

# **Chorley Public Service Reform Partnership**

**Review of Integrated Action Team (IAT)**

**March – September 2015**



## **Review of the Chorley Integrated Action Team (IAT)**

### **1. Background**

- 1.1 The Integrated Action Team (IAT) was set up as part of activity under the Chorley Public Service Reform Programme, covering the Intelligence Led Services and Sharing Intelligence workstream.
- 1.2 The team first met in March 2015, and it was agreed to review the success of the group following a period of six months and present findings to the Chorley Public Service Reform Executive.

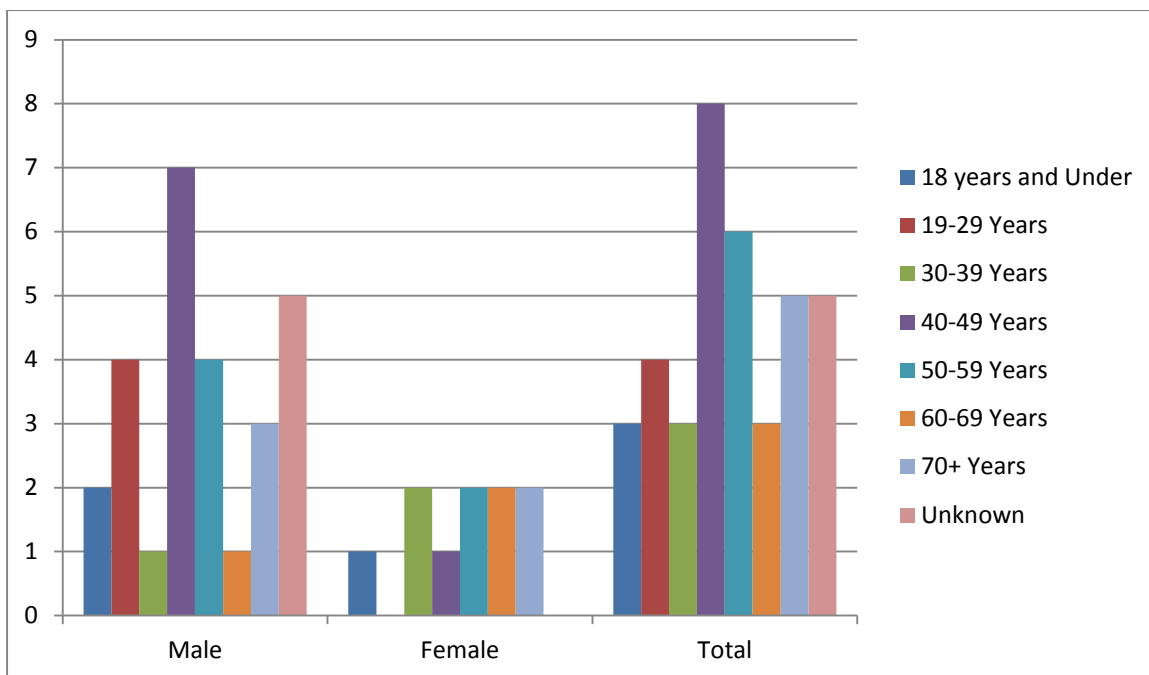
### **2. Overview**

- 2.1 The main purpose of the IAT is to discuss individuals and areas, which have been identified as vulnerable, chaotic, or high end users of service which are a cause for concern. By sharing intelligence across multi agencies, a consideration of early help and further support will be made and actions agreed, with a lead professional appointed where relevant.
- 2.2 The group is covered by an Information Sharing Agreement, and due to some limitations on sharing data in some organisations (mainly health services), different roles have been established relevant to the data share process. These range from cohort organisations that can submit names to the team, to representatives who advise on signposting and support that can be given as part of the intervention.
- 2.3 This review has considered:
  - The profile of cases coming into the group - age, gender and reasons for referral;
  - The interventions that have been put in place;
  - What the outcomes have been;
  - How the process is managed, through referrals into the group, data handling, and sharing intelligence; and
  - The membership of the group.
- 2.4 A set of recommendations is made for consideration by the Chorley Public Service Reform Executive at Page Eleven of this report.

### **3. Profile of Cases**

- 3.1 Thirty-seven cases have been discussed through the monthly IATs. Currently there are sixteen live cases, and sixteen cases being monitored following interventions being in place. Five cases have been closed, two where individuals are no longer in the area, and three due to death of the individual.
- 3.2 Thirty seven cases were initially flagged up for the inaugural meeting, however only fourteen could be discussed due to timing restrictions. For the twenty two remaining cases a review will take place with referral organisations to confirm that no further action is required.
- 3.3 Below is a breakdown of the age and gender of the thirty-seven cases discussed. The majority of referrals at 72.9 % are male, and the key age group of those referred range from 40-59 years old.

