

**Q1 It is six months from now and the service feels really joined up both to ourselves and our customers; collectively we are giving a great service to the people of Ilfracombe and we feel proud, valued and fully involved in making this happen, what does it look like?**

Well organised

Easy to understand

Easily accessible to all

Co-ordination of pathway needed

Signposting – single point of contact

Steering Group/ Specialists to point in right direction – knowledge sharing made easy!

Ilfracombe Website

Sense of strong community support/ cohesion

Upskilling community group leaders to direct people with needs in to services – or in to a contact centre to help them get services that would benefit them

One Stop shop

An effective resolution system if things go wrong

“Warm” handover

Pick up the phone whilst with customer!

One point of contact – telephone point

Co-location of key staff

Seamless service – can’t see the “Strings”!!

Single point of contact within each key agency

One agency to manage the case – a co-ordinator

Sharing information between agencies – each clearly understanding what the offer and service is provided by each organisation. Central repository and contact available for advice/ help 24/7; take away bureaucracy to absolute minimum

A good working rapport between community services; better communication between Acute & Community Services sharing information

Use social media, eg twitter, for info sharing and signposting

Keyworker role in single point of access to go with families to introduce to other agencies

More premises to use in Ilfracombe

Think about importance of keyworker relationships – takes time, not time limited. Need led eg more than limited support needed

Single point of access

Signposting

Initial details for referral – passed on to relative agencies/ Information sharing protocol

Holistic approach

Centralised system for information (Single point of aids)

Geography – places to meet customers if they want

Minimalised bureaucracy

Knowledgeable staff

Agencies sharing information

Having needs met easily

Agencies understanding what other agencies do

Central point for information

Easy 24/7 access available

FREE

Compassionate and timely response

Local rate numbers to call/ free phone

Well publicised – people know about it

Computer systems – read only access to external systems if poss

Need for safe, informal consultation rooms

Single point of access for signposting but would also share information

Local facilities for:

- Better DWP resources
- Job Centre Plus
- Parenting support in general

One Ilfracombe hub to access information about 'selecting' the most useful service providers for the service users questions?!! Both feeding in two way hub – providers stop 'ping ponging'; 'website' job roles explained not just teams would allow users to understand what in a nutshell the team provider does. Or establish a 'customer' advocate person for users. Working with the families as a liaison throughout obtaining the different services they need.

Dementia services all joined up with people who know how to solve problems associated with dementia for the patients and their families.

Holistic approach. As a customer my problem will be with the right agencies from the start. DATA PROTECTION!  
Ask a resident how things have changed.

Common/ shared paperwork

Information sharing to be allowed not blocked

One stop shop

- member of public into 1 location for all services
- maybe signposting or multi-agency teams
- open plan office for teams to mix across organisation boundaries

Joint working facilitated by strong links – address complex situations and issues

Hub type shared space: multi agency, stat, non-stat and volunteers third sectors

IT systems and communications that 'talk' to each other

Communication pathways:

- open
- easily accessible
- agreed shared information Governance arrangements

Shared budgets for Health and Social Care

Communication between services

Accessibility (tot he knowledge about other services/ service users)

Shared documents between services

Better understanding of roles and responsibilities

Expanding OI hub (website) and probably Miriam's role (team) to be able to provide the bigger service

Already a hub website in Ilfracombe. But obvious today that this is not well known! HOW TO GET THIS OUT THERE

Better explanation to the public re: sharing of information and implications – 'consent' and 'data protection'

Consider more relocation of organisations together to encourage joint working (shared office space)

One stop Shop – both physical and telephony

Joined up appointment systems, shared documentation – don't keep copying or rewriting something into own organisations format. Currently health, council, etc all sort their own appointments and can't tap into other organisations, eg if need health appointment and social assessment and want to discuss housing/ benefits all separate appointments. Why can't these be co-ordinated? – Sharing governance arrangements and patient records if permission given. Shared budgets for frontline access – receptionists/ telephone appointment system

Everyone sharing information easily! Hub?

1 office, lots of different organisations in it

Developing knowledge

Updates on changes within services – central resource – people and information

Understanding each services systems thus enabling us to manage expectations and gets support. Links to others

Positive relationships within locality

Physical and Technological communication

Consistent contact

Confidence and trust in other organisations

Awareness of who to contact and what they do offer, what is their role?

