

Report of	Meeting	Date
Director of Early Intervention and Support (Introduced by the Executive Member for Early Intervention, Cllr Bev Murray)	Executive Cabinet	3 August 2017

## INTEGRATED COMMUNITY WELLBEING SERVICE - UPDATE

### PURPOSE OF REPORT

- To update Executive Cabinet on progress made, to date, with the Integrated Community Wellbeing Service.

### RECOMMENDATION(S)

- To note the progress made with the service, to date.

### EXECUTIVE SUMMARY OF REPORT

- This is the first update report to Executive Cabinet on progress with the new service. The report explains that the first phase has been completed and the staff are collocated and the service is operational.

<b>Confidential report</b> Please bold as appropriate	Yes	<b>No</b>
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<b>Key Decision?</b> Please bold as appropriate	Yes	<b>No</b>
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<b>Reason</b> Please bold as appropriate	1, a change in service provision that impacts upon the service revenue budget by £100,000 or more	2, a contract worth £100,000 or more
	3, a new or unprogrammed capital scheme of £100,000 or more	4, Significant impact in environmental, social or physical terms in two or more wards

### REASONS FOR RECOMMENDATION

#### (If the recommendations are accepted)

- When Council agreed to the establishment of the Integrated Community Wellbeing Service it was also agreed that there would be regular update reports to Executive Cabinet.

### ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

- None.

## CORPORATE PRIORITIES

6. This report relates to the following Strategic Objectives:

Involving residents in improving their local area and equality of access for all	✓	A strong local economy	
Clean, safe and healthy communities	✓	An ambitious council that does more to meet the needs of residents and the local area	✓

## BACKGROUND

7. The proposal for developing the new Integrated Community Wellbeing Service between Chorley Council and Lancashire Care Foundation Trust (LCFT) stated that the service would be developed over three phases:

- Enabling – to April 2017
- Transformation – from April 2017 to October 2018
- Evaluation – October 2018

## UPDATE

8. The enabling phase has been completed. This has involved the refurbishment of two floors of the Civic Offices building on Union Street. The refurbishment of the building has led to 120 LCFT staff co-locating with 50 Chorley Council staff.
9. The Directory of Services at Appendix 1 lists the teams and what they do.
10. The Executive Group that oversees the development of the service has been set up and has met 3 times. The Executive Group includes Cllr Bev Murray, Cllr Margaret France, Gary Hall and Jamie Carson from Chorley Council and Non-Executive Directors Isla Wilson and Gwynne Furlong, plus Heather Tierney-Moore and Sue Moore from LCFT.
11. The senior management team is in place. Jamie Carson, Deputy Chief Executive at Chorley Council, heads this up with two service managers reporting to him; Louise Elo from Chorley Council and Phil Gooden from LCFT.
12. Having put the foundations in place, the focus now is on Phase 2 – the Transformation Phase. To guide the transformation, 11 work streams have been identified.

Work Stream	Description
<b>Making every contact count (MECC)</b>	We will make it easier for staff to be able to flag up the potential to provide a broader range of support than the initial contact the individual or community group made with us. This will apply across the whole of the borough. The aim being to help individuals and groups be more resilient and less dependent on public services and better able to manage

<b>Work Stream</b>	<b>Description</b>
<b>Resilient communities</b>	We will bring together teams of staff who work in Chorley East, Buttermere and Clayton Brook (the areas with some of the worst health outcomes) to look at new ways of empowering residents in these areas so that they are able to make choices that impact on their health and wellbeing and reduce their dependency on public service providing solutions.
<b>Enhanced working with GPs</b>	We will work with GPs to look at innovative ways to help them get health and wellbeing messages to patients in a way that makes the best use of the GPs time and improves the outcome for the patient.
<b>Helping people live safe and independent lives</b>	We will look at ways to improve the effectiveness and efficiency of the Disable Facilities Grant (DFG) programme to ensure that people can live safely and independently for longer and also reduce expensive delays in their transfer of care from, for example, hospital to home.
<b>Preventing homelessness</b>	We do a lot of good work to prevent people becoming homeless. Changes are afoot that will place additional responsibilities on us all to be even more proactive in our prevention work. We will look to spot people at risk much earlier and enhance referral pathways to ensure we support people at the earliest possible opportunity
<b>More volunteering</b>	The benefits of volunteering for an individual's health and wellbeing are well documented. We will look at ways to encourage the growth of volunteering, especially when the volunteering promotes community action, enhances local health and wellbeing and greater resilience.
<b>Working with schools</b>	Collectively we have lots of contact with schools. We will review the contacts we have to ensure that they are working for the benefit of the pupils and that they are focussed on priority areas, for example, the innovative work in high schools to promote good mental health.
<b>Refocussing leisure centres</b>	The indoor leisure contract comes to an end in 2020. Over the next 12 months we will look at ways to review what we want form the centres so that they focus on the health and wellbeing of the wider population, including those who don't use the facilities moving from sports centres towards health and wellbeing centres.
<b>Young people's activities</b>	The next 12 months will see a transformation in activities for children and young people in Chorley with the introduction of the new Inspire Youth Zone. There are also opportunities to develop opportunities in the leisure centres and to encourage more community sports clubs to deliver locally based activities. We will review the provision to ensure that we are using our resources in the best way

Work Stream	Description
<b>Bids</b>	There are lots of opportunities to bid for external funding and to win contracts to deliver existing and new services. Each will give us the opportunity to look at things differently to come up with bids that, as a result of our collaborative working, best meet the needs of local people and communities but also provide great value for money
<b>New models of working</b>	While we are doing all of this exciting work we need to be mindful of potential changes to structures that we work within and be best placed to ensure that the new models of working that we are creating are prominent in any discussions about new arrangements.

