report severe problems either at the baseline or the follow up, and no scores shifted by two levels for this question.

The bubble chart looking after oneself shows a higher number of individuals reporting no problems at baseline and follow up. It was relatively rare for individuals to experience severe problems. Relatively equal numbers saw changes of one or two levels in either direction.

For the question relating to performing usual activities, no change was again the most common outcome, particularly for those starting with moderate problems. A moderate number (10.2%), however, saw improvements from severe problems to moderate problems, which explains the slightly more positive results seen in Figure 5.7.

Overall, therefore, the results relating to pain, mobility and self-care exhibit some overall improvement, but with large amounts of variation visible when looking beneath the average and a strong tendency towards no change between the baseline and follow up.

Formal volunteering levels were very likely to have stayed the same, with 65.7% of cases having never volunteered at the baseline and still not having volunteered at the follow up. For informal volunteering and caring the picture was even more stark, with 78.2% reporting 'never' at both stages.

A health warning is necessary for these questions, as some of the changes are clearly not possible. It is not possible to go from volunteering regularly to having never volunteered, suggesting some issues with how the options were interpreted.

The scores from the client satisfaction survey are mostly either on the grey diagonal reference line, indicating no change to the scores, or they are above, indicating an improvement. It seems that the scores are skewed towards the higher levels, so it is most common for scores to have started relatively high and stayed the same, improved further still, at worst declined by only a small amount by the follow up.

A smaller group, however, reported a big drop from relatively high initial levels down to complete dissatisfaction. This might reflect some individuals experiencing a major issue with the service in the interim between the baseline and follow up.

This chapter has looked at data available on TPA clients and the extent to which they have experienced positive outcomes associated with the support that they have received. It has confirmed that the majority of TPA clients are older (aged 60 years or more) and that around 30 per cent and 20 per cent respectively identify problems with physical mobility or mental health as their primary disability. TPA clients generally have multiple support needs and, at the outset of their engagement with TPA at least, money, housing and physical wellbeing are most commonly identified as areas of support need. There were improvements, on average, across all support needs scores between the baseline and follow-up stages and more than half of the TPA clients recorded improvements in mental and emotional health and meaningful use of time outcomes.

The next chapter looks at qualitative data, gathered through case studies with TPA clients and their key workers, to assess the experiences of TPA clients as beneficiaries of the new services.

TPA client case studies

<div style="text-align: right; font-size: 3em;">6</div>

This chapter uses evidence gathered through TPA client case studies to illustrate TPA client's experiences of the support they have received and the impacts it has had on their lives. These case studies were developed through in-depth interviews carried out in spring 2016 with TPA clients and their key workers across the four TPA teams. Note that the case studies have been anonymised.

6.1. Elaine's story

Elaine is in her early fifties and experienced abuse and trauma during a difficult childhood. She spent time in care when she was younger and has been in an out of prison a number of times. From her late twenties up until about 9 years ago Elaine worked as a holiday rep. Elaine suffers with anxiety and depression. Over the past few years she has struggled to deal with her problems on her own and the death of a close friend added to her distress. Elaine feels she has lost her confidence and that she is stuck in a rut unable to move on with her life.

Before contacting the TPA Elaine received counselling from Mind for about two years. This service ended and she wasn't getting any help. She went to her doctor who told her about FLAG. Elaine went to the office and was contacted shortly afterwards by a TPA key worker. Elaine started seeing her key worker in October 2015 and has been receiving help for about four months at the time of interview.

Elaine feels her TPA key worker has helped her a lot and given her both practical and emotional support. The support from the TPA is unlike counselling and is different to the support she received before. In particular Elaine knows she can contact the key worker if she needs to and feels comfortable with her key worker who understands her and gives her lots of encouragement *"she understands and guides me, without her guidance I wouldn't be anywhere…she is guiding me to the right path"*.

The previous week Elaine's depression had been particularly bad. She said she had let things build up and had shut herself away and that her family were concerned about her. Elaine texted her key worker and was told to come to the office straightaway. The key worker checked whether Elaine had spoken to her doctor and spent about an hour talking with her "h*er help last week has done me a lot of good"*. Elaine had not been taking her medication but is now taking it again.

"This support I've got is fantastic. If I didn't have this support I would probably try and deal with it in me own way and not get anywhere".

Elaine's fridge, washing machine and cooker have all broken down. She is also sleeping on the sofa as her mattress and bed are in disrepair. The TPA key worker has helped Elaine make an application to a local charitable organisation who can supply her with white goods and a bed. Elaine has had a crisis loan in the past and was turned down for a budgeting loan but she was unaware that help existed elsewhere.

> *"There were organisations I knew nothing about until my key worker pointed them out".*

She explained:

> *"When you get knocked back you think you can't ever get these things but my key worker has helped to give me the confidence that I can get help out there"*

The TPA key worker also encouraged Elaine to apply for a concessionary travel pass and has discussed with Elaine the sort of things she likes to do. Elaine likes to be outdoors as she feels a lot better when she is outside. Elaine is interested in volunteering and the key worker has recently referred her to the Wellbeing and Independence Network (WIN) to support her in finding a suitable opportunity.

Elaine explained that the TPA key worker worked at her pace and encouraged her to do things when she felt ready. Elaine wants to regain her independence but feels reassured that she can come back to the TPA service if she ever needs to.

Overall Elaine is extremely happy with the service and feels that things have been better for her since she received help from the TPA.

> *"If the service wasn't here I don't know what I'd have done particularly last week".*

6.2.   Ian's story

Ian is in his twenties and has a learning disability. Ian received support from NACRO for a number of years previously. At the time of interview he had been working with his TPA key worker for about 8 months. Ian's vulnerability is a particular concern and he experiences difficulties in social settings, sometimes drinking too much and getting into fights. Previously Ian worked as a kitchen porter but has been out of work for about a year.

Ian was referred to the TPA by Golden Lane, a supported housing provider for people with a learning disability. When the TPA key worker started working with Ian he was living with his parents and was about to move into a new flat. (Ian had experienced some difficulties with neighbours at a previous tenancy and the landlord had ended his tenancy). To start with the TPA key worker saw Ian about once a week and supported Ian with his move to new accommodation helping him to set up and maintain his tenancy and provided support with things like organising bills and getting furnishings. Ian explained:

> *"She's taught me to go and read the meter for the gas and electricity and I think I've done it right"*

Ian's key worker provided him with support to help get his finances in order and sort out his benefits. The key worker managed to get money back from a bill Ian had paid that wasn't his, helped him with a Debt Relief Order and helped set up direct debits for bills. Ian's Disability Living Allowance ended and his key worker appealed the decision sorting out his entitlement. As a result he received some back pay, his

disability premium was increased and his Jobseekers allowance was put back on to his benefit payments.

Ian is keen to find a job he would be able to do. Ian's key worker went along to the Jobcentre with him and they liaised with Ian's job advisor at the Jobcentre about what jobs would be suitable. At the meeting Ian undertook some practice tests with the adviser to see if he would be able to undertake stock rotation in a superstore. His key worker explained:

> *"We looked at jobs may be in a superstore, we discussed managing rotation of stock Ian was really good at discussing it and did really well"*

Consequently the Jobcentre now has a better idea of what Ian is suited to do and the officer is writing a report detailing the sort of job opportunities which might be suitable for Ian and what job roles it would be possible for him to fit into.

The key worker also helped Ian with online job searches and applying for jobs.

The key worker is also helping Ian to sort out his concessionary travel pass. Ian lost his pass and after reapplying for it received a letter from the scheme stating he was no longer eligible for a pass so he gave up trying and has been without a travel pass for about a year. His key worker explained:

> *"It's just difficult for Ian because they are saying he doesn't fit into the criteria now when he has had a bus pass before so we're trying again".*

Ian's key worker has also referred him to a variety of other support including a confidence building course, Talent Match and to alcohol support. Ian is also about to start volunteering for Mencap which has been arranged through Golden Lane.

Ian is now happy in his flat and explained that the support of his key worker had helped him become a bit more independent as he felt he wasn't so independent before when he was living with his parents.

> *"I wasn't very independent before and I try and stay at my flat more now, but I do stay at my Mum's because it is only round the corner".*

His key worker explained Ian is managing his flat well, is keeping it clean and is on top of his bills now.

