

Health & Care Scrutiny Committee



Money.



Food.



Wellbeing.



Housing.



Family.



Community Safety.



Work.

The Access Islington Hub Model

The Access Islington Hub initiative followed the implementation of the We Are Islington Model, with a specific **focus** on **early intervention** and **prevention**, staff development and **collaboration** and **partnership** working with our **VCS** and **Health** Partners.

There are two Access Islington Hubs in operation – the Central Hub at 222 Upper Street and the South Hub in Finsbury Library. The third hub in the North of the borough has ben developed in partnership with Manor Gardens and is scheduled to be launched In June 2024.

The hubs aim to offer comprehensive support encompassing Money, Food, Wellbeing, Housing, Family, Community Safety and Work. Collaborations with services such as iWork, IMAX, Income Recovery, and Bright Lives Coaching bolster the support network, with ongoing efforts to refine staffing, delivery methods, and outreach for continuous improvement.

Advisors in the hub environment have two roles: Triage and Connectors. **Triage advisors** are the **initial contact**, **addressing immediate needs** and managing day-to-day operations. The resident journey involves a triage stage for immediate needs, **followed by connection sessions** for more in-depth support to uncover underlying needs. This structured process ensures residents receive comprehensive assistance without stigmatisation, **addressing** significant **issues** like **food** poverty or **financial deprivation**

Our Connectors have undergone specialised training in areas like Motivational Interviewing and Trauma-Informed Practice whilst Hub Managers have also received additional training in reflective practice and supervision for effective team guidance and since their launch in September 2023, over 600 residents with complex needs have been supported through Connection Sessions.

Our areas of focus are:

Early Intervention and Prevention: The Access Islington Hub is designed to focus on early intervention and prevention to address challenges faced by residents.

Comprehensive Support: The initiative aims to provide wraparound support for residents, covering various aspects of their lives.

Continuous Improvement and Collaboration: We are committed to continuous improvement, acknowledging the need for collaboration and partnerships with various services, VCS partners and health which are crucial for strengthening the support network.



Our Priorities

Throughout the initial phase of the Access Islington Hubs programme, we've recognised that there's a significant journey ahead of us to realise our ultimate ambition and vision. Through collaborative strategic planning, we have established key priorities to advance us towards achieving our vision:

Pathways & Referrals

Strengthening our pathways and developing our inward and outbound referrals is one of the key priorities as part of the first phase through the development of the Access Islington Hubs. This includes the development and implementation of appointment booking, and follow-up procedure.

Training & Development

Giving staff the right tools and learning opportunities will enable residents to receive a better service when visiting the hubs. Staff have already undertaken a series of training courses which has helped provide them to deliver wraparound support to residents. Understanding each staff members skills will help to resource the hubs:

Effective Resourcing

To manage demand across our 2, soon to become 3, Access Islington Hub sites, requires a new way of working, which will change the resident's journey through a hub. Below are some key areas for us to develop in order to maintain a high level of support, with limited resourcing:

Engagement & Service Offer

For the hubs to function proactively, strengthening our relationship with the VCS, Health and internal services must be established. Whilst engagement has taken place throughout the prototyping phase, there is still work to be done in establishing these pathways.

Developing inward & outward referral pathways

Developed appointment bookings and followup pathway

Strengthening pathways between services and external organisations

Internal pathways

are revised to ensure

they are effective

Champion Connectors establish for each domain of support

Well established
Skills matrix
training
programme

Additional training

Appointment Resource & skills booking matrix

Service demand.

data and reporting

Training and development

rix Strategy

Developing the offer with internal services, VCS and Health

Engagement

Established working groups

Collaborative approach & benchmarking



Our Objectives

The aim of Access Islington Hubs is to bring services and staff closer together to wrap around local communities. The ambition is twofold: -

- First, we want to see Access Islington Hubs as a recognised and valued community resource where local people can access early intervention and prevention services that support their needs.
- The second and linked ambition for the Access Islington Hubs is to be rely less on a physical space and focus our efforts in delivering services within key community assets.
- Thirdly, we aim to create an environment in which community activities and events can thrive, with dedicated community spaces.









Early Intervention and Prevention Support

Partnership Working with VCS, ASC and Health Main Front Door for Council / Community Support Evidence-Based Outcome-Led Support approaches

Implement and enhance early intervention and prevention support programs to address community needs proactively.

Position the service as the primary entry point for accessing council and community support services.

Foster strong partnerships with Voluntary and Community Sector (VCS) networks and Health Partners

Enhance the capability to deliver practical and outcomeled support through evidence-based approaches.



Key Elements - Our Strategic Approach

How this delivery model could interact with health and adult social care services and practitioners to benefit residents:

Early Intervention and Prevention in Health and Social Care: Collaborate with local healthcare providers and practitioners to integrate health assessments, screenings, and education within the hub services and explore partnerships with health professionals to provide workshops on preventive healthcare, mental health awareness, and healthy lifestyle choices for residents.

Partnership with VCS Partners in Health and Social Care: Strengthen collaboration with VCS partners involved in health and social care initiatives. This could include NGOs providing healthcare services, mental health support, or specific programs for vulnerable populations. Consider joint projects with VCS partners to address specific health-related challenges in the community, such as promoting vaccination drives, health education campaigns, or access to healthcare resources.

Relationship Building with Health Practitioners: Foster relationships with local health practitioners, clinics, and services to ensure a seamless referral system for residents requiring medical attention or specialised care. Establish regular forums for communication and coordination between the hub and healthcare providers to discuss emerging health needs within the community.

Staff Training and Development in Health and Social Care: Implement training programs for staff to enhance their understanding of health-related issues, enabling them to provide more comprehensive support to residents. Facilitate cross-training opportunities with healthcare professionals to create a more holistic approach to addressing residents' needs.

Communication Plans for Health Initiatives: Develop communