Support North Northants (SNN)

Integrated Care Northamptonshire

Tackling poverty, overcoming health inequalities, building healthier and resilient communities

A NEW sense OF PLACE

IMPACT REPORT

First Quarter

June-August 2023

Background

Support North Northants (SNN) is a collaborative service model with the VCSE and other ICS partners to provide early intervention and prevention, guide people to the right service/pathways quickly and build greater levels of community resilience. This service aims to provide sustainable prevention services that can withstand any future shock such as Covid 19 and 'catch people early' to prevent people's needs from escalating.

The service is aimed at enabling people to access integrated, preventative health and wellbeing services that helps to overcome health inequalities, manage demand, reduce pressures on statutory services and develop higher levels of community resilience.

The SNN service was formally 'soft' launched on the 5th of June 2023 and to date we are working with over 45 people referred by Adult Social Care People. SNN is working with people who have multiple health and social care needs. The majority of the people referred have struggled to access health services due to their levels of vulnerability and have required significant support to navigate pathways to support.

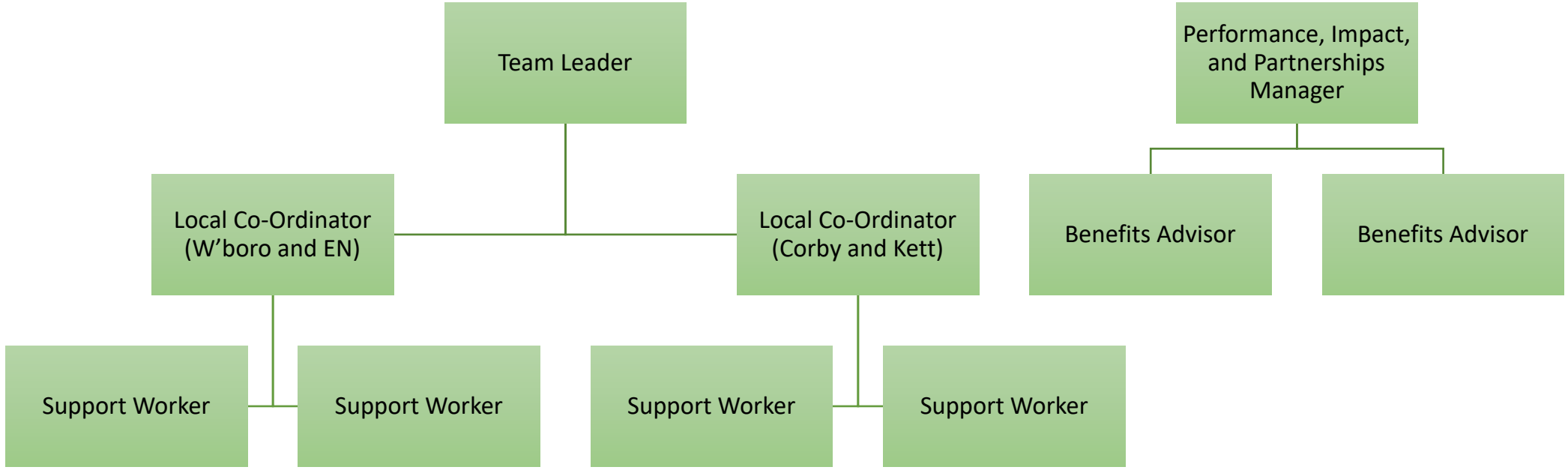
SNN is aimed at being one part of a solution to overcoming inequalities, managing demand and pressures on health and social care.

SNN Investment

SNN Funding included: £250k COMF and £250k HIAA and £20k HEG

January 2023 – August 2023 – predicted spend £150k i.e. about 30% to date out of £500k - this includes: staffing costs, partner costs, management costs

