

Report to OVERVIEW AND SCRUTINY BOARD

Place Based Integration

Date: 22 October 2019

Portfolio holder: Cllr Sean Fielding, Leader of the Council

Officer Contact: Rebekah Sutcliffe, Strategic Director of Reform

Report author: Vicky Sugars, Head of Reform

Summary of the issue

In summary, place-based integration is about teams of public services, working in an integrated way, out in communities to better meet the needs of people and communities.

Oldham has championed place-based integration for some time now.

- The Community Health and Adult Social Care IMDTs (Community Providers) are now operating across the borough. Working to GP cluster areas, these teams are using their combined skills to support people to stay in their house/near to where they live for as long as possible, promote self-care and connect people in to what is happening in their neighbourhood.
- We have place based sites at ward level or below in Holts and Lees, Westwood and North Chadderton and Hollinwood. These teams bring together staff from a variety of organisations/services including housing, policing, environment, early help and revenue and benefits and some community and voluntary sector partners. They work in an integrated and asset-based way with people and on community issues.
- We have other emerging place-based models such as Oldham Family Connect which aims to deliver integrated services for 0-25 years at a cluster/district level.
- We also have a long history of District working that we can build upon.

However, whilst we have place-based integration it is not joined up or to the scale that we think s required.

Our experience of integration, aligned with the newly announced approach from Greater Manchester, provides us with an opportunity to both join up and scale up place-based integration up across the whole system of public services. This will enable us to bring together the necessary staff, skills and resources across the system to better meet the needs of people and communities.

This report sets out how Oldham can move towards a model of integrated public service delivery on 5 common footprints covering populations of 30-55,000.

Recommendations

Overview and Scrutiny is asked to;

1. Note the report and support and engage in plans as they develop

1. Background

Place based, multi-agency integration is key to the transformation and reform of public services and communities both here in Oldham and across GM. Only by developing a single approach to building resilience that is informed by insight into what drives demand and shapes behaviour in communities will we shift the stubborn inequalities that exist within our borough.

The learning, both locally, within GM and nationally has shown the necessity to take a different approach to building co-operative services, thriving communities and an inclusive economy (as outlined in our Oldham Model). Previous approaches tended to focus on specific organisations, specific issues; be associated with programmes (e.g. Troubled Families); or specific funding (e.g. New Deal for Communities). These have often been too small-scale, too targeted or too reliant on additional resources.

To achieve sustainable change, we know that we must fundamentally rethink:

- the way the public sector operate, and the relationship with communities;
- how we work with individuals and families with problems;
- how we connect with the community to both develop community connectedness, and build confidence;
- how we have potentially challenging conversations that prompt a desire for change;
- how we operate as a 'system' to unblock the barriers and system conditions that prevent people being able to make good choices and to live good lives and
- how we intervene earlier, prevent failure demand and escalating levels of need leading to long term system-wide savings.

These are the objectives of Place Based Integration in Oldham. This is not a "programme" unrelated to the way mainstream services are delivered. Rather it is the way mainstream services should be delivered across the whole system and in partnership with residents. This is not a 'top down' model but one that has been developed by those involved in running place-based teams and delivering services and supporting communities. It is grounded in learning of what has worked and what still needs to change.

Place working is not new to Oldham and in the past few years we have seen new forms of multi-agency integration taking shape. This includes:

- Community Health and Adult Social Care multi-disciplinary teams on the CCG cluster footprint for adults - now being rolled out across the borough. The co-location of staff is now complete (phase 1) but transformational work is still underway to scale up and embed new models of care (phase 2).
- Focused place based teams in Holts and Lees, Westwood and North Chadderton and Limehurst and Hollinwood, who operate on a small geography and scale but across all ages and have proved their worth in showing that multi-agency place based integration really does improve lives and communities and is a good long term investment for public services.
- A long-established District working model out and within communities with strong partnership elements
- An early help service with place-based elements and outreach
- A Focussed Care model in Fitton Hill and Hollinwood that works with GPs to provide social and clinical outreach to patients in the community
- An emerging children's operating model based on the Oldham Family model that incorporates a placed based approach strengthening the coordination and integration of service delivery with schools, partnerships and community assets.

One example from the above is the evaluation work in the Holts and Lee focused team. This has shown how we can move 70-80% of cases from ‘not coping’ (and in high cost services) to coping well (in universal services). The teams have really high levels of trust which is shown in the engagement levels (97%). They work in an asset-based way to improve the community whether this be 400 kids taking part in holiday activity or hundreds of people accessing a food pantry every week. They focus on the things that matter to local people and the area and without needing to ‘refer on’. The team has a 3:1 return on investment for public services as we move people out of crisis into and into more mainstream services.