Ian was particularly appreciative of his TPA key worker coming to appointments with him and liked this flexible aspect of the TPA service. He was learning to better plan appointments to give his key worker some notice *"[Its good] because my key worker comes to my appointments, she has to know in advance, I couldn't just get an appointment today and say to her I need you tomorrow, but she comes"*

Overall the TPA's support has helped Ian's circumstances become much more settled and less chaotic. As Ian is managing his housing his key worker is seeing him less regularly, on an *"if and when"* basis, which is about once every fortnight. Ian rings the TPA key worker if he needs anything. The main challenge now is to help Ian find some suitable employment and to help him overcome the barriers in the job market he faces.

6.3. Paul's story

Over the years Paul received various help and support from NACRO and in the past was referred to them by the resettlement team at Stockport Homes. NACRO had helped Paul to get a property and sort out his bills and helped him *"get back on track"*. However, around this time Paul was experiencing problems with an ex-partner which included issues about access to his daughter and was having problems with alcohol and drugs. He explained he was "*on a bit of a rocky path"*. Despite NACRO's help he ended up homeless for a period of time.

More recently Paul has been trying to get his life back together. He went into Stockport Homes again and was then referred to the TPA. He went to the TPA office and recognised some NACRO staff members who had helped him previously. At the time of interview Paul had been receiving support through the TPA service for about eight months. He admitted it had taken a little while to get going with the TPA service. At the outset he was supposed to see a different key worker to the one he is seeing now "*my head wasn't in the right place I was homeless and wasn't seeing my daughter"*, eventually he asked to see a key worker he had known before who he trusted and could talk to about his personal issues and she has helped him.

> *"I can open up with [key worker name] cos she doesn't judge and ever since I got support with [key worker name]…I didn't interact at first and I missed quite a few appointments and then eventually she told me how it was…and she eventually snapped me out of it"*

Paul values the firm but positive support his TPA key worker gives him. He trusts the TPA staff partly because he has previous experience of working with them and because he feels they genuinely care. The flexibility of support and being able to phone his key worker whenever he needs to is invaluable to Paul.

A main benefit for Paul is that his TPA key worker has been able to make things happen for him. He had little faith in organisations like Stockport Homes being able to help him, was struggling to find accommodation for some time and had more or less given up.

> *"What haven't they [the TPA] done for me, they've been a Godsend. I've had all kinds of people, resettlement officers, had social workers, associates, mates and family and not one of them comes close to the amount of support…they [the TPA] don't even say what they are going to do they just do it and before you know it's sorted".*

Paul explained it had taken him six weeks to get in touch with a particular officer who was in charge of getting him a flat:

> "*she kept promising me it'll get sorted it'll happen it'll happen be patient and I was waiting and waiting and I had to go into a Manchester hostel [Newbury House Rehabilitation Centre] right away from everyone I knew and then when I come back I was still being patient and patient and anyway I put up with it for a year. I spoke to my key worker and we got on the phone and the next minute you know, the woman rang me that day, I left the TPA and within half an hour they were on the phone".*

By liaising with other agencies and organisations Paul's TPA key worker has helped him overcome some of the barriers he faced getting a new flat. Paul feels the key worker has constantly chased things up and was a key influence in helping him finally get a flat. Paul suffers with anxiety and depression and has other issues but didn't have the Stockport Homes waiting list medical points he was entitled to which

meant he was bidding for flats and getting nowhere. His TPA key worker has helped him sort out his support requirements which matched the category of medical points he should have been getting so the points were increased. Paul also had quite a few tenancies with Stockport Homes before. As he had rent arrears in the past Stockport Homes weren't prepared to let him back on their waiting list until he paid off a £2,000 debt. The TPA key worker was able to meet with Stockport Homes and other workers to explain that Paul has changed his ways and helped set up a repayment agreement which he now repays directly from his account by Direct Debit.

Paul recognised that the ability of the TPA to respond quickly, tackle all sorts of problems in a holistic way and also make connections with other services that can help.

> *The staff I know from NACRO and doing what they are doing now with the TPA and the TPA itself they specialise in all fields it doesn't matter what the problem is there is somebody there who will take it on. I think it's good that they are all in one building and you're not being passed from pillar to post and it's not a week to get an appointment and by the time you get the appointment you've already kicked off.*

At the time of the interview Paul has been in his flat for a couple of weeks and after some rehabilitation his problems with drugs and alcohol are under control. Things are looking up for him and he says he can see the light. Without the TPA's help he feels he would have been back on the streets abusing drugs and alcohol again or in prison.

Paul's TPA key worker is now helping him with other issues related to his mental health to get a proper assessment and is also going along with him to meet with a social worker to discuss concerns about his daughter and sort out access.

6.4. Louise's story

Louise was working for a rail company at a Manchester rail station but was unaware that she would have to work a month in advance before getting paid. This situation left her without any money and with bills to pay. She was in Council Tax arrears which had already been passed on to a bailiff. Louise was worried that if she was unable to pay her arrears for that month she would have the bailiff at the door. She also needed her wages in order to pay her rent, buy food and pay for a bus pass that she needed to travel to work. At the time Louise was still involved with a Job Programme and when she went to see her Job coach about the problem he suggested she visit the FLAG office and ask for advice.

At the FLAG office a TPA key worker immediately got on the phone to Louise's then ex-boss at the rail company explaining the situation. Although the company was initially reluctant to pay Louise, the key worker was able to sort the situation and within a few hours part of the money Louise was owed was in her account. The key worker has continued to help Louise and her case for the outstanding money she is owed has been taken up by the CAB.

Louise currently lives in private rented accommodation and her TPA key worker is trying to help her get better accommodation with Stockport Homes. Louise commented that dealing with her key worker was good because *"I don't get the feeling that I'm dealing with a stranger, (key worker name) to me is like calling up a friend and say listen can you give me some advice…I don't see her like a support worker I see her like I am talking to a friend and she treats me well, you can talk to her"*

The way that Louise's key worker treated her felt very different to the way other services had dealt with her *"You can go with your problem at that moment and when there are other issues I can call her and if she doesn't have the answer right now she will say you know what I will call you back in an hour or so or I will come back to you the next day and I will try and find things out or sort things out or whatever… that makes you feel like you are part of something that doesn't let you get stuck"*

For Louise the support she was receiving from the TPA meant that she felt like she would not just get "stuck" the way she did when dealing with other services. *"If I want to go back into work now I need £134, I don't have that money that is to get stuff sorted out, to get the vaccinations I need to go and work in the hospital and they just send you from A to B and nobody really knows what they are talking about (at the Job Centre) but when I come over here (the TPA office) they know what they are talking about or if they don't know they will ask. It's not like when you are at the Job Centre, you go to the counter and you get well we don't know. Here they help you towards the next step, they don't make you hang around"*

The support Louise is receiving from the TPA is more responsive and is very quick and meets her needs *"it is very quick like I said if my key worker cannot find the answer she has people around her who can all help finding an answer or she (the key worker) is on the phone doing this doing that I mean that it is incredible you feel like a human being you are not like a cog."*

Louise felt that services like the council and the Job Centre needed to take a more human approach. *"Some services need to realise that you don't treat people like 'talk to the hand', 'I can't help you', 'find your own way' it doesn't help in progressing people in a town where you want people to work and they can't find work or they don't know which doors to get the help to find them a job. Here (at FLAG and the TPA office) even if they aren't providing the help they know the doors where you can go…you know it's a good information system a good help system and I think that's what more people need"*

Louise really wants to find a job and has lived in England for about five years. She has worked as a care worker before and would like to do more of this type of work but is facing some barriers. She explained that her key worker has been able to point her in the right direction to get help. Louise's son has mental health issues and the TPA key worker has also been able to advise Louise about support that could help her son.

> *"If one key worker doesn't know the answer they will call the others and this is what I like about the (TPA) it is not like you come and you find a closed door and if my key worker is not in somebody will call her up and say look Louise is here what do you want us to do can we help in anyway it's all very friendly and open"*

Without the support from the TPA Louise feel that she would be still *"seeking the right help seeking for that door to open and trying to get the right answers …in the past before I met my key worker and went into FLAG I knocked on so many doors and they were closed. You get so tired of explaining what you want to do and where you want to go over and over again"*

6.5. Sarah's story

Sarah suffered an unexpected bereavement of a very close friend. Sarah has no family. Her friend took a great deal of care of her and used to take her out and help her with shopping. After her friend died Sarah didn't know what to do and contacted a number of organisations for help. Sarah ended up getting help from the TPA after

turning up at Age UK. Sarah explained that it was really hard to get any bereavement help because her friend wasn't family.