Support North Northants - Team Structure



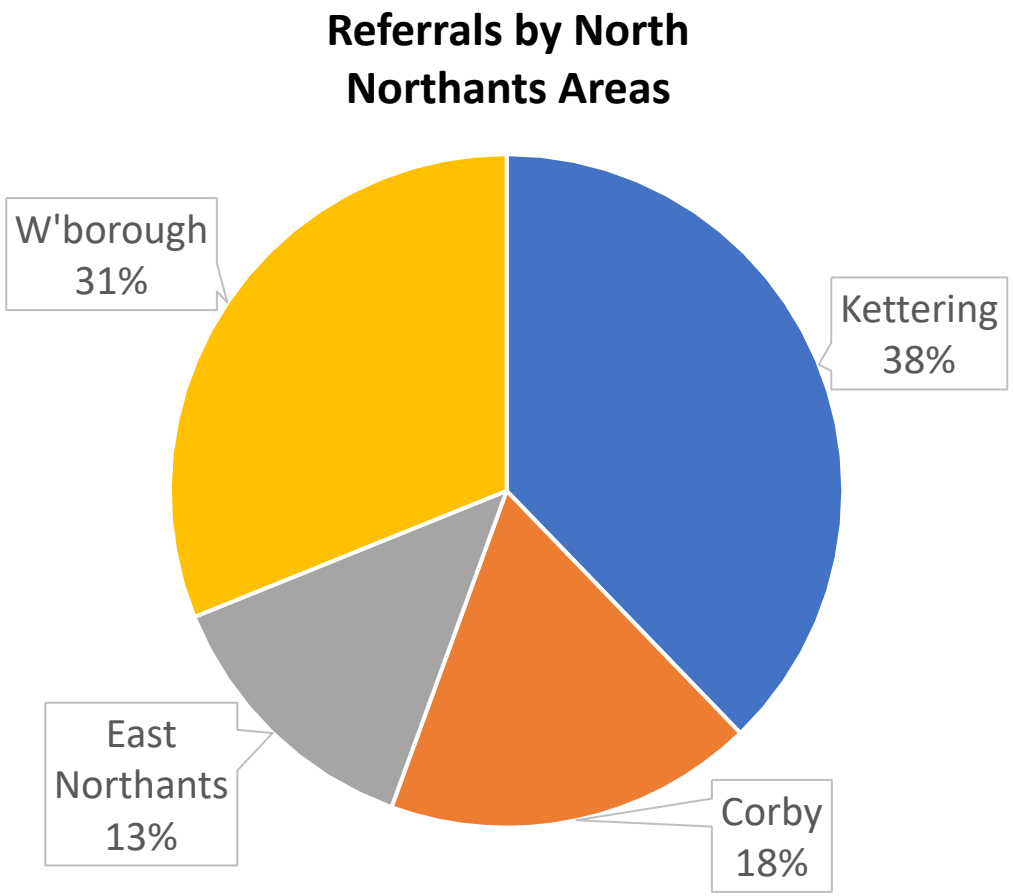
Host SNN Partners

- Support Northamptonshire
- SERVE
- Groundworks Northamptonshire
- Accommodation Concern

- 45 referrals (June – August)
- 28 partners organisations involved
  - 9 statutory sector
  - 4 housing associations
  - 15 VCSE sector

SNN – No. of People Supported

Number of Referrals: 45 (June 2023 – August 2023)



Referrals will be categorised by North Northants LAP Areas

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Support North Northants (SNN)

An integrated service | A better way of working together

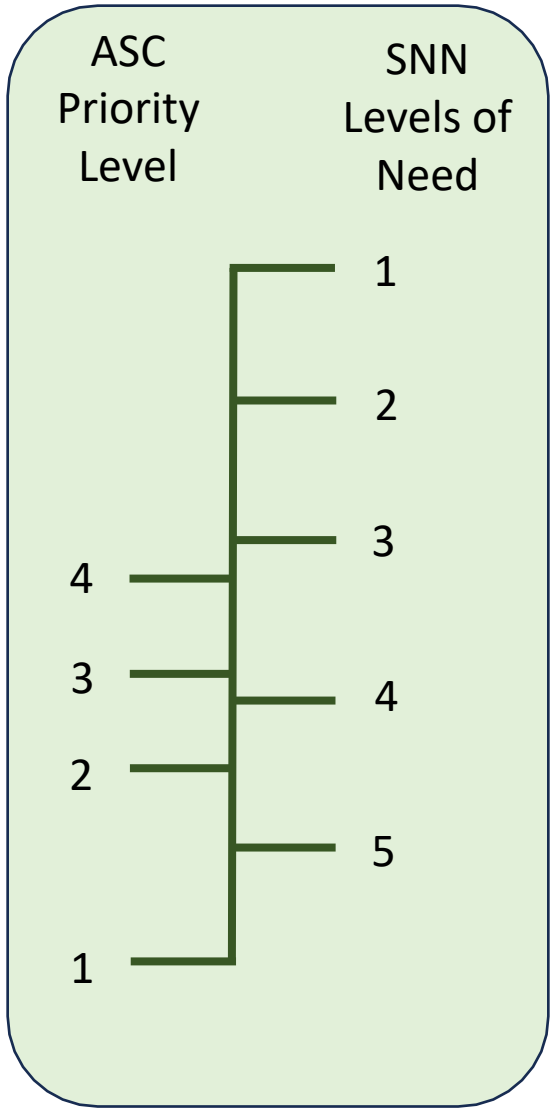
Tackling poverty, overcoming health inequalities, building healthier and resilient communities