However, despite the case for place-based integration we only have pockets of truly integrated working and in a handful of areas. However, our experience of integration, aligned with the commitment locally and from GM, provides us with an opportunity to do this at scale and across the whole system.

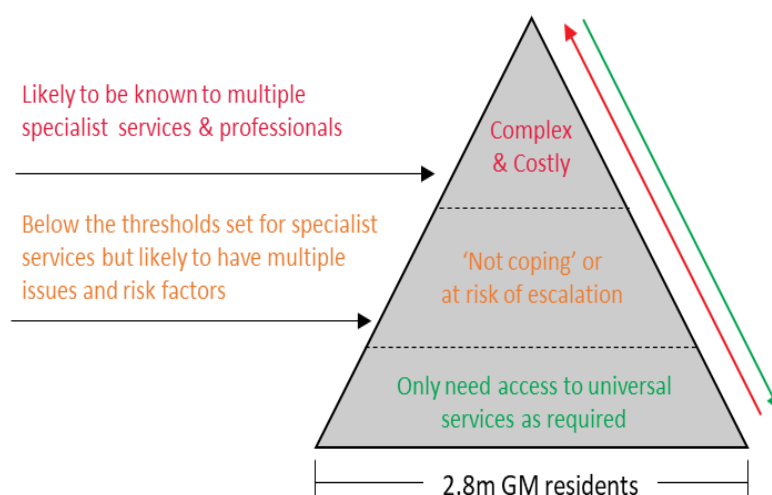
2. Who is it for?

Place based integration allows us to better understand and respond to need and demand, as well as building on strengths and assets. This relies on a twin track approach to people, place and prevention.

People

The first track is to identify and work with those individuals and families who are clearly not coping in their life but do not meet the necessary threshold for costly specialist services, this requires working in an integrated way across all public services to address current need. A large proportion of demand on services is from individual and families in the middle of the triangle (40-60%) in Oldham we estimate this to be upwards of 120,000 residents. They need more help than that provided by universal services but do not necessarily meet the thresholds set for specialist services. The learning across GM has shown how this cohort ‘bounces around the system’ always on the edge of crisis but never quite getting the help that they need.

Fig 1: The target demographic



To proactively prevent future need we must also twin track early intervention and prevention. Identifying and working with those at risk or approaching crisis and providing help early that de-escalates and prevents problems occurring. Prevention needs to be in as asset based way that gets to the root causes of people’s problems and prevents them re-entering the

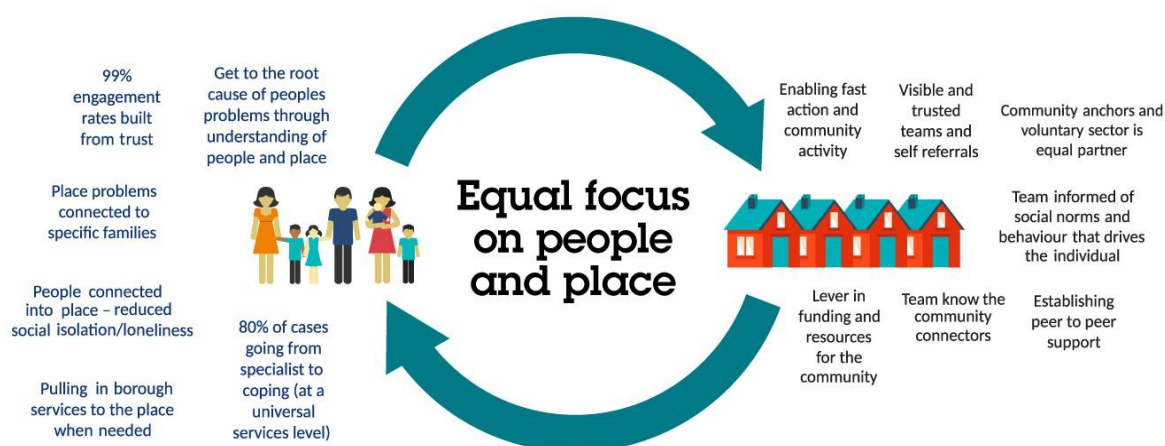


system (failure demand). As articulated in the review of early intervention and prevention – place based integration provides us with an opportunity integrate our approaches and commissions for early intervention under one place based model aligned to demand and need.

