

Report of	Meeting	Date
Director of Early Intervention and Support	Overview and Scrutiny Committee	25 January 2018

## UPDATE ON THE INTEGRATED COMMUNITY WELLBEING SERVICE

### PURPOSE OF REPORT

- To provide an update on progress made in implementing the integrated community wellbeing service in partnership with Lancashire Care Foundation Trust (LCFT)

### RECOMMENDATION(S)

- That the report be noted.

### EXECUTIVE SUMMARY OF REPORT

- The integrated community wellbeing service continues to develop since its start in April 2017. The focus for the coming months will be on reviewing and reforming pathways related to homelessness, employability and mental health.

Confidential report Please bold as appropriate	Yes	No

### CORPORATE PRIORITIES

- 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 homes and communities	✓	An ambitious council that does more to meet the needs of residents and the local area	✓

### BACKGROUND

- As part of the work to examine future governance models for public services, an outline business case was developed to create a service that focussed on prevention and early intervention. From that, Chorley Council and LCFT agreed to create the integrated community wellbeing service.
- The business case argued that it should be possible to make public services more sustainable if organisations worked together more effectively around functions that supported prevention and early intervention. It predicted that, over time, it would be possible to achieve significant savings and better outcomes if this was successful.
- Following the agreement from the two organisations in winter 2016, the service commenced in April 2017. The main focus in the initial period was on collocating around 170 staff within

the service into the council's Union Street offices, and ensuring that mechanisms are established to promote working across the service.

## **PROGRESS SINCE APRIL 2017**

8. The work since April has broadly focussed on:
- Workforce engagement and development
  - Improving casework focussed on prevention and early intervention
  - Improving integration in service delivery

### Workforce engagement and development

9. Ensuring that teams and individuals are content and confident in their jobs and in the new arrangements has been an important focus of the past six months. A series of service-wide events have been held to encourage interaction and establish the culture and focus of the service.
10. An initial survey of all staff involved in the service was undertaken to ensure that a baseline was established after the initial settling period. The survey was undertaken in July and August, and sought to establish staff views on the service and the colocation. There was a 52% response rate.
11. The results of the survey are positive, with 65% of respondents saying they are satisfied with the changes to colocate their team into the integrated community wellbeing service. Other positive responses include:
- 78% responded to say they know the aims and objectives of the service
  - 64% feel there is an upbeat positive culture within the service
  - 90% say that they understand what is expected of them in work.
12. There are areas for improvement that have been highlighted through the staff survey. These particularly relate to:
- a. Ensuring that people's skills, knowledge and experience are fully utilised
  - b. Ensuring that staff feel involved in decision making
  - c. Ensuring that staff are able to contribute to promoting focus on prevention and early intervention
13. Action is already being taken to address the areas for improvement, with staff working in facilitated focus groups to develop an action plan for implementation. Once developed, the action plan will be shared with all staff before being implemented over the coming months.

### Improving casework focussed on prevention and early intervention

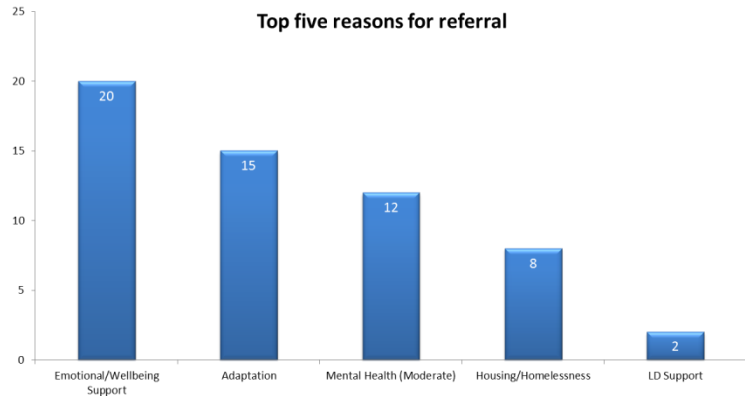
14. One of the key focuses for the period between June and November has been to facilitate the functions delivered within the integrated community wellbeing service. This has been particularly done through an integrated referral hub for cases that benefit from a multi-disciplinary approach, based upon an approach pioneered by the Chorley Public Service Partnership.
15. The integrated referral hub meets on a weekly basis, and receives cases from members of staff across the service. The cases are those where the staff believe would benefit from a comprehensive approach to reduce the risk of a crisis presentation or escalation of issues.
16. Set out below is a summary of the caseload considered to date