SNN Levels of Need

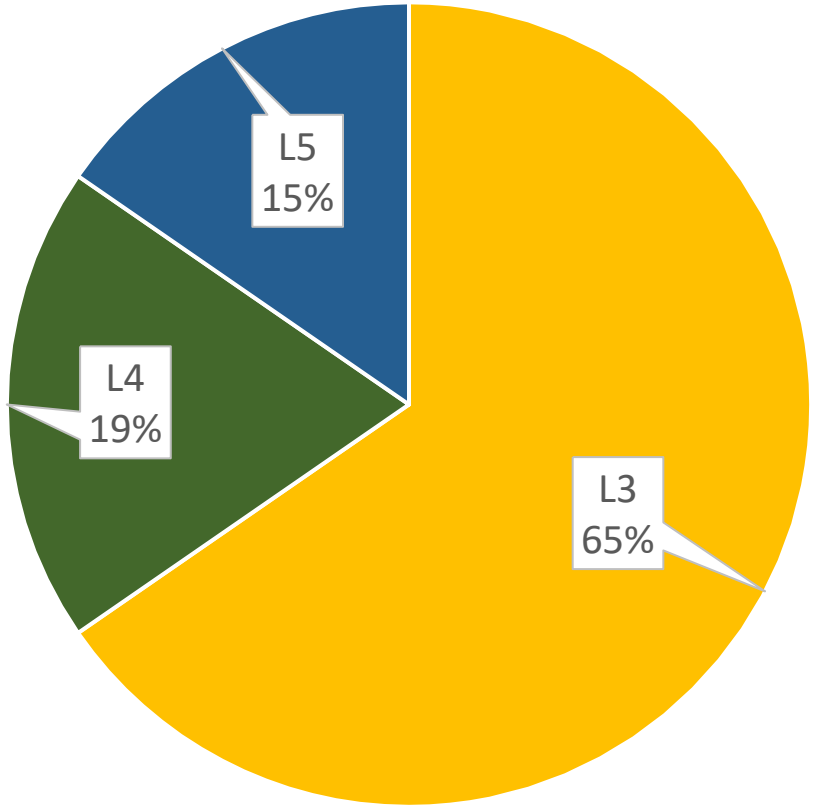
Definitions

L1	• Low level support • Information and guidance • 1-2 days
L2	• Moderate level support • Immediate or emergency practical support • 1-5 days
L3	• Medium level support (may require a CATCH meeting) • Requires full conversation and support plan • 1-3 month intervention
L4	• High level support (requires a CATCH meeting) • Requires full conversation and support plan • 3-6 month intervention
L5	• Statutory level (requires a CATCH meeting • Statutory service is lead partner • SNN co-ordinate wider support • 3-6 month intervention