Improved working between public and voluntary sectors

Greater communication between public services

Many of us are working with the public in Ilfracombe and become aware of particular needs. It could be helpful to have a directory of services which people could be referred to:

- This could be printed or online (cheaper and can be updated)
- It could help organisations get the referrals they are looking for more easily
- It could help with interagency awareness

Reducing isolation

More places to be able to go and get support eg people to go and have conversations with people or take them out

Impact of day centre shutting down

Once therapy is complete finding where to signpost them to meet their other needs

No hierarchy of services

Business coming to the area

Openness of service providers more joint working

Greater supply of decent accommodation

Working together for better outcomes for clients

Clients having a better understanding of our services

Better sense of community

Better lines of communication

Sharing of information between services

Up to date dictionary of available services and contacts, facilities, groups

Dementia Action Alliance

- For Ilfracombe to be working towards dementia friendly community across all communities and organisations
- For organisations to encourage their staff to become dementia friends and or champions
- Spread dementia awareness and reduce stigma
- Shops to have a "slow" lane in their stores for example
- Inclusiveness in making sure people living with dementia are included in any decision on their future in Ilfracombe
- Make use of Devon Dementia webpage road map

Trading standards CAB model

Can't have cuts and services!

There should be more awareness of what services already exist and what they offer. Someone should compile a directory and give this to all services and professionals so we can all support people to access the right service, with everyone having up to date information, need to raise awareness across the board! All of us should work with same resource and standardise interventions and options!

Signposting

No more passing the buck!

More people, more aged people

Prevention not cure

"Crisis management not action"

Community – volunteers

Vulnerable adults

More people choice – is this realistic?

Confidentiality

Alcoholic = housing issues – who is able to take them on?

Limited engagement at multi-professional teams

Agencies don't have £ to provide what's needed

Bills difficulties = housing issue

How to do stuff without £, what can we do initially?

Low morale due to low/ no funding  
Open access to all services  
Enhanced CAB  
Single point of access not (too many)  
Education among all

We need to make it believable to the people of Ilfracombe! We need to pull them into the project and NOT leave it to the few. It is necessary to help them "...” sometime! To show them what they CAN do

#### FIRE

- Partnership agreements – all organisations signed up
- Targets reached – ie All vulnerable in community engaged with
- Similar approach to Town Team – barriers broken down between organisations, sharing info/ working collaboratively
- Success is every target household – HFSV/ smoke alarm device

#### POLICE

- We know who to ask for assistance - local named individuals KIN
- We share information and signpost effectively
- We understand where rush of harm exists in the community and can address it in a timely manner

#### EVALUATION TEAM

- Physical (building)
- Virtual
- Telephonic
- One entrance with good connections to all resources and coordinates cross connections

Question – with localism where is the geographical boundary? Need to define clearly what needs to be provided say Devon wide or naturally, ie what can be provided locally

Reduce inequalities

Confidence in partnership/ knowledge of lifestyle services/ groups/ support

Raising an issue – response

Local

MECC (Make Every Contact Count)

De-stigmatise talking about an issue/ need

“Any door is the right door”

- Curator of services
- Culture
- Paradigm of understanding

#### SUMMARY

- Targeting and supporting vulnerable in multi-agency way
- Personalised communication across organisations
  - service users
  - service deliverers
- Active intervention and Public Health and ‘Preventative’ predictive action/ reduce inequalities
- Engagement/ “Believable”
- Centre/= Bricks of mortar/ virtual
- How do we define the parameters of locality ?Geography, networks?

For vulnerable people/ Y P in the community to feel supported in getting the services they need – accessing dentists, GPs etc

People in the community have the right / appropriate people supporting them at the right time

Knowing what other agencies can do/ who you need to contact – up to date numbers

Appropriate and effective sharing of information

Single point of access – provided in varying formats for accessibility (multiple options)

Consistency in support

Knowing key contacts and organisations available for signposting

Community/ individual access for members of public to above (Community access hub)

Signposting website for customers and practitioners

Right people at the right time

Knowing who is there

Communication – a menu of methods

Single point of contact?

Consistency across agencies

Being confident that other agencies/ professionals (all ie stat/vol) have 'bought into' working together to provide

holistic / whole family support

SU is confident "they are not on their own" they have a relationship / feel valued, they are at the centre

## **Q2 What are the changes we can make between us that will make the most difference to the people of Ilfracombe; and what help will we need from our organisations to make them happen?**

NO JARGON! Everything plain English

We can help to support but not take over

Realistic expectations, timeframe and service

Information sharing

Shared budgets should be shared!

Share info!

Plain English – no 'Jargon'

Empowering community

Managing expectations

Sign up from senior organisational staff

Share office space between organisations to allow networking and more open working, and sharing of budgets

Understandable job titles, roles and responsibilities = PLAIN ENGLISH

Professionals should never judge how an individual chooses to live but be empathetic and supportive when help is required

Empower public to care for themselves

Be open and honest about what we can provide

Realistic about time frames when helping others

A directory of organisations – say for example, the people here today, for each area, so that can be looked up easily

Understanding others job, roles & responsibilities

Build connections between services

Networking between services

Smaller community hubs?

Multi-agency hubs?