13. A key challenge will be in managing the staff expectations and, therefore, it is important that effective two way communications should be maintained at all times. Further events and communication briefings will be developed to maintain momentum and to keep staff informed on progress, whilst providing mechanism for them to provide feedback and suggestions. A communications plan is in place.
14. The Human Resources and Organisational Development Plan will be developed now the work streams are in place. Both LCFT and Chorley Council will continue to undertake its own organisational staff surveys. However it has been decided that the Integrated Community Wellbeing Service will undertake its own brief staff survey which will include both Chorley Council and Lancashire Care staff.
15. The Service needs to evaluate its progress. This involves establishing a baseline of information from which progress can be tracked. This has already begun by collating all aspects of LCFT's data warehousing information which will be shared with Chorley Council. It is recognised that independent evaluation and guidance will be useful in determining the success of the Integrated Community Wellbeing Service. We are engaging Edge Hill University to undertake the evaluation of the new service and initial meeting have taken place.
16. A bid has been submitted to the Health Foundation – Scaling Up Improvements Fund by LCFT for £500K to provide additional health and wellbeing roles for scaling-up the Integrated Community Wellbeing Service. Our bid included costs for our evaluation partner Edge Hill University and for the following staff
  - 1 x Project Manager
  - 2.5 x Health and Wellbeing Workers
  - 1 x Health and Wellbeing Assistant
17. Progress reports will continue to be presented to the Executive Cabinet, Chorley Public Service Reform Executive and the Group Executive.

#### **Links with Chorley Public Service Reform Board**

18. The Integrated Community Wellbeing Service is one of the five works streams from Chorley Public Service Reform Board. The other four are:
  - Collocated Multi Agency Unit
  - Primary Care Support Team
  - Community Resilience (SPICE)
  - Wellbeing workforce

19. The Making Every Contact Count work stream has highlighted the importance of:
  - Staff understanding what other services/support is available.
  - Staff being alert to other issues that they observe during the course of their contact with individuals and groups.
  - Making it easy for staff to secure permission from the individual to allow others to contact them and to then pass this information to a central hub.
  - The central hub then needs to be aware of other hubs and how they all link together, in order to ensure we avoid duplication, and provide the most effective support at the earliest opportunity.
20. The learning from the Collocated Multi Agency Unit will be captured. Moving forward, we need to consider how best we engage other partners and how the work stream links with the unit based at Washington Hall.
21. It is highly likely that other Integrated Community Wellbeing Service work streams will feed into the hub, for example the Resilient Communities work stream focussing on the three areas with the worst health outcomes in Chorley (Chorley East, Buttermere and Clayton Brook).
22. There is a work stream to 'enhance working with GPs'. There are lots of services looking to attract GPs attention and time for them to signpost patients to support. This is a large task when you consider the number of public services that are available; the task becomes even more challenging when you add local community initiatives that can support an individuals health and wellbeing. The work stream will involve working with GPs and Lancashire Wellbeing Service to look at how we can enhance the existing arrangements, to the benefit of all involved, and increase the use of local, none medical, interventions.
23. Although the Primary Care Support Team work stream is focussing on a specific cohort, as opposed to the Integrated Community Wellbeing Service which is looking at a universal low level offer to keep people well; it would make sense to build upon the good relationships that have been formed with GHPs.
24. The recommendations from the SPICE report, as part of the Community Resilience work stream, will be taken on-board as part of the Integrated Community Wellbeing Service.
25. As mentioned earlier, we are developing the Organisational Development plan to support the Integrated Community Wellbeing Service. We need to ensure that this links in with the Wellbeing Workforce work stream.

## **Successes and Challenges**

26. The following paragraphs will, hopefully give you a flavour of some of the early successes and challenges.
27. Integrated Referral Hub - A weekly integrated referral hub has been established. The hub operates as a multi-disciplinary team involving teams from within the new service and also wider teams such as the Community Nurses. The referral hub discuss complicated cases and see to find solutions that cut across the typical organisational boundaries. A generic e-mail account has been made available to all staff so that they can make referrals in to the hub.

