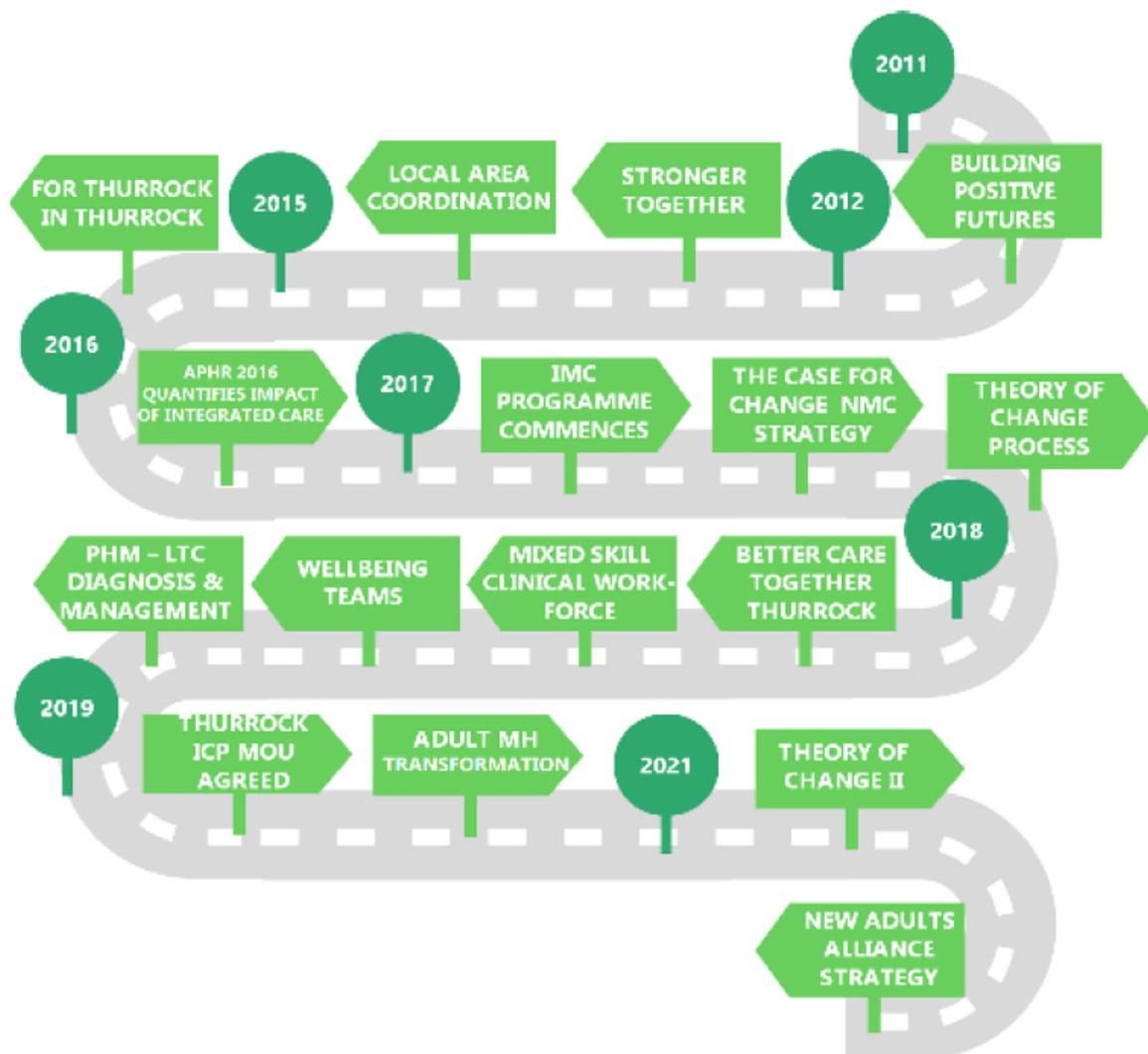


thurrock.gov.uk

Thurrock's Front door

Better Care Together
Thurrock

Thurrock Health and Care Transformation



Better Care Together Thurrock

The Case for Further Change
2022-2026



Human Learning Systems Values



In a complex, dynamic system there is **no such thing as “what works”**



Human public service requires commissioners to give up the illusion of control



Human public service starts from the **reality of the life of each person**

Creation of learning environments



Commissioning for Learning



Learning becomes the **key strategic action for system management**



The system not programmes or services produces outcomes. Goal is to produce **healthier systems**



Human public service is based on **strong relationships** & is **bespoke by design**



Human public service requires us to **empower the front line**



Human public service requires a **strengths and assets based** approach



System stewardship
Collaboration
Trust
Learning experiments



Reveal and scope the system.
Shared purpose, principles and values

12 Principles

- 1 AN EQUAL RELATIONSHIP WITH RESIDENTS**

Responsibility for wellbeing is shared between individuals, neighbourhoods and our workforce. We do "with" not "to". We constantly co-design and co-produce.
- 2 BESPOKE BY DESIGN**

We work in partnership with residents to design the best bespoke integration solution for them in the context of their lives and the neighbourhood in which they live.
- 3 A STRENGTHS AND ASSETS APPROACH**

Our solutions look to use the assets within neighbourhoods and don't just consist of the services we provide.
- 4 PREVENTION**

Our starting point is to prevent, reduce and delay residents from requiring a health or care service; but where required we ensure it is appropriate, easy to access and high quality.
- 5 EMPOWER OUR WORKFORCE**

We empower resident facing staff to make decisions in the context of each resident they serve rather than being constrained by thresholds and *one size fits all* service specifications.
- 6 INTEGRATED SOLUTIONS TO COMPLEX PROBLEMS**

We deliver integrated solutions that minimise handoffs and referrals with fewer roles and services upskilled to deliver more tasks. Our mantra is *not wasting residents' time*.
- 7 LEARNING IS THE KEY STRATEGIC ACTION**

We create learning environments as the primary mechanism to manage our constantly evolving system. We empower staff to innovate and share learning.
- 8 FLEXIBILITY**

We are flexible enough to respond and adapt delivery to changes in individual, neighbourhood and place circumstances
- 9 BUREAUCRACY LIGHT**