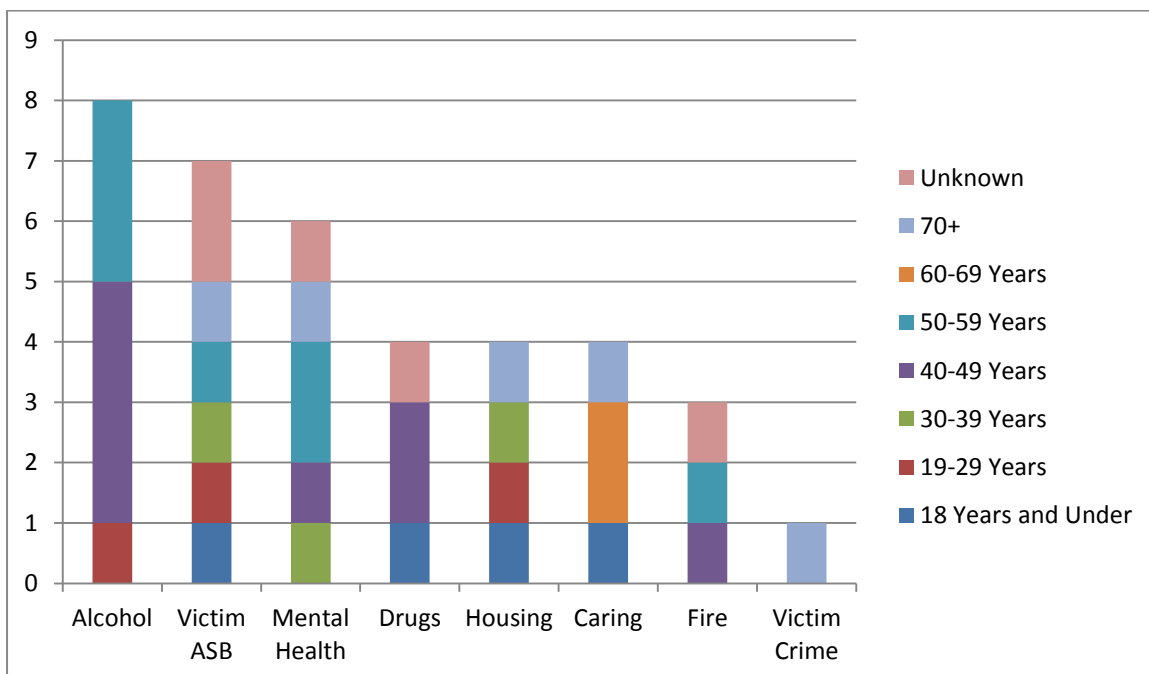




**4. Reasons for Referrals**

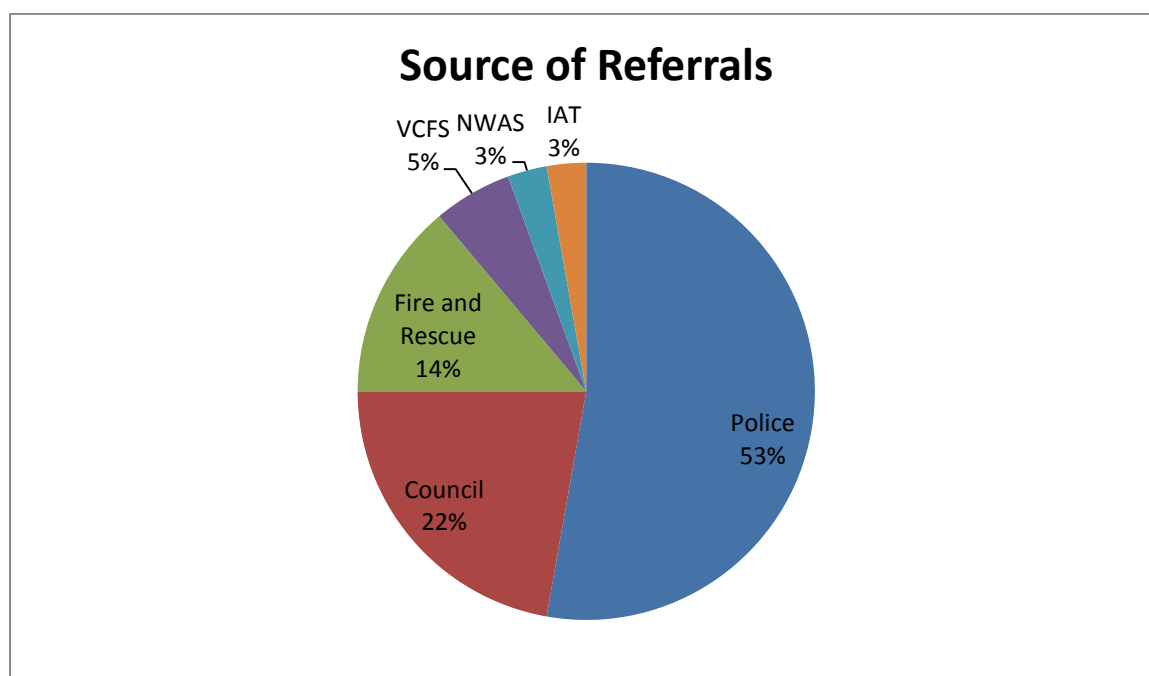
4.1 The majority of the cases discussed have a number of reasons for referral to the team, e.g. Anti-social behaviour is often linked with alcohol, or mental health issues. A breakdown of key elements is shown below across the age groups.

4.2 The most common issues involve alcohol dependency and vulnerability due to being a victim of anti-social behaviour. The key age group for the two top categories is 40-59 year olds as shown below.



## 5. Source of Referrals

- 5.1 At the start of the process the main areas referring cases involved Police and District Council, however as the group has increased membership, and links have been established with organisations, referrals are coming from a number of areas which is positive step.
- 5.2 Although the majority of referrals have come through via the Police, a number of interventions put in place have been taken by supporting organisations such as the Council Neighbourhood Teams, or Help Direct.
- 5.3 Through discussion at the IAT meetings, partners agree the steps to be taken, and this mainly starts with a softer, supportive approach. Joint visits are quite common in terms of support being offered and these have been successful in assessing the issues involved.
- 5.4 Cases are then reviewed at the following meeting to determine the success of the intervention. For instance if calls have continued, or the risk of vulnerability has increased then a firmer intervention may be required.