28. Hoarder - A case of mid-fifties male was brought to integrated referral hub as this man lives alone, in a dilapidated house, with no gas, water or electricity. The house has obvious signs of hoarding including waste and obvious rodent infestation. The gardens are severely overgrown. The man has no obvious income and survives by scavenging through local domestic/commercial bins and trapping squirrels/rabbits and smokes them in his kitchen using paper and wood. The man Smokes roll-ups and has had previous substance (gas) and alcohol abuse but declares that he has been clean for over 3years. Overall, the man is in very poor health and very reluctant to engage with the doctors as they "don't understand his needs". An environmental health officer has attended site a number of times and successfully gained the trust of the individual resulting in successfully clearing the gardens and the waste and rodent infestation. Since bringing this case to the hub, the man has also received some fire-proof blankets and his case has been referred to the local GP Surgery Multi-disciplinary Team for review and action. In addition a referral has been made to LCFT's podiatry service as the man had been complaining of problems with his feet which made walking difficult.
29. Cotswold Supported Housing - Cotswold supported housing is being supported by the new Chorley Health and Wellbeing Service by the introduction of a pilot to undertake Mindmatter relaxation drop in sessions on site. Typically residents do not readily engage so the purpose is promote the sessions and trial the attendance rates feedback on whether further sessions can be provided on site. The Myplace project is providing additional support by running a number of sessions which were designed to involve the young people (13-24yrs old) by introducing them to nature and allowing them to build bird boxes. These sessions have received good feedback and are also be attended by older adults and parents too. There are plans to see if a 'grow your own produce' can be established and supported so that fresh food can be produced for the unit.
30. Minor Adaptations Trail - A pilot has been commenced between LCFT's Community Therapies team and Chorley Housing Team regarding Minor adaptations to people's houses. The Community Therapies have experienced delays with the process as it involves making a referral to LCC, who in turn send the referral to Chorley Council for evaluation and completion. Chorley Council use a sub-contractor via a scheduled of rates to deliver the on-site adaptation which must be less than £1000. Typical adaptations involve fitting hand rails and changing steps to ramps. Normally LCFT Clinicians do not receive any notification that the adaptations have been accepted or been completed. The pilot commenced 10 July whereby the LCC referral is also sent directly to Chorley Housing team so that they can instruct their sub-contractor to commence works or to arrange for a quotation to be raised. LCFT clinicians are able liaise directly with the Housing team or their sub-contractor and arrange joint visits if necessary. The Clinician will also be informed about relevant progress including when the adaptation has been completed. 8 referrals have been submitted to date and it hoped that the pilot will keep the referring clinician better informed and may well result in a faster turnaround for the work being completed.
31. Health and Wellbeing Mela 23 September - A Health and Wellbeing meal is being held on 23 September in conjunction with the National Health and Wellbeing Forum. This will be an all-day event to be held at the All Seasons Leisure Centre in Chorley Town Centre. A number of organisations have been invited and this event will be developed over the next few weeks.
32. Staff Engagement and Training Event - A staff engagement and training event was held on the 19 July 2017. The purpose of the event was to provide training on Chorley's wider Making Every Contact Count approach. This approach covered how to have inclusive conversations with patients/residents about wider health and wellbeing determinants and how to elicit patient/resident consent and commitment. The event also included a world café 'speed dating' event whereby attendees could learn about each service by spending time each with each department. The integrated directory was also made available to staff.

33. The event also included a session on refining the vision statements that had been created by the staff at the last staff engagement event on the 17 March 2017. The new vision statement is: An accessible and supportive person centred service empowering everyone in Chorley to collaboratively achieve their health and wellbeing potential.
34. Staff Training - Lancashire Care organised a Basic Life Support training session at the Civic Centre which was extended to Chorley staff. In addition a Chorley Council Organisational Development staff member is undertaking a series of half day work-shadowing with Lancashire Care's Organisational Development team.
35. Partnership Working – LCFT and Chorley Council are the two principal parties in the Integrated Community Wellbeing Service; however, it is important that we work with all organisations who contribute to the health and wellbeing of Chorley residents and communities. We have been in contact with a range of partners and we are actively looking to work in a more integrated way with them all, this includes Lancashire County Council and Lancashire Constabulary. Lancashire Wellbeing Service, Age UK and the Richmond Fellowship are also based within the shared offices; this makes integrated working much more effective. Chorley Community Housing (CCH) are located in Union Street and are becoming more involved in the integrated work. We expect Places for People, Lancashire Sport and Chorley Youth Zone to use the office space in the near future.
36. There have been lots of case studies in which we have been able to provide a more joined up response to residents when they have requested support. This is very positive but it does highlight two challenges that we need to be mindful of:

Increasing Demand – Better integration and recognition of other support an individual needs will increase demand for services in the short term. This needs careful management in order to manage expectations and resources.

Early Intervention – One of the aims of the service is to promote resilience within individuals and communities to prevent the needs for them to make requests for service at a later stage. This remains a target client group and we are developing ideas and actions to develop this area of work.

### IMPLICATIONS OF REPORT

37. This report has implications in the following areas and the relevant Directors' comments are included:

Finance		Customer Services	
Human Resources		Equality and Diversity	
Legal		Integrated Impact Assessment required?	
No significant implications in this area	✓	Policy and Communications	

### COMMENTS OF THE STATUTORY FINANCE OFFICER

38. There are no financial issues arising from this report.

### COMMENTS OF THE MONITORING OFFICER

39. There are no legal issues arising from this report

JAMIE CARSON  
DIRECTOR OF EARLY INTERVENTION AND SUPPORT

There are no background papers to this report.

<b>Report Author</b>	<b>Ext</b>	<b>Date</b>	<b>Doc ID</b>
Jamie Carson	5815	24 July 2017	***



**Chorley Integrated  
Community Wellbeing  
Service  
Directory of Services**

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## **The Tobacco and Nicotine Addiction Treatment Service – The Quit Squad**

The Tobacco and Nicotine Addiction Treatment Service (Quit Squad) provides a comprehensive, consistent and evidence-based smoking cessation, tobacco and nicotine addiction treatment for all Lancashire residents who wish to quit.

The service is able to respond to the needs of the population in different parts of the Local Authority area and engage with and support the wider tobacco control agenda raising the awareness of the harms associated with Second Hand Smoke, promotes the principle of a smokefree homes and cars and contributing towards a reduction in smoking levels during pregnancy and post-partum.

### **The Quit Squad can offer the following:**

- Support to everyone with tobacco and nicotine related habits. If you smoke, vape or chew, the Quit Squad can help you.
- Free help and support and you are four more times likely to quit with this, alongside stop smoking medicines.
- As much support and as many times as you need it. You are always welcome back.

**We provide a variety of appointments to suit your needs delivered by Specialist Advisors.**

### **These include;**

- Community drop in clinics (no appointment needed)
- One to one appointments
- Group sessions
- Workplaces
- Inpatient support
- Support in pregnancy

At your appointment we provide carbon monoxide and lung function testing. Translation services are available, if required.

Your initial appointment will be up to 30 minutes. You are welcome to bring along a friend, partner or relative if you wish. We provide a tailored plan to suit your needs for the following twelve weeks, with 15 minutes follow up appointments.

### **Treatments**

- We offer either a voucher or request your doctor to provide a prescription, depending on your choice of treatment
- If you pay for prescriptions you may find it cheaper to buy a Prescription Prepayment Certificate (PPC). For more information and to apply for this visit [www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk)

### **Treatments Available**

- Patches
- Nasal Sprays
- Quickmist
- Gum
- Lozenges
- Inhalators
- Strips
- Bupropion (Zyban) or Varenicline (Champix)\*

\*these medicines are not available if you are under 18, pregnant, breastfeeding or trying for a family.

## **Mindmatter Service Description**

The Mindmatter service promotes increasing access to Psychological Therapies (IAPT) and work with adults from the age of 16 upwards who may be struggling with common difficulties such as stress, anxiety and depression.

Our Service provides talking therapies and has dedicated teams of Psychological Wellbeing Practitioners (PWP), Cognitive Behavioural Therapists and Counsellors who offer a range of support to help make positive changes and improve wellbeing. These include classes, wellbeing workshops, group therapies, one to one support and telephone support.

We provide free services throughout Lancashire for anyone over the age of 16; we offer our services from Health Centres, GP Practices, Universities and local community settings.

Clients can access the service via self-referral or via a referral from their GP or other health professional.

## **Interventions That We Offer**

### **Psychological Wellbeing Practitioners (PWP)**

Brief self-help interventions based upon Cognitive Behaviour Therapy as a stand-alone treatment. Sessions last for 30 minutes. Interventions include psychoeducation around symptoms, cognitive restructuring, behavioural activation, relaxation, problem solving, and behavioural exposure.

The focus is on a self-management approach. There is therefore an expectation that clients are committed to change and have a good level of motivation as there is an emphasis that patients will complete homework or self-study outside the therapy room. This is a collaborative approach which empowers the patient to take on some responsibility within their goals for therapy.

### **Cognitive Behavioural Therapy (CBT)**

CBT is a future-focused structured therapy that focuses on the difficulties you are experiencing in the here and now. CBT focuses on your thoughts, feelings and behaviours, and helps you to learn specific techniques to overcome your problems. Sessions last for 60 minutes. There are in-between session tasks whereby you put these techniques into practice.

### **Counselling**

The focus in counselling is usually on past events or present difficulties that are continuing to trouble you. It helps you to explore your feelings and thoughts in relation to these through talking and exploration so that you can begin to understand how this is affecting you and how best to manage it. The focus for the sessions is largely based on what you feel is important to work through. Sessions last for 60 minutes.

### **Eye movement desensitisation and reprocessing (EMDR)**

EMDR is a relatively new therapy established and it is an extremely effective treatment for people who have suffered traumatic experiences. EMDR is an effective treatment for post-traumatic stress disorder.

EMDR is an approach that seems to 'unblock' the brain's processing so that traumatic memories become ordinary ones. We do not know exactly how this treatment works. During reprocessing, the client recalls a disturbing event for a short period (30 seconds) whilst simultaneously undergoing bilateral stimulation that can consist of eye movements from side to side, vibrations or tapping movements via headphones. The client is not asked to describe the event in detail in contrast to trauma focused CBT.

## **Stress Control**

This 6 session course helps clients to learn better ways to handle common problems such as anxiety, depression, low self-confidence, poor sleep and panicky feelings. Stress Control is an evening class – not group therapy. There are often 20 to 40 people at each session.

## **Silvercloud**

Complete Online CBT programme. Clients can learn practical techniques to help improve their depression or anxiety symptoms. It is completed from clients' home computers at their own convenience and a therapist keeps in touch via email and phone to review the client's progress. Modules include 'Space From': Depression, Anxiety, Panic, Social Anxiety, Health Anxiety, Generalised Anxiety, Stress, Phobia, Mixed Anxiety/Depression.

## **Community Therapies Service Description**

The Community Therapy Team is made up of Physiotherapists, Occupational Therapists, Technical Instructors and a nurse.

We work with older adults in their own homes and provide them with rehabilitation programmes that help them to increase and/or maintain their independence with walking, making meals, attending to their personal care, managing their medication and their ability to function safely within their own homes. We are predominantly made up of; specialist Falls team, domiciliary rehabilitation, Intermediate care beds, Community physiotherapists, Rapid response and Frailty service. We recommend home based rehabilitation programmes and/or equipment and minor adaptations as part of the rehabilitation programme. Where equipment needs alone would not meet the criteria for our services, these would be directed to the social services Occupational Therapist.

## **Specialist Falls Team**

Our specialist falls team provide holistic, comprehensive falls assessments of the patient within their own homes, to reduce the impact of the fall on their daily life and recommend programmes and/or other services to manage the falls. This is currently written up in paper format on a comprehensive assessment form and the notes are stored.

## **Rapid Response Team**

We also operate a rapid response team that works 7 days a week 8am till 8pm. We respond to these referrals within 2 hours of receiving them in order to support the acute discharges and to prevent an admission into hospital. As all the therapists are flexed across this service we require close clinical/confidential discussions frequently throughout the day to ensure we delegate these crisis referrals to the correct staff member. The therapy staff involved that day could be in and out of the office several times a day to pick up new referrals, write clinical entries and to complete a handover work report for the next shift.

## **Domiciliary Rehabilitation Team**

Our therapists also work across the domiciliary rehab service. We work very closely with Social Services and Lancashire County Council (Ark staff) to facilitate assessments and reviews of patients and update care plans. In order to progress patient's through the service we review the patient's on the domiciliary rehab service twice a week and then input this information onto the LAS system so social services can also see the review. The staff involved would plan their visits and keep to one geographical patch where possible however they may come back to the office in-between visits for clinical support/discussion and to write clinical notes (following LCFT policy, notes have to be written within 24 hours).

Our team work across Chorley, South Ribble and Greater Preston. We are integrated within all the GP practices across the above geographical areas and all our therapists are assigned to one or more GP practices and attend monthly MDT meetings to discuss new referrals, complex patients and high risk patients who frequently attend A &E. We then liaise with all the relevant services to ensure we keep the patient safe at home with the correct services to support them. On a daily basis we would routinely liaise with: district nurses, community matrons, social services (Community OT's,) acute therapists, third sectors partners such as Age UK and equipment providers and St Catherine's Hospice.

We also have therapy staff who work within our rehabilitation units, Broadfield (Leyland) and Meadowfield (Preston) and Longridge Hospital and are also currently flexed across the new Frailty Service(part of the admission avoidance service).

Our therapist will cover a rolling rota to carry out clinical triage. During triage we make contact with the service user or referrer and gather important, often sensitive information that enables us to ensure the patient receives the correct assessment/treatment by our staff.

Due to the complexity of our caseloads and the way our staff flex across all services covering a 7 day 8am – 8pm service they receive daily peer support to discuss cases and handover important information regarding our patients.

### **Chorley Community Restart Service Description**

The Community Re-start service operates across a pan Lancashire Locality, supporting individuals with mental health needs to access support in response to social isolation. With a total of seven teams across the county, the Chorley team operates locally working in partnership with third sector organisation Richmond Fellowship. The team comprises of seven support time and Recovery workers, team leader, and admin support. The locality base is also accessed via other team members on an agile basis to support integrated working.

Operating Monday to Friday 9-5, the team regularly undertakes out of hours working in direct response to service user need and presentation.

Referrals are accepted from Adult mental health services, which include GP referrals, Mental Health Assessment & Treatment Teams, inpatient facilities, criminal justice liaison and other services for those aged 16 and above. The service has no defined upper age limit and occasionally receives referrals from older adult services.

A clinically qualified practitioner is located in each base, providing clinical supervision support and oversight of the case load and daily functioning of the team. Working alongside many partners such as carers groups, mental health specialists, employment providers, housing services, third sector agencies, sports & arts communities, education providers and environmental agencies to provide the opportunities and community connections for individuals to improve their health and wellbeing. Each of our teams 'map' their local community to identify opportunities and options available including building relationships with key people in partner organisations.