– working/ visits

- across other areas

- to focus on specific issues or individuals

Contact list for individuals within services

Sign up from senior level of organisation

Personal responsibility and empowerment. Realistic in current climate, support realistic expectations

Shared budgets - shared risk. Health and Social care – shared panels for funding

Attitudes: Individual and Organisations

- Willingness

- Open manner

- No hand offs

- Helpfulness

- Non-judgemental

- Respectful and empathy

- Responsibility for comms

- Plain English

Be mindful of language used in professions when working with families  
Professionals and public to value a system and have time to invest in it and the confidence to do so  
One standard system of recording  
Conduct more joint visits between services in a neutral location, where people are comfortable and that is accessible to demonstrate to families we are working together to understand them and meet their needs  
Build positive working relationships and improve communication to work with families  
Common language  
A time – “Investment in Intervention”

Trust each other  
Provide clear information on what we can provide  
Listen better/ be braver  
Proactive/ preventative  
Innovate  
Don't let the 'contract' culture shut doors  
Tell commissioners how it is  
Organisations to have co-location of boundaries  
Posts and structures based on the locality  
Spend more money (as a customer) in Ilfracombe  
Commission work pathways  
Networking  
Communications  
Examples of collaborative working are here ie Town team, Good Neighbours  
Help – fact that we are here shows big in town organisation  
If Access Group – we need to be people orientated, the people need to enjoy being in Ilfracombe  
POLICE

- Build relationships with key partner agencies at all levels of the organisation – staff on the frontline should know their counterparts and communicate regularly
- Organisation - Allow staff time and opportunities to build their networks – team building

Relationships are key  
Collective core study/ gap analysis of gaps between services (real and perceived)

#### Summary

- Trust; robust relationships and function = at the right level. How can this be done?
- Being brave and be mindful of the impact of our “contact culture”
- Communication is harder when there is no organisational co-terminosity
- End product = people want to come to Ilfracombe

Educating myself on the other local services and support available  
Provide up to date information about the services we provide and how to access them. Provide contact details for professionals

#### What I can do

- Let partners know more about what I can do
- Identify contact points. My clients are likely to raise points with and get basic contact info to them (hand out)

Stop putting own agency parameters in place before thinking of the needs of the 'client'

Share info

Be more flexible: availability/ time/ criterias/ being able to respond

Break down barriers around referrals/ criteria

Each organisation to have a 'duty' member or 'champion'

Speed dating event??

Take time to know the services available in the communities we serve (organisations). Share that knowledge

More information about services other organisations can offer

More available contact numbers for individuals with organisations that we can go to directly – meet up with those people

How do we reach the people who are not accessing the services they need? Organisations have set up things in the past but those that need it don't access it. Need people who go them? Changing mindset? People who don't want help are difficult to help

Home visits can be beneficial

- Clients feel more comfortable
- They have access to information/ documents
- There is the opportunity to better see the issues the client is facing

More networking between organisations so they better know what they can all offer the community

Improve joint working between health and social care – the IT systems and waiting lists are currently very separate entities – can we improve this?

Easier access, availability

Improving quality of first contact

Problems with waiting for phones to be answered!

Improve facility to work more flexibly with clients with complex needs – eg home visits

ASK COMMUNITY SPECIFICALLY WHAT THEY NEED – to make their lives better

Inclusiveness for people living with dementia and their carers to be involved with all decisions on their future in Ilfracombe and surrounding areas

Spread the word on dementia and lessen stigma

Make Ilfracombe more dementia friendly, ask those living with dementia what would help to support their lives – in the town (surveys etc)

DEMENTIA FRIENDLY ILFRACOMBE

Bringing organisations together

Have we asked what the people of Ilfracombe would like from the organisations?

Notion of enabling & empowering & supporting people to find solutions to issues

Directory for professionals and volunteers and public to be able to access other agencies easily

Self help point giving advice for people so that they can take responsibility

Accessible services

Forum for “people of Ilfracombe” to say what they need. What does “need” mean?

Young People's Council?

Greater awareness of what services/ agencies offer in practical terms

Bi-annual One Ilfracombe conference to update providers on services available – updated directory of services/ contact details and what they provide

Community pride/ helping people to “help themselves”

Increased empowerment of people to take control of their lives (break the spiral of departure on services) and feel positive about themselves and the town they live in

Ilfracombe directory of contacts

Take ownership

Multi-agency meeting/ forum

No more “tribal” thinking – them and us – we are all on the same team

Building a sense of pride in the town, fostering a sense of belonging

- “It's our town, we have a responsibility – all of us – to make it better. No matter how big or small the changes we make are”

Opening council meetings to residents and encouraging them to become more active

Encourage people to help devise solutions to issues as opposed to just stating the problems

Work with young people in schools – around quote above – start a cultural change which may continue through generations

Time from organisations to do promotion work

Share information

All workers need to take responsibility, to look at clients holistically

EVERYONE TAKE OWNERSHIP!