The TPA key worker has only just started working with Sarah and has helped *"with literally everything.*" Sarah has physical health problems that affect her mobility but since her friend's death she has also been suffering from severe panic attacks. Sarah had been trying to get some counselling support for her bereavement but had struggled to find any suitable help in her area. The TPA key worker has contacted Healthy Minds on Sarah's behalf and she is now on a waiting list to see them.

Sarah is in regular contact with her TPA key worker and sees her once a week. Whilst Sarah is waiting for her appointment with Healthy Minds her TPA key worker has been trying to find her mental health support and has been there for her to talk to. *"She says I can always phone her."*

Sarah has dyspraxia which means she finds dealing with different people and organisations that are telling her different and sometimes conflicting things difficult so having one person at the TPA to go to and deal with is helpful.

> *"I didn't even know about Healthy Minds or anything like that so my key worker has helped me with that, she has been able to help me by talking, a bit like counselling I suppose."*

6.6. Peter's story

Peter was put in touch with his TPA key worker through his social worker. Peter suffers with arthritis and has some learning difficulties. Peter has been struggling at home for some time, his home is in a poor condition and he has experienced a number of falls. Peter is reluctant to accept help but his social worker and the TPA key worker have been working together to try and put some support in place for Peter and to find out why he keeps falling. There is also concern that a neighbour may be financially abusing Peter and taking money from his benefits. Peter is insistent that this is not the case but the TPA key worker is talking things through and trying to find out what is happening to gather evidence of the situation.

In conjunction with the social worker the TPA key worker is helping to organise some practical support for Peter. Peter has a new walker so that he can go out and the TPA key worker has persuaded him to have some homecare support for household chores and cleaning. The service will clean up Peter's bathroom and kitchen. The kitchen floor is very dirty and greasy and Peter has been slipping on the floor. The TPA key worker has also talked to Peter about having a pendant alarm that he could use if he falls again but Peter is unwilling to have one because of the cost. The key worker has referred Peter for a Fire Service home visit to check existing and to fit new smoke detectors in Peter's flat.

The key worker visits Peter at home once or twice a week and also rings Peter regularly to check how he is.

Peter explained that the TPA key worker was *"doing a good job"*, *"he helps me"* and *"he's number one".*

The key worker had gone with Peter to help him pick up his new walker and has accompanied Peter to doctor's appointments and tests. The key worker has helped Peter sort out appointments and he has an appointment at the Falls Clinic. Peter felt that the key worker's involvement had helped in making him feel *"happier"* as he felt able to chat to him.

Now that Peter has his walker and once the problem of Peter's falling is sorted the TPA key worker is going to look at options so that Peter can get out and about a bit more. Peter can still manage on the bus but is finding it increasingly difficult and is becoming more wary of falling. Peter's TPA key worker is talking to him about what he likes doing and is trying to help find options to help Peter get out more.

6.7. Mason's story

Mason is a care leaver and has history of homelessness. He currently has a housing association tenancy.

Mason has no family or social support networks. He remains in contact with a previous employer who will provide emergency financial assistance if needed but Mason is reluctant to ask. He has not received any similar support previously and never had a support worker before

Mason was referred to TPA by Jobcentre Plus. He was surprised by the speed at which the key worker responded to the request for help: *I went to see my JC+ advisor and she could see that I was struggling. She suggested TPA and the key worker made contact in mid-December. The referral was reacted to within a week. It was quicker than I would have liked it to have been at that time. I became very good at putting things off.*

Mason reflected on the difficulties that he was experiencing at the time of the referral, and his low expectations in terms of the support that would be available. He was also candid about the fact that he had concealed issues from his housing provider: *I was in a bad spot. I needed so much help and I didn't think they'd be able to provide all the help they did. I was on my way to being kicked out of the property. I was sitting in the same space, with rubbish collecting around me. The landlord wanted to come in and put in new heaters but they wouldn't because the property was in such a state. I thought that I was paying my rent but I wasn't opening my post and all I knew was that there was money that was going out of my account. I didn't realise that it was for payments that I had missed. The Housing Association didn't know what was going on. The housing officer visited but I thought she just wanted to come in and look around and I was fobbing her off. My life was out of control.*

Working with TPA has not been easy for Mason. For instance, he had anxieties about letting anyone into his home. In the early weeks he was unwilling to let the TPA worker enter the property, then only parts of the property and over time he has felt comfortable enough for her to be able to access the whole property. There have also been times when Mason has not been able to engage with support. In these circumstances, close collaboration between the TPA and another agency with which Mason was in contact facilitated ongoing support. The key worker explained: *I had been seeing Mason regularly for about 3 weeks but I lost contact with him over Christmas. He was not answering his phone, or speaking to anyone and not letting anyone in his home. He had what he has described as a breakdown, triggered by the unexpected ending of a volunteering placement. We knew that he would have to go to Jobcentre Plus though and I contacted the advisor. We agreed that Mason's next visit would be informal and she found a space where we could sit and have a chat and we agreed that we could then re-start support.*

The TPA has provided support to sort out Mason's financial situation and secure his tenancy. As a result improvements to the property have been carried out by the housing association, and Mason has recently been able to receive visitors to his home. This is something which had not happened for a couple of years.

Mason commented on the impact of the keyworker's swift and effective response to Mason's vulnerable housing situation: *(the keyworker) has prevented me from being evicted from my property. She has done so much - to the extent of coming round and rolling her sleeves up and helping me tidy up. There are things that we still want to work on but I'm now in a position to cope much better. The priority has been keeping a roof over my head.*

He also reflected on the positive impact that a secure housing situation has had on his state of mind: *It's given me hope because there wasn't any. I was waiting to get kicked out and that's not now going to happen. There's hope for the future, I've come a long way.*

The case studies outlined in this chapter tell the stories of individuals facing a range of challenges to independent living. Often, the immediate challenges are practical, related to insecure housing situations or difficulties with finance. TPA key workers have dealt with these problems, and in so doing endeavoured to build skills and capacities in their clients to help them deal with, and prevent, similar issues in the future. These practical challenges are intimately tied up with, and sometimes caused by, mental and physical ill-health, and TPA clients are frequently experiencing anxiety, depression and isolation. The TPA has worked with clients to build confidence and resilience, and to connect them to opportunities to engage in positive and social activities.

The final chapter of this report contains conclusions to emerge from the process and impact evaluation of the TPA.

Conclusions

7

This report has presented evidence on the process and early impact of the implementation in Stockport of a preventative support service for adults who are experiencing barriers to independent living. It has demonstrated that although there were some early problems in relation to developing strategy and information governance processes, the approach has succeeded in developing an innovative contract with voluntary sector providers focusing on outcomes and building a generic service which is meeting the needs of people who are struggling to cope with independent living. Both the TPA and the local authority have come a long way in a relatively short space of time, and the evidence contained in this report reflects on a process of development that will continue beyond the timescales of this evaluation. Overall, the TPA has been a very positive experience for the borough, which has embraced collaborative working, and this has been embedded in thinking and practice in Stockport. The programme has been dependent on the development of positive relationships and trust between organisations. A key aspect of its success has been the willingness of all organisations concerned to work in that style and with that approach, and to embrace a new relationship between commissioners and providers.

The evaluation has experienced some practical challenges, not least in the fact that it has not been possible to establish a counter-factual for the TPA. This is a limitation, but there is ample robust qualitative evidence to suggest that the holistic, asset-based service provided by the TPA has impacted positively on clients' confidence, outlook and coping skills. Many of the TPA clients interviewed for this evaluation indicated that the support received through TPA was different to that which they had experienced previously, both in terms of the swift and effective response to issues and in terms of the ways in which it has helped them to move towards independence. This is indicative of a high degree of additionality when compared to the more fragmented, and specified, services that preceded it. The conversational approach used is effective in identifying and responding to client needs and there are very high levels of client satisfaction in relation to the services provided.