\*It should be noted that the IAT referral was due to concern about the vulnerability of a second individual linked to the original referral. Actions have been taken with both people to reduce level of risk.

## 6. Interventions

- 6.1 The level of involvement, and interventions put in place following referral and discussion range from informal involvement e.g. having a chat, making a follow up call, signposting advice, to practical support e.g. home visit for Fire Safety Check, to more formal arrangements which could be Police interventions e.g. Acceptable Behaviour Contract (ABC).
- 6.2 One key element of support on the cases discussed has been Help Direct and the involvement of this service in practical support and signposting advice. They have provided a range of support from finance advice, access to food parcels, self-harm support, to arranging for a chimney to be swept.



6.3 Details of the range of interventions are listed below. Please note that a number of interventions have taken place against each case. This does not include cases which are currently Live and under consideration.

**Low Range Interventions** (Signposting, practical support)

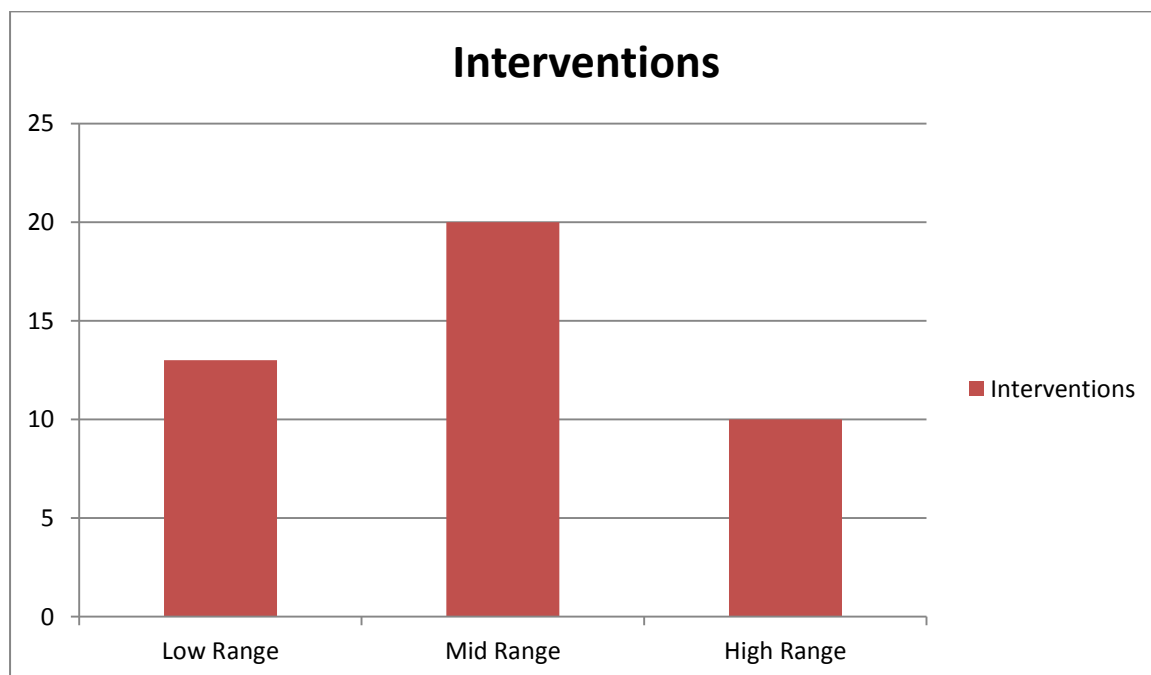
- Help Direct Support
- Informal Discussion
- Link to Red Rose Recovery
- Link to SLEAP (homeless support)
- Signposting Advice – Leaflet Drop

**Mid Range Interventions** (Home Visit, Referred to other areas)

- Community Beat Manager (CBM) Intervention
- Better Together Check
- Fire Safety Check
- Housing Support
- Referred to Early Action Step Down (Police)
- Referred to Early Help (LCC)
- Mediation Process Offered
- Referred to Discover

**High Range Interventions** (Formal, Enforcement)

- Joint Agency Visit
- LCFT Complex Care Treatment Team
- Acceptable Behaviour Contract
- Drink Banning Order
- Cease and Desist Notice
- ASBO in place



## 7. Outcome

- 7.1 Out of the thirty seven cases discussed, sixteen are currently live and having intelligence gathered, or having interventions considered. From the sixteen cases moved to monitoring status these have generally been successful, and it is acknowledged that due to the involvement of joint agency working through the IAT, volumes of calls to emergency services, and public services has reduced. A summary of typical case profiles is at *Appendix A*.
- 7.2 In considering the cases under the review, it was noted that some cases could have been dealt with through standard processes between agencies, however at the start-up of the process it was agreed that any cases causing concern should be raised. Due to the evolution of the group and establishment of working relationships across agencies, and links with other services, a recommendation that the criteria for the cases discussed at the group should be reviewed.