## Integrated Referral Hub: caseload summary

### Top referral destinations



### Top five reasons for referral



### Time taken to deal with cases



**78**  
cases  
considered

Main age groups  
for clients  
**60 - 79**  
& **18 - 29**

### 17. The key learning points from the referral hub to date are:

- A good method to encourage interaction between teams on a case by case basis
- Reduced levels of risks to patients/individuals by looking at assessments of need at an earlier point, which help reduce or avoid acute needs at a later point e.g. Housing needs, adaptations, social care support, Carer's assessment, Home Fire Safety checks
- Coordination and tracking of cases providing a stronger focus on prevention and early intervention
- We need to develop clarity in how cases are coordinated and closed to ensure the referral hub remains focussed and information is recorded in a consistent manner.
- There may be potential for a slightly different approach to be developed whereby cross-functional teams work on complex cases to establish new approaches and relationships

### Improving integration in service delivery

18. In addition to the integrated referral hub, set out below are improvements that have been made to a focus within the service: minor and major adaptations.
19. Adaptations to properties are administered by Chorley Council, with links to the wider disabled facilities grant process. The adaptations aim to support residents to remain in their homes by making changes to properties. As such, they provide a critical tool in preventing and reducing demand on more expensive and intensive public services (such as hospitals and adult social care).
20. Previously, the process included handovers between different providers, referrals and significant delays.

21. The recipients of adaptations tend to be older residents and they will have conditions normally mean that they are in need of more public services (for example with more frequent visits to GPs, A & E attendances and community based support).
22. Changes have been made in the process to improve it. They include changes to policy to reduce or remove thresholds (for example, the council changed its policy to limit the need for financial means testing and improve procurement), and to use the resources available within the integrated service.
23. Set out at appendix A is a summary of the process, before and after the improvements. It illustrates that the potential savings that changing the process could achieve for public services.

## **FUTURE FOCUS**

24. The work of the integrated community wellbeing service is overseen by a joint Executive group, comprising representatives from Chorley Council and from LCFT. Chorley Council's representatives are:
  - a. Cllr Bev Murray
  - b. Cllr Margaret France
  - c. Gary Hall
  - d. Chris Sinnott
25. The group meets on a quarterly basis to receive updates on progress made in implementing the service. It provides a strategic oversight, but it does not replace the normal decision making processes for the two organisations.
26. At its meeting in December, the Executive Group considered a report on the focus for future change for the service. The key element of that report was a proposal that identified key pathways for review and reform.
27. Pathways refer to the way in which customers and clients receive services and support, and is a term particularly used in health and social care. Where pathways work well, they reduce demand, manage costs and improve outcomes.
28. Too often, however, existing pathways result in people waiting too long, being passed onto other services as their problems are deemed too complex. Pathways can also be far too generic to deal with issues properly or, conversely, they are too specific and only allow support to be offered on very focussed aspects of people's presenting needs.
29. Therefore, work has been undertaken to identify pathways within the integrated community wellbeing service that have the greatest potential to improve services to the borough's residents. The selected pathways are:
  - Mental health
  - Homelessness
  - Early-years / family support
  - Social isolation / loneliness in older people
  - Employability
  - Frailty
30. To focus efforts, the initial work will concentrate on mental health, homelessness and employability.
31. Staff within the integrated service will work together, and with other partners and service users, to review the pathways and make recommendations for improvements.

