Appendix Three – MLCO Neighbourhood stories

Examples and case studies of work taking place across MLCO's Integrated Neighbourhood Teams - February 2020

1. Joint working through Integrated Neighbourhood Teams is better coordinating services for people

Didsbury East and West, Burnage and Chorlton Park Integrated Neighbourhood Team (INT) was an early implementer of our new model of neighbourhood working across Manchester. The neighbourhood's social work and district nursing teams have been working together from their hub throughout 2019.

Teams have found they are now working together and can immediately share information and take action. Joint huddles take place and joint visits are also undertaken between health and social care. That approach is speeding up and better coordinating care for people.

Multi Agency Meetings have brought representatives from Southway Housing into the INT as well for a coordinated approach around needs of individuals. Meetings with the local Police community team have also allowed the team to look at some of the wider determinants of health in the neighbourhood – getting underneath key issues in the area in a way that hasn't been done before.

"The biggest single difference is the better exchange of information between health and social care staff on a daily basis. With that comes increased knowledge of what we all do day to day and the ability to get things done quicker and more efficiently for the people we are caring for." - *Niikwae Kotey, social care lead for the INT.*

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2. Wrapping care around the city's most v**ulnerable service users**

High Impact Primary Care (HIPC) is a service that provides care and support to people with complex health and care needs. It has been piloted in three of the neighbourhoods. Mrs H is a service user with multiple issues including alcohol dependency, hearing and sight impairment, anxiety, depression and multiple long-term health conditions.

She had started detox several times but not completed the courses and had cancelled multiple social care packages – putting herself at risk of harm and self-neglect. She attended A&E almost every day and her alcoholism had created strained family relationships so she had no contact with her grandchildren.
The HIPC team provided weekly support and developed a plan with Mrs H. They accompanied her to tests, arranged counselling and alcohol service support and organised attendance at social interaction groups to pursue her interest in drawing. With the support of the team, Mrs H's drinking significantly reduced and she agreed to go to residential detox.

She has had support from the HIPC GP and pharmacist to address her long term conditions and is much more willing to work with agencies. Her attendance at A&E reduced from once every day to around once every three weeks. Family relationships also improved greatly and her children and grandchildren now come to visit. The HIPC service is now being expanded across all 12 neighbourhoods in 2020 under the name of Manchester Case Management.

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3. Improving **diabetes education amongst Urdu speakers** in Cheetham Hill and Crumpsall

Cheetham and Crumpsall has a high population of residents with Type II Diabetes. Diabetes education is provided in English despite the rich cultural make-up of the community and has a high 'did not attend' rate amongst BAME citizens. The neighbourhood team set out to increase education and knowledge in Urdu speakers who have recently been diagnosed with Type II Diabetes or are pre-diabetic.

The team worked with the community to create culturally relevant education and messages for the first time. Through Ramadan (where fasting can cause particular issues for those with diabetes) the team tested different ways of engaging with the community - including films on social media, educational voice recordings in Urdu, appearances on community radio, attending mosques and community meetings.

100% of people surveyed said that having culturally relevant education made a difference. Community champions educated the team on their experiences of care and then supported myth busting in the community. The Health Development Coordinator is now working with DESMOND (the national course for Type II Diabetes) to create a culturally sensitive course for Manchester's BAME communities.

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4. Developing **Health Walks** in Hulme, Moss Side and Rusholme

Health walks are a simple yet incredibly effective way of getting people active. The need for health walks was identified in Hulme, Moss Side and Rusholme INT neighbourhood plan and GP priorities. However, there was a gap around practical support of walks and lack of trained walkers following the decommissioning of Manchester Health Walks Scheme.

MLCO's Health Development Coordinators investigated the level of interest across community partners working with organisations and individuals and identified a huge demand for health walks. They identified staff for each ward who have capacity to develop walks and support groups and worked with partners to develop a new system for providing accreditation.

Getting the health walks moving in the INT will increase physical activity and decrease social isolation. Health walk leader training has been put in place, and the work has increased group work skills across partners and stakeholders in line with the Bringing Services Together work.