Level Comparison

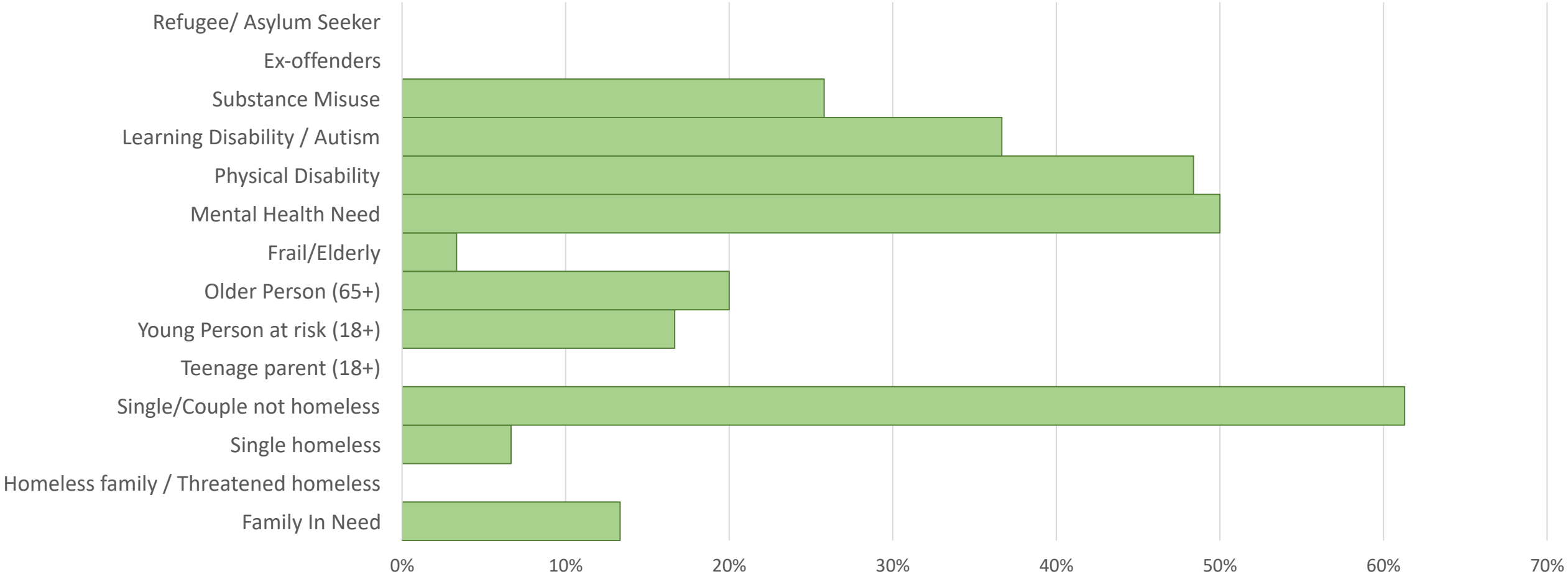


Referrals by SNN Levels of Need



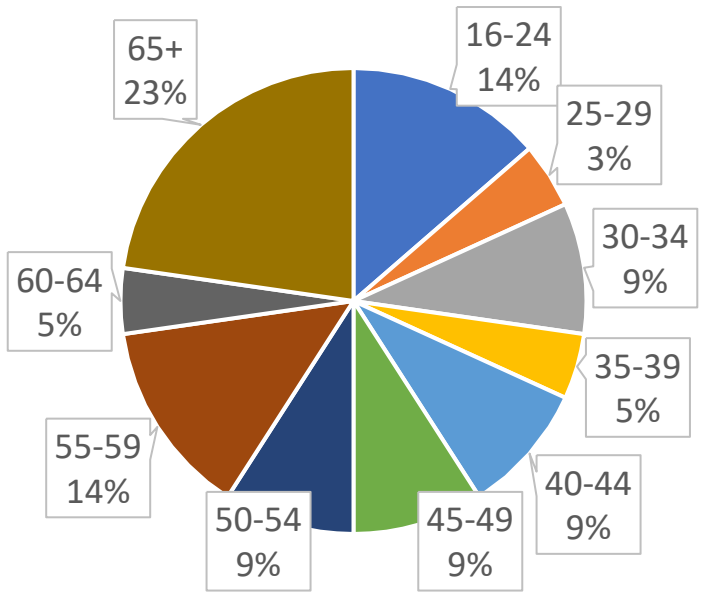
All high levels, means takes longer and more difficult to close

SNN Service User Categories



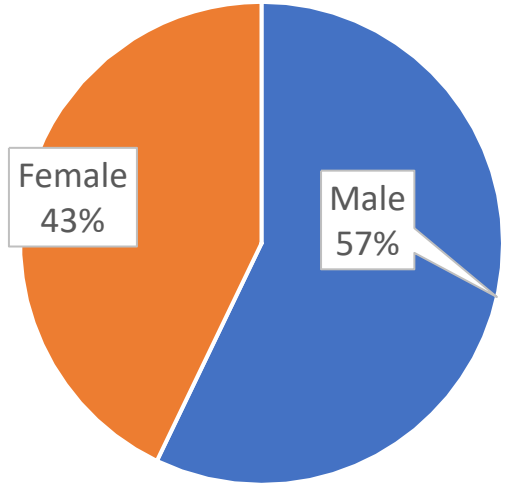
SNN Service User Profile

Age



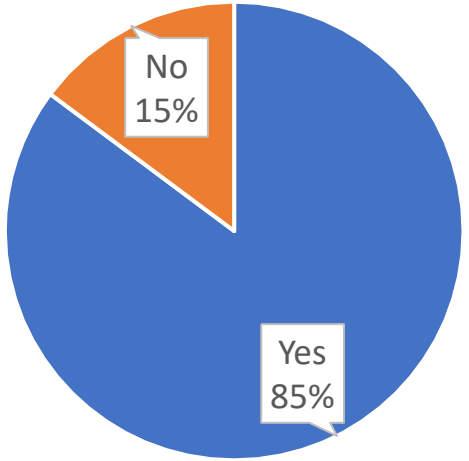
51% are 50+
14% are 16-24
35% are 25-49

Gender

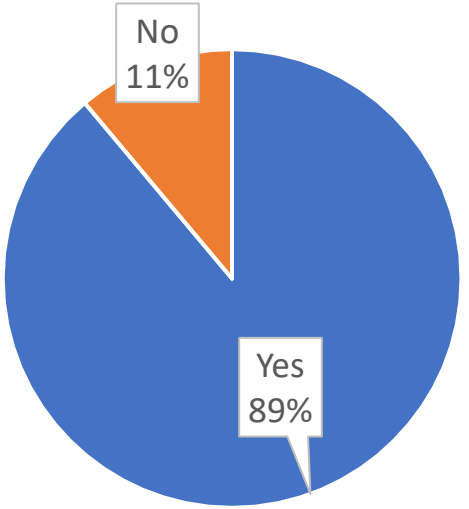


0% of: Non-Binary, Intersex, Other, Withheld

Disability (Self-Reported)



Day-to-day activities limited due to health?



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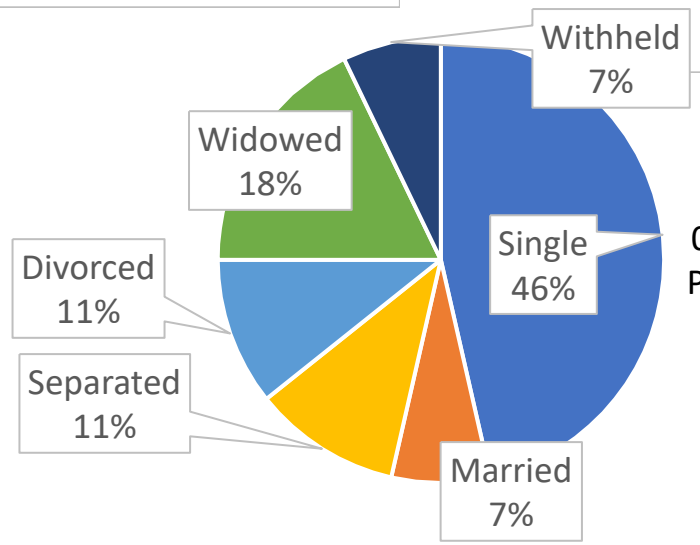
SNN Service User Profile