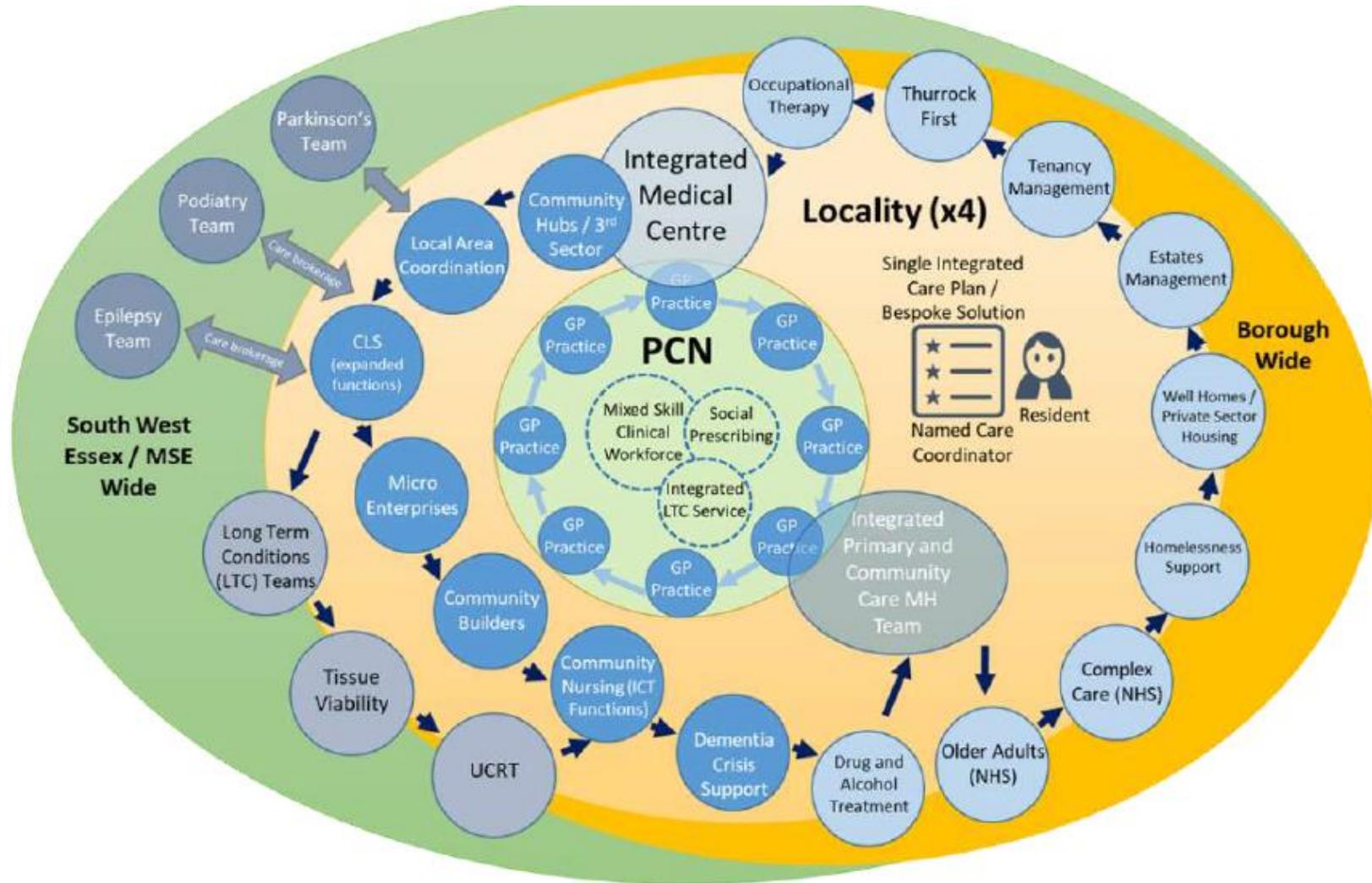
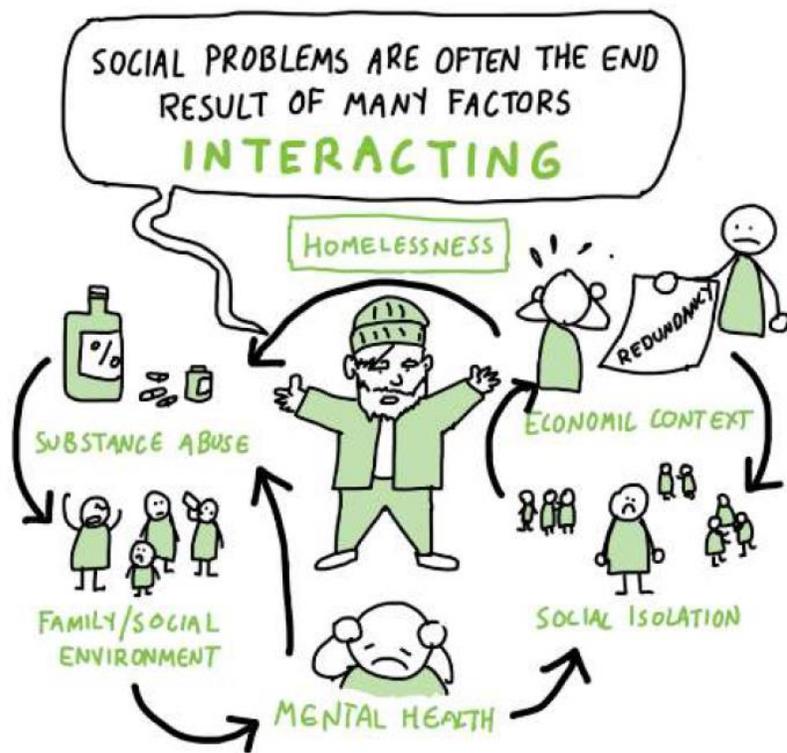
The amount of resource we spend on bureaucracy is kept to a minimum ensuring maximum resources are available to provide people with the solutions they require.
- 10 WHOLE SYSTEM APPROACH**

We recognise that it is systems not services that deliver outcomes. We focus on creating healthy systems based on trusting relationships to where cooperation between actors is easy.
- 11 SUBSIDIARITY**

We plan, transform and deliver at the lowest geographical level possible in the context of on-going engagement with residents.
- 12 ADDRESSING HEALTH INEQUALITIES**

We will relentlessly focus on reducing health inequity. We will ensure that resources are distributed in a way that accounts for variation in need at neighbourhood level.

Delivering place-based, integrated and bespoke solutions



10 Distinguishing Features Of LAC



LAC's are rooted in **communities**, not office based. They are **accessible, approachable and flexible**.



Introductions come from anyone or anywhere – **no referral, no eligibility criteria, just a conversation**.



LACs **take time to get to know people**, investing in **trusting relationships**, and stay in touch .



LACs see **people as experts in their own life**. They won't try and prescribe solutions or “fix” people.



LACs look to **support people through natural community connections not services**. **LAC's build communities**



The **relationship with the LAC lasts for as long as necessary** and starts earlier in people's journey than typical services.



There is **limited or no paperwork**. Bureaucracy is greatly reduced.



LACs work by having **one foot in communities and one in the service system**.



LAC's walk alongside some of the most **vulnerable and with the most challenging lives**