Place

People are also influenced positively and negatively by where they live. The learning from our place based sites has shown that – to develop long term solutions and stop demand re-occurring we need to also focus on ‘place’ by working with local assets – public, private, community, voluntary and faith to find solutions and by connecting people into the community they live and supporting places to thrive both socially and economically. The diagram below illustrates how an equal focus on people and place is required to improve outcomes and is based on the learning from existing place based sites.

Fig 2: Focus on people and community (place) issues



3. What is in scope for place-based integration?

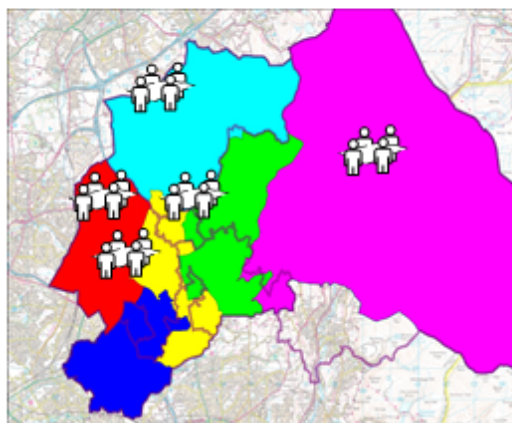
Place based integration will integrate services that are best delivered at the geography of 30-55,000 populations across the whole system of public services.

As outlined in the diagram below, we envisage this including relevant services from health and social care, children’s, housing, policing, districts, environment etc. This would not include all services but those that are best deployed at this level. These services would interact frequently and ‘wrap around’ existing assets such as GPs, schools and voluntary and community groups.

Figure 3: Developing our Oldham Operating Model for Place Based Integration and Reform

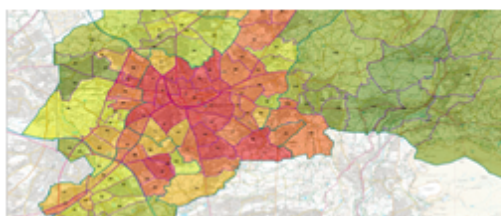


Our Oldham Delivery Model for Place Based Integration and Reform
Integrated services working in an asset based way to deliver better outcomes for people and the places where they live



5 (or 6) Universal Delivery Footprints at a 30-55,000 population
Across the whole borough that enable mainstream integration of services made up of the necessary skills, knowledge and experience required to deal effectively with demand across that area.

This model fundamentally reshapes mainstream delivery bringing a range of services and staff together in a common geographic footprint, operating to a shared purpose and working in a holistic way with people and communities. This would include the full range of Social Care, Mental Health, Community Care, Primary Care, Policing, Housing and Homelessness Support, Environmental health, Employment and Skills Support, VSCE provision, Community Safety Advisors, Substance Misuse and Early Years. They would interact frequently and consistently with GPs, Schools, the wider Community, Voluntary and Faiths sector and other Universal Providers



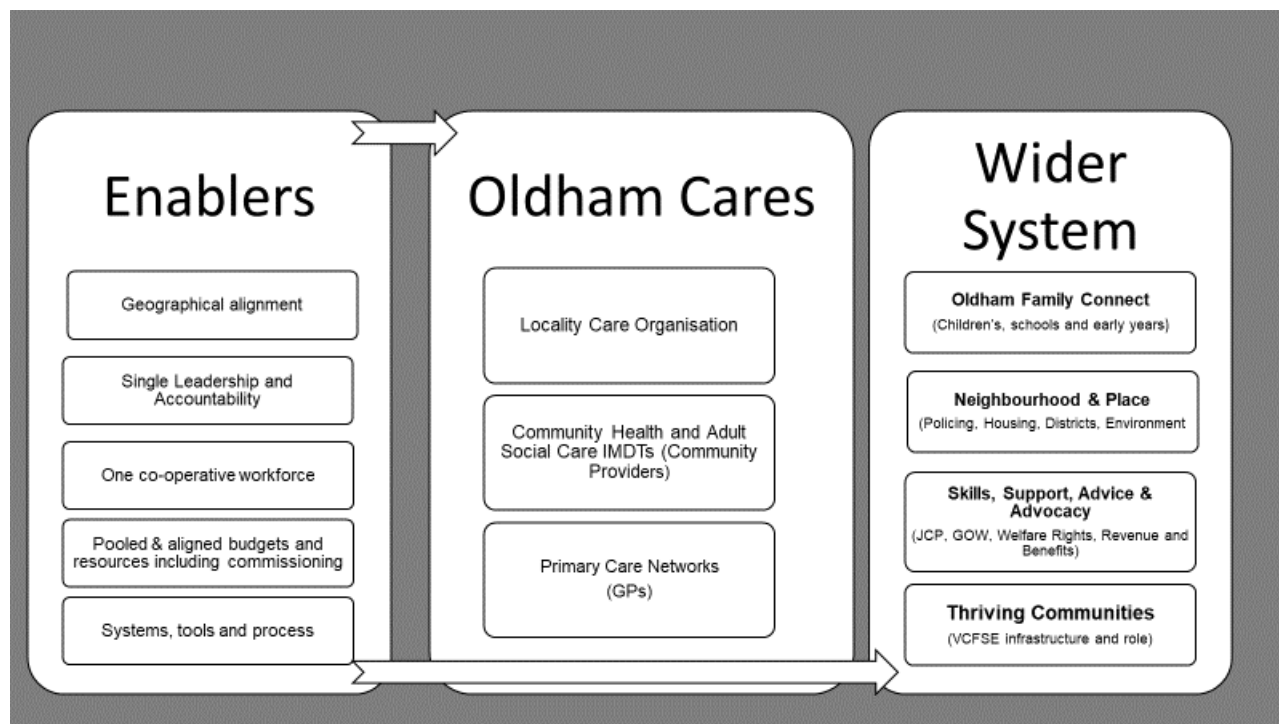
Focused integrated teams below ward level stacked within the above model

