

**28<sup>th</sup>  
March  
2023**

## **Health and Wellbeing Board**

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# **PSR – Improving Adult Lives Pilot**

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Pilot

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# Bury's Neighbourhood Model

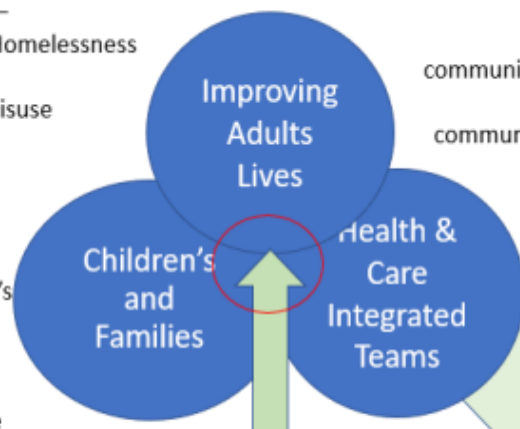
*Let's do it .... In our neighbourhoods*

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*The way we organise ourselves for case management*  
*Neighbourhood-focussed practitioner networks*

e.g Housing –  
STH; PRS & Homelessness  
GMP; DV;  
Substance misuse

e.g Children's  
Early Help,  
Schools,  
Social Care  
Youth Justice



e.g primary care,  
community health services,  
adult social care ,  
community mental health,  
social prescribing

*The way we engage people & communities in a place*  
*Resources to embed the "LETS" principles*



Evolution of Community Hubs as  
place-based co-ordinators & connectors

**Neighbourhood place-based public leadership teams:**

- Targeting cohorts by place
- Ensuring integrated case management around priority cohorts
- Tracking volumes & outcomes

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## Developing a Pilot approach

- Opportunity to pilot as part of Radcliffe People & Communities Plan
- Learning from existing neighbourhood systems
  - Place based practitioners coming together as a multi-disciplinary team to actively case manage scenarios
  - Understanding of 'as is' position through adaption of *The Story So Far*
  - Lead professional (key worker) – and language of these roles

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## **Initial learning – Positives**

- Issues associated with neglect rather than say disrepair. Positive example of engagement with Older People Staying Well Team and support from Emergency Response Team to arrange bed for an individual.
- Reach across to INT team where issues originated from social concern but identified underlying health issues – ie co-ordinate support through known contact through Public Service Leadership Team colleague rather than 'cold' referral or duplication
- Strengths based conversations in such circumstances to jointly consider options, rather than different agencies seek to point to others as being blockages without getting together to discuss such cases from the resident's perspective.
- Sharing awareness of community assets and networks, eg bereavement support

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## **Initial learning – Approach vs infrastructure**

- IDVAs are providing a lead professional role (where there isn't already one in place due to any previous intervention) to ensure co-ordinated support for the individual beyond just any domestic abuse element of support, including linking into place based colleagues from across the neighbourhood model as required.
- Work is progress with Achieve in relation to ensure where substance misuse is a predominant factor but there are broader social demands the response is a co-ordinated one. Achieve Bury (the name for Greater Manchester Mental Health NHS Foundation Trust as lead provider of substance misuse treatment and recovery) in Bury take a whole-person approach and help to address issues such as employment, education, housing, finances and relationships which can prevent or slow down recovery. This includes working the The Big Life Group for adult households (and there is work with Early Break in relation to supporting families).
- Joint activity between Travelsafe on linked incidents where substance misuse and ASB are taking place to identify individuals for collective action, in addition to exploring opportunities to link into Achieve's community outreach provision and to determine suitable place-based approaches going forward.
- In relation to worklessness and access to employment, Ingeus have presented on their offer to all 5 Public Service Leadership Teams and they, along with DWP are developing proposals to provide integrated support through a physical central base

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## Opportunities for development

- A number of the cases put forward were single agency or single issue cases, rather than multiple complex need – engagement on how these could be address through the principles of IAL without needing the formal infrastructure
- Recognition this is changing the way existing practitioners work together – there is not new resource, rather co-ordination and integration of place based offer. As part of this to consider impact in terms of caseloads of practitioners to consider speediness of response.
- Opportunity to build on strengths based/ solution focused training for practitioners at place, including extension of trauma informed practice as part of Radcliffe specific priority

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## Opportunities for development

- Importance of ownership – not just in terms of lead professionals providing leadership through a case management process, but of colleagues owning the day-to-day delivery of services, access to support, enablement of local residents as part of what existing practice – essentially driving practice that by default is LETS (both the 'doing it' bit and the principles by which this is done)
- Further consideration is taking place in relation to transition from Children's services into wider provision and triaging in relation to any 'adults' case where there might be care leaving duties.

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## Next steps

- Continuation of pilot within Radcliffe with call for cases from across ASB, DA (eg via Safenet) substance misuse and worklessness colleagues in addition to Six Town Housing
- Expand pilot to cover adult-only households in Bury East
- Ongoing input into Bury Public Service Reform Steering Group