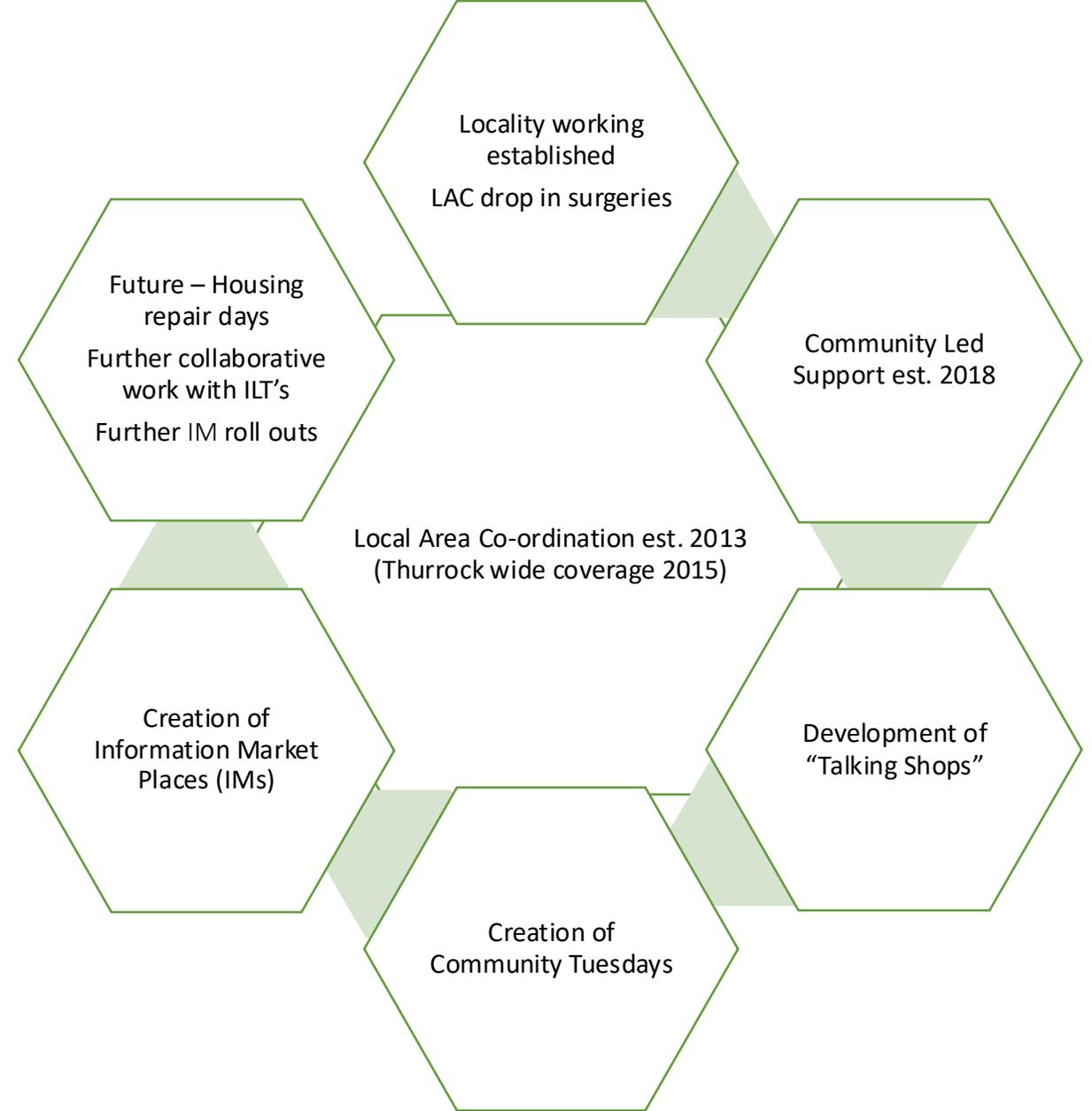
LACs **help people avoid getting lost in the gaps between different services** and **help services work together better**.

Local Area Coordination

How did LAC develop?

Organic growth from LAC to ITL

- Embedded in the community
- Single point of access
- Consistent & Reliable “local Face”
- Building working relations with community leaders and stakeholders
- Taking introductions directly and not steering residents away
- Drop-in surgeries at – Children centres, Doctors surgeries, Community Hubs, Library's, Nature Reserves, Food Bank Centres, Community Spaces etc
- Drop –in surgeries with varied hours to suit working patterns.



Local Area Coordination

Community Tuesday

One lady approached us at Community Tuesday in Morrisons Supermarket to report Domestic abuse. She was so pleased to see us because the supermarket was the only place her abusive partner allowed her into on her own, with professionals Housing Safeguarding, CLS and LAC in attendance that day

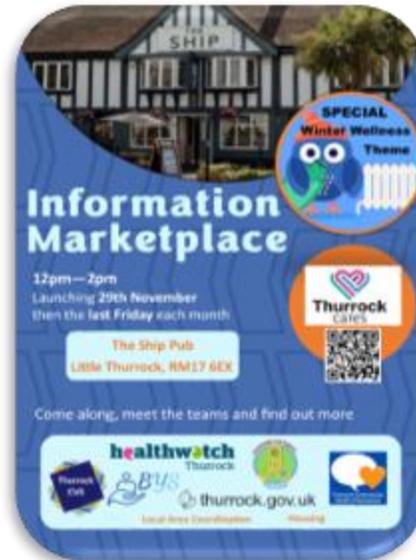


Grays ILT

GP practice manager contacted LAC to ask who she could contact to try support patient who kept self-discharging from hospital but was in unsuitable living conditions. With support of ILT members we managed to support clearing property and getting hospital bed ordered and delivered within 24 hours.

Information Marketplace- The Ship Pub

Whilst there the landlady encouraged one of her staff who was struggling to come talk to us. She has childrens social services involved and is struggling financially. We were able to give her information to access ELF fund, PATT special needs support, and she was pleased to be offered further support.



Information Marketplace - Stifford Clays

A young mum visiting GP called in to find out if we could get any support with mental health services for her 3 children. With a variety of professionals available she was given information and offers of support to contact services and voluntary sector organisations. The following month two mums came in for information as they had been talking at the school gates and could walk over after dropping off children.

CLS transformation



Co-production brings people and organisations together around a shared vision.



There is a focus on 'place,' community and the 'whole' person.



A quality for success in CLS working is having that good conversation with people who are best positioned to discuss themselves.



People can get support and advice easily, when they need it, so that crises are avoided.



Support is strengths based, building independence, control, and community connections.



Bureaucracy is the absolute minimum it must be.