Ethnicity

Sexuality

Transgender (gender different to assigned at birth)

Marital Status



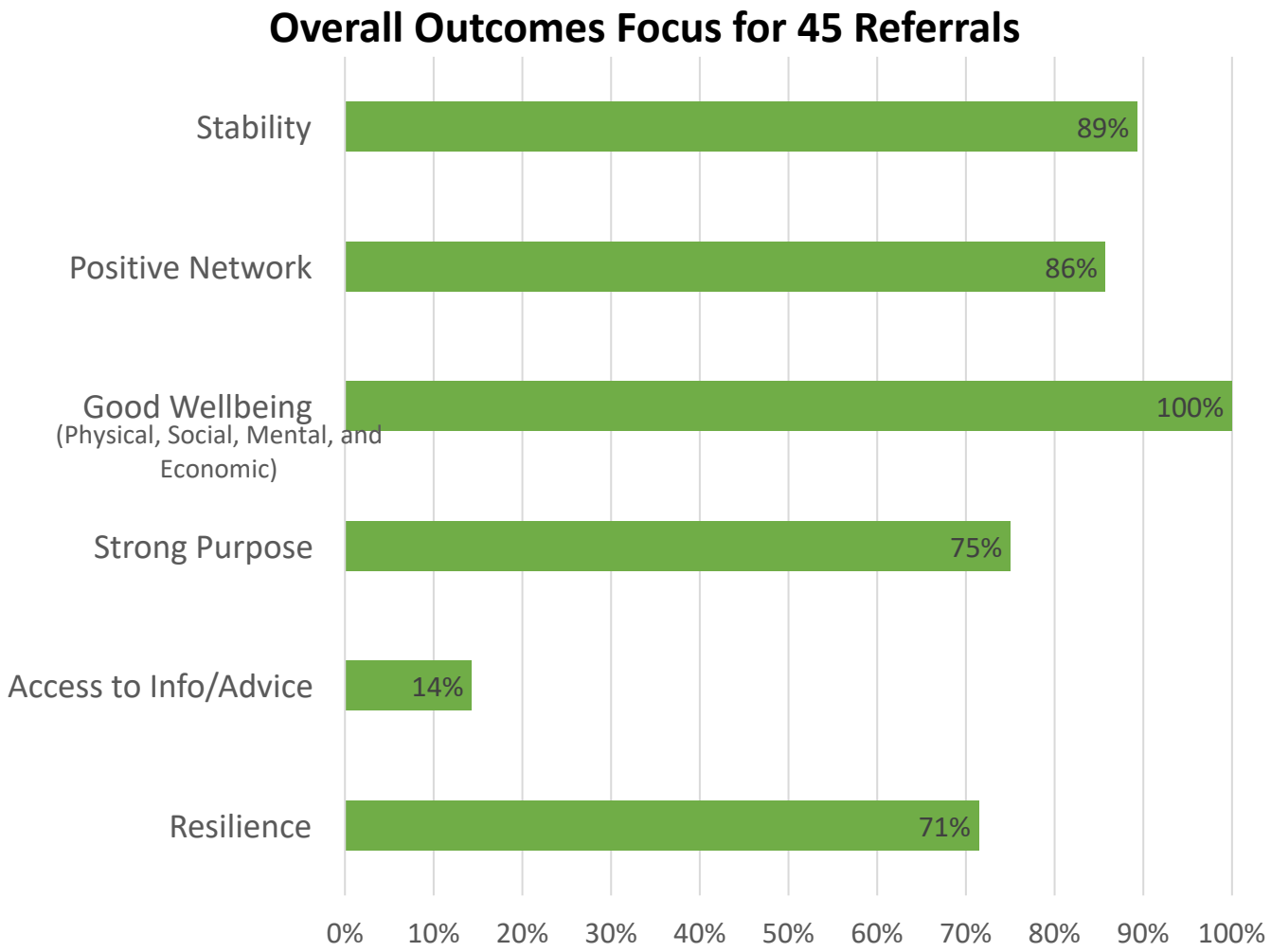
0% of: Gay, Lesbian, Asexual, Demisexual, Undecided

