

## HEALTH AND WELLBEING BOARD



<b>TO:</b>	Health and Wellbeing Board
<b>FROM:</b>	Sally McIvor, Executive Director People, Blackburn with Darwen Borough Council
<b>DATE:</b>	22 <sup>nd</sup> September 2014

**SUBJECT: Overview of developments in partnership working across localities**

### 1. PURPOSE

To provide the Health and Wellbeing Board with an overview of emerging models and timescales for integrated locality working across key public services in Blackburn with Darwen.

The proposals cover:

- a) Integrated service delivery across health and social care
- b) The delivery of Early Help for children and families
- c) Transforming Lives delivery model for Blackburn with Darwen (in partnership with Lancashire Constabulary)

### 2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to note the contents of the report, specifically:

1. The work undertaken so far to develop partnership working across localities in health; social care and health related services
2. The embedding of early intervention and prevention as key ambitions across each programme of integration
3. Proposed timescales and next steps for development of these integrated locality-based services offers

### 3. BACKGROUND

The Health and Social Care Act 2012, gives health and wellbeing boards specific statutory functions, including:

- To encourage integrated working between health and social care commissioners, including provision advice, assistance or other support to encourage arrangements under section 75 of the National Health Services Act 2006 in connection with the provision of health and social care services
- To encourage close working between commissioners of health related services (such as housing and other local government services) and commissioners of health and social care services

The past eighteen months have seen a concerted approach, under the auspices of the Health and Well-being Board, to strengthening partnership delivery of effective care and support models, across the four localities adopted by the Council and the Clinical Commissioning Group (CCG), namely Blackburn North; Blackburn East; Blackburn West, and Darwen.

The developments have arisen as a logical next step following the re-shaping of the health services nationally and locally, and the re-organisation of divisional policing arrangements, coupled with the need to bring about better outcomes for our communities, at a time when resources are shrinking.

#### 4. RATIONALE

Three specific programmes of service integration are being undertaken to ensure the coordination of care and support services for children; families and adults, across all agencies, with the common aims of:

- reducing inequalities;
- providing intervention and support for people at the earliest possible opportunity;
- achieving better outcomes for individuals and families;
- increasing resilience in local communities by developing community capacity and
- coordinating service delivery across agencies to reduce duplication and improve effectiveness.

The rationale for each of the three specific programmes is set out below, with further detail on key developments set out in Appendix 1.

##### **Integrated service delivery across health and adult social care**

Health and social care services for frail elderly and disabled adults as currently configured are widely agreed to be unsustainable in the face of future projected need and increasing financial constraints. A major drive is under way at a national level to promote greater integration of health and care services, which is now supported by the Better Care Fund, the details of which were considered at the Board in March. The national drive for integration across health and social care is matched by work being undertaken at local level between the Council and CCG to integrate a much broader range of services, and to develop and implement multi-disciplinary partnership teams based on the four localities across the borough. These integrated teams will provide a means by which we can co-ordinate care around the needs of individuals in our community to enable our goal of disability free, increased life expectancy to be realised. Successful delivery of the integrated care agenda will reduce inappropriate demand, improve quality and productivity and increase utilisation of community assets.

##### **The delivery of Early Help for children and families**

It is well documented that Early Help approaches for children, young people and their families do more to reduce the prevalence of abuse and neglect than reactive and more costly statutory services. Early Help provides effective, co-ordinated, multi-agency early intervention and prevention not only to children and young people, but to their families too.

The Early Help strategy will contribute at a local level to:

- Narrowing the Gap – e.g. reducing health inequalities
- Keeping children and young people safe
- Improving readiness for school
- Mitigating the effects of poverty

In addition future Ofsted inspections will focus on Early Help, particularly the “degree to which agencies work together to identify problems and offer effective early help without the need for a formal referral to social care”. The effectiveness of early help services will thus impact significantly on the Local Authority’s inspection judgment. Furthermore, Ofsted has also recently announced

plans to inspect Children's Centre networks within local authorities overall, rather than individual centres; again re-emphasising the focus that Ofsted maintains on Early Help and Children's Centres as a critical component in its effective delivery.

### **Transforming Lives delivery model in Blackburn with Darwen**

Transforming Lives draws heavily on national evidence in relation to Early Help, local experience of delivering Early Help services over a decade and work by the Audit Commission, the Early Action Task Force, and the Marmott Review 2010. These national policy sources all document the benefits achieved through agencies working together at the earliest opportunity; working with people facing multiple problems to secure better outcomes and reducing the costs of service delivery.