**Social Inclusion Team** – Work is predominantly undertaken on a one-to-one basis with people referred to the service, facilitating conversations based on individual aspiration in relation to inclusion and involvement. From this conversation a collaborative pathway is established to ensure that people achieve their identified needs, aims and goals.

**Employment Team** - Delivering specialist services in partnership with other agencies, employment support focuses on supporting individuals to retain or regain employment with focus on, skill building, work preparation, work readiness, confidence building, and employee support.

**Service User Development and Enterprise Team** – Helps facilitate and support individuals who use or have used mental health services to establish their own User Led Organisations in situations where the local community does not provide a resource to meet their needs. The work of the team links closely with community services and our own service to a shared aim of supporting groups to become completely autonomous, free from the influence of services, and a community resource to which general members of the public may attend.

**Rural Development worker** - works with the local agricultural, horticultural and environment communities to develop and maintain a range of “Eco therapy” opportunities for people accessing the service and the wider community. They identifies and protects existing community based green space assets, as well as recognising and developing new opportunities in communities where these resources are limited.

### **Adult Learning Disability team (Chorley and South Ribble)**

The Adult Learning Disability team works with adults with learning disabilities who are over 18 years of age.

A learning disability includes the presence of all of the following:

- A significantly reduced ability to understand new or complex information and to learn new skills (impaired intelligence)
- A reduced ability to cope independently (impaired social functioning)
- Evidence that the above difficulties occurred before adulthood and have a lasting effect on the person’s development.

The learning disability team consists of different disciplines including nursing, psychology, psychiatry, physiotherapy, speech therapy, and occupational therapy.

The team supports individuals with learning disabilities who have specialist healthcare needs which could include:

Communication needs, swallowing difficulties, behavioural difficulties, mobility issues, postural care, assessment for aids and adaptations to meet activities of daily living, complex health needs, difficulties in accessing healthcare services, specialist mental health needs and psychological needs.

Team input could include:

- Working directly with people with learning disabilities and their carers.
- Supporting mainstream health services to make reasonable adaptations to meet the needs of people with learning disabilities.
- Providing training and support to a range of services to enable them to meet the needs of people with learning disabilities.
- Working with commissioners to assist them to develop appropriate services to support people with learning disabilities.

The team also promotes the use of person centred approaches to meeting the needs of people with learning disabilities.

The team accepts referrals from anyone including carers and people with learning disabilities themselves. These referrals are discussed at a weekly meeting where the team decides if the referral is appropriate and which members of the team might be able to help.

## **Chorley East and Chorley West 0-19 teams Service Description**

The Chorley East and West 0-19 teams consists of Health Visitors, school nurses, staff nurses, nursery nurses and support workers. There is also a Team Leader and Practice Teacher within the team.

### **Health Visitors**

Health Visitors offer a universal service to all children and families. The geographical area we cover in Chorley is vast and covers a large geographical area. All children under 5 years have a named Health Visitor. A Health Visitor's caseload is generally above 300 children (if working full time).

Our core service is as per 'The Healthy Child Programme' and is followed nationwide. The Health visitor carries out visits in the home including – Antenatal contact at 30-36 weeks gestation to determine level of support needed, give key information and advice and assess each family individually. There are also key visits at 10-14 days (where the baby is examined by the Health Visitor), maternal mood assessment (assessment of mental health) at 4-6 weeks, contact offer at 3-4 months and developmental assessments at 8-12 months and at 2- 2 and a half years. All these visits (apart from the 2 year developmental assessment), are currently carried out in the home. Each visit requires the carrying and transporting of equipment, such as weighing scales and height measures. The 2 year assessments are currently carried out in a clinical setting, which needs a large room to carry out effectively.

The Health Visitor would, due to the nature of their job, be in and out of an office base, frequently during the day. Staff also provide regular clinics and see mothers and babies in a clinic setting (currently within local children's centres/Health Centres).

Along with providing a core service as described above, the Health Visitor would also regularly attend meetings in and around the Chorley area. A 'targeted' service is also provided following assessment of need which amongst others includes – child protection – Health Visitors and school nurses regularly attend Child protection conferences, safeguarding meetings

### **School Nurses**

School Nurses are linked to schools and also provide levels of service to the 5-19 age group (dependent on need). School Nurses deal with large numbers of child protection and frequently attend safeguarding meetings during their working week and need to write reports for these. There is a national measuring programme which support workers/staff nurses and school nurses deliver and this can also mean carrying of equipment to and from schools and base, and inputting of data to ensure Key Performance indicators are met. The school nursing service, also hold 'drop ins' in schools and would be in and out of their base frequently.

The Health Visitors and School Nurses and their skill mix teams, have varied roles, which differ on a daily basis. The School Nurses and the Health Visitors have a 'duty' system whereby they deal with the tasks and queries for their team on that 'duty' day.

Both Health Visitors and school nurses often deal with confidential information and relay this to social workers, external agencies and parents. They are guided by the NMC code of conduct and all have enhanced Disclosure and Barring (DBS) screening in order to complete their work.