Quantitative evidence confirms that TPA clients have experienced improvements in mental and emotional health outcomes, and in meaningful use of their time. This is corroborated by the stories of individual client journeys which provide powerful testimonies of individuals experiencing multiple challenges who have been supported to overcome barriers and move forward with their lives, sometimes engaging further in positive and social activities. That these outcomes have been achieved in the context of a 40 per cent reduction in overall budget is significant, and there is strong evidence that the TPA is an exemplar of a more efficient use of resources, particularly in shortening the client journey. There has not been time, within this evaluation, to make a full assessment of the degree to which the services provided have reduced the demand for acute and non-elective health and social care services but client stories suggest that TPA interventions have alleviated current issues and may well have prevented future crises. In the longer term it would be helpful to track a cohort of clients to establish the impact of interventions over time.

There is more to do. The TPA needs to continue to build its links with other services within the prevention 'suite' and with others work to develop understanding of the role of all service providers within the local health and social care economy. Going forward, the continued success of the TPA will depend as much on the contribution of other services to a system which supports genuine prevention as it will on the alliance itself. A key part of this contribution will be the ongoing development of volunteering and capacity in communities and the further integration of TPA into localities. There is scope for continuing to develop a strategic approach to working with new cohorts, and to targeting effectively so that individual can receive support which prevents problems from arising. Current work with individuals who are receiving services through elective channels is an important development in this aspect.