It is recognised nationally and locally that the combined issues of domestic abuse, parental mental ill health and parental substance misuse impact massively on children and their families, with an increased risk of this cycle of harm continuing to affect the next generation. The Transforming Lives approach will work alongside and in addition to already existing Early Help services to coordinate work with adults, in the same manner that has proved effective for children and their families, to address these issues and prevent harm continuing into future generations.

Anecdotal evidence suggests there are likely to be crossovers in the group of people who come into contact with the different service models being considered for locality delivery, particularly in relation to adult services. For example, an adult under 65, with complex needs could potentially need input from the health and social care locality team as well as the Transforming Lives team, due to mental health and substance misuse issues. Rather than re-designing these services and developing the approaches in isolation, the coordinated approach aims to avoid any duplication across agencies, and avoid the dangers of 'silo working'. Cross-agency work on information sharing, workforce development and assets is also an important aspect of the new approach, to maximise the use of joint resources.

## **5. KEY ISSUES**

A more extensive overview of the integrated approaches to frontline locality working in Blackburn with Darwen is provided in Appendix 1, in relation to:

- a) Integrated service delivery across health and social care
- b) The delivery of Early Help for children and families
- c) Transforming Lives delivery model for Blackburn with Darwen (in partnership with Lancashire Constabulary)

## **6. POLICY IMPLICATIONS**

### **Integrated service delivery across health and adult social care**

The approach to health and social care partnership working and integration outlined above and in appendix 1 enables the Council to move forward to meet the ambitions set out in the Health and Social Care Act 2012 and the Care Act 2014 currently before Parliament. It will also support the move towards increased pooling of budgets across health and adult social care, supported by the Better Care Fund. A locality-based approach focused on preventative services and use of community-based support is in line with local priorities agreed by the Health and Well-being Board, and with the national approach to prevention as set out in the Care Act.

### **The delivery of Early Help for children and families**

The delivery of early help and support to improve outcomes for children and their families is an expectation outlined in the new Ofsted inspection framework for children's services. As such, moving towards the model described above and in Appendix 1, will allow the Council and partners

under the Health and Well-being Board to deliver on its responsibilities and meet these new national requirements. The delivery of an Early Help strategy and approach aims to deliver the policy expectations of the Children and Families Act 2014 and Working Together to Safeguard Children 2013.

### **Transforming Lives delivery model in Blackburn with Darwen**

The approach outlined above aims to embed key principles of both the Health and Social Care Act and the Early Help approach, for a wider group of residents - namely adults - to ensure joined up service provision accessible to residents within their local area. It aims to ensure that residents get the right support that they need when they need it, and that their support is coordinated across the breadth of services, thus avoiding duplication of interventions.

## **7. FINANCIAL IMPLICATIONS**

It is proposed that any reorganisation and restructuring of services is carried out within existing budgets, subject to the new integrated pooled budget arrangements being developed for the Better Care Fund, which have previously been discussed and agreed by the Health and Wellbeing Board.

A long term goal of the approaches outlined above, is to help people to improve their lives and prevent them needing crisis/statutory services, which are ultimately more costly for the public sector and more traumatic for the people involved. This will be achieved by delivering more effective, targeted and joined up services, for the current cost.

## **8. LEGAL IMPLICATIONS**

This report does not seek decisions relating to specific changes in service or policy, and as such has no formal legal implications at this stage. Any legal implications resulting at a later stage from specific service changes will be identified in the usual manner, and will be a matter for consideration separately by each relevant constituent agency of the Health and Wellbeing Board according to their constitutional delegations.

The safeguarding of vulnerable people is a legal duty for the Council and its partners in the Health and Wellbeing Board, in relation to both children and adults, and safeguarding is a key priority within each of the approaches outlined within this report. As such appropriate advice on the safe management of people identified as being at risk of harm is being provided throughout all stages of development, and the safeguarding procedures, agreed by the Local Safeguarding Children and Adult's Boards will be adhered to within any of the final models identified.

The development of an Early Help strategy and approach is underpinned by the 1989 and 2002 Children Acts, 2006 Childcare Act and the Children and Families Act 2014. In relation to adult social care, the Care Act 2014 proposes duties for the Council and their partners, to integrate provision of preventative support to vulnerable people, and operate within a statutory framework for adult safeguarding through the Local Area Safeguarding Board.

## **9. RESOURCE IMPLICATIONS**

Resources to deliver the approaches referred to within this report, mainly staff time, are predominantly being met from within existing services.