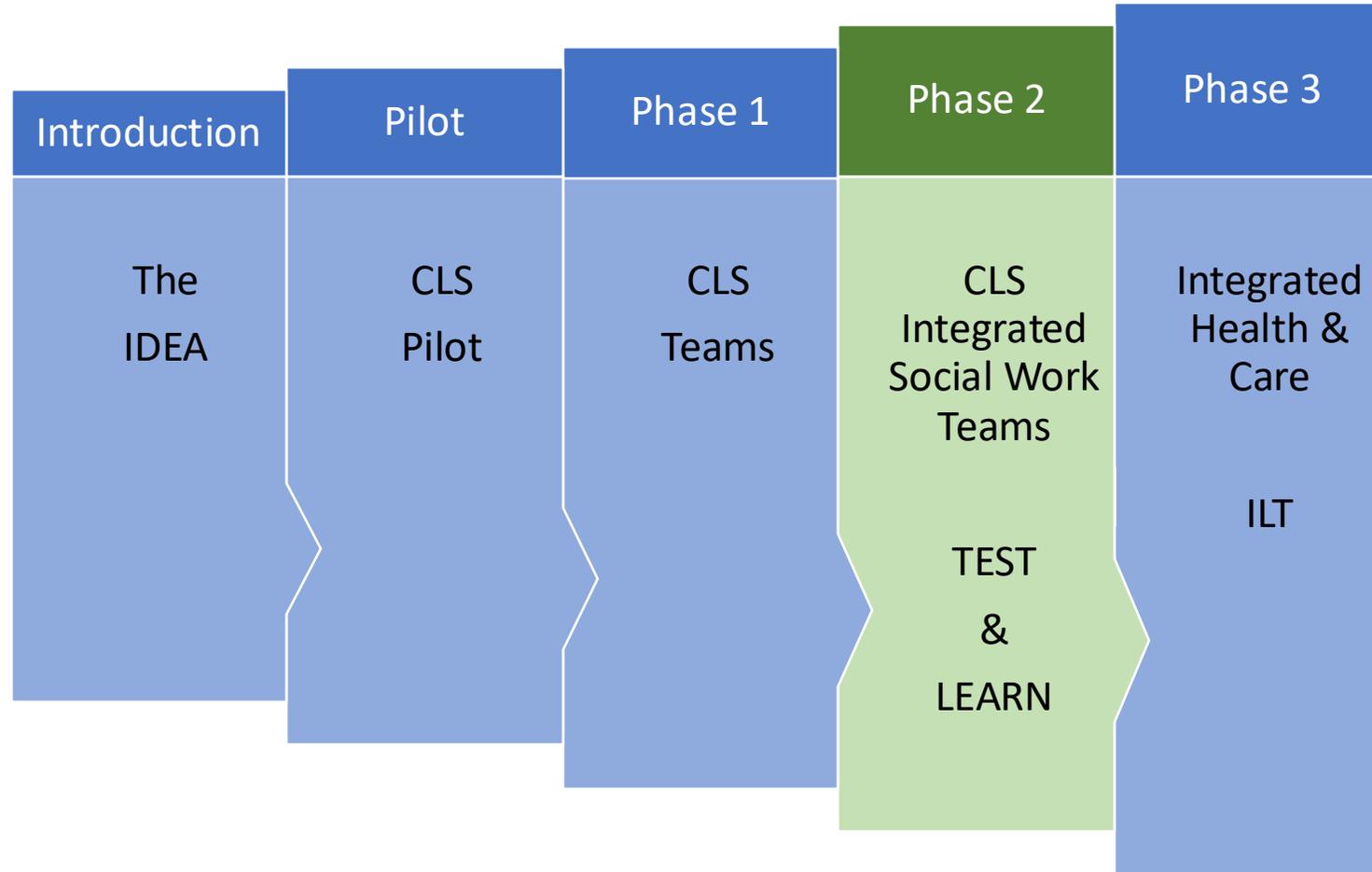


The culture is based on trust, empowerment, and shared values within and across teams and organisations.

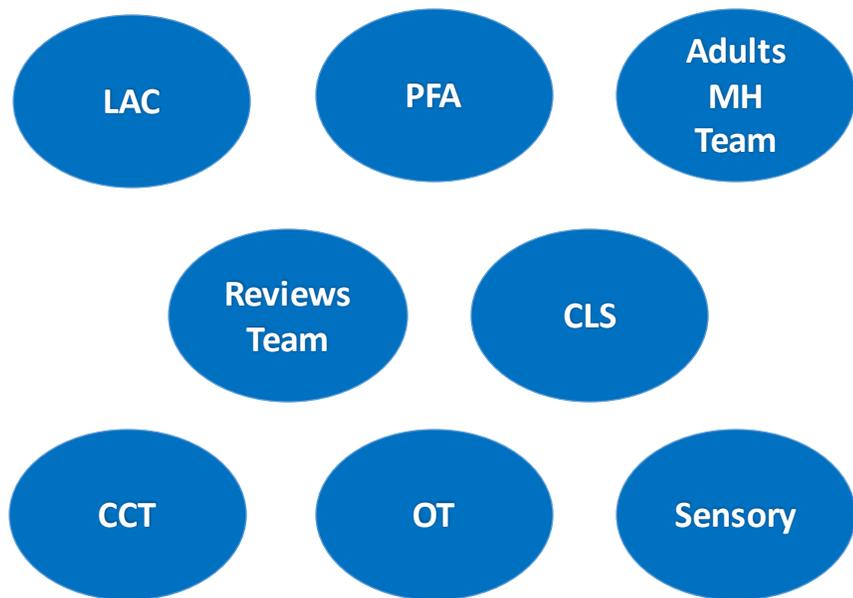


The system is responsive, proportionate, and focused on outcomes.

CLS transformation

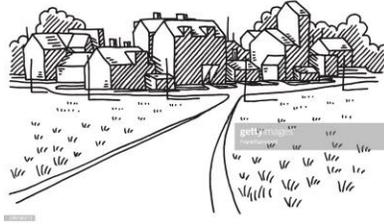


CLS transformation

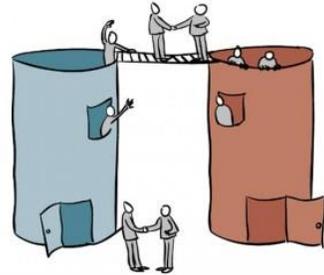


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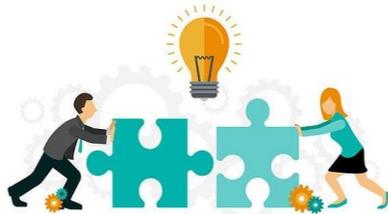
CLS transformation



From here...To here

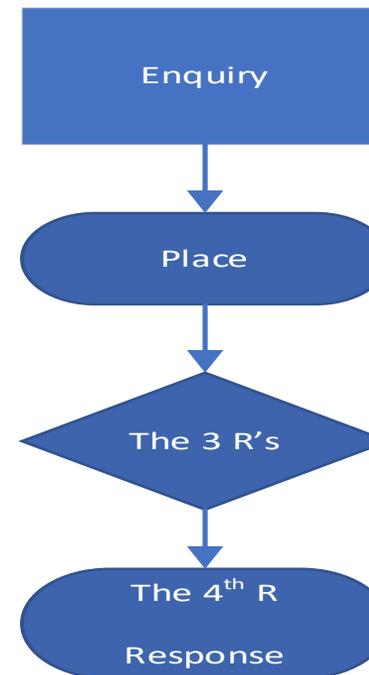
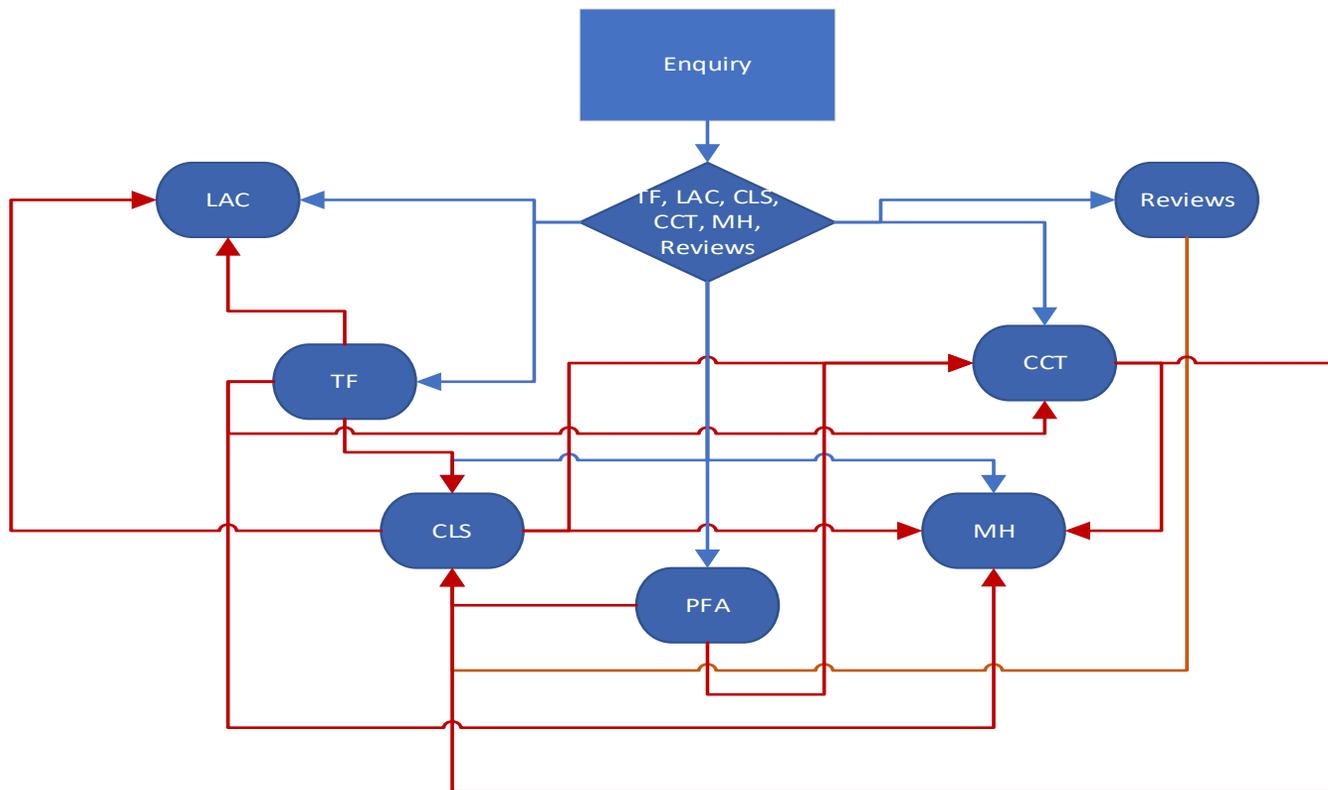


