Place Based Integrated Working

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Wigan Council
Wigan

- Population of 320,000
- Coterminous Organisational footprint
  - Wigan Council
  - Wigan Borough CCG
  - Wigan Wrightington and Leigh FT
  - Bridgewater Community FT (also 3 other non GM boroughs)
  - 5 Boroughs Mental Health Trust (also 4 other non GM boroughs)
  - Greater Manchester Police Division
  - GM Fire and Rescue
  - Wigan and Leigh Homes (in house)
  - Improving Healthier Lives
  - Wigan Education Partnership
- Part of the Greater Manchester Combined Authority
A familiar challenge

**Constrained funding**
Constrained funding means that all partners in the borough are facing an unprecedented financial challenge.

**Ageing population**
An ageing population with multiple complex chronic conditions.

**Increasing demand**
Increasing demand from individuals with complex dependency who have been used to taking action only when their need was acute.

**Integration**
A lack of integration between different providers in the system leading to inefficiency and a compromised patient experience.

**Skills and workforce gap**
A skills and workforce gap that threatens the safety of the system and impacts its ability to invest in improvements and changes.

**Poor health**
High levels of obesity and tobacco and alcohol consumption – important determinants of poor health.

**School readiness**
Children who are not ready for school meaning they may face a lifetime of disadvantage.

**Lifestyles**
Adults of working age trapped in chaotic lifestyles and dependent on multiple public services.
Wigan Council Financial Challenge

Financial challenge

Savings (M) against years from 2011/12 to 2018/19.

- £100m saved 2011-2016
- £60m further savings by 2019
ASSET BASED WORKING
INDIVIDUALS AND COMMUNITIES
Our part

- Keep your Council Tax as one of the lowest
- Help communities to support each other
- Cut red tape and provide value for money
- Build services around you and your family
- Create opportunities for young people
- Support the local economy to grow
- Listen, be open, honest and friendly
- Believe in our borough

Signed  
Lord Peter Smith of Leigh, Leader of Wigan Council

Your part

- Recycle more, recycle right
- Get involved in your community
- Get online
- Be healthy and be active
- Help protect children and the vulnerable
- Support your local businesses
- Have your say and tell us if we get it wrong
- Believe in our borough

Signed  

Wigan Council Online  YouTube  wigan.council  Twitter  @wigan.council  wigan.gov.uk/thedeal
Asset based working

‘Different conversations’ to understand individual assets, recognising their strengths, gifts and talents, rather than a deficit model

‘Know your community’ - responding to local needs and connecting people with community solutions

Developing community capacity - through co production, different relationships, asset transfer, CIF

Developing new ways of working – giving the workforce permission to be innovative and creative, in return for a pledge to be positive, accountable and embrace new ways of working.

Place based working – thinking about where our services are located as well as how they are delivered
1) Different Conversations

- Start with a blank slate
- Have a conversation about what is important
- Consider the whole person, their life story, family, social networks, environment, health and wellbeing
- Move away from formal assessment and pre-conceived ideas
- Uses an asset model – an exploration of gifts and talents – not a deficit model
2) Connect people to community driven solutions

- Know your community.
- Community book - online resource directory.
- Market shaping.
- New commissioning models.
- New roles:
  - Community Knowledge workers – knowing their patch.
  - Volunteer community connectors.
  - Community link workers within primary care.
3a) Invest in the Community Capacity

- Launched July 2013
- Pump-prime creative, bright ideas
- Shape the existing market
- Investment **NOT** grant
- Focus on:
  - Innovation
  - Reducing demand on public services
  - Community driven
- £7m invested
3b) The Deal in Action in all parts of the borough

Wigan and Leigh Homes (WALH) launched the Deal for Tenants

We had sensational coverage in the regional media
4a) Giving staff permission and freedom to redesign and work differently

- Liberating the workforce to be innovative and creative
- Allowing staff to do the right thing
- Encourage positive risk taking
- Rusty rocks up at Heathside...
4b) Wigan Council Behaviours

Be Positive
... take pride in all that you do

Be Accountable
... be responsible for making things better

Be Courageous
... be open to doing things differently
PLACE BASED WORKING
“Staff from different public services will be working more closely together in each place to support residents to live the lives they want to and to support communities to help each other. Workers from different agencies will share the common ambition and appreciation of what residents can do and what their strengths are and not only what they can’t do or what their need is”

“We recognise that to deliver the scale of change required it is essential that we work closely with partners, particularly those with whom we work to deliver and reform services for borough residents. The focus of public services should be on the people who receive them and the communities in which they live, and not on the organisations that provide them.
Platt Bridge Multi-Agency Team

Principles

- Bring a **core** multi-agency team together in a place.
- **Share** knowledge and skills.
- Work in the **best interests** of the **place** and the **people** – not the system.
- Have different conversations with residents.
- Get to know the community.
- Take a **common sense** approach to supporting people to help themselves.
- Understand the **value** of each interaction.