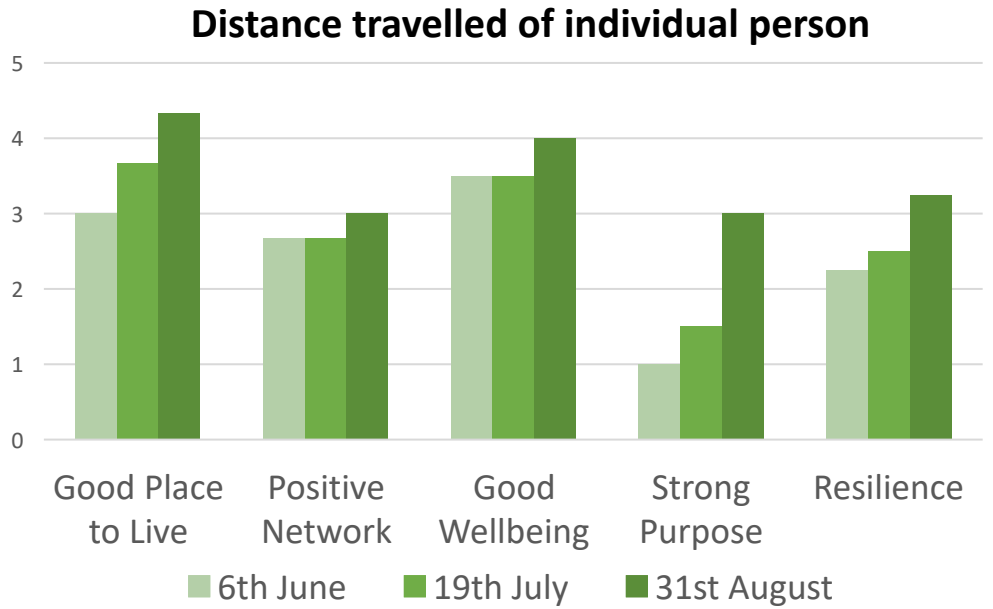
0% of: Civil Partnership

Religion

0% of: Buddhist, Sikh, Jewish

SNN – Outcomes Focus





Screenshot from SNN IT Platform

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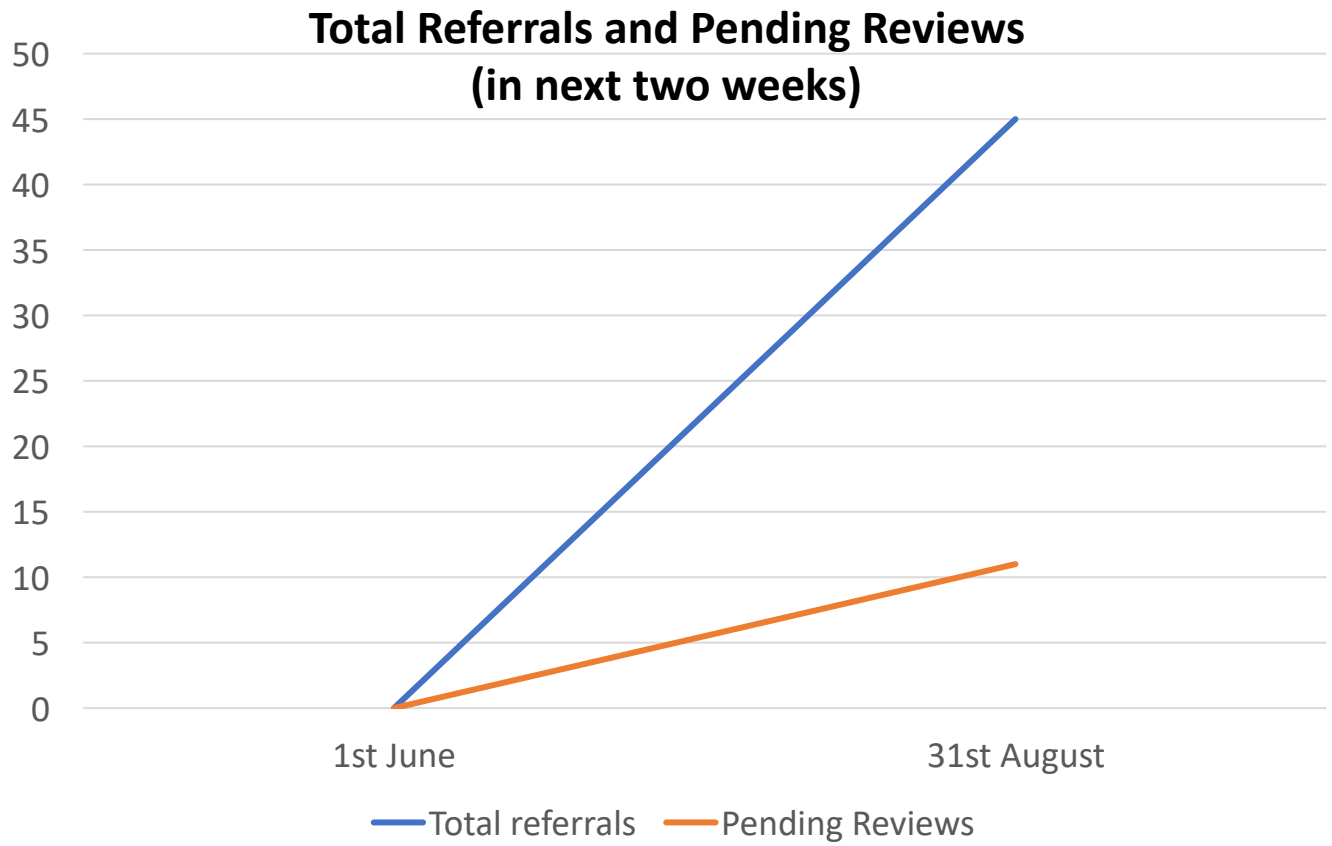
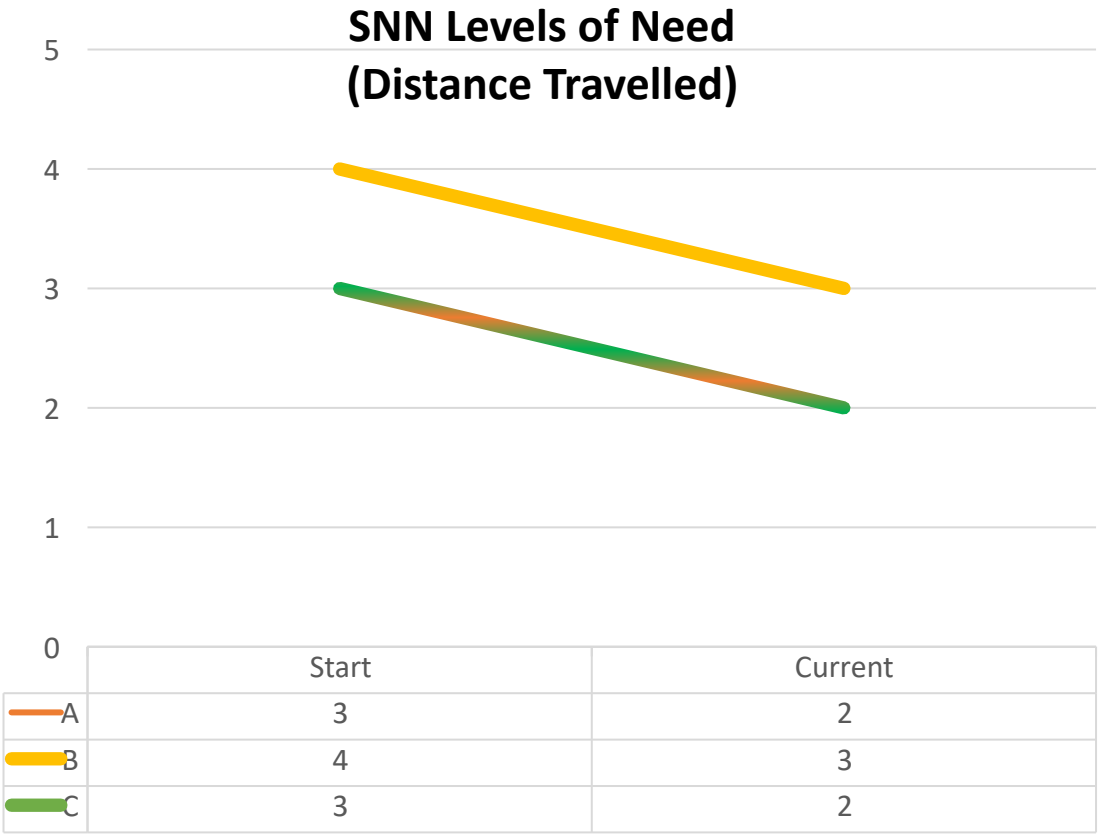
SNN - Reviews and Closures