32. In addition to work to review pathways, the two organisations are continuing to work to develop and strengthen the partnership. This work includes:
- Identifying the budget and staffing resource that is available to service
  - Continuing to review the management arrangements to ensure they remain fit for purpose
  - Working with other partners delivering public services through the Chorley Public Service Reform Partnership

### IMPLICATIONS OF REPORT

33. 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

34. No comments

### COMMENTS OF THE MONITORING OFFICER

35. No comments

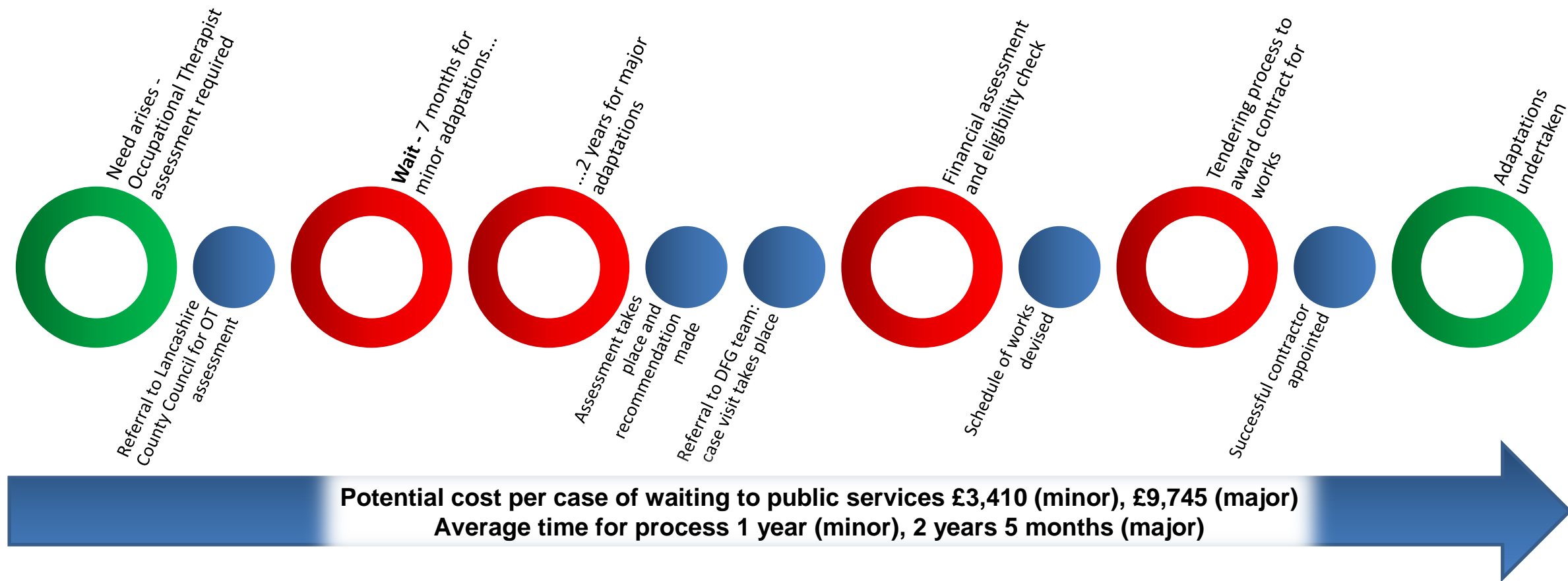
CHRIS SINNOTT  
DEPUTY CHIEF EXECUTIVE / DIRECTOR (EARLY INTERVENTION AND SUPPORT)

There are no background papers to this report.

Report Author	Ext	Date	Doc ID
Chris Sinnott	5337	9 January 2018	ICW O and S update Jan 18

# Major and minor adaptations: improving outcomes, reducing costs

## Process before integrated community wellbeing



## Process since integrated community wellbeing