Multi-agency team – Phase 1

- **Police** – Chief Inspector, Inspector, Neighbourhood PC and PCSO
- **Adults** – Programme Lead and Adult Social Care Worker
- **Children** – Social Worker and Restorative Solutions Worker
- **Housing** – Service Manager and Housing Support Worker
- **Domestic Abuse Team** – Young Person’s Domestic Abuse / Live Well Worker
- **Anti-Social Behaviour** – Anti-Social Behaviour Prevention Worker
- **Mental Health** – Dual Diagnosis Psychiatric Nurse
- **Drugs and Alcohol Worker**
- **Fire Service** – Safeguarding Fire Worker
Platt Bridge – what we learnt

• Our systems and process are calibrated to reduce risk to organisations rather than address the root cause of residents issue.
• Taking an asset based approach to residents helps us to engage, and stops us labelling people.
• Seeking to identify residents proactively and intervening early can limit the level of dependency on services.
• Understanding the assets of the community, including the private sector, and supporting them to play a role, helped residents to be independent and well.
• Providing consistency of engagement with key workers was the best way to support residents, and stops demand circulating the system.
• We learnt more about the inherent complexity of broader public services – the unintentional ‘barriers and blockages’.
• “Place” should replace “organisation” as the currency of integrated service provision.
Claire’s Story
We are also building a fundamentally different way of organising out of hospital health and care services.

- Built on new clustering of GP Services
- Integrated Community Nursing and Adult Social Care
- New models of integrated children's services
- Transfer out of services from hospital into community settings (e.g. outpatient services)
- Public Health Interventions

.. This is the stuff of our Integrated Care Organisation – “Healthier Wigan Partnership”

..and making sure this work is informed by Deal principles
Demand reduction is core to the delivery of a sustainable health and care system, and yet..

- In Wigan - 40% of highest risk cohort for unplanned admissions to hospital are adults of working age
- Loneliness is a major determinant of non-elective admission for older people
- Up to 40% of children arriving at reception year in primary schools are not school ready
- In one study in Wigan up to 40% of the activity in primary care was related to wider socio-economic influence – debt, domestic abuse, worklessness, loneliness, fuel poverty
- Mental health crisis in children and young people dwarfing the service response.
- In a “test” week in one of our primary schools we established 1 in 4 of the children lived in a house with a reportable incidence of domestic abuse in the previous 2 years
SO BRINGING THIS TOGETHER
**Objective**

**Improve outcomes** and secure **sustainable cost reduction** in public service provision through the **large scale application of Wigan Deal** (asset based) principles across health & care and wider public services.

**Securing step change in;**
- Health inequalities and population health and well being
- Residents being independent and well and not requiring formal services
- Meeting demand in more effective ways
- The reduction in the cost base of services indicative of reactive spend

**Characteristics**
- Integrated provision of public services in communities as a precondition for scaled early intervention effectively targeted through risk stratification
- The autonomy of staff in multi-agency teams to focus on residents in places

“When I started seeing the Community Link Worker I felt I didn’t really have a reason to get up in the morning. Now I’ve got access to support I didn’t know was available in my community. I have even been able to start volunteering which has shown me that I can give something back.

– Local resident
The focus of public services should be on the people who receive them and the communities in which they live, and not on the organisations that provide them.

Staff from different public services working more closely together in each place to support residents to live the lives they want to and to support communities to help each other.

Workers from different agencies will share the common ambition and appreciation of what residents can do and what their strengths are and not only what they can’t do or what their need is.

“We have had people involved before but nothing changed, this time Lynn arranged for the right people to help us and now things have changed for the better, thank you so much”

Large family, - SWAN Cluster - housing issues, victims of ASB, elderly relative with health and social isolation issues, children school attendance problems
Principles of Place Based Integration

• The formation of a multi-agency team ethos, retaining specialist expertise but working in a genuinely integrated way, taking responsibility for working directly with residents

• Staff working together – sharing the same air and same milk – talking and solving and not just referring

• The adoption of an asset based approach to residents, recognising their skills and talents and hopes and not defining them by their needs

• Knowing and understanding communities and supporting residents to connect to community assets

• Seeking to identify residents proactively and intervening early in circumstances that would otherwise create a greater level of dependency on services – a shared view of priorities in the place

“We are all delighted with the way that everyone has worked together to achieve this fantastic outcome for the patient, including the Integrated Community Services, Hub, the Multi-Disciplinary Teams and other agencies. A credit to everyone involved.”

Jean, Community Matron
A Currency for Service Alignment

“From a clinical point of view, I often feel I’ve done all I can for my patients. But now I have the chance to make sure they have all the support they need. It’s a weight off my shoulders.”

GP
What this is, and is not....

This is not..

• Disregarding the contribution of local communities
• Telling people where we think they live
• A currency to frame public engagement
• An alternative currency to wards

This is..