**Recommendation One – That cases referred to the IAT should be to discuss individuals and areas, which have been identified as vulnerable, chaotic, or high end users of service which are a cause for concern, and where existing processes have not been able to address the issues found, and a multi-agency approach is needed.**

- 7.3 To cost the savings made due to interventions from IAT, we have established an average cost of attendance for Fire, Ambulance and Emergency Departments. Not all cases capture the levels of call outs, however as part of the referral process this will look to be captured to establish a cost based analysis of numbers of individuals who call services at a high level.

Service	Costs
Fire	The average cost of a call out is around £500 an appliance, this is a rough figure based on the cost of the appliance and the cost of the wages of the officers and crew. This figure would probably incorporate the cost of other appliances being brought into an area to cover and answer other calls.
Ambulance	Average cost for callout for an ambulance in Lancashire is £124 for “see and treat” where the patient is assessed at home but not conveyed to hospital, and £200 for “see and convey” where the patient is assessed, treated and conveyed to hospital.
Emergency Department	The average cost of an ED visit is £140.

## 8. Process

- 8.1 As part of the original process it was agreed to send new cases and updates ahead of the monthly meeting. This was revised at an early stage, as many updates were only given at the meeting, and new cases were not getting flagged up in time for members to gather intelligence. The IAT agreed to bring updates to the meeting, and provide relevant details of any new submissions.
- 8.2 On reflection in the review, it was acknowledged that there is an increase of new cases being brought to the IAT, and due to the ongoing live case updates, the recommendation is to increase the duration of the meeting from 1hour to 1½ hours. This ensures that all cases can be considered thoroughly.



**Recommendation Two – To increase the duration of the meeting from 1hour to 1½ hours.**

8.3 Where cases are considered, have interventions in place, and calls to services have reduced/stopped, they are moved to a monitoring list. The IAT agreed that these would be re-checked after a period of six months to ensure no further activity has taken place and confirmation that the intervention has supported the individual. As part of the review it was felt that a number of cases had suitable support in place and could safely be closed down at an earlier period.

**Recommendation Three – To reduce the time cases are monitored from six months to three months.**

8.4 From the initial outset of the group, it was agreed to allocate a Lead Professional to relevant cases to co-ordinate activity needed as part of the intervention. This has only happened in a small number of cases, although several actions have been required falling to certain members of the IAT. As referrals from other organisations increase, this will ensure that resources managing cases are shared across the group.

**Recommendation Four - The recommendation is that on any new cases the member referring the cases has ownership, and will co-ordinate the activity required, including attainment of consent from individuals. This will ensure a shared responsibility across the group, as well as sharing resources across the IAT.**

8.5 When new cases are raised at the IAT it is essential that as much detail is provided to support the intelligence gather completed by members of the group. From the review a couple of cases would probably not have been considered under IAT if more information was known at the initial stage e.g. Neighbour dispute. The recommendation is to set a minimum level of detail for the referral of new cases, and the additional option of deferring any cases presented until more information is known.

**Recommendation Five – On all new cases referred, information must cover the minimum of Name, DOB, Age, Reason for Referral, volumes of calls/incidents, details of interventions made and why a multi-agency approach is required. If this information is not available the IAT Chair has the right to defer any cases until further information is established.**

## **9. Membership**

- 9.1 The IAT consists of representatives (*listed at Appendix B*). Including Police (Neighbourhood and Early Action Teams), Chorley Council (Neighbourhood, Early Intervention and Employability), Fire and Rescue, North West Ambulance, Lancashire Care Foundation Trust, Lancashire Teaching Hospitals, Community Advocate, and Connect 4 Life.
- 9.2 On reflection of the cases coming through and issues raised, and the introduction of the Lancashire Wellbeing Service (replacing Connect 4 Life and Help Direct), additional members are



recommended to be invited into the group. Discover have recently been approached to attend as this service provides support on Alcohol and Drug dependency.

**Recommendation Six – To extend the membership of the group to include - a representative from Lancashire Wellbeing Service; Wellbeing and Early Help co-ordinator for Chorley; Community Housing; Places for People; Accent; and Children’s Social Care.**

9.3 As part of this review, IAT members were asked for feedback on how they have benefitted from being part of this team. Responses were:

- **Early Action Team (Police)** - *I think the IAT has real potential to bring some positive benefits to vulnerable individuals across Chorley. I envisage some form of IAT in the other areas I’m involved in ie West Lancs and South Ribble at some point in the future.*
- **North West Ambulance Service** - *It’s been useful seeing what other agencies’ experiences/views of an individual are, to create a more whole picture of their case. The links to partner agencies are excellent, and this group is long overdue and much needed! Got some good contacts through attending partners, which will hopefully benefit the individuals we are supporting.*
- **Intervention and Prevention Officer (Chorley Council)** - *I think the fact we have a good number of agencies around the table and we are able to discuss cases that would not have been discussed collaboratively unless we were doing it and then look at putting alternative services / support in place to help them is a great thing. It’s also been able to give an insight into what other links and services there are out there that can provide support that we don’t always know about.*
- **Lancashire Fire and Rescue Service** - *The Integrated Action Team model has got to be the way forward when dealing with the most vulnerable members of our society, the information sharing and joint working can make a real difference both to the subjects of the referrals and to other members of the community who could be effected by their actions. The group also allows partners to work more effectively by being able to understand each other’s issues and the limitations under which they operate.*

9.4 Overall there is a positive reputation building for the team and the activity it carries out. There has been some interest from other areas to learn more about how it performs, and this has linked to having North West Ambulance Service included as a member, and also links have been made with Drugs and Alcohol service at LCC, and a local GP surgery.