	Start	Current
A	3	2
B	4	3
C	3	2

- Referrals are all high levels (L3-L5), so takes longer to reach review stage
- Closure graphs will be incorporated as SNN closes cases

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SNN – Wider Interventions

Accommodation Concern	Description	Savings
Debt	Debt Relief Order	£23,650.15
	TIP report	£1.00
	TIP report	£1.00
	Trustfolio (Experian Credit Report)	£1.00
	Trustfolio (TransUnion Credit Report)	£1.00
Food Parcel	Food Parcel	£20.00
	Food Parcel	£20.00
	Financial gain other	£99.00
	Food Parcel	£35.00
Household Support Fund (Vouchers)	Household Support Fund Voucher	£50.00
	Household Support Fund Voucher	£49.00
	Household items	£617.00
	Household items	£275.00
	Household Support Fund Voucher	£100.00
	Household Support Fund Voucher	£49.00
Report Total		**£24,968.15**

SNN	Description	Savings
Food	9x food parcels	£270.00
	Supermarket vouchers	£50.00
Utilities	Electricity voucher	£50.00
	Correction of gas and electricity bill	£230.00
	Credit applied to utilities account	£102.00
	Anglian Water arrears waived	£70.00
	2x utility bills reduced (previous amount unknown)	Unknown
Digital	Got old phone back instead of buying new	£50.00
	Free phone SIM with 6 months paid use	£90.00
Housing	Care and Repair work	£225.00
	Free household items	£1,005.00
Hardship Funds	SNN Hardship funds	£450.00
	Vicar's Relief Fund	£500.00
Other Savings	Lifts instead of taxis to hospital, bank, etc	£237.00
	Cleaned to reduce cost of deep clean	TBC
Report Total		**£3,329.00**

Combined total of £28,297.15

Feedback – Service Users

*"You've already helped me **far more than you could know**, and **way more than any words can show!** It feels like you were **heavenly sent** and have done maybe **more for me in the 24hrs** you've known me than I allow most to do in a lifetime. I've always believed with just one person in my corner **I could take on the rest of the world**. I'm interested and dare I say a little excited, to see just how far we can go. **God knows how low and damaging things could have got without your intervention**. And I know it's your job, but you still have to be a pretty special person to do it, let alone be as **effective** as you seem to be. **You've allowed me to keep a flame of hope alive**."*