The programme of work to deliver the health and adult social care service integration will be supported by additional resources from the Better Care Fund, assuming that Blackburn with Darwen is successful in its submission to the Department of Health.



Any staff affected as part of the service reorganisations will be consulted and engaged with in line with the HR policies of their organisation.

## 10. EQUALITY AND HEALTH IMPLICATIONS

This report sets out ambitions to support closer integrated working with key partners, across a number of frontline service areas. The intention of this integrated working is to provide more effective and efficient services to meet the needs of residents' improve outcomes and address inequalities. Integrated working aims to benefit all residents, including those who fall within the protected characteristics.

In considering this matter the Health and Wellbeing Board members are recommended to read and understand the Equality Impact Assessment (EIA) associated with this item in advance of making the decisions. The EIAs, in relation to:

- The Better Care Fund – Integration for Improved Outcomes (in support of Better Care Fund application)
- The Early Help Strategy
- Potential for developments in partnership working across frontline services - Update March 2014

can be found on the Council's internet site at the following address:

<http://www.blackburn.gov.uk/Pages/Equality-and-diversity.aspx>

## 11. CONSULTATIONS

### **Integrated service delivery across health and adult social care**

Consultation has taken place with a wide range of organisations and representative groups:

- Blackburn with Darwen Clinical Commissioning Group
- General Practitioners Operating in Blackburn with Darwen
- Blackburn with Darwen Healthwatch
- Voluntary, Community and Faith sector organisations including Age UK, Older People's Forum, 50+ Partnership
- Providers – East Lancashire Hospitals Trust, Lancashire Care Foundation Trust
- Members of the public through community events

### **The delivery of Early Help for children and families**

The Early Help strategy was developed in consultation with a wide range of partner organisations; council services and children and young people, as outlined within the January 2014 Council Executive Board report.

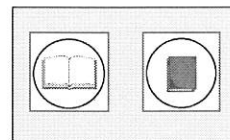
Extensive consultation was undertaken in relation to the Children's Centres review, as outlined to the Council's Executive Board in August 2013

### **Transforming Lives delivery model in Blackburn with Darwen**

Discussions have been undertaken with representatives from Lancashire Constabulary; Blackburn with Darwen Clinical Commissioning Group; East Lancashire Hospitals Trust; Lancashire Care Foundation Trust and Blackburn with Darwen Families, Health and Well-being Forum.

A programme of consultation and engagement with public and third sector organisations; frontline staff and key service users has been delivered and key elements of feedback from this engagement has been factored into the current proposals.

<b>VERSION:</b>	<b>0.03</b>
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<b>DATE:</b>	5 <sup>th</sup> September 2014
<b>BACKGROUND PAPER:</b>	



### Overview of developments in partnership working across localities

This appendix provides further information regarding the background to proposals for integrated locality working across key public services in Blackburn with Darwen, covered in the Health and Well-being Board report dated 22<sup>nd</sup> September 2014. Information on each of these approaches has previously been considered by the Council's Executive Board at their meetings in December 2013 and April 2014.

### Integrated service delivery across health and adult social care

#### Background

Integrated care is a means by which care can be co-ordinated around the needs of individuals in the community to enable this goal to be realised. Successful delivery of the integrated care agenda will reduce inappropriate demand, improve quality and productivity and increase utilisation of community assets.

It has agreed that the year 1 (2014-2015), focus for borough's approach to this integration will be those deemed most at risk of hospital admission, including those with long term conditions, mental health problems, substance misusers and the frail, elderly populations. The integrated care plans for this group of people are focusing on the development of four integrated locality teams, which will include self-care and wellbeing services.

The development of integrated locality care teams (ILTs) will see the establishment of case managed, multi-disciplinary teams based on GP practice populations, utilising risk stratification as a tool for planning. Initially, this will focus on those deemed most at risk of hospital admission, including those with long term conditions, mental health problems, substance misusers' and the frail, elderly populations. This will result in the improved integration of primary care, integrated community nursing teams, therapists, social care, intensive home support ,care home liaison nursing and utilising community beds 'step up / step down'.

The ILTs will be strongly linked with the local community to promote and develop self-care and independence, the identification and support of carers and vulnerable groups, developing improved housing options and stock by building on and developing existing community assets. The development of ILTs and a revised case management approach to patient care has significant interdependencies with wider the Integrated Care Programme. This includes Intermediate Care, Integrated Discharge, the proposed Intensive Home Support (IHS) service and BwD Transforming Lives programme.

