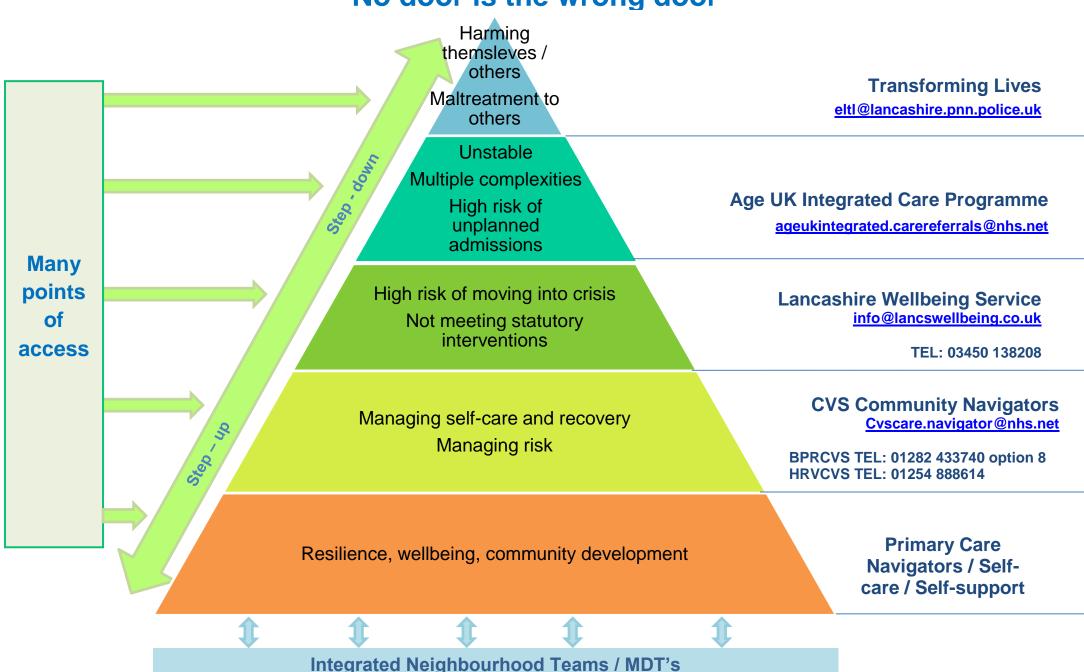
Sources of Health & Wellbeing Support





Multi-organisational – coordinating different levels of support

High level support

<u>The Transforming Lives</u> Programme is a collaboration of organisations including the Police, Councils, LCFT, Social Housing & INT's. Working together, the aim is to intervene at the earliest possible opportunity to find solutions to prevent individuals reaching crisis point, while also working with those who are already in crisis.

Adults are the current cohort of clients being targeted with referrals being accepted from: PVP and Police Early Action Complex needs referrals, Social Housing -those identified with complex needs who require additional specialist support / those at risk of eviction, INT referrals - Complex Social needs identified from the MDT's (multi-disciplinary teams) & exception referrals from panel members.

Referrals are discussed at the monthly Gatekeeping meeting (held the week prior to Transforming Lives Panel), whereby the case will be gate-kept to a single service, or if complex will be listed on the next transforming lives panel to be discussed and case managed.

Age UK Integrated Care Programme provide non-medical support to those aged 50+ with a long-term condition(s) and at high risk of an emergency admission (or a history of unplanned admissions)

Needs are identified through a home based assessment, person centred goals setting which may include:

- ♦ Improvement to home environment (aids, adaptations, telecare, personal alarms, housing issues)
- ♦ Falls prevention and help with mobility
- ♦ Extra support (social care packages, benefits, money concerns, advance planning)
- ♦ Wellbeing and support (loss of confidence, self-neglect, low mood)

Patients are supported over a period of time – average 12 weeks but will also be able to access a whole range of wrap around services provided by Age UK to help remain independent.

The Lancashire Wellbeing Service provide non-medical support to those aged 18+ who are experiencing one or more of the following:

- ♦ Risk of emergency hospital admission or in need of social care
- ♦ Multiple and long term health conditions or who are experiencing psycho-social problems
- ♦ Living in vulnerable communities, with complex combinations of issues and emotional and socio-economic challenges.

Community based Assessment Teams work with patients for up to 6 sessions to make positive changes, provide opportunities to open up other support and social networks and identify and signpost people to relevant services.

<u>The CVS Community Navigator</u> role helps patients with emotional, social and practical needs access a range of local, non-medical and non-clinical services, often provided by the community and voluntary sector. Opportunities offer a wide variety of activities to suit individuals e.g. peer, financial, exercise, bereavement or social support groups, volunteering opportunities and one-to-one peer mentoring. The support required is tailored to an individual and is open ended. As part of the CVS the navigators have access to a huge database of support and opportunities in the community for clients to utilise as a volunteer or participant.

Vulnerable and socially isolated people, who have been identified by GP's and other health and social care professionals, will be matched with a Community Navigator to improve confidence, inclusion and independence. Where appropriate navigators or trained volunteers will:

- Accompany individuals to activities until they are confident enough to go alone, spend time with them and socialise
- Help find transport for appointments and other activities,
- Signpost to local services, activities, debt advice, benefits advice and financial support.