*"I thank you from the very depths of my deep and open heart! **I'm truly blessed** for your presence."*

*"Thanks again for your support. I literally **dread to think how low I may have sunk** without it. There's no way you could possibly know **how much you've done for me already**."*

*"**I'd employ you both** as any of the roles I've managed: housing, drug/alcohol recovery, and advocacy."*

Feedback – Other Organisations

*"I just wanted to send an email to make you aware of **how impressed I am with Support North Northants**, they are supporting a gentleman of mine, they have been **so proactive** with taking him to the bank to support with sorting out all his banking and bills, they have been **so patient** and **used the initiative all the way through**! They really have been **great support** and feedback for me as they have been going on **regularly**, their **communication is also great** as they feed back each time they go and **keep me updated**."*
– Hanna Chennell, NNC Senior Enablement and Assessment Worker at East Northants Community Hub.

*"SNN **co-ordinated input from various teams** both by email and in person. Were a **point of contact** for the family to **co-ordinate the house move**. Were **creative in use of staff and tech** to enable the Service User to be part of the house viewing [from hospital]. Took family to breakfast whilst their old house was packed up. Moving is incredibly stressful and **it would not have happened without SNN support for this family**. I have no suggestions for how SNN could do better."* **– Helen Jones, NNC OT**

*"This was a **particularly concerning referral** and it's **great to see that we have been able to work collaboratively to support this gentleman**."*
– Michelle McCracken, NNC Principal Social Worker

If SNN didn't exist - Helen

What Happened

- Helen has multiple health needs and was prematurely discharged from hospital without support
- In so much pain she can barely walk, can't see due to visual impairment
- ICT were due to visit on the day of discharge ICT were not informed of discharge.
- Only two relatives were abroad / unable to visit
- Suicide ideation
- SNN mobilises emergency support, involves ICT, Care and Repair and other services

What would have happened *without SNN*

- No one knows ICT did not respond – they were not informed
- Helen continues struggling – housing, safety, medical appointments food, mental health, money etc
- She somehow finds the strength to reach out but is just 'signposted' to other organisations
- She is unable to look after herself physically or mentally
- She attempts to end her life, or is re-hospitalised quickly

System Barriers – Difficult Journey

People don't know how to navigate support – cry for help	Unable to get a GP appointment	Not involved in own decisions (support not co-produced) – people feel out of control	Unable and can't afford to stay on hold for 4 hours with utility supplier
Wider issues not caught early, so get worse	Hospital discharge processes	Organisations unable to provide wider support due to organisation's boundaries	Anxiety levels mean unable to call doctors at 8:00am – prevents access to health services when needed.
Having to tell their story repeatedly. Mentally exhausting.	Have to approach multiple different organisations – hard when anxious	Local shopkeeper has issues with energy top-up system	People with high mental health needs unable to order and collect prescriptions each week

Sustainable case for change

Budget	Cost Savings	Saving per person
£520,000.00	To be completed when we know costs	Prevention of care packages – potentially 2 at present
		Income maximisation – see AC and other
		Prevention of return to system – will know when we close and contact within 2-3 months
		Prevent pressure on health – quantify per case
		Prevent hospital admissions and re-admissions –
		Prevention of GP appointments

Defining the challenges

system impact & future potential

Fragmented system from a resident's service user perspective

For the service user very difficult to navigate pathways – too long, too cumbersome.

Rising demand for statutory services = access thresholds increase; & the opportunity to deliver population wellbeing, prevention and early help by those services is reduced

More people are struggling due to impact of COVID, including Long Covid, the cost-of-living crisis, increased health inequalities.

Plethora of front doors and access points for both statutory and VCSE services – **NO HOLISTIC Single Point of Access**

Social prescribing model struggles to access VCSE offer due to VCSE capacity or not understanding what the local offer is.

VCSE funding and capacity – often reliant on siloed external, restricted funding so not able to respond to system-wide local needs collectively.

Services don't always consider the person's holistic needs, focus only on their services, and look to other services through repeated cycle of handoffs, signposting, refer, assess, close case.

There is duplication of services and inappropriate referrals

Defining the challenges, continued

How can different points of access work together and how can this model provide a professional joined-up service with VCSE Co-ordination?

Staff are not always aware of what different services do and don't do

Need to ensure more information is shared at earliest opportunity so that staff have the whole picture and not a just a pixel

Commissioning and service design can be fragmented and done on a service perspective rather than on a person-centred and place/population approach

Previous VCSE work has not been system-wide, so need to deliver system wide action research programme at pace and scale.

Need to build community resilience so that future community wrap around support for individuals and households is proactive (E.g., a pandemic or crisis response can be better managed and coordinated)

Improve ability to offer tools for independence, self help, informal networks of support, access to information and advice and opportunities to contribute.

Need a whole system, evidence based, case model to help deliver against the 10 Live Your Best Life outcomes

Where We Are Now

Pilot ends 31.03.2024

Service running well and takes time to establish a collaborative way of working between agencies – cultural shift

Opportunity for innovative joint commissioning