The programme for integration will be supported by the Better Care Fund (BCF, previously Integration Transformation Fund), which was announced in June 2013 as part of the Government's Spending Round. The BCF will provide an opportunity through pooled budget arrangements to transform local services so that people are provided with better integrated care and support, with a focus on reducing admissions to hospital and long term residential care.

### Current position

Integrated Care Team Meetings are now operational in 10 GP practices with a view to all 29 GP Practices coming on board by January 2015. The integrated Care Team Meetings are the forum for patients to be discussed and care coordination and case management agreed.

The Locality Operational Leadership Teams from Health and Social Care have been recently been agreed and will begin to align to GP Practice populations in the four localities. The Operational Leadership teams will remain under the financial and management control of their respective organisations until further development work has been undertaken.

Mental Health services have also been engaged to identify a phased timetable for alignment to the localities. Initially a small pilot has been agreed to move Memory Assessment Services (MAS) into a select number of GP surgeries in East and West localities.

### Next steps

Activity is underway to identify timescales for wider locality team members to be identified and contractual reviews/Unions consultations are in the process of being mapped by the Council and Lancashire Care Foundation Trust. Once this scope has been agreed, work will then commence to co-locate staff into the relevant teams.

## **The delivery of Early Help for children and families**

### Background

The borough's Early Help strategy, as presented to the Council's Executive Board in January 2013, sets out the key principles and approach that all partners will take in coordinating early intervention and prevention activities for children and their families who are facing problems. The key principles of the Early Help approach are:

1. Focusing on the identification and access to early help opportunities with families
2. Commitment from all professional staff, volunteers and family members to working together
3. Positive interventions and sharing responsibility for the achievement of better outcomes for children, young people and their families
4. Working to overcome barriers to achieving better outcomes for all
5. Promote shared learning across organisations to ensure that what we do is based on good evidence

These principles are underpinned by the view that families are central to defining and addressing the problems that they face and that they are key partners in the process. The Children's Partnership Board, under the Health and Well-being Board, has established an Early Help sub-group to ensure that the early help strategy, principles and approach are embedded across the wider partnership.

### Current position

Children's centres have been identified as the key vehicle for delivering the Early Help work, and the strategy has been embedded as part of the core purpose across the network of children's centres, to ensure that a borough wide service for children and families continues to be delivered, with strong embedded partnerships at its core.



The re-organised Children's Centre network hub and spoke model is now operational, and new local management boards have been formed. The officer management team and geographical team structures that will support the new network are currently being reviewed to ensure that they align in the most efficient way possible.

Early Help and Social work services have also been reviewed; structurally integrated and now work across the four local areas, with clear social work links with schools through named social work managers. This integration of services and strengthened locality focus, is ensuring smoother; more seamless and uninterrupted pathways between Early Help and social care for children and families, should their needs and risk increase or decrease, as demonstrated by the increasing number of cases being stepped up and stepped down between children's social care and early help services. Recent monitoring reports show that the launch of the Early Help strategy has been successful, with nearly 400 children being supported outside of statutory services, by the Children's Services own Family Support Workers and other partners in universal agencies, especially Primary schools. This represents a growth of nearly 100% on 18 months previously. Furthermore, there has been a consequent fall in the number of cases open to Children's Social Care: now down to levels last seen in 2009.

#### Next steps

The excellent work undertaken on developing and delivering the Early Help strategy and approach, has been, and will continue to be critical in informing the development of the integrated care agenda, as such relationships and working practices for key children's services will continue to grow and develop, as they have over the past decade. In many ways Early Help and Children's Centres provide a balanced model for the provision of effective services across a continuum of need: Early Help services delivered in localities while social work services remain held centrally to enable maximum flexibility and resilience.

Specific next steps in relation to Early Help will see the integration of public health services for 0-5 year olds, alongside existing early years services, when responsibility for commissioning transfers to the local authority from October 2015 onwards. Alongside this there will be the continued delivery of the 0-25 strategy and integrated care and assessment plans for those young people with complex needs.