9.5 Throughout the case discussions at IAT, a number of useful organisations that can support a range of issues in Chorley borough has been developed. This reflects groups to support individuals, and this is being used through daily business in the organisations, and it also captures initiatives being launched such as the Big White Wall in the Health Service sector. *Information shown in Appendix C.*





## 10. Data Handling

- 10.1 Data is shared with organisations who are covered by the Information Sharing Agreement for the Chorley Public Service Reform Programme. Names are verbally given on new cases at each IAT, and the details are recorded on an Excel Spreadsheet by Chorley Borough Council. This is updated following each meeting with progress and actions, and is shared electronically with partners covered by the agreement. Secure e-mail addresses are used to transfer the data.
- 10.2 As part of each meeting, IAT attendees are asked to sign a confidentiality agreement at the start of the meeting, and paper copies of the live list are provided. These are securely retained or destroyed as appropriate.
- 10.3 Due to the cross section of organisations involved and the limitations of current data handling process, it has been difficult to establish a better way of managing the information. Similar processes using Excel spreadsheets are used in other multi-agency groups.
- 10.4 At present there are a number of systems, within services, that hold information which are used to assess risk to individuals on a variety of triggers. These include:
- Risk Stratification Tool (RAIDR) is in place in GP surgeries, which identifies top users of service/unplanned admissions, which are managed through a multi-discipline meeting attended by Integrated Neighbourhood Teams;
  - Lancashire County Council, have information on Adult Social Care, including Connect 4 Life referrals;
  - Lancashire Fire and Rescue, perform risk analysis on areas of high risk of fires; and
  - Lancashire Constabulary, perform Risk Profiling which informs ASBRAC multi agency groups (including Housing Authorities i.e. Adactus)
- 10.5 Considering the work under the Chorley Public Service Reform Partnership being developed to integrate services more, there is a recommendation to refer how data can be handled across agencies more effectively not just for the IAT, but how this could link to improved processes and referrals into other areas e.g Lancashire Wellbeing Service or Integrated Neighbourhood Teams (Health Service Multi-Discipline Group).

**Recommendation Seven – For the Chorley Public Service Reform Implementation Group to consider how multi agency groups can capture data for vulnerable, high risk, target individuals to support an efficient referral pathway across groups and organisations, and to consider the feasibility of the system identifying areas of risk.**

## 11. Future Working

- 11.1 On reflection of the work carried out by the IAT in establishing links across organisations, interventions with vulnerable individuals, reductions of calls to services, the original intention of the group has been met fully. This is thanks to the IAT members, support from Chorley Public Service Reform Partnership, and supporting organisations and services. Management of the group is carried out between Chorley Council and Lancashire Constabulary, and all partners involved will support the resource required to continue the activity.



**Recommendation Eight – That the IAT continues to run on a monthly basis, and makes the relevant changes as recommended.**

11.2 On the basis that the IAT remains in place, and widens membership as described, there is a consideration regarding other multi agency groups and how IAT link in with these. One group in particular is the Anti-Social Behaviour Risk Assessment Conference (ASBRAC). This meets on a monthly basis, and has membership covering Chorley Council, Lancs Police NHPT, CCH, Places for People, Lancs Police Early Action, Accent Housing, and Adult Social Care.

11.3 There is a proposal that through the Anti-Social Risk Assessment process, any cases which are deemed High risk, that are currently discussed at ASBRAC, could be referred into the IAT instead, and the ASBRAC group closed down. Any cases that are deemed low/medium risk will continue to be managed through the Mini MATAC process. As this is a group under the Community Safety Partnership the decision to close the ASBRAC will need to be progressed and considered by relevant officers involved. Communications about this change, confirmed membership of IAT and handling of the cases, including relevant risk assessments, would need to be clarified. The IAT will be advised on development of this proposal.

## **12. Summary**

12.1 The key findings of this report are that through the build up of knowledge on interventions that are available to partners, and sharing intelligence on individuals to build up a picture of history and what support is needed, the group are able to establish what should be put in place to offer the help required on a longer term basis.

12.2 The levels of calls being received through services from a small number of individuals are costly to manage. One case referred involved an individual calling the Police 52 times in 12 months, another case involved 24 attendances at the Emergency Department in a three year period. These are excessive and very costly to all services involved. By having the group in place it is clear to see if the problem has “shifted” elsewhere, and through a joint approach the root cause can be managed effectively and calls reduced.

12.3 Through the knowledge sharing and understanding of wider services available, signposting and supporting individuals in similar circumstances can then be part of daily activity. This starts to reduce interventions from being high cost and reacting to chaotic and urgent demands, to more manageable planned interventions, supporting at earlier points and providing opportunities for better self-care.

## **13. Recommendations**

The Chorley Public Service Reform Executive are asked to approve the eight recommendations and to support the work of the Integrated Action Team continuing.



## Recommendations

### **Recommendation One (7.2)**

That cases referred to the IAT should be to discuss individuals and areas, which have been identified as vulnerable, chaotic, or high end users of service which are a cause for concern, and where existing processes have not been able to address the issues found, and a multi-agency approach is needed.

### **Recommendation Two (8.2)**

To increase the duration of the meeting from 1hour to 1½ hours.

### **Recommendation Three (8.3)**

To reduce the time cases are monitored from six months to three months.