From this...To this



Less of this...And more of this

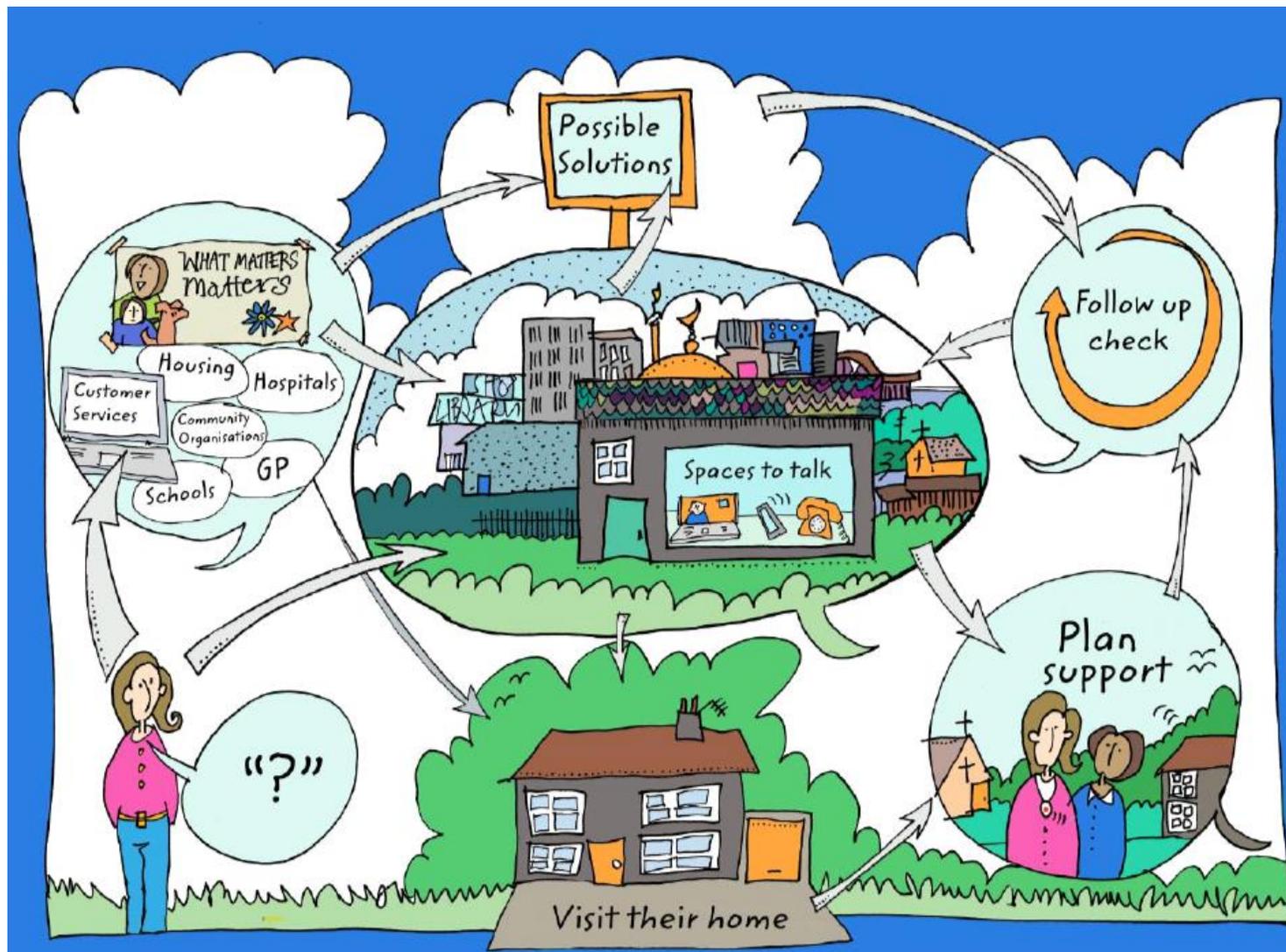
CLS transformation



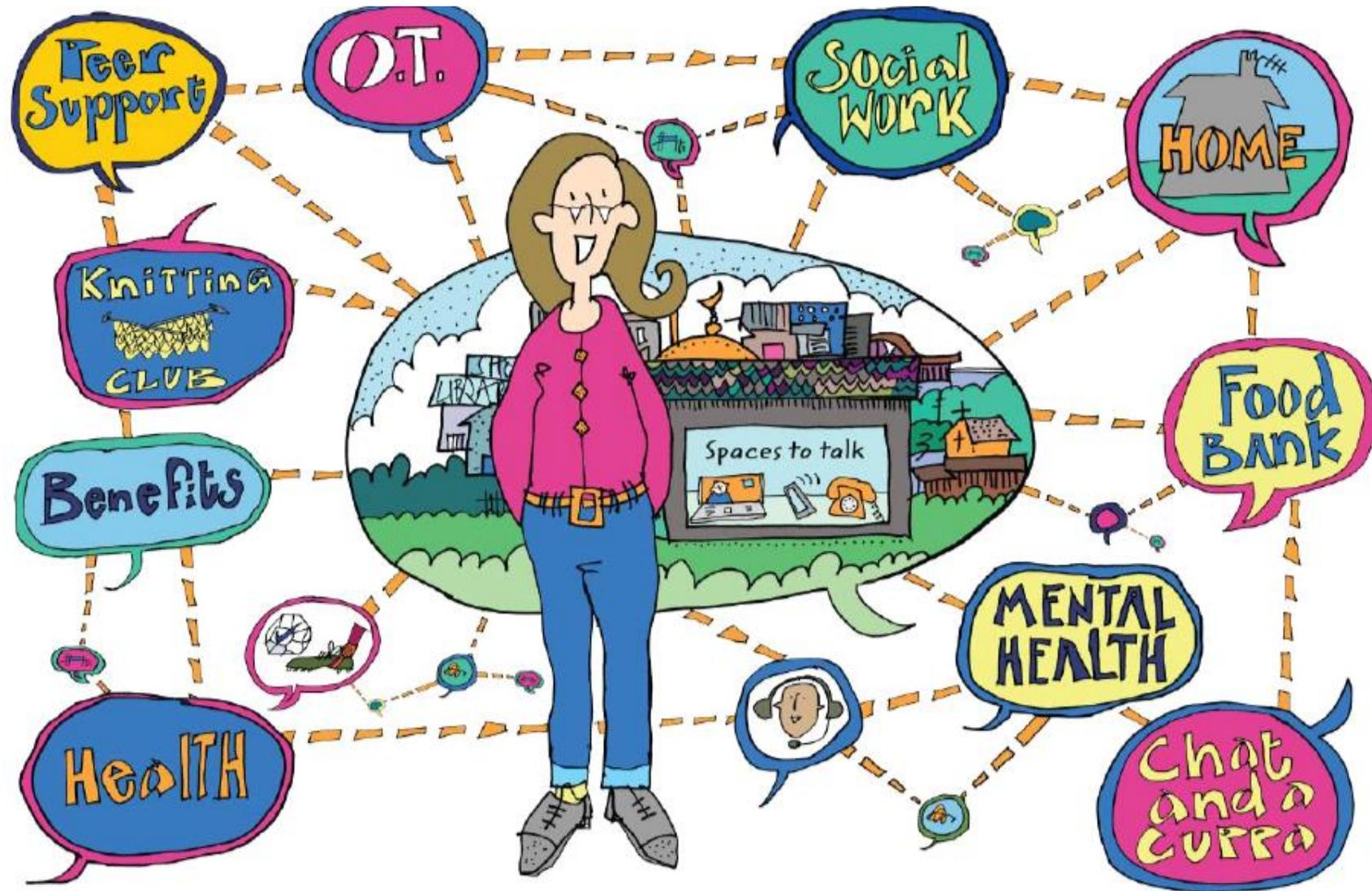
Nature of enquiry
Skills
Experience
Knowledge

right support, at the right time, in the right place, and from the right people - first time

CLS transformation



CLS transformation

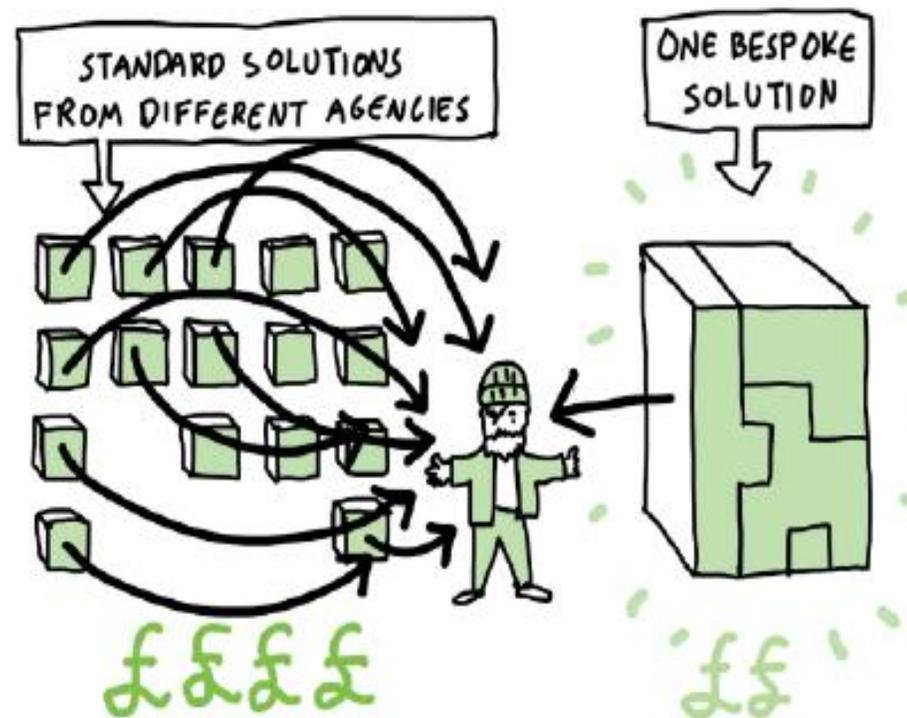


CLS transformation



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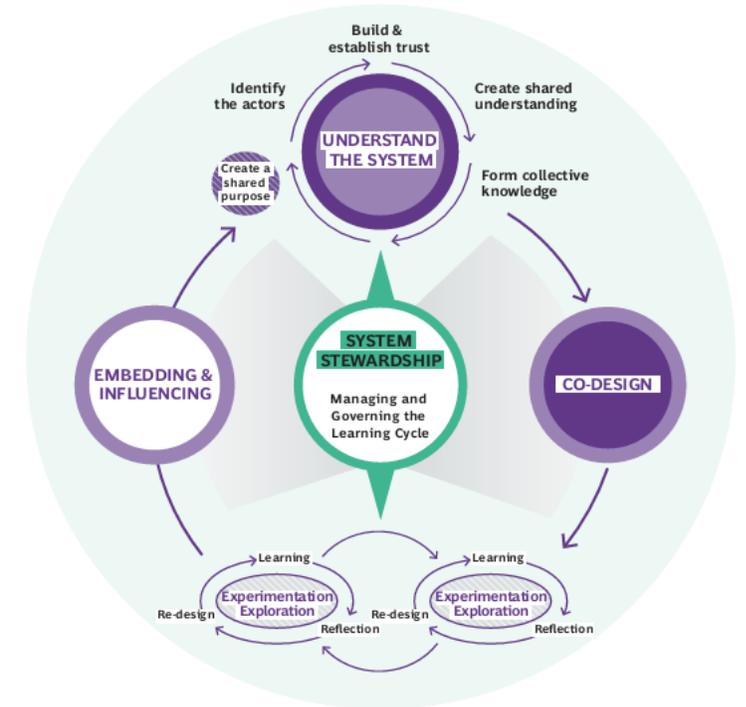
CLS transformation



CLS transformation

- **What have we learned**

- The principle of integrated SW teams and placed based approaches can work... but has its challenges!
- Shared desire for engagement across ASC, Health, Housing, voluntary agencies and the community was evident
- Different approaches to Social Care practice in a place-based way do exist
- Improved conversations for residents and staff observed
- Reduced “hand offs”, barriers, duplication and bureaucracy
- Better outcomes are possible...right support, right time, right person can be achieved
- Bringing teams together has broadened the skills and knowledge of practitioners and wider services
- Greater understanding of individual roles and support options available to residents helps...a lot



Thurrock First

Patsy Jones

Thurrock First support people with community health, adult social care and mental health needs from 7am-7pm, 365 days a year.

Community Health: UCRT, ICT, Specialist Nursing Teams

Social Care: Social Care Assessments, Reviews, Increases / Decreases, onward referrals for Sensory and OT and information / advice.

Mental Health: Integrated Mental Health Adviser – supports Thurrock First by walking alongside colleagues, coaching, and using her knowledge to upskill practitioners with decision making.