### **Transforming Lives delivery model for Blackburn with Darwen (in partnership with Lancashire Constabulary)**

#### Background

Transforming Lives is an overarching approach and set of principles that aims to:

1. Create a multi-faceted approach to prevention
2. Embed core principles into all partnership working
3. Bring about cultural change, across all organisations underpinned by local intelligence and evidence base
4. Develop an operational model for people (principally adults without dependent children) who are presenting with concerns, or a level of risk to themselves/their community and improve outcomes

There are six key principles of Transforming Lives which each agency signed up to the approach has agreed to adopt:

1. Identifying and taking opportunities as early as possible with people who require our support
2. Committing to working together with all organisations, to ensure the delivery of the Transforming Lives approach and the achievement of improved outcomes for people
3. Recognising that working with people, is everyone's business, and it is everyone's job to support individuals in the manner outlined within the Transforming Lives approach
4. Recognising that the individual(s) is/are central to defining and addressing the problems that they face and they are key partners in this approach
5. Working with the individual(s) and other services to overcome barriers to achieving better outcomes
6. Recognising that taking action early is an investment that reduces demand on high cost services

These principles have been informed by, and reflect those agreed for the health and social care integration programme and the Early Help strategy and the practice of delivering Early Help services to children and families over the past decade, in order to ensure consistency of approach and whole system change across all organisations concerned.

The Transforming Lives delivery model draws on the strong, multi-agency working that has already been developed to deliver Early Help and the Troubled Families programme (Supporting Families), and is developing these approaches to ensure support is provided for a wider group of residents, i.e. adults and families without dependent children. Work is ongoing to integrate preventative/support services, particularly those of local authority and police services, to ensure that residents get the right support that they need, when they need it and that their support is coordinated across the breadth of services, thus avoiding duplication of interventions.

In addition to those children and families who would benefit from a targeted Early Help or Troubled Families offer, the Transforming Lives model is targeted towards people who are experiencing/demonstrating one or more of the following characteristics and interventions are required from more than one agency:

- Mental health and well-being problems
- Substance misuse, including alcohol
- Repeat victim or perpetrator of violence and/or aggression (except those deemed as high risk)
- Frequent user of emergency services and/or unscheduled care (e.g. A&E) for genuine or non-genuine reasons
- Frequent malicious caller to emergency services (e.g. to police; fire and ambulance)
- Repeat offender for crime or anti-social behaviour (except those deemed as high risk)

It is felt that this targeted approach to people experiencing these complex needs, will allow services to have the biggest impact in addressing inter-generational harm and reducing future demand on crisis and statutory services.

#### Current position

Since June 2014, a multi-agency Transforming Lives panel has operated, building on the existing Family Support Panel approach, and has considered requests for multi-agency support for a person, or family, experiencing significant problems. Once agreed for

support, cases are then allocated to a lead agency case manager, who approaches the person/family; conducts a detailed assessment and case history and develops an improvement plan with agreed milestones and facilitates access to support services.

The panel is currently receiving 10-15 referrals each week, from a small number of sources, namely, step-down from the Multi-agency Safeguarding Hub (MASH); Troubled Families; police hospital liaison officers; the Making Every Adult Matter project, as well as the Early Help referrals for children and families that would have been considered by the Family Support Panel. Referrals have been kept to a limited number of sources for this initial phase, so as to allow processes and procedures to be tested for their effectiveness, prior to allowing open access for all agencies/practitioners to make referrals. Early learning from the operation of the Transforming Lives Panel has identified a gap in the range of agencies able to act as Lead Agency Case Manager for adult cases.

Introductory training for practitioners who are or are likely to be involved in working with Transforming Lives is being rolled out, with over thirty people receiving the training so far.

Following the establishment of the Transforming Lives panel, work has commenced to consider bringing together practitioners from different services, into single locality teams. These teams will take on case management and coordination of work with the people engaged in Transforming Lives, and will mirror the type of work already being undertaken by Early Help services with children and families. The long term ambition is to ensure these teams work with the integrated health and social care teams, in order to deliver a truly integrated package of support for people with multiple complex needs and avoid duplicating interventions.

In addition to the development of a Transforming Lives delivery model for Blackburn with Darwen, commitment has also been given by the Pennine Lancashire Leader's and Chief Executive, to embed the principles of Transforming Lives, across the Pennine Lancashire footprint. As such discussions have commenced with Lancashire County Council; Pennine district councils; East Lancashire Hospitals Trust; East Lancashire CCG; alongside Blackburn with Darwen organisations, to consider how the principles can be embedded through integrated service delivery.

#### Next steps

The first phase of activity, focusing on the referrals that have come through Panel so far, is due to finish at the end of September, and will be fully evaluated to identify key learning points for phase two and the development of the Transforming Lives locality teams. Full timescales for phase two will be agreed once the evaluation has been completed, however, it is intended that locality teams will be developed during 2015-2016.

Pennine Lancashire discussions are currently in their infancy and future details will be brought to the Health and Well-being Board in due course.