Each person/ officer must take ownership for everyone they make contact with

This would make sure that everyone's needs were identified by each service

Creating a One Ilfracombe personal advocate that can take them through their journey of accessing the different services that can help their needs. Write letters, fill in forms, make telephone calls and act as a representative if required

We as teams should make sure we keep a 'nutshell' description of 'what can we do to help'

There should be a choice and options

- numbers of organisations given to person to do themselves. Empower the person to do
- website to look on about services
- leaflets explaining what each team can do
- personal advocate to work with family 1:1
- ultimately connecting with every individual and building a relationship with them

Partnership working

Make direct phone line available to key people

Inspirational speakers to raise aspirations!

Better communication awareness

Build professional relationships/ network

Recruitment – changing perception and profile

Better awareness of locals of what is already set up – websites etc

Aspirations - starting from school age

Raising the profile of Ilfracombe – change external view, teenage pregnancy and benefits capital

Link better

Who gets to pay?

Updated local services directory

Change already happening due to all the professional bodies in the room

Links

Work ethic

Equipment – in tip and dump

'Ilfracombe One'!

Tyrell beds open

Stability of agency

Promote good things not just bad in news

NHS petrol allowance – when making visits, if we go over the mileage allowance, we get a cut rate – some staff do more mileage than others/ part times etc. So why can't we have a joint allowance for the team as those who use their allowance by ¾ through the month don't make so many visits due to not being able to afford to give the NHS their own petrol money – no one wants to work for nothing. This would be easy and not cost the NHS anything as it would just be enabling others to use others allowance.

**Q3 What actions will need to be taken in the next 12 weeks to begin the shift in how we provide services - who will do what and when; and how will we know we have made a difference?**

POLICE

- Start conversations with counterparts – build the network
- Sharing of key information
  - Where are we struggling?
  - How can we support one another?
  - What are our capabilities? - HONEST CONVERSATION!
  - Remits – remove tight constraints!
    - allow crossover

ILF ACCESS GROUP – define where other organisation parameters are and where they should be and how can I/we get there! Who can help? Thing should be easier after the task is completed. What over Scope is (localism)

Expand on today's opportunity to network

Start sharing contacts

Is it about utilising what we already have? ie Community Connector, Town Team



Needs evaluation – to know we are achieving

I will discuss localism with my DPT colleagues.

People not positions/ professions: personal network

Can do

Is One Ilfracombe on the northern locality commissioning agenda? (Mental Health)

Define the area

Provide all attendees with contact details

Learn from other areas

#### Summary

- “Any door is the right door
- Person first, profession second
- Creating a personal/ professional network
- Scale

Targeted communications

Give Julia and Charmain a pay rise

3 day working week

Free cappuccinos for clients and staff

Each organisation to provide information on what it is they offer/ responsible for/ and feed this info into One Ilfracombe to start directory

Directory/ contact details to be available to each organisation

List of agencies, then could visit/ shadow another agency to understand role

Central One Ilfracombe HQ?

Issues – lack/ low uptake of volunteers to come forward

Obtaining care agency cover for patients

Closing of Tyrell beds (loss of local care for local people)

Where does complex care team meetings sit with One Ilfracombe???

Link with secondary school reps, with Year 10 to go to youth council meeting

Young People’s Council – link with CAMHS – we need more YP advocates

Come back together in three months

Include community at the same meeting NOT invite only

Support from governing bodies

Involve youth in recruitment and volunteers

Physical space to work which is easily accessible for the public

Advertise to reach all ages

Senior organisational sign up as a priority

Ask the people of Ilfracombe?!!

Include community in meeting

Drop-in coffee morning

Encourage organisations to allow services to be in schools/ Surestart etc. More physical presence to help and promote

**RECRUITMENT! Voluntary and paid – ALL AGES**

Set up youth council

Take information about One Ilfracombe and what we want to do back to our organisation -governing bodies

Start promoting!

Start compiling resources for service users/ community

Single point of access for people to use service – set it up

- Web page

- Physical “office space” – easily accessible

- Telephone number

- Face to face contact – become visible in town

- Leaflets

- Local radio

- Targeted communications

Become more visible!

## Training

Look at old NDVS office as single point of access

Database of staff from all services – skills/ work area/ interests (Work ideas)

Share info

Provide contacts by Org/ work area from meetings – email follow up in 6 weeks?

Recognise it will need to be permanent not 1 or 2 years

Break down organisational barriers

Allow teams to talk to each other with senior officer approval (written approval)

Promote One Ilfracombe website/ info hub – know by number of hits

Prioritise based on two meetings

Circulate list of attendees and start communicating with each other anyway

Comprehensive review of all feedback to identify common themes discussed in the One Ilfracombe event – by One Ilfracombe!