## **Chorley Council**

### **Early Intervention Services**

#### Health and Wellbeing

The Health and Wellbeing Team focus on engaging people of all ages to lead more healthy and active lifestyles. Creating a society where residents are supported and empowered to live well and feel engaged in their community. Services that are provided or supported by the team range from creating opportunities for people of all ages to be active, and supporting communities to be able to identify and meet needs or gaps. This makes them best placed to deliver in keeping people safe and enable them to stay in their own homes for longer, when faced with a physical restriction.

#### **Activity programs**

The service co-delivers and supports the creation of activity for people of all ages and abilities within Chorley.

Some examples are:

- Evening and school holiday activity provision for able and mentally or physically restricted young people
- Events to promote play and health and wellbeing
- Activities for older members of the community
- Activities for adults of all ages that are available during the week, such as: Walking, football, health walks and 'back to sport' activities.

#### **Community Centres**

The service manages six community centres, and also works in partnership with voluntary and resident groups to run facilities in their area.

The focus is to ensure the community assets offers activities and services which are most needed in the surrounding locality.

#### **Community Development**

The service aims to support groups and individuals to create and develop community groups such as:

- Peer support
- Physical activity
- Social groups
- Environmental groups

The objective is to enable and empower the community to take the lead in creating these groups. It is proven that groups and services run by the people who live(d) in their area and have experience and local knowledge, often generate the best outcomes. This helps to create a strong and well connected community.

We work closely with partners who are connected with individuals and families in the community, to ensure that gaps and needs are identified and methods used to best support and meet those needs.

## **Health Campaigns**

Staff in the service work with partners that deliver health and wellbeing campaigns, to ensure they are able to access the community in the most effective ways.

These could include:

- Inviting partners to groups that are familiar to the service
- Connecting them with the community, voluntary or faith groups
- Utilising links with other Council teams and external private business

## **Home Improvement Agency**

The Home Improvement Agency offers a range of services including:

- The handyperson service
- Advice and support with energy efficiency
- Minor adaptation services
- The coordination and delivery of works as part of disabled facilities grants

## **Leisure Contracts**

The team also manages the Active Nation contract. They manage three leisure facilities owned by Chorley Council and Glendale Golf, who is the leaseholder of the golf course at Duxbury Park.

The team also works closely with staff that manage or hold leases for Chorley Council sites. This maximises the opportunities available to increase members of the community that benefit from the resources available in these facilities.

## **On the Ladder Training Program**

This initiative aims to coordinate volunteer based training programs, as identified by people in the community, to help empower and increase capacity and resilience. These courses range from using social media to basic first awareness.

## **Time Credits**

The Health and Wellbeing Team work with partners at Spice, to continue the development and embed Time Credits across the borough. This ensures that the opportunity to be involved and benefit from the experience of giving time, sharing skills and spending Time Credits is available to everybody.

Time credits are an integral part of the focus of the Health and Wellbeing Service, in supporting the development of sustainable and resilient communities, and are connected to the majority of our work.

<http://chorley.gov.uk/Pages/AtoZ/Lancashire-Time-Credits.aspx>

## **Volunteers**

The service supports the development of a wide range of inclusive volunteering opportunities across the community, and has opportunities within the team for members of the community to volunteer.

## **Neighbourhoods**

The Neighbourhoods team have varied roles and statutory duties including: Community safety, environmental prevention and protection, healthy, clean neighbourhoods, and intervention & prevention of crime and disorder (including CCTV provision).

### **Neighbourhood Working:**

Neighbourhood Working within Chorley provides support for community groups, volunteers and residents to make a difference at a local level. By providing advice, information and funding for local projects in each Neighbourhood Area.

We are divided into 7 Neighbourhood Areas and within each Neighbourhood we facilitate activities, environmental improvements and community projects sponsored by the ward Councillors. This process allows anyone with an interest in the neighbourhood to make an application for funding, resources, equipment and assistance from us and other agencies to deliver the project.

Our Neighbourhood Development Officer, will provide assistance to applicants for all Neighbourhood and Environmental Projects, helping to arrange the allocation of funds and linking in with other agencies and partners to 'Make it Happen'.

### **Clean Neighbourhoods:**

Members of the Neighbourhood Team will remove rubbish from land for which we are responsible for, such as streets, road verges, parks, playgrounds and pedestrianised areas. Glass or clinical waste including syringes in public places will be dealt with as a priority.

Other issues that the Neighbourhood Team deals with include:

- Dog Fouling
- Fly-tipping
- Graffiti and flyposting
- Abandoned Vehicles

More in depth information around these and other issues can be found at:

<http://chorley.gov.uk/Pages/AtoZ/Clean-neighbourhoods.aspx>

## **Community Safety**

Community Safety is one of our top priorities. We are working hard with other agencies such as the Police to reduce crime and the fear of crime among our residents and visitors. We work in partnership with a number of agencies through the Safer Chorley and South Ribble Partnership to improve community safety. The Community Safety Partnership Plan sets out how we are going to ensure that your streets and neighbourhoods remain some of the safest in the country. The Community Safety Partnership follows the action plan which outlines the priorities which are Child Sexual Exploitation, Domestic Violence, Counter Terrorism, Road Safety, Violent Crime and Anti-Social Behaviour. As part of the partnership we use campaigns, education and training to raise awareness.