### **Recommendation Four (8.4)**

The recommendation is that on any new cases the member referring the cases has the ownership of the case, and will co-ordinate the activity required, including attainment of consent from individuals. This will ensure a shared responsibility across the group, as well as sharing resources across the IAT.

### **Recommendation Five (8.5)**

On all new cases referred, information must cover the minimum of Name, DOB, Age, Reason for Referral, volumes of calls/incidents, details of interventions made and why a multi-agency approach is required. If this information is not available the IAT Chair has the right to defer any cases until further information is established.

### **Recommendation Six (9.2)**

To extend the membership of the group to include - a representative from Lancashire Wellbeing Service; Wellbeing and Early Help co-ordinator for Chorley; Community Housing; Places for People; Accent; and Children's Social Care.

### **Recommendation Seven (10.5)**

For the Chorley Public Service Reform Implementation Group to consider how multi agency groups can capture data for vulnerable, high risk, target individuals to support an efficient referral pathway across groups and organisations, and to consider the feasibility of the system identifying areas of risk.

### **Recommendation Eight (11.1)**

That the IAT continues to run on a monthly basis, and makes the relevant changes as recommended.



## Appendix A

## Case Profile Examples

<b>Gender M</b>	<b>Age Range</b> 18 and Under
<b>Reason for Referral</b>	Repeat Referrals for housing, Vulnerable, Low Level ASB, Drugs concern
<b>Levels of Calls</b>	Attended A&E 10 times since Aug 13
<b>Intervention</b> Referred to SLEAP with host family, then moved to Bridge for 18 months (subject to behaviour). Referred to LCFT Complex Care Treatment, and attending appointments. Housing made aware of support from LCFT.	
<b>Outcome</b> LCFT support in place and no further issues found by partners.	

<b>Gender M</b>	<b>Age Range</b> 30-39
<b>Reason for Referral</b>	Homeless. Concern on friends vulnerability
<b>Levels of Calls</b>	Known to Council and Police through regular contacts. Attended A&E 24 times 2011-13
<b>Intervention</b> Cease and desist notice in place. Support given by Council and Help direct but a number of partners have experienced aggressive behaviour. Community Beat Manager visit took place.	
<b>Outcome</b> Noticeable difference in behaviour, and calls and contacts have reduced.	

<b>Gender M</b>	<b>Age Range</b> 40-49
<b>Reason for Referral</b>	Victim of ASB, Alcohol Issues, Mental Health
<b>Levels of Calls</b>	25 times to A&E, 4 in 2014 Repeat Caller to Police
<b>Intervention</b> Help Direct linked to Red Rose Recovery. Initially refused to engage, but support given.	
<b>Outcome</b> Drop off in calls to Help Direct since April. LCFT reported linked in with Mindsmatter.	

<b>Gender M</b>	<b>Age Range</b> 50-59
<b>Reason for Referral</b>	Alcohol Issues, Victim of ASB,
<b>Levels of Calls</b>	14 calls to Police in 6 months
<b>Intervention</b> Acceptable Behaviour Contract (ABC) put in place	
<b>Outcome</b> Linked with Alcohol services, following ABC no further contacts made	

<b>Gender M</b>	<b>Age Range</b> 70+
<b>Reason for Referral</b>	Vulnerable due to victim of burglary
<b>Levels of Calls</b>	U/K
<b>Intervention</b> Help direct supported with benefit advice. Better Together Check and Fire Safety Checks completed.	
<b>Outcome</b> Community Beat Manager supporting. No further issues found by partners	



## Appendix B

## Integrated Action Team – Contact Details

<p><b>Chorley Neighbourhood Policing Team</b> PS 4057 Matt Moon. Chorley Town Centre/ North West/ Euxton/ Buckshaw &amp; Astley Village. Tel: 01257 246303.</p>	<p><b>Early Action Team</b> Police Sergeant 456 Neil Sladen 4<sup>th</sup> Floor Chorley Police Station St Thomas Road Chorley PR7 1DR Tel:01257 246205 Mob:07969 040828</p>
<p><b>Lancashire Fire and Rescue Service</b> John Cairns JohnCairns@lancsfireandrescue.org.uk</p>	<p><b>North West Ambulance Service</b> Helen Jackson Specialist Paramedic Frequent Caller Team 07812305034 <a href="mailto:Helen.Jackson@nwas.nhs.uk">Helen.Jackson@nwas.nhs.uk</a> Secure Email: <a href="mailto:helen.jackson39@nhs.net">helen.jackson39@nhs.net</a></p>
<p><b>Lancashire Care NHS Foundation Trust</b> Ian McGoay Relationship Manager T : 07946515649 E: <a href="mailto:ian.mcgoay@lancashirecare.nhs.uk">ian.mcgoay@lancashirecare.nhs.uk</a> W: <a href="http://www.lancashirecare.nhs.uk">www.lancashirecare.nhs.uk</a> P: Trust HQ   Sceptre Point   Sceptre Way   Walton Summit   Preston   PR5 6AW</p>	<p><b>Lancashire Teaching Hospitals NHS Foundation Trust</b> Dee Hudson (LTHTR), <a href="mailto:Dee.Hudson@lthtr.nhs.uk">Dee.Hudson@lthtr.nhs.uk</a> Head of Business Intelligence Tel: 01772 522199 Email: <a href="mailto:dee.hudson@lthtr.nhs.uk">dee.hudson@lthtr.nhs.uk</a> Secure e-mail: <a href="mailto:dee.hudson@nhs.net">dee.hudson@nhs.net</a></p>
<p><b>Community Advocate</b> Rev Martin Cox St Laurence's Church /VCFS Network <a href="mailto:martin.b.cox64@gmail.com">martin.b.cox64@gmail.com</a> Mobile 07732316058 01257 263114</p>	<p><b>Chorley Council</b> Irene Elwell Tel: 01257 515334 Laura Martin Tel: 01257 515567 Louise Elo Tel: 01257 515758 Simon Clark Tel: 01257 515732 Hayley Hughes Tel: 01257 515035</p>
<p><b>Lancashire County Council</b> Kevin O'Hara Community Connector Adult Services, Health and Wellbeing Office 01772 536013 Mobile 07876844283 <a href="mailto:Kevin.O'Hara@lancashire.gov.uk">Kevin.O'Hara@lancashire.gov.uk</a></p>	<p><b>Lancashire County Council</b> Richard Eccles <a href="mailto:Richard.Eccles@lancashire.gov.uk">Richard.Eccles@lancashire.gov.uk</a> Mobile 07917 521934</p>
<p><b>Discover Drug &amp; Alcohol Services</b> Tracey Reeder (email: <a href="mailto:t.reeder@nhs.net">t.reeder@nhs.net</a>) Greater Manchester West Mental Health NHS Foundation Trust, Specialist Services Network Senior Recovery Practitioner Leyland Office: 6 Golden Hill Lane, Leyland, PR25 3NP Tel: 01772 773540 / Mobile: 07825420929</p>	
<b>CC List</b>	
<p><b>NHS Chorley and South Ribble Clinical Commissioning Group</b> Jane Kitchen Urgent Care Transformation Tel: 01772 214347</p>	<p><b>Chorley Council</b> Fiona Daniels Anthony Valentine</p>