Work across Thurrock Council, NELFT (North-East London Foundation Trust and EPUT (Essex Partnership University Trust).

Use multiple systems - Liquid Logic, SystmOne, Mobius and Shared Care Record.

Thurrock First are aligning to the ILTs and exploring best way to approach placed based working.

Thurrock First



Front Door Pilots & Initiatives

OT Approved Assessor

Trusted Assessor – Carers Assessments

Trusted Assessor – Internal Reviews

Blended Roles – Health Care Tasks, Prevention and Recognising Deteriorations

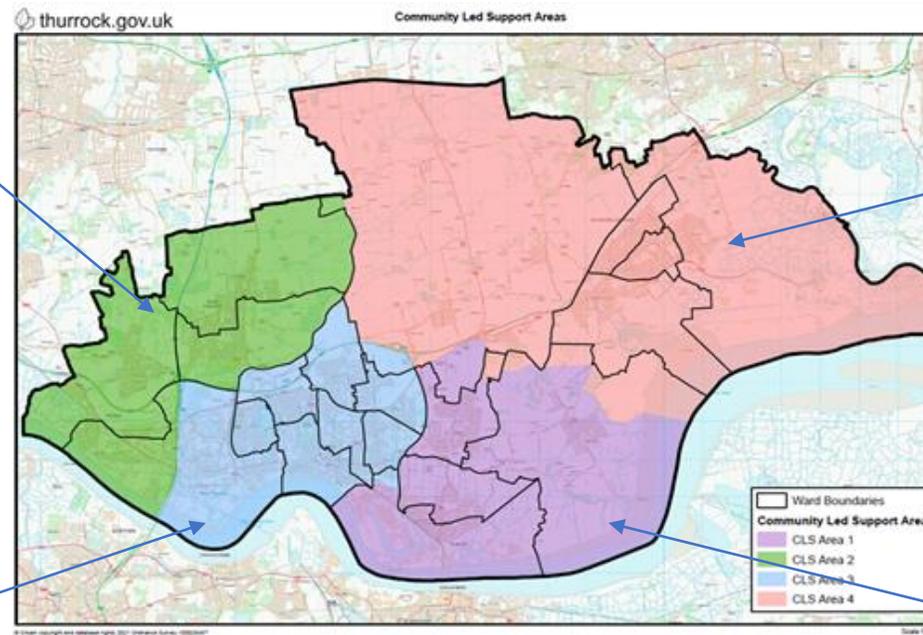
Integrated Locality Teams

Sarah McCarry

Since May 2023 we have been gradually building and growing our Integrated Locality Teams (ILT) around the 4 existing Primary Care Networks (PCN) areas.

Aveley, South Ockendon and Purfleet (ASOP)

Grays, Blackshots, West Thurrock, Stifford Clays and Chafford Hundrend



Stanford Le Hope, Corringham, Bulphan, Fobbing, Horndon and Orsett

Tilbury, Chadwell, E Tilbury, W Tilbury and Linford

What is an Integrated Locality Team (ILT)

ILTs consist of Social care (both adults and children's), community and acute health partners, community policing teams, safeguarding teams, commissioners and over 30 voluntary services, most recently our care providers have joined who have also now moved over to a placed based model across our 4 localities.

Membership grows weekly as more and more services request to join.

The teams meet monthly and focus on local need, members are empowered to drive change from the grass roots up. Together they explore ideas and have recently started to use the human learning system approach to experiment learning cycles in the localities they work within.

They are engaging with residents and exploring ways that we can effectively bring services direct to the communities and areas that need us most via resident led drop-in sessions.

What are the benefits of an Integrated Locality Teams (ILT) and a placed based working approach.

- Reduction in emails of staff trying to find the best person to talk to.
- Reduction of referrals as members are now able to conduct joint visits and introduce new services.
- Faster support offered to residents.
- The ability to bring multi organisation together quickly for MDTs to explore joint integrated solutions.
- The correct support or service offered to residents at first conversation.
- A reduction of "strangers" visiting our residents and them having to repeatedly telling the same story.
- Better working relationships.
- Better outcomes for both staff and residents.
- Services embedded and part of our localities.
- Greater understanding of local need.
- Resident led change.
- One equal team, shared knowledge, skills and resources.

Integrated locality teams- Case study examples

Unable to access the communal outside space due to no ramps and inability to place ramp, as this would be dangerous for other residents. Struggles to manoeuvre wheelchair in hallway. Cannot access community unless supported by a carer or family member. Concerns around fire risks as unable to evacuate premises independently. Damp and Mould spreading through property.

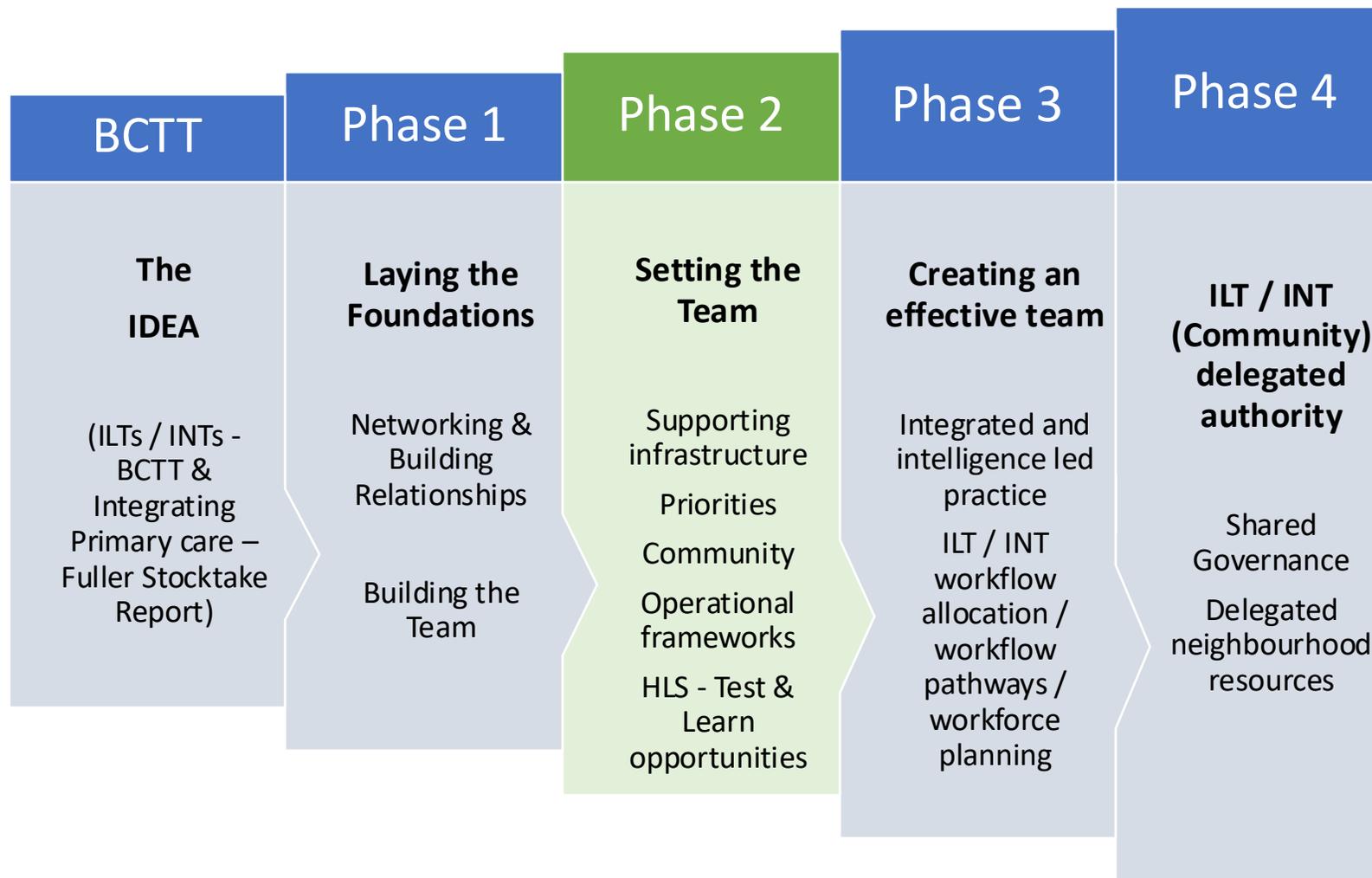
An urgent Multi-disciplinary team meeting was held with the correct teams.