That require more intensive integrated working due to the particular challenges for people and places. This would include some of the most relevant workers listed above working in a more intensive, integrated way, out and within that community for a minimum of 1 day a week

These would NOT exist everywhere or in every universal footprint

The scope for developing a place-based model is therefore large and we will need to start with the building blocks we already have in health and social care and build in the wider system of services – as illustrated in the blocks below.

Figure 4: Scope for designing our Oldham Operating Model for ‘place’ at a geography covering 30-55,000 populations



Oldham Cares

Oldham Cares including the Locality Care Organisation (delivery arm), the health and social care IMDTs and the wider clusters and primary care system (already operating at a geography of 30-55,000 population) is the most developed and critical subset of wider whole system integration. It therefore makes sense that this acts as a starting point for building a whole system model and that we begin by making sense of what Oldham Cares means within this larger context.

The Wider System

The next block is to understand how the wider system can be integrated alongside Oldham Cares. To begin with we have further packaged these up into themes:

- a. The Oldham Family Connect Model (children's, schools and early years)
- b. Neighbourhood and Place based services (neighbourhood policing, district teams, housing, community safety, environment, fire, probation etc)
- c. Inclusive Economy including what our place based economic model is and how we bring skills, support and advice services together in a place to help people realise their economic potential (Job Centre Plus, Get Oldham Working, Welfare Rights, Housing options, revenue and benefits, advocacy and support services)
- d. Thriving Communities – how we ensure that public services wrap around the assets and needs of a 'place' and how we ensure this is supported by a thriving voluntary, community, faith and social enterprise sector.

Enablers for integration

Once we understand what the model is, we need to have the right systems, processes, culture, leadership and structures in place to enable it to work. Integration is dependent on many these enablers as follows:

- Geographical alignment
- Single Leadership and accountability
- One co-operative workforce
- Systems, tools and enablers
- Pooled, aligned and in view budgets and commissioning

4. Next steps

This is an ambitious and long-term programme of change and we do not have all the answers. However, there are some clear next steps that will be required over the next 3 months.

Geographical alignment – In Oldham, the geographical footprints upon which public services operate do not align. This means that the full workforce, capacity, leadership and resources of all our public services do not align which ultimately limits the ability for public services to work in an integrated way to improve the lives of people and communities in the borough and ultimately prevent unnecessary demand being placed on public services in the long term. Without geographical alignment we are unlikely to progress with the full integration and reform of public services across the whole system. Therefore, the first step is to try and achieve geographical alignment across the system.



Place Board – We will bring together existing governance in this area to set up an effective Place Board to co-design the place-based model. This will comprise of senior leaders across the system (health and social care, children's, neighbourhoods etc). Initial design sessions have already been held with Executive Directors.

Evidence – We will need to bring together data and information from a wide range of existing sources to develop a system wide evidence base for each geographical area. This will include the need, demand, assets (physical and non-physical) and current resources. This will help model both the type of services required, and the level of resources required in each area so that we can target resources effectively.

End.