**IAT Useful Links:**

<b>Care Support</b>
Home Instead West Lancashire and Chorley is one of the first three adult social care services in England to be judged Outstanding under the Care Quality Commission’s (CQC) new ‘Ofsted style’ approach to inspection and regulation. Home Instead Senior Care West Lancashire and Chorley, provides high quality care services to adults and older people in their own homes. Telephone Chorley 01257 429 156 or website: <a href="http://homeinstead.co.uk/chorley">homeinstead.co.uk/chorley</a> . From a few hours a day, up to 24 hours 7 days a week they provide a full care service to match the needs of the individual — which includes Rapid Response Service, Complex Care Needs, Case Management Services, Continuing Healthcare, Specialist Dementia Care Services, Respite Care Services
<b>Debt Advice</b>
Lancashire West Citizens Advice Bureaux (CAB), can help with advice and information about debt, benefits, housing, employment and other issues in your own neighbourhood. The Chorley Office is at 35-39 Market Street. Telephone 0344 245 1294 from a landline, and 0300 330 0650 from a mobile.  Budgeting Loans help pay for <u>essential things</u> like furniture, clothes, moving costs or hire purchase debts. The smallest amount you can borrow is £100. Budgeting Loans are interest-free so you only pay back what you borrow. You normally have to repay the loan within 104 weeks. Contact the Job Centre for more information and advice.
<b>Employment Support</b>
Chorley Borough Council can help with anyone who is looking to access work and training, and have an Employability Officer who can give lots of support, including building confidence, and advice to help get to a point to start looking for work. Contact Laura Martin on (01257) 515567, or call or text mobile number : 07805 787366 to make an appointment and have a chat.
<b>General Help and Advice – LCC</b>
Visit the Lancashire Wellbeing Service at <a href="http://www.lancashire.gov.uk">www.lancashire.gov.uk</a> for the support you need on a wide range of issues The Tel number for advice and information call 0303 333 1111 (local rate). CAUNSS - The County Benefits Service is responsible for delivering the Care and Urgent Needs Support Scheme. This is support for the people of Lancashire which has replaced the community care grant and crisis loan schemes operated by the DWP. The scheme is made up of two types of assistance: <b>Urgent Needs Award</b> If you need urgent help with the costs of essential items such as food, fuel or clothing and do not have enough money to get these we may be able to provide some temporary help. <b>Care Needs Awards</b> If you need help to set up home after being in care, or if you have had to move due to a disaster (such as a flood or fire), or due to violence or fear of violence and you need furniture or domestic appliances we may be able to assist. We may also be able to help in other situations where you are facing a crisis and can't meet your basic living costs or if you have to move home and do not have enough money to meet the costs. You can apply if you are over 16 and live in Lancashire. If you want to apply you should ring our helpline 0300 123 6735. If you find it difficult to use the phone, a family member or friend can ring on your behalf
<b>Home Security</b>
There is a current service in terms of a Free Home Security and Safety Measures for Vulnerable Residents who have been victims of theft/burglary, this is open to certain areas in Chorley. Contact for Chorley Residents: Rachel Austen Tel: 01257 515151 / e-mail: <a href="mailto:rachel.austen@chorley.gov.uk">rachel.austen@chorley.gov.uk</a>



### Housing/Homelessness

**Chorley Borough Council** can help with housing problems, including an assessment of entitlement to housing for people who are homeless or threatened with homelessness. They can support provision of housing for people considered in priority need of housing. Temporary accommodation may be available while enquiries are made about eligibility. Contact 01257 515151, or E-mail: [contact@chorley.gov.uk](mailto:contact@chorley.gov.uk) For out of hours emergencies telephone 01257 515142.