Appendix 1: Additional analysis of client outcomes

A1
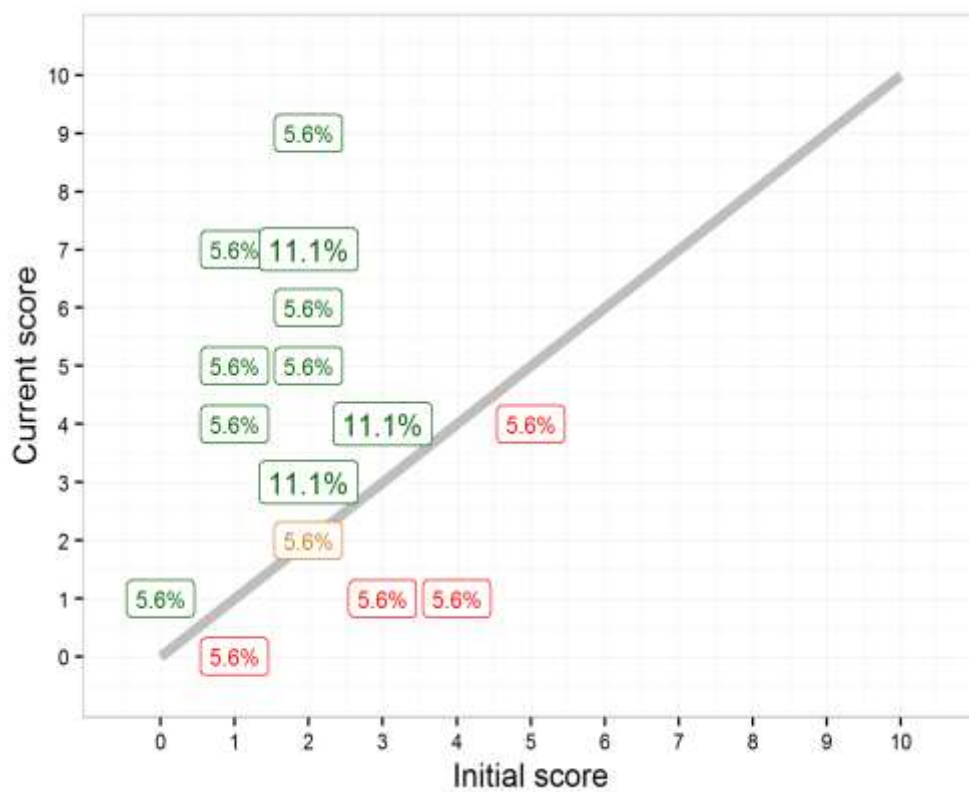
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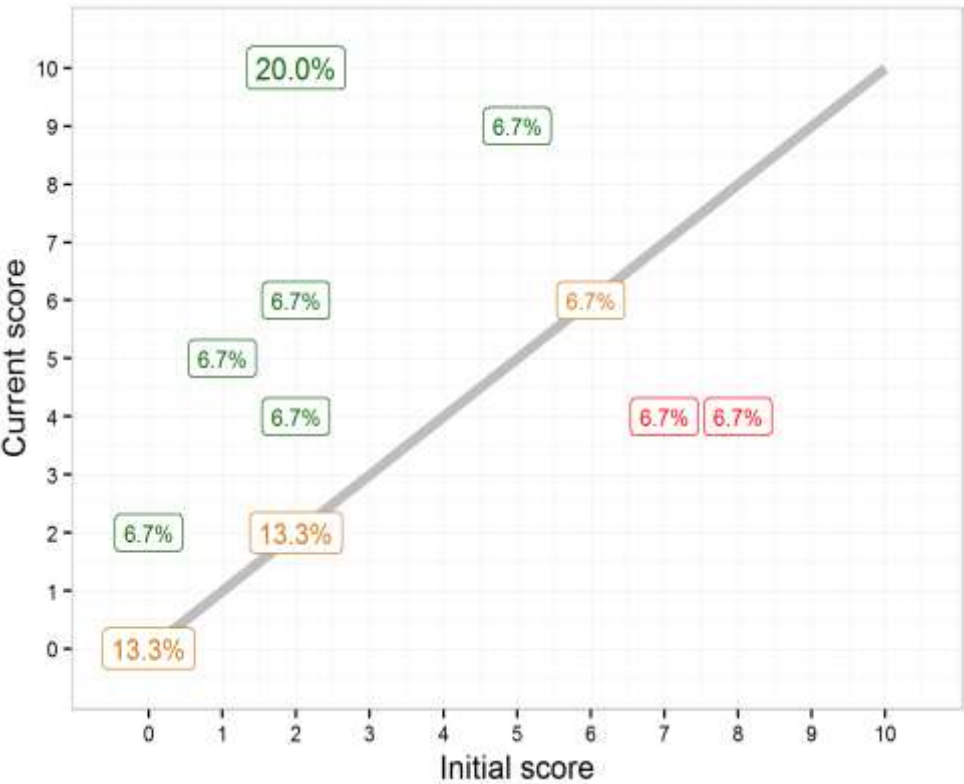
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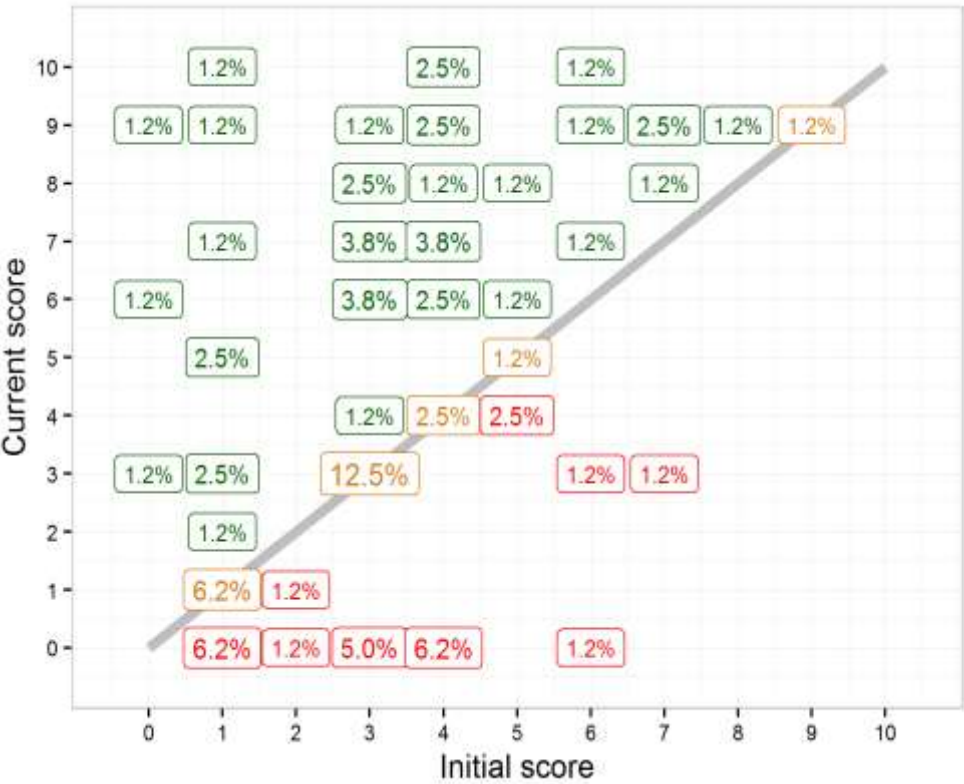
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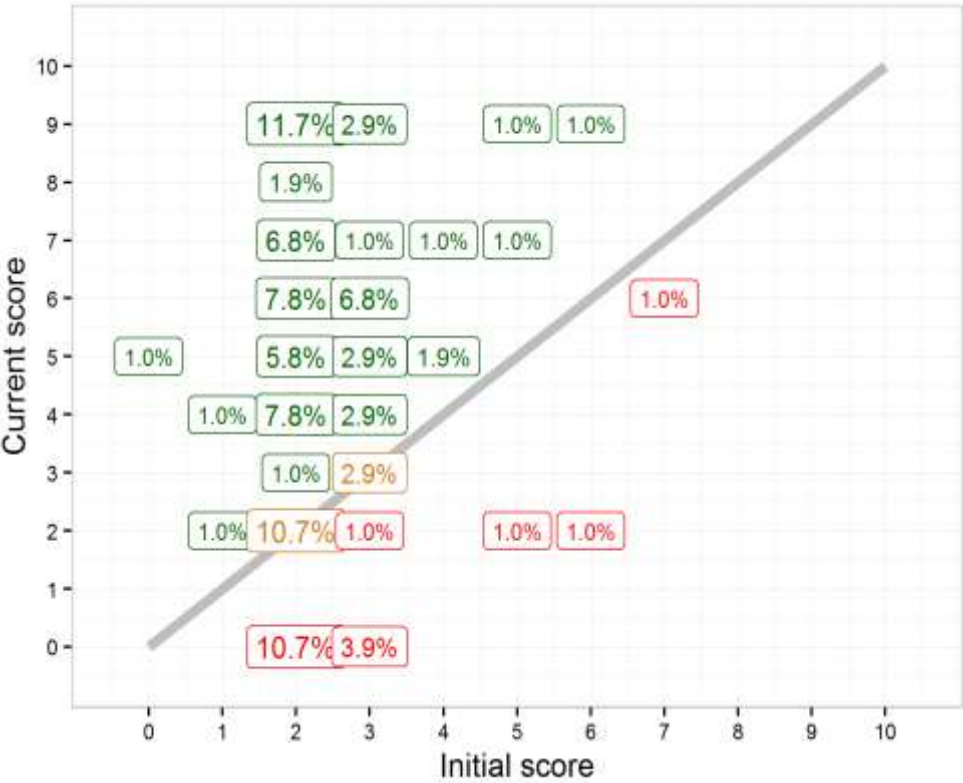
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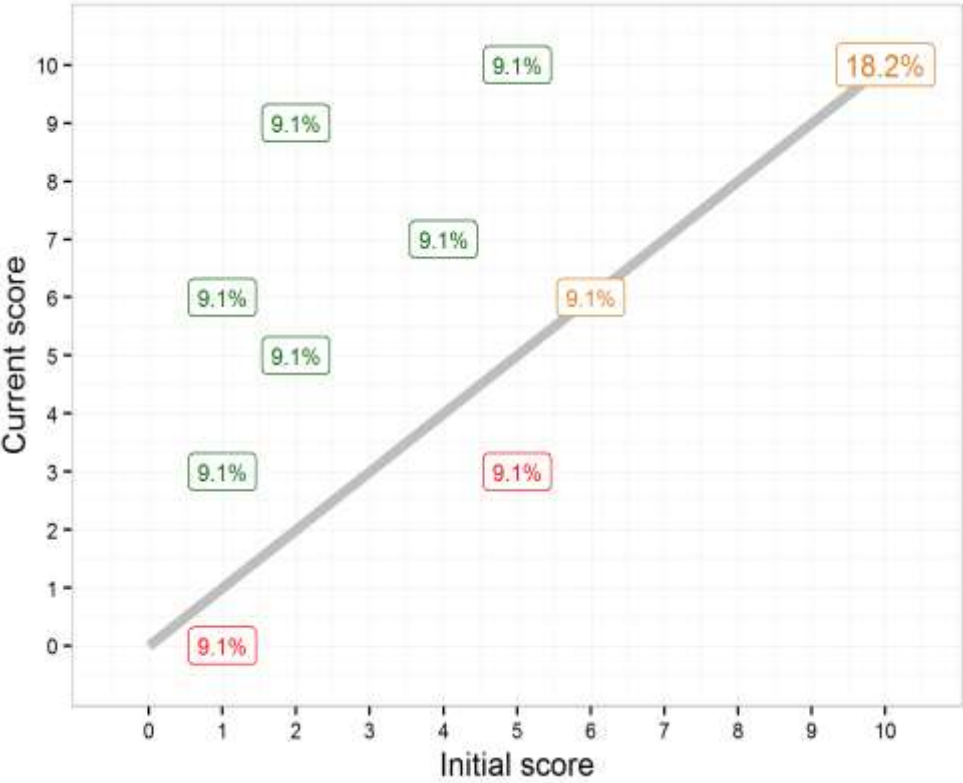
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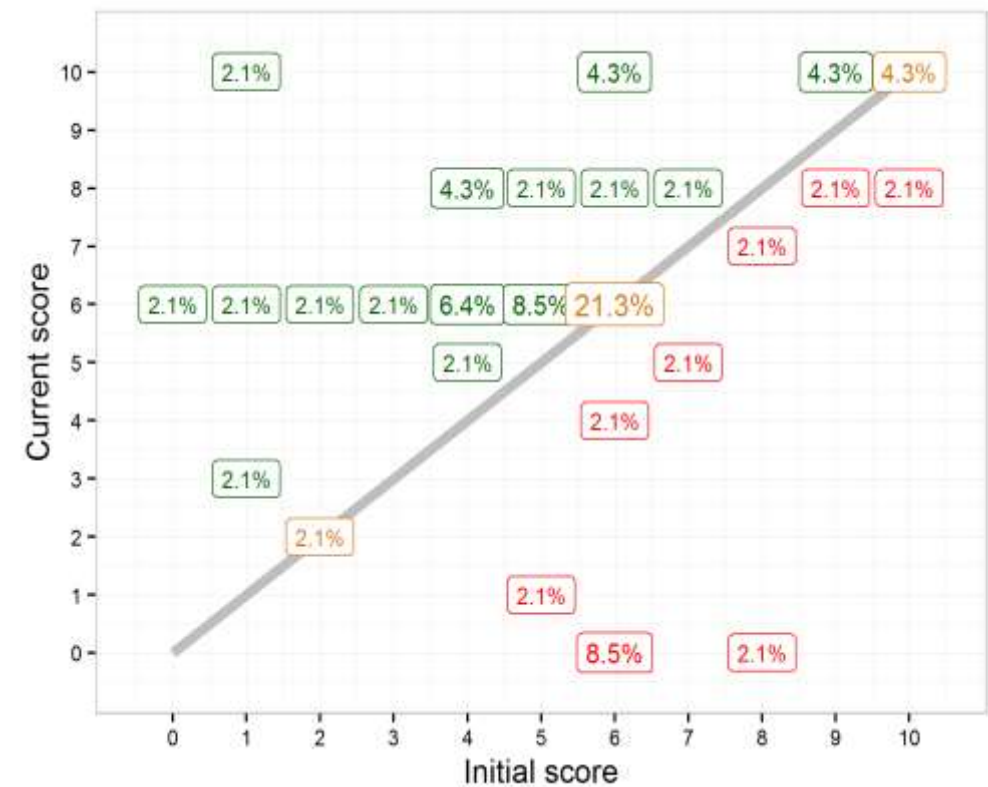
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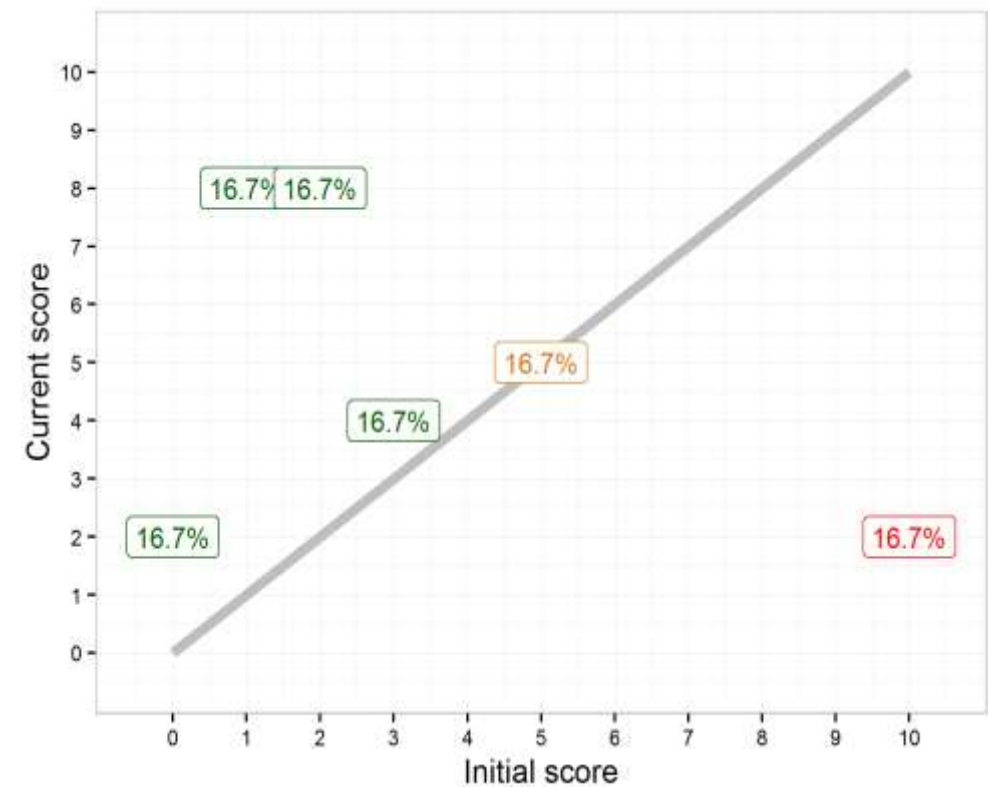
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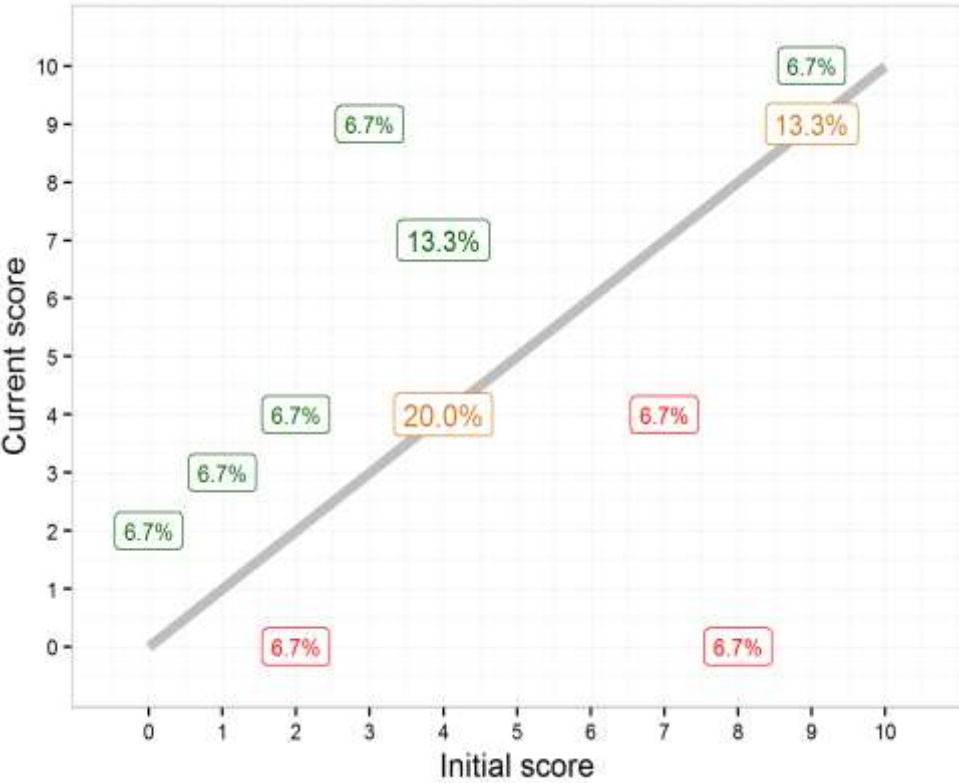
Evaluation question bubble charts