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5. Improving **Asian women's health and reducing isolation** in Levenshulme and Gorton

The Health Development Coordinators, GPs and community partners identified with that there was an issue with low mood and isolation among women from the Pakistani Muslim community in the Levenshulme and Gorton neighbourhood. This was coupled with a low level of access to/ awareness of community activities available in the neighbourhood.

The team worked with local people, businesses and partner organisations to come up with solutions
They held a free health and wellbeing event at Levenshulme Old Library which brought together local women to socialise, relax and find out information about local services. Promotion of the approach was led in the community with GPs attending Friday prayers at local mosques, word of mouth and targeting through GP practice lists.

Over 40 women attended the first event and engaged with local services. There were 15 direct referrals to prevention services from the event. Further events have now taken place and a regular 'chai and chill' event for Asian women now takes place on a monthly basis. There's a better understanding of community assets which is spreading through word of mouth – with some of the women planning a media campaign to spread the message further.

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6. Helping citizens manage **lung disease** in Wythenshawe

Wythenshawe has higher than average rates of Chronic Obstructive Pulmonary Disease (COPD) – a range of lung conditions. The neighbourhood team identified that supporting citizens to self-manage their condition would lead to improved quality of life and less medical input.

The INT worked with two GP practices (Bowland Road and Peel Hall) to deliver education sessions and develop peer support for citizens with COPD. Sessions were co-designed with citizens so they were based around what is important to them. Letters and texts from the practices allowed the team to target patients and invite them to the sessions.

77 citizens attended the events and had the opportunity to ask any questions about what matters to them as well as listen to the team. 63% said it gave them a better understanding of their COPD and 72% indicated improved confidence in noticing signs of becoming unwell. It's led to an increased attendance at regular BreatherBetter sessions held in the community by MLCO and plans are being developed to scale up the work across other practices in the neighbourhood.

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7. Developing a **Health Zone at the Wythenshawe Games** to improve community wellbeing

Using exiting community assets and building on them is a vital part of the MLCO approach.

Rather than create a new event, MLCO's Health Development Coordinators for the two INT's covering Wythenshawe teamed up with Buzz, MCC and other partners to create a Health Zone at the Wythenshawe Games in July 2019.

The Health Zone brought together community health and social care teams, voluntary sector, charities and primary care - with a presence across all five days of the games. Teams were encouraged to think outside the box with engaging activities that shared wellbeing information but also sought knowledge from citizens about assets they know about that we could share with others.
Health Zone flyers were widely distributed in the community in advance and a film was used across the neighbourhood's GP practices in waiting rooms.

Nearly 1600 citizens visited the stalls in the Health Zone over the five days. There were 755 health conversations, leading to 47 referrals to services. Over 1100 resources were given out. Local people, including elected members, volunteered in the Health Zone and a commitment has been made to further develop the approach with more partners for 2020.

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8. Working to **reduce childhood obesity** in Newton Heath, Miles Platting and the city centre

Manchester is one of the worst areas in the country for rates of childhood obesity – particularly the case in North Manchester which is linked to children living in the most deprived areas being twice as likely to be obese.
Health Development Coordinators identified that some opportunities to work with children and their families were being missed due to lack of communication between services and inconsistent partnership working.

The project brought together school health, Health Visiting, Manchester Active, Infant Feeding, Primary Care and other partners to start a conversation about the issue and look at how to improve system working. It was agreed that Health Visitors would become more integrated in their allocated medical practice to improve communications and identification of children at risk of obesity.

A more simplistic way of health visitors making contact with GPs to discuss cases has been introduced with a generic email that is monitored daily. Health visitors now attend monthly practice multi-disciplinary meetings to discuss individual cases and raise any safeguarding concerns. Primary care have been informed of the referral pathway which health visitors follow and now have more understanding of the healthy school programme offered by Manchester Active and the nutritional support which is offered to families through MLCO and other services.