Through referrals from other agencies we safeguard vulnerable residents who may need a wraparound service in order for them to live independently. We work closely with other services that can provide additional support for vulnerable residents.

## Environmental Health

People in Chorley should be able to lead a safe and healthy lifestyle and we treat this with paramount importance. We will send an emergency response team to certain hazards.

What we provide an emergency response for:

- Serious pollution - chemicals, smoke, fumes etc. which threaten life or limb
- Food poisoning outbreak - only if you are a proprietor of a food premises reporting allegations from customers
- Dangerous waste - unknown chemicals, sharp objects

Other Environmental issues that the Neighborhoods team covers include:

- Nuisance
- Dog Microchipping
- Food hygiene rating
- Land drainage
- Lost/found animals
- Pest Control

More in depth information around these issues can be found at:

<http://chorley.gov.uk/Pages/AtoZ/Environmental%20Health.aspx>

## Housing Options

Chorley Council have a key role to play in making sure there is a range of good quality housing in Chorley. There are a number of things we do to achieve this including providing services for local people and also working strategically with our partners to develop strategies and monitor the housing market. We produce the Prevention of Homelessness Strategy along with other key pieces of housing related research, policies and statistics. We do not own or manage any properties as we transferred our stock to Chorley Community Housing in March 2007 and so work with Registered Providers (RPS) to meet local housing need. The Housing options team have a varied role, providing a number of services including:

- **Access to social housing via the Select Move Choice Based Lettings system:** We work closely with the Registered Providers and developers to enable and deliver new affordable homes for rent, shared ownership or discounted sale. All new rented homes will be advertised on Select Move. (Could we provide a link here?)
- **Housing options advice** including homelessness, help to access private sector housing, help with mortgage advice, and also help to access to housing related support including accommodation based service and also floating support.

Our Housing Options team can provide help and advice if people are experiencing problems with their housing situation or if someone is looking for a new home to rent Chorley. If someone is struggling with rent arrears or other issues in a rented property, they can contact the team who will work with them and their landlord to try and resolve the issue. We can also provide advice if a home owner is struggling with mortgage repayments & facing repossession. If a Chorley resident is affected by the changes to welfare benefits, including the reductions in housing benefit for those under occupying social housing, we can provide with help and advice.

- **Cotswold Supported Accommodation for homeless families:** This is our temporary accommodation service for homeless families and single people. It is a 25 bed hostel which is staffed 24 hours a day. All customers using this service receive support and advice from a dedicated team of support workers. Only the Housing Options service can refer into this service.

• **Home Improvement Agency for help with adaptations and energy efficiency:**

Chorley Home Improvement Agency is a not-for-profit organisation run by us. The service provides confidential advice, support and assistance to older, disabled or vulnerable people and their families to repair improve or maintain and adapt their homes. We offer a range of services including the handyman, advice and help with energy efficiency and help with adaptations, including disabled facilities grants

• **Support and advice for Private Landlords In Chorley:** If someone is looking to become a private landlord in Chorley or are looking to become a landlord, they may be interested in the Chorley Private Landlord Forum. The forum meets quarterly and provides a great opportunity for landlords in Chorley to share experiences and take advantage of any advice or training which may be on offer.

Further detailed information around the team can be found here:

<http://chorley.gov.uk/Pages/AtoZ/Housing.aspx>

**Regulatory Services (Environmental Health and Licensing)**

The Function of the Regulatory Services Team link to the Public Health, Public Safety and Environmental Protection and the Council's Corporate Objectives for Clean, safe and healthy communities.

Environmental Health Officers undertake a number of statutory and non-statutory duties which include:

- Environmental Protection, which comprises Noise and Statutory Nuisance Investigations, Air Quality Monitoring and reporting, Industrial Permitting, Drainage and Public Health Investigations and State Assisted Funerals.
- Health and Safety, including registration of tattooing, acupuncture and some beauty treatments;
- Food Safety Inspections and Enforcement;
- Infectious Disease Control;
- Housing Standards including Chorley Council's Health Homes Campaign; and
- Empty Properties

Licensing functions include the administration and enforcement of the following licences:

- Taxi Licensing;
- Premises Licences includes alcohol licensing, late night refreshment (takeaways and restaurants serving food after 11pm), regulated entertainment and temporary events;
- Gambling Establishments and Lotteries;
- House to House Collections;
- Scrap Metal dealers;
- Houses in Multiple Occupation; and
- Street Trading
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The Regulatory Services Team also regularly produce and review policies in relation to Taxi Licensing, Premises Licensing and Gambling.

Further details around various licenses can be found here:

<http://chorley.gov.uk/Pages/AtoZ/Licensing.aspx>