Feedback outcomes of sessions to local agencies involved in these sessions so we know things are moving forward

Publicise website more

Work on up to date inter-organisational directory

Map out which services could relocate together to facilitate pathways

Feedback way forward that's agreed to public

Feedback

System of updating services info so always current / not out of date

Promoting OI better, hub etc, social media etc, councillors and staff getting down with all people, getting their hands dirty – with multi-agencies, not just Town Team

Change of attitudes between agencies, so that we can all work together

Sharing of agency info

Changing public perception

Transport for hospital services. Empty shops put OI posters up with info or one in each shop. Leaflets if budgets allow, sponsorship for funding?

Regular updated network meeting quarterly? To share changes, improvements, new ideas

Multi Agency Meetings

- to discuss job roles etc

- responsibilities

- share what we CAN DO!

Grow the Ilfracombe Hub

- advertise/ promote

- increase hubs

Help to promote each other's services

Gain knowledge of each other's services

Senior leads – commitment to long haul, action plan

Share the intention – multi-agency agreement

Build on natural links

Feedback to my peers and manager

Website promotion

Teams need to take responsibility in keeping One Ilfracombe up to date

Every person on each team should write a 'nutshell' description of what they do in their job and who we can support in the community

Good idea about contact details or better advertising – posters/ back of supermarket receipts

Broadening the mediums to reach every individual: getting ourselves out there – into schools/ on radio/ in the community/ Drs surgery waiting rooms/ nurseries/ Surestart centres

Organisational Text messages may be an idea as everyone seems to have mobile phones

To unblock the communication network with all the services that are present today. – This has to be kept current and needs to be a live resource

This is a two-way street and often the contacts and messages are not getting to those who need to know

Health, voluntary services better joined

Workers have access to resources – database

Clients know how they can access services – works both ways

Build a contact list

Staff/ community encouraged to take an interest in services, to refer clients where they need to be

We need to move away from the view that the info isn't relevant to everyone when working with families.

Individuals, anyone involved in their lives should take an interest in all services involved – schools/ housing/ social workers etc

Going to the places where clients are:

- schools

- GPs

- Diners

- Food banks

- Job Centre

- Children's Centre

Not expecting them to just find us

Communicate with service users

Communication is a great thing – pass it on!

Larger organisations need to be asked how they can facilitate their organisation to be able to provide the services

One Ilfracombe needs

I will provide an up to date summary of the services I provide and how to access them. Familiarise myself with signposting/ directory so I can offer correct advice to clients

I will review my caseload and identify agencies/ services that could point my clients to the help I can provide – at an earlier stage thereby preventing problems getting worse

More conversations

Make public aware – journal/ website

Early Help Practitioners Forum – synergy between frontline workers and managers

Be aware/ take part

Build on what is in place already

Have a link to local community groups

Make opportunities to inform people in the community/ other services what we do and what is available in the community

Visit other services/ agencies

Up to date info – directory of who/ what to other agencies – NOT to be public – to a central person- OI

Press advertising

Database

Links on webpages

Contacting through voluntary groups

- Lions

- Compass

- WI flower arranging

- Probus

- Play groups

Workshops with the community

Drop in sessions with key service providers

Youtube FAQ

Campaign nurseries – work with shift patterns to allow people to access jobs better

In the next 12 weeks – feedback to managers

1. Make a physical register of all partners' contact details, what they do

2. Develop networks so that small constructive meetings, eg Young People

- Families

- Elderly

- People with needs

Health- School – SW – Police – Housing

3. Place/ time for those networks to happen, for families/ individuals to meet

4. Common approach SOP ETHOS CROSS - service agreement - invest in intervention (flow of information)

5. “END RESULT” – success is multi-faceted, outcomes will depend on the service/ experience of the individual/ family

Everyone email One Ilfracombe, tell them our job and what we can offer the residents, then someone put it together and email it round

Scope of service – identify what we are providing services for/ to, and who is paying?

Economic development

Someone to take on the directory and list of access to services

Keep it simple

Feedback

Change occurring with this meeting

Workforce.... public

Terms of reference

Volunteers – key in community delivery

Don't really need individual emails – organisation ones only! = Organisation and then names of people in organisation and then you can choose who to contact

Could we look at a way that assessments could be transferred between COMPAS and CAREFIRST6 or vice versa? – with patients consent of course!

Up to date contact list on website – who do we need to contact?

Spread the word that website exists- ? Use other forms of social media to inform people of its existence

Action – organisations join/ affiliate with Dementia Friendly Ilfracomb to become dementia aware

Collect data from service providers and start building up the online directory

- name of service, contact details

- service offered

Up to date website with what services do, provide and who do you contact? Could put a section on FAQ may be developed from patient/ client stories

One Ilfracombe website to email all attendees today with request for inclusion

Make contact with the decision makers within our organisations/ services and look at all other services to which we refer/ accept referrals

Website might include info on organisations who are willing to share space and therefore reduce cost and increase accessibility

Job centre needed in Ilfracombe

Good CSC

#### Listening into Action Feedback 15.09.15

**Q1 It is six months from now and the service feels really joined up both to ourselves and our customers; collectively we are giving a great service to the people of Ilfracombe and we feel proud, valued and fully involved in making this happen, what does it look like?**