Figure X: Meaningful use of time
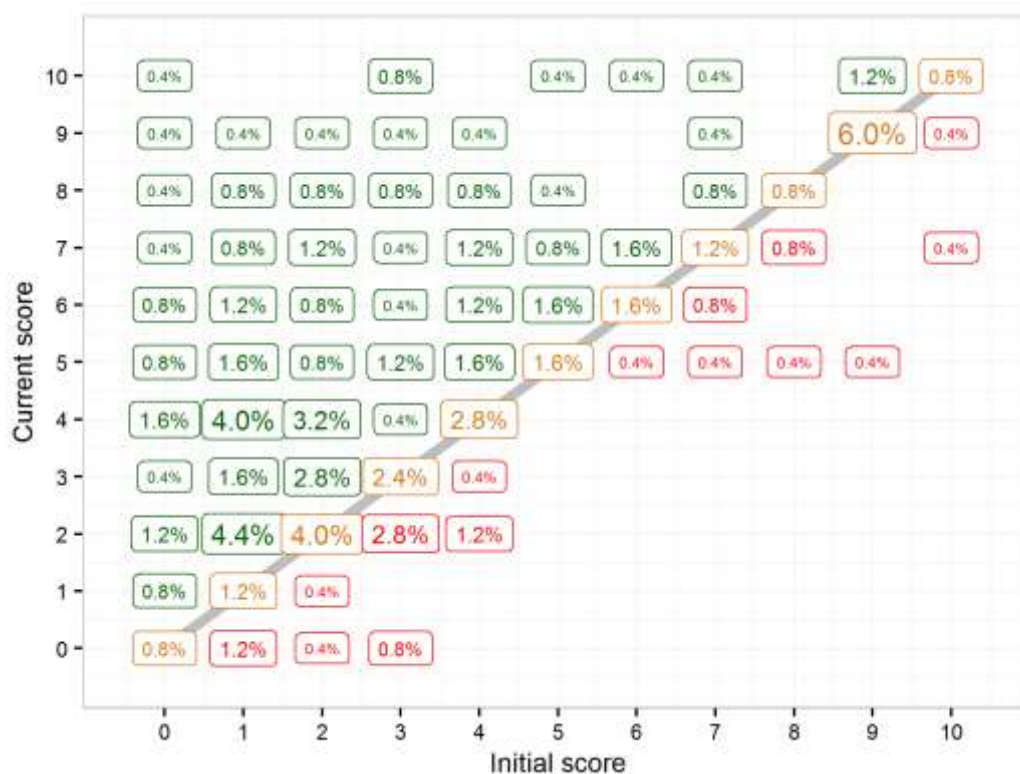
Figure X: Mental health and emotional wellbeing
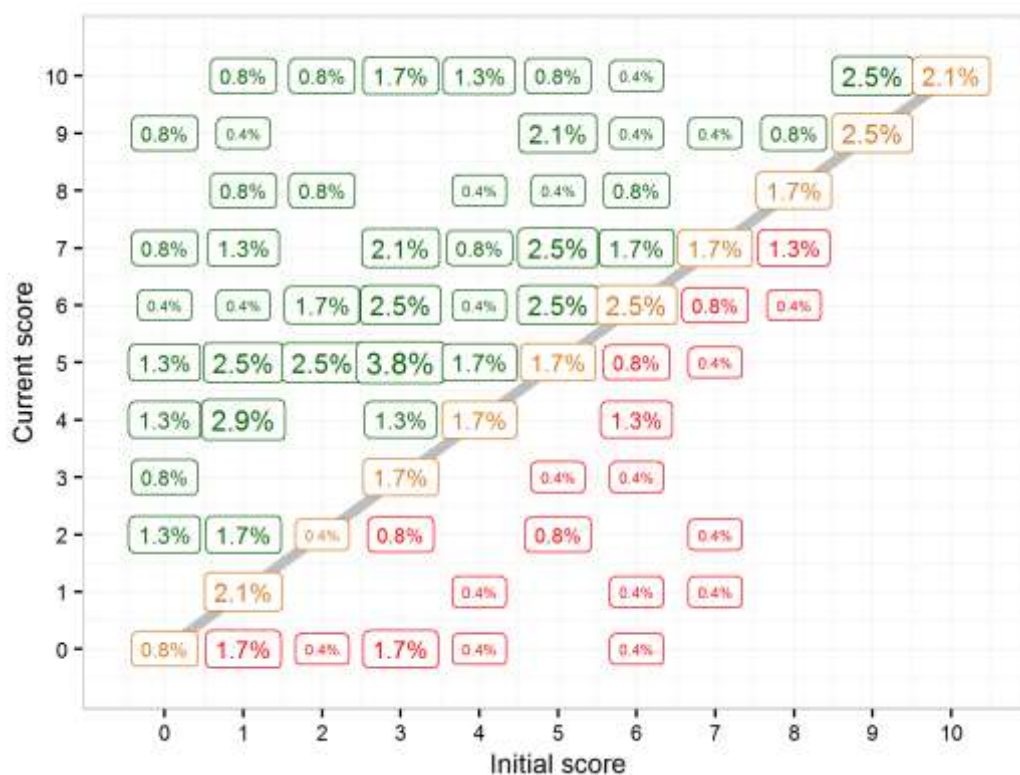
Figure X: Client satisfaction survey
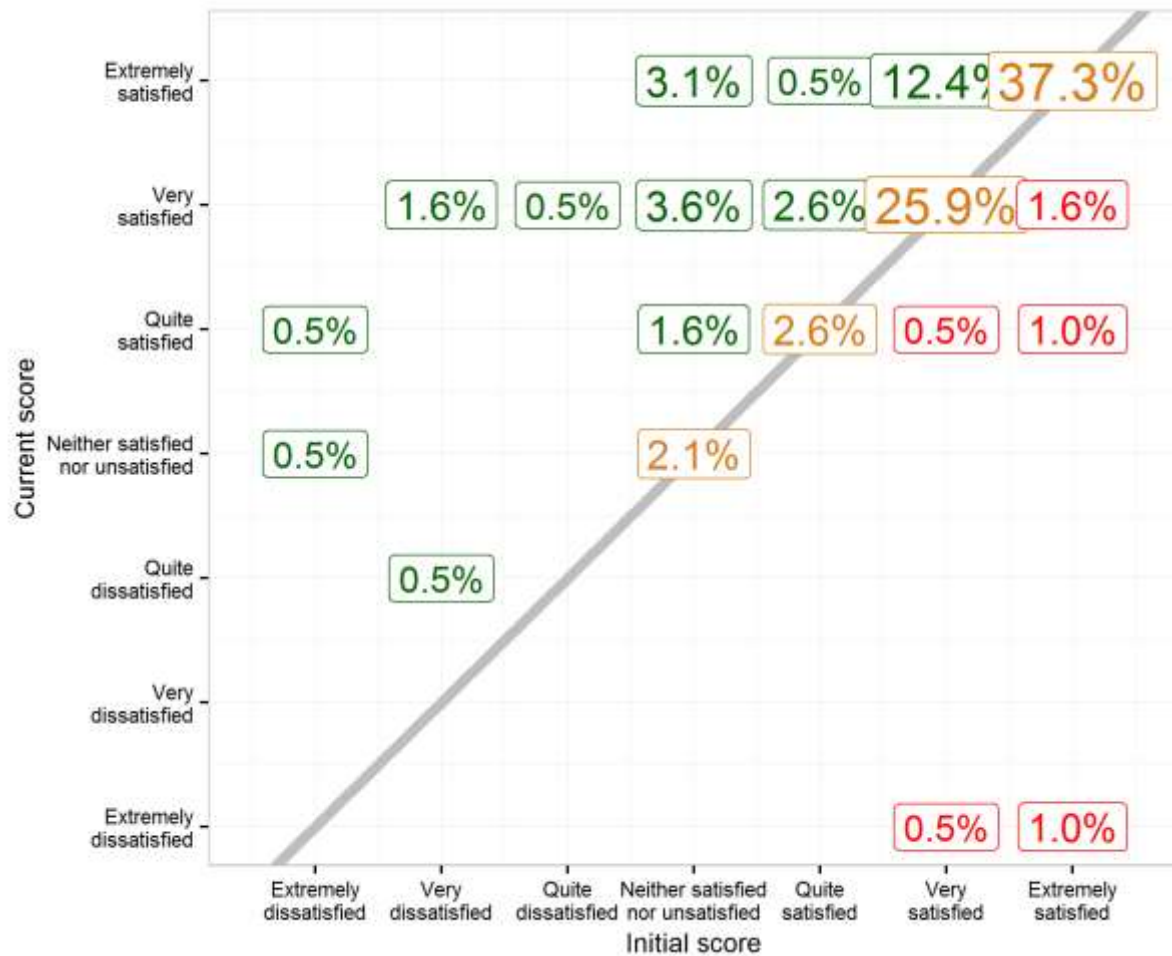
Figure X: Pain levels