#### SLEAP

Providing short-medium term supported lodgings to homeless young people in chorley, south-ribble, preston and west lancs. The Service was set up in the autumn of 1992 as the 'Leyland Churches Homeless Project' to provide Emergency Accommodation by Host Families for homeless Young People in the Leyland area.

SLEAP now also provide a Supported Lodgings Scheme, which offers medium term accommodation to enable Young People to live more independently. For a number of Young People going back to live within a structured family situation can be very challenging. However, most benefit from this support and in turn are then more able to maintain their move-on accommodation. Contact details are: Tel: 01772 623603 / 07815 099117 / 07976 670372. Website: <http://www.sleap.co.uk> Address: 247 Leyland Lane, Leyland, Lancashire.PR25 1XL

### Mental Health Services

**Mental Health Response Service** - A new innovative pilot partnership to tackle emergency incidents involving mental health will be rolled out across Lancashire from today (Monday 15th June 2015). Aimed at reducing demand whilst ensuring that people get the right assistance at the first point of contact, the Mental Health Response Service (MHRS) will see police officers working in company with dedicated NHS mental health nurses who can make assessments and referrals meaning that people can get appropriate medical attention on the spot, rather than being taken to police custody or the hospital. Website link: [lancashire.police.uk/campaigns/mental-health-response-service](http://lancashire.police.uk/campaigns/mental-health-response-service)

**Mindsmatter** work with adults from the age of 16 upwards who may be struggling with common difficulties such as stress, anxiety and depression. Chorley and South Ribble Telephone Number 01772 643168

**Mental Health Helpline** is a listening, information and emotional support service for those concerned about their own mental health, or that of someone they know. Telephone Number 0300 222 5931, open from Monday to Friday 7pm - 11pm, and Saturday & Sunday 12 midday to 12 midnight.

**Big White Wall** - A safe online community of people who are anxious, down or not coping who support and help each other by sharing what's troubling them, guided by trained professionals. Available 24/7, Big White Wall is completely anonymous so you can express yourself freely and openly. Professionally trained Wall Guides ensure the safety and anonymity of all members. Website: [www.bigwhitewall.com](http://www.bigwhitewall.com)

**Safe Space – Community Based Crisis Prevention.** Lancashire Mind/CCG/LCFT have worked together to remodel care for people who experience periods of mental health crisis. Pilot project will be based in Preston and have an alternative community model of crisis prevention care. The service will start 27<sup>th</sup> July 2015.

### Nutrition

Chorley Council have teamed up with Lancashire Fayre to provide home delivered hot meals seven days a week (Chorley Council will subsidise up to five of these meals per week). The cost of the subsidised service is £3.65 (£4.25 non subsidised). Also new customers who are eligible for the subsidised service will also receive the first two weeks at half price reducing the cost to £2.12 for up to five meals per week. Within that price Lancashire Fayre also provide a 'safe and sound check' and a helping hand with 'odd jobs' like taking out bags of rubbish, posting letters, etc. The service is particularly helpful to people who struggle to leave the house due to physical or medical conditions, just come out of hospital, have caring responsibilities, or just that they find it hard to prepare food for themselves. There is not a requirement to have meals every day from the service, people can order just one a week if they wanted to, they can also order even if they don't qualify for the subsidised service. We have received some really positive feedback from some of our residents who are benefitting from the service, and anyone who is interested can contact Dave at Lancashire Fayre direct on: 01257 367630 or email: [info@lancashirefayre.co.uk](mailto:info@lancashirefayre.co.uk)



### Pension Advice

From 6 April 2015 a free and impartial government service had been introduced the purpose of which was to help people understand their new pension options. Telephone number 300 330 1001 or walk into any CAB Centre

The service is aimed at:

- people close to the age of 55 (ie within 6 months) or older
- people that had not had a guidance session before
- people that had a defined contribution pension scheme
- people looking for access/take benefits
  - some or all of their pension pot(s)
  - in the next 6 months; and
  - want to understand what their options are

Pension Wise offers guidance, not advice, and as the user is only eligible to have one 45 minute appointment it was important that the user prepares for their meeting in advance.

Key messages for people are:

- Take time when making decisions
- Always shop around – find the best deal for them
- Ask about charges – think about tax implications
- Beware of scams
- Make sure pension lasts as long as user did

### Probation

#### Safe Project

Blackburn Diocese run a mentoring project, helping offenders, ex-offenders and their families. Contact the Probation service for further information. 01257 260493

### Recovery Support

**Discover** - If you are worried about your own or someone else's drinking there is local help on hand. Discover (Chorley Drug and Alcohol Recovery Service) are at Friday Street, Chorley, PR6 0AA. Telephone: 01772 825 492. Website [gmw.nhs.uk/discover](http://gmw.nhs.uk/discover)

**Red Rose Recovery** is a service user led charity, working with people from the recovery community. This includes people in recovery from addiction to alcohol and substance misuse, their families and others affected. Website: [redroserecovery.org.uk](http://redroserecovery.org.uk) Central Contact: Lizzie Allan

Email: [lizzie@redroserecovery.org.uk](mailto:lizzie@redroserecovery.org.uk) / Mobile: 07935251579

**Safe Space** is for people within the recovery community to meet in an environment which is alcohol and substance free. Drop in Address: Chorley Community centre, Railway St, Chorley, PR72TZ, Telephone 07415 681656. Website: [chorleysafespace.co.uk](http://chorleysafespace.co.uk)