- Priority 1 – BAND 2 was awarded to her housing application as individual is unable to access the community. (Housebound)
- Extra care property -discuss this as an option with A and a joint visit with OT to be arranged to explore void/adaptations.
- Eligible for sheltered confirmed.
- Urgent fire risk assessment to be completed in unison the fire brigade for additional reassurance.
- Initiate a survey to explore the damp and mould.

Delayed hospital discharge due to homelessness and brain injury- some disagreement around capacity- Urgent MDT moved to rehabilitation with 48 hrs

Private housing with high level of repairs needed, individual repeatedly displaying at GP as MH was started to be affected – Urgent MDT resulted in housing intervention issues started to resolve within 24 hours.

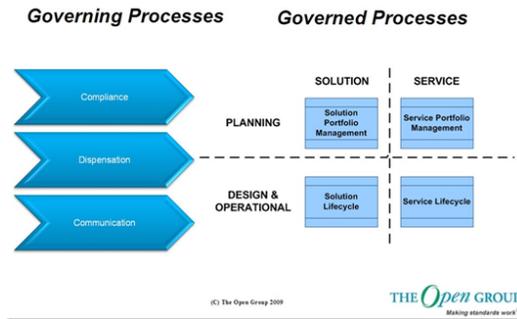
ILT / HLS Next Steps



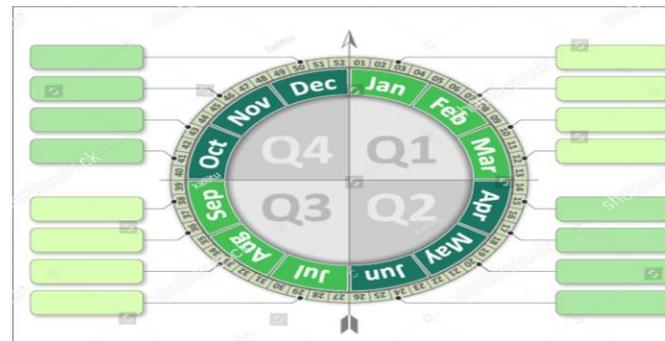
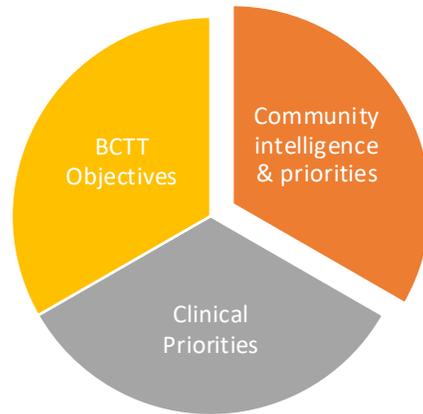
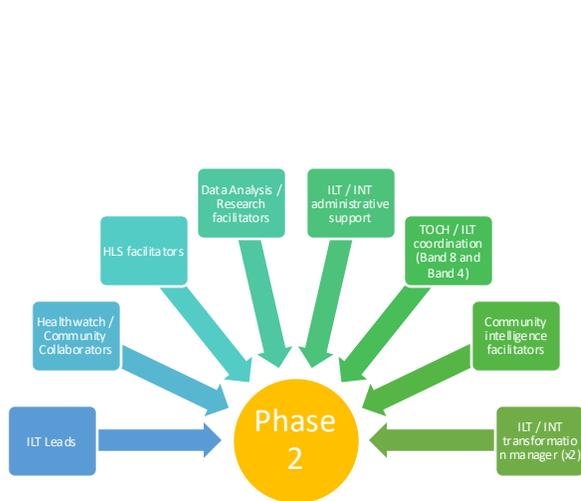
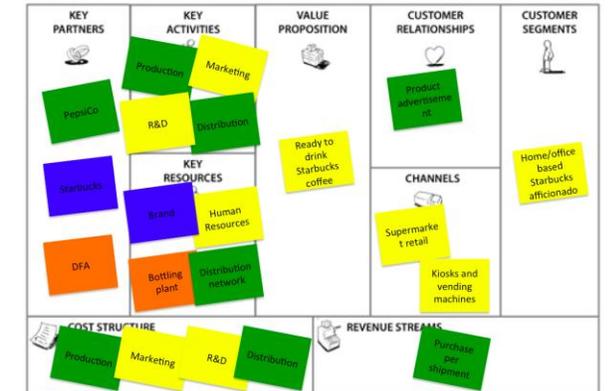
ILT / HLS Next Steps



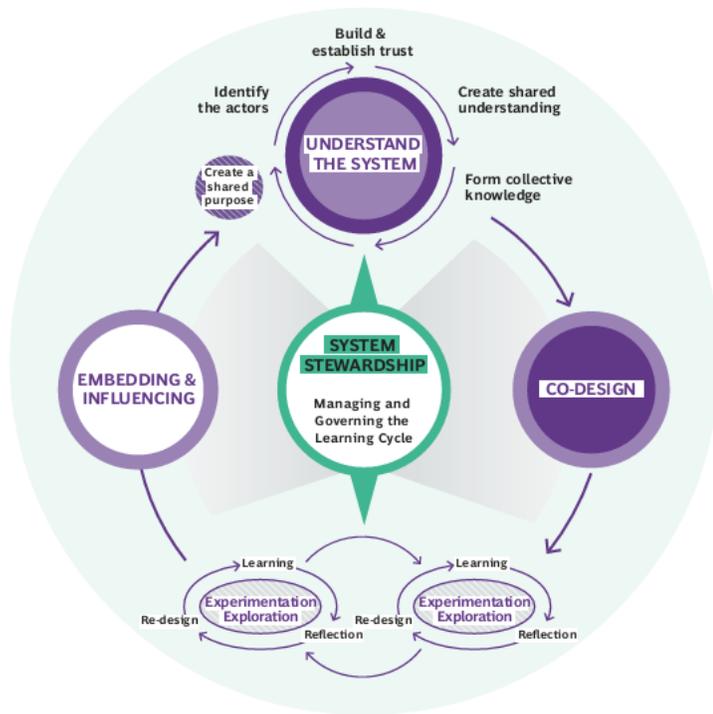
Governance Processes



Business Model Canvas



ILT / HLS Next Steps



LARGER SCALE

SMALLER SCALE