Figure X: Mobility levels

Figure X: Looking after oneself

Figure X: Performing usual activities
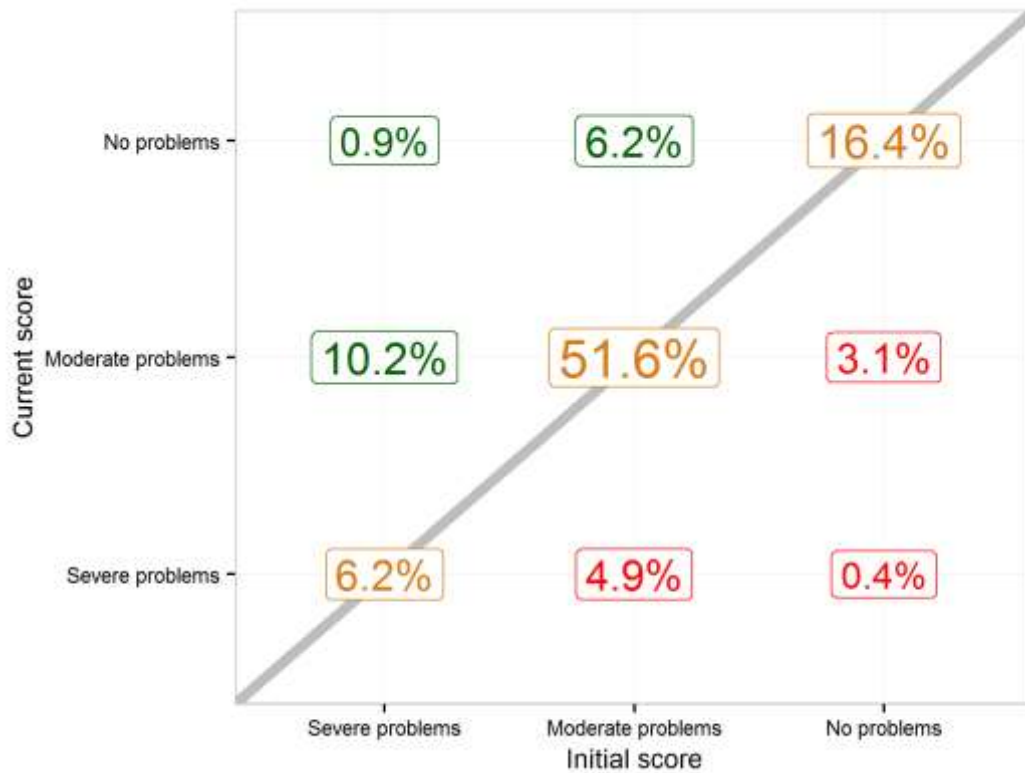
Figure X: Formal volunteering levels
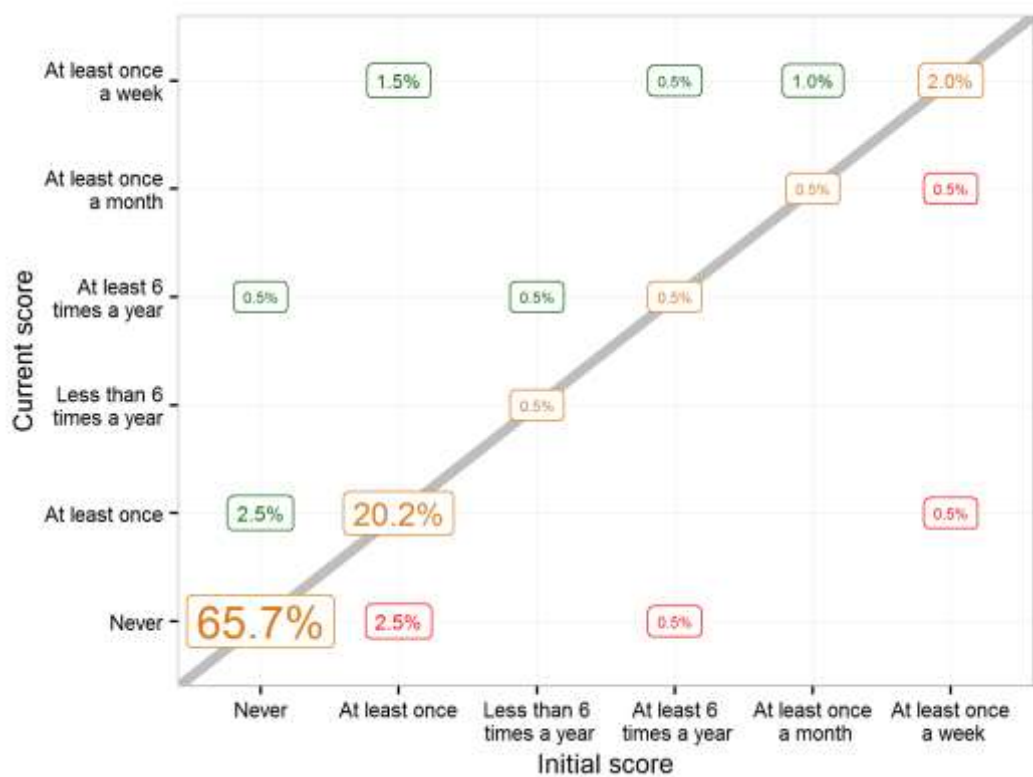
Figure X: Informal volunteering and caring levels