- GP – Community Nursing, OT, Physio, Hospital, Psychiatry
- IT Systems
- Being able to talk to each other
- Carenotes
- Carefirst
- System 1

- Emis
- PAS
- Over arching system that everyone feeds into
- 1 central care plan for all to be fed into a central system
- Social media style agency page
- Service directory
- Linked up systems
- 1 referral point available at many locations – specialist knowledge at a hub/person? What services?
- NO data protection constraints
- Knowing faces/personal experience of providers is important
- Organisations thinking about wider needs – knowing services that are available
- Permission to use other peoples resources
- Teams can be in contact with each other to share information and knowledge
- A 'place' for staff
- Shared information begin orgs
- Permission to access other services direct
  
- Better communication – people don't know who to turn to. This would feel positive, valued, not alone, better health – mentally and physically
- Slick Access – easy not frustrating, appropriate, rapid, single point of access
- Issues that need to be considered; technology, confidentiality, training (eg triage stuff – multiple health and social problems)
- Better information and communication – compatible systems
- Information; better triage?
  - Who? Mental health, social services, police
  - Community bids?
  - Problem – confidentiality!!!
  - Different technology
  - Services to BS over North Devon and if localised would we lose our other support? – Capacity!
  
- Elderly
- Mental
- Mobility
- Families
  
- Less frustrating
- Easier step down process of social care
- Social care/early help
- Collective responsibility
  
- One stop shop
- More (?) service
- Drop in clinics
- Wider info via technology
- Right people quicker
- GP centre hubs
- Needs to be integrated, supported by an updated IT platform which is accessed by skilled facilitators
- It doesn't look like one thing – its many faced/multi channelled/it pops up
  - A cafe
  - Surgery
  - Information point