• just a working definition to support the alignment of capacity from different agencies together in emergent joint teams – where they know each other
Place Working

**Healthier Wigan**

**Content**
- Clustered Primary Care
- Integrated Community Services
- New Start Well Model
- Redesign of Outpatient Services
- Aligned Public Health Inteventions
- Aligned community based mental health services
- Community Link Workers

**Process**
- Alliance Agreement 1\textsuperscript{st} April 2018

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**Wider PSR**

**Cluster alignment**
- SDF Managers (Convenors)
- Troubled Families Workers
- Complex dependency workers
- GMP
- ASB
- Housing
- Drug and Alcohol Services
- Employment Interventions
- School Liaison Mental health leads

**Process**
- GM investment proposition
- Further alignment

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The client was signposted by his GP to get help with his benefits. ‘It has been easier and more accessible for me and my elderly mother, who is my main carer, to access advice services in our local GP practice.’

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One place, one plan, one ambition for each SDF supported by Borough wide functionality – e.g MASH
Shared Characteristics of reform of health and care and wider public service

- GPs and Schools as pillars of engagement
- Asset based approach with individuals and communities
- Multi-agency team working together
- Relentless pursuit of prevention and early intervention
- Deployment of Risk Stratification to intelligently target greatest cost – supplemented by local knowledge
- Use of CBA to make the money flow
- Staff behaviours – positive, accountable, courageous
- Connect people to their community/each other
- Positive and hopeful and based on track record
- Place Based not organisational based
What we have

- SDF Managers as convenors
- GP Clusters developing maturity
- Named capacity for each SDF for some services internal and external to council
- Profile for each SDF
- Programmes beginning to align – ICS
- Commissioning recognises SDFs – mental health liaison workers into schools, substance misuse
- Incoming capacity (new live well workers)
- Community Assets mapped
- SDF Huddles
- Estates Solutions – bases - for most SDFs -
- Tested a sub SDF neighbourhood teams in area of greatest demand (Scholes)
Our best advocates

“I went to the Wigan north SDF huddle meeting yesterday and it was brilliant! If you have any cases that you need further info/support or are stuck with I would definitely recommend going to these meetings, the power of all the different people there (adult social care, police, housing, confident families, community knowledge officer, Addaction, health, and of course start well!) was amazing, and for the people that brought cases the support was invaluable as everyone was very willing to play a part in finding the best support for each family and they left the meeting with so much help and support. I also learned a lot about the roles of others there and what support is on offer for parents and children it was really helpful and everyone was very friendly and to top it all off You also get tea/coffee and biscuits! Bonus!!! Happy Huddling!!! “

Helen - Start Well Worker
Integration in action

Jean, a community matron stepped in when one of her patients was concerned that a hospital stay would mean her children may be taken in to care; as she had no family support. When Jean found out that this was why her patient was missing appointments they planned together for the safe care of her children. In future she doesn’t have to worry.

The care she received from Jean was not just for her medical needs. The patient’s home situation meant she found it difficult to take care of herself and plan how she could manage her health conditions.

Jean looked at what was stopping her patient to keep well from housing, to concerns over her children and focused on helping with them as well as her medical condition.

From the survey in 2014 local people said they wanted ‘a care co-ordinator’- someone who would look after all of their needs and help them to get the right support when it was needed.

Jean didn’t do this alone; she had support from colleagues at Start well, the police, housing and a multi disciplinary team in her local area.

She accessed the resources of a range of professionals to provide ‘A Multi agency approach to delivering seamless care’.

We are all delighted with the way that everyone has worked together to achieve this fantastic outcome for the patient, including the Integrated Community Services, Hub, the Multi-Disciplinary Teams and other agencies. A credit to everyone involved.”

Jean, Community Matron
Case Study Example: SWAN

- Karen was referred to the Community Link Worker (CLW) by her GP following multiple practice visits (low mood, anxiety, debt worries, family breakdown)
- An initial meeting with the CLW uncovered a wider range of issues that needed to be addressed through a multi-agency approach
- Karen had previously been referred to Start Well (x3) but had not engaged
- Karen gave consent to share information with other agencies through the place based ‘Huddle’.
- CLW encouraged Karen to agree to a joint home visit with a Primary Assessor. Concerns were raised re home conditions. Karen had not bathed for 2 years due to mobility problems. Behavioural issues with children and poor school attendance. Lack of space & shared bedrooms. 10 dogs & 5 cats living in the house
- Input from different agencies via the initial Huddle- practical support re housing conditions, family support via Start Well, benefits & debt advice, AWARM, working on self-esteem and personal health needs (even RSPCA involvement!)
- Karen supported to take up volunteering role & consider employment options
- GP Practice Team was kept updated on progress via the CLW
- Huge improvements for the family
- Reduced demands on general practice
- Longer term reduction on demands placed on the system
## SDF Managers – Convenors of Partnerships in places

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<thead>
<tr>
<th>Footprint</th>
<th>SDF Leads</th>
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<tbody>
<tr>
<td>Leigh</td>
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More to do

• Make sure we don’t lose the connection to local communities and neighbourhoods
• Connection to Schools
• Connection to Employment Support
• There is some duplication of meetings in places – but maybe this always happened but we can see it now
• Using public services buildings better
• Data Sharing!
Thank you for your time and attention.

will.blandamer@wigan.gov.uk
Place Based Animation (latest January 2018)

• [https://www.youtube.com/watch?v=7PIOEXar9pc](https://www.youtube.com/watch?v=7PIOEXar9pc)