Appendix 2: Targeted prevention theory of change

A2

Overarching Aims

- Develop Innovative Contract with Voluntary Sector to enable a focus on achieving outcomes and added value through collaboration.
- Improved Targeted prevention pathways, with clear links to the Health & Social Care Integration Programme and 'Investing in Stockport' outcomes
- Develop and strengthen community capacity around agreed outcomes by aligning People and Place

Specific Actions

- Undertake a 'robust analysis of existing spend, to inform future preventative strategy, commissioning & saving options
- Co design the Vision, Principles and Outcomes for future support model, building on evidence based good practice
- Establish clear outcomes
- Agree and develop a Commissioning plan for outcomes and on basis of social value using a range of tools
- Develop and deliver a Communication & Engagement Strategy with providers & public, utilising new forms of conversation
- Establish multi-agency work group to improve co-ordination and pathways within existing sectors activity,
- Identify and connect people at risk with appropriate support
- Encourage and facilitate at a neighbourhood level, new groups and networks including developing the arts, lifestyle and cultural offer
- Build on existing peer & voluntary activity within the neighbourhood hub areas, growing community capacity
- Implement pathways to enable volunteers to take on more defined roles e.g. peer mentoring and social prescribing
- Use assistive technology and social media to address social isolation for housebound and disabled people
- Establish a multi-agency work group to develop and strengthen community capacity

Intermediate outcomes

- Services are commissioned on the basis of outcomes and social value, using a range of approaches, including new methods of funding
- Reduced duplication, greater sustainability and value for money
- Services are well targeted, personalised, proportional and timely
- Providers generate additional community capacity as part of their agreed outcomes
- There is strong stakeholder ownership and collaboration across the sector.
- People are able to utilise appropriate and accessible information and advice to make choices
- Improved access and referral pathways make the system easier to navigate
- There is a clear vision for community capacity which includes the arts, lifestyles and culture
- People know how to get help when needed and are more resilient
- Being a volunteer, carer or peer in Stockport is a positive and rewarding experience
- New technology is being utilised to improve outcomes and experience for people
- Innovative and sustainable infrastructure supports peers, carers and volunteers & helps grow capacity

Outcomes

- Increased Social Value; A shift towards more localised, sustainable community provision across the Health and social Care sector
- People with identified needs are matched with community solutions through improved targeted prevention pathways
- Increased social action, developing volunteer & peer solutions and supporting new community groups to establish and flourish

Measures

- A comparative reduction in demand for public health and social care services., with more people supported to live independently
- Improvement in measured, population reported outcomes & experience of health & social care
- A demonstrable increase in Community Capacity, (GMCVO measures)

Targeted Prevention principles

- A Health & Wellbeing system that mobilises people and recognises their strengths and abilities, and that organises support around the individual, blurring the boundaries between health, public health, social care, housing, community and voluntary organisations
- People are able to live well with long-term conditions through a new way of working, powered by a partnership between individuals, carers, frontline professionals and communities.

Ultimate Goal

- Stockport residents will be healthier, more independent and self-managing with improved health and wellbeing. Stockport will be a better place to live with stronger communities.

Theory of Change Version 10, 25.7.14

Assumptions

- There are many potential volunteers and peers in the community who are willing and able to take on practical activities.
- A focus on prevention and personalisation will lead to improved outcomes for people
- Investing in prevention will reduce the need for costly crisis intervention later and can lead to longer-term savings
- Colleagues in all sectors are willing to engage in a collaborative, problem solving approach
- Collaboration and redefined relationships between people, providers and commissioners are beneficial

Overarching Aims

- Develop Innovative Contract with Voluntary Sector to enable a focus on achieving outcomes
- Improved Targeted prevention pathways
- Develop and strengthen community capacity around agreed outcomes by aligning People and Place

Concrete outputs

- Robust analysis of existing spend to inform future commissioning & saving options
- Co design Vision, Principles and Outcomes for future support model
- Establish clear outcomes and on-going systems for monitoring, learning and evaluation
- Communication & Engagement Strategy with providers & public
- Connections to broader work programmes e.g. Children's, Public Health, Housing, 'Investing in Stockport'
- Improve co-ordination and pathways within existing sectors activity, including navigation and signposting
- Develop Stockport Timebank to enable vulnerable Stockport residents to connect with prevention support
- Promote best practice in volunteer/peer recruitment, training and supervision.
- Support the development of social groups, circles of support & new/innovative practice
- Develop Infrastructure to support volunteers & grow community capacity
- Explore and develop cultural commissioning with the Arts and Culture sector'

Specific Actions

- New allocation of funding within the voluntary sector to create added value through collaboration
- Commission for outcomes and on basis of social value using a range of tools
- People able to utilise appropriate and accessible information and advice to make choices
- Implement neighbourhood approaches to create new groups and networks including developing the arts, lifestyle and cultural offer
- Build on existing peer & voluntary activity within the hub areas, growing community capacity
- Implement pathways to enable volunteers to take on more defined roles e.g. peer mentoring and social prescribing
- Use assistive technology and social media to address social isolation for housebound and disabled
- To identify and connect people at risk with community support

Specific measureable Outcomes

- Statutory agency service usage reduced
- Population reported outcome measures evidencing improvement in wellbeing
- Experience of services better (more personalised, proportional and timely)

Targeted Prevention principle

- A system that mobilises people and recognises their assets, strengths and abilities, not just their needs
- An ability to live well with long-term conditions powered by a partnership between individuals, carers and frontline professionals;
- A system that organises support around the individual in ways that blur the boundaries between health, public health, social care, housing and community and voluntary organisations

Ultimate Goal

Stockport residents will be healthier, more independent and self-managing with improved health and wellbeing. Stockport will be a better place to live with stronger communities.

June 2014

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