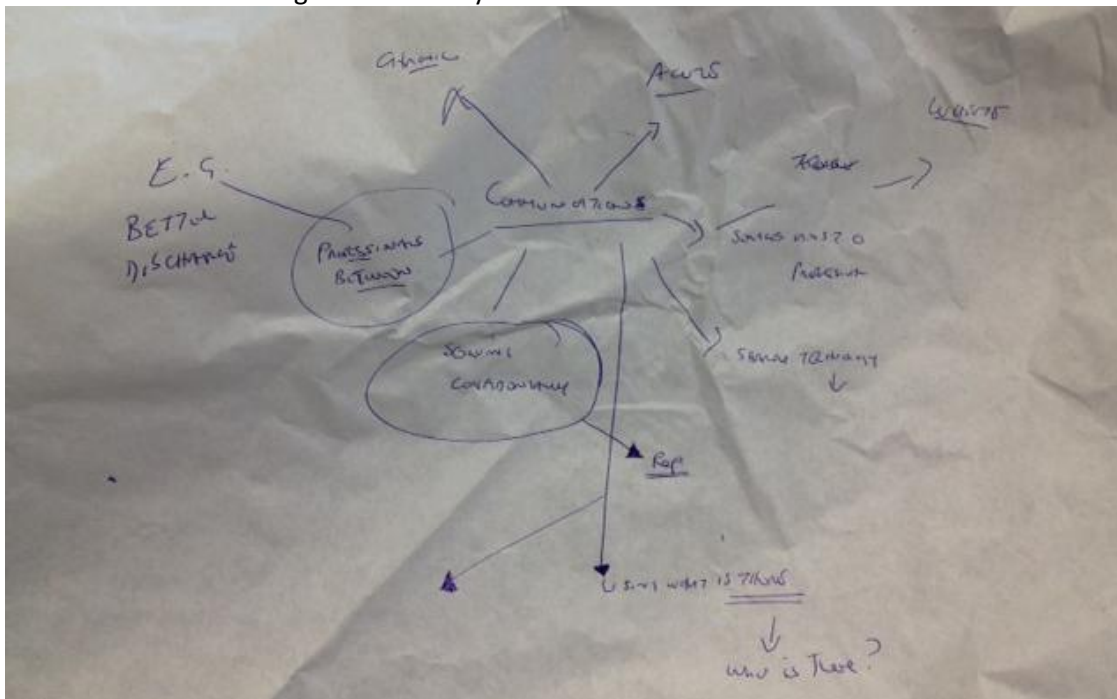
- Like the lottery

- A proactive service – not just reactive to individual service users
  - Professional network – web band
  - Walk in – the Ilfracombe Centre
  - Not ‘council like’ – less official front
  - More information available to the public – or more accessible/interesting information
  - Potential to use GP surgeries – but many practical problems with this
  - Need to be able to ‘pass on’/handover clients rather than an abstract ‘signposting’
  - Lots of people ‘frightened’ of official terms and using telephones – needs to be 1-1 in person
  - Sign posting – Good ‘diagnosis’ tool- using tablet? /PC
  - Yes/No – that way workers opinions are irrelevant – needs good questioning and listening skills
  - Drop in cafe – very informal and friendly and less threatening for many people
  - Database (which is kept up to date) with agency services in Ilfracombe. What is out there?
  - The communities assets will be fully
  - Mobilised so that people can meet their own needs with the support of friends, family and community wherever possible
  - And services are there to support and empower people and be available earlier to prevent dependency
  - Tell the story once. People are well informed and have access to great information and advice - through a multi channelled ‘available everywhere’ tool that people can access when and where they are and in a way that they can access in pubs, GP, County, shop centres/everywhere
  - And people can find their way to support help and advice very easily when they need it – possibly with same navigators to help them find their way – in a way that feels independent, but which gets the right people to services quickly and sensitively.
  - Link with GP’s?
  - Online partnership, client form plus paper based to signpost clients between partners
- 
- Good reflective sample of need of population of Ilfracombe
  - Single point of contact with good network of contacts to refer on
  - Action to be taken by every agency once referral is received/effective team around family
  - Regular review
  - Leaders of digital IT agenda
  - Digital hub/unlimited internet access with training in Ilfracombe instead of travelling to Barnstaple
  - More job search support in Ilfracombe
  - Training and apprenticeships in Ilfracombe
  - Transport all year round not seasonal
  - Resident involvement in projects
  - Flyer produced in window for out of hours for contacts who to ring and contact for services
  - Holistic – by DCC. We can’t use re data protection
  - Access to early help employment advisor called Carolyn Horton-Armstrong is 395476
- 
- Joint training of many services involved in community
  - One point of contact/multi agency team (MASH) – only have to tell story once
  - Service users hold/look after important information about their needs/care requirements
  - Clinical teams and services to know each other and services they provide
  - Full range of services including voluntary are known and readily available to professionals and the public – directory of services
- 
- The most vulnerable residents are not IT literate – they want a place to go to seek help
  - Everyone takes responsibility for the care needs of the patient at first contact

- Agencies are supported to share information about clients and patients
- People can volunteer with professional support to help their community
- The Lantern is a space for meetings/groups/people/stat.sector around the themes of interest
- Reduce staff sickness due to stress
- Take people seriously
- Users at centre of decision making process
- Budgets reflect individual needs
- User voice is loud and clear
- Working together as a team within a team – communication! Caring about each other no matter whose role or job it is
- Happy satisfied users
- Communication is effective and productive
- Single point of access for health, social and community – for services and improvements
- Triage system – information that moves with the referral
- Respecting and accessing information from parts of the service
- Minimum information – maximum benefit
- Electronic IT system that talk to each other and actually work

**Q2 What are the changes we can make between us that will make the most difference to the people of Ilfracombe; and what help will we need from our organisations to make them happen?**

Communications –Solving confidentiality



Discharge summaries

Clinical records when patients move between, eg words within organisations

Better information for patients (& carers) on discharge, eg about drugs – Enables ‘personal responsibility’

The services already know about this – it needs to be made a priority. If you want a practical change - £ penalties for providers failing to provide discharge summaries/ info for patients

Improved discharge info

- service user told who can help

- relevant services notified

Communication between services – GP/ carers/ nurses

Isolation/ loneliness – elderly/ mental health/ disabled – Need face to face not just IT

Regular inter-service updated/ directory

Partnership working

Liaison and feedback and review  
Trust= between agencies/ service users and agencies  
Put personal feelings to one side  
Open communication between agencies  
Mechanism to discuss when things go wrong  
Cashpoint/ information point IT (like in Lynton)  
Tourist information  
Information can be gained from different places – cafe, shop  
Place services advert in EX34 magazine  
Once & done use various genres of media/ info sources  
Index information as sometimes there's too much info!!!  
Quick response  
One Ilfracombe – keep Facebook page up to date with more local provision  
Educating people (information) – How? – Drop in centre?

Navigating boundaries difficult for us let alone Joe Public  
CAB – could be central point  
Advertising  
Voluntary services  
Blue Light Day  
Helpline to provide information  
Service directory in several formats – website, social media  
Develop better links with all professionals  
REPS – marketing, Tourist information for health and social care  
ILFRAGOOOGLE!!!  
Identify key people ie discharge co-ordinators

Less competition between providers in third sector – because of fear for future funding! Less duplication of services  
Shift of resources from providing care to enabling people to meet their needs themselves, with support -as asset-based mould (world?)  
Organisations need to network, with a sense of place ie to find the partners locally, not to retreat behind specialist walls – know your partners  
One IT system! (I have to use tow at work – a huge time waster and frustrating)  
Help people change the “I'm ill, I can't work” mindset, but how? We haven't found out how yet despite trying an awful lot of ideas out and we need lots of new jobs in Ilf!!  
Scrap competition between organisations for “Bums on seats” to enable contracts to be kept. Instead open on different days/ times so service users have more of a 24/7 choice/ service/ response  
Tourist Information Centre for health services  
Early information  
“Host not Hero”!  
Cultural shift in society  
Competition between providers – can be good or bad  
Help people to help themselves rather than providing everything  
Enabling and support so people can help themselves – easier said than done  
And must always have service provision for those who can't (not won't) help themselves  
IT communication – info on time  
Duty to provide info and advice  
Knowing who does what  
Understanding others  
Mobilise community reserve, enable not serve  
Get others to maximise self  
More closely involve local communities in the decision making processes that affect them



We need to remember (re-member) the purpose of our professional roles so that we avoid 'silo thinking' and stereotyping each other and retreat behind professional roles. WE can then effectively join up; co-operate; collaborate

Asset based approach to local communities underpinned by compassionate empowerment

We need to think of ourselves as part of a wider system

Inter-agency/ between agency hot desking -regular opportunity to link up and learn about our partner organisations

Using social media agencies keep each other up to date

Shared working spaces!!

Use PRAC forums better

If keep doing the same will get more widening inequalities

Public health and inequalities widening -needs assessment so this gap doesn't keep widening?

Opportunity to challenge and influence existing and emerging services

Take prevention to the people - get out to them

- Health and Social Care fairs/ roadshows/ pop-ups/ old people's clubs/ open days/ Festivals/ local and seasonal activities – forest, Christmas fairs, bad weather payments/ voluntary –Christmas dinners - rotary

- Rolling program – different services targeted

- Raise awareness

IT directory – joined up with all the services to access and share information

We need to engage more with volunteers/ voluntary services – Regen/ churches

Accessible

Approachable

Able

Information sharing agreement -what/ when/ how?

Hands App/ Alde memoire

– I know where to go to get help...

- I know who to ask...

Person can access themselves = don't need to be referred

Customer – consent to share at first point of contact

Training for front line staff to help identify issues

End SILO thinking/ activity

Information days?

Co-location of key services – one point of contact

Honest about what can be provided in Ilfracombe

Educate patients about what services are available

Talk/ Communicate/ Share - need time

Develop app for services & key contacts

Focus services around dealing with problem and not how to prevent the problem happening in the first place - change of emphasis

**Q3 What actions will need to be taken in the next 12 weeks to begin the shift in how we provide services - who will do what and when; and how will we know we have made a difference?**

Communication 11/11/15 TBC Ilfracombe- Already in diary!

Work is good for you!!

Draw up model flow chart to show interplay of relationships between key service providers – will show strong links where there needs some work complete

- Picture association

- Mapping

Change culture!

Contact details need to be given to .... to start compiling a contact list with brief job outline and support/ service on offer

Arrangements made to attend Town Council to arrange for services to be delivered locally with Town Council and Early Help Employment Advisor – Positive action

Same message – develop common language – repeat it often enough it eventually gets across

Public involved in this living world process/ joint sessions

Can the Ilfracombe Centre be used as the central point of contact?

Strap line useable vision ie “Tell us once” that everyone works towards

If Ilfracombe hospital does not have beds what is the potential for that space?

- Health and Wellbeing hub

-Single point of contact

Opportunity to shape thinking

Stocktake of services provided in Ilfracombe

Detailed understanding of wider ‘welfare’ spending in Ilfracombe and assets (physical and staff) available

Set-up/ establish a multi-agency practitioner group or use existing

Ask young people for their ideas/ initiatives, get businesses to support best ones and involve – tell community members/ residents what is happening (it’s not just about professionals)

Prevention tier ½ services

Ahead of the curve

Service users involved in service design

Diet

Exposure

Substance misuse – tobacco, alcohol, drugs

Social Marketing – HOW?

- Management buy in

- Joint training

- What works?

- Service user voice

- Public health

Hub co-ordinator

Spoke co-ordinator – from each organisation

Recruit someone to co-ordinate process, a physical being, place for them to be based at – marketing skills

Funded by each organisation providing services

Development of accessible pathways – easy read

Use the EX34 mag to share more info

Start Facebook or other webpage with info people can access ; agencies can have a profile and set up/ amend information

Monthly meetings to make things happen

IT systems to work with each other until one system can be set up

Shadowing opportunities for practitioners; follow up on practitioner’s forum

- publicise what exists already

- find out what contact One Ilfracombe already has

A community connector for the ‘service community’, who facilitates

- Information alone is not sufficient to achieve the shift in how we provide services – it needs to be backed up by practical, sustained measures, such as shadowing for practitioners and others at all levels in each organisation



Philosophy of "can do"

Registration process for all services to make a catalogue of everything available (commitment to engagement & service)

Feedback after referral

Raise the profile "sell" existing services Service user Or Miriam – SPOA - Liaise with services (communication regular/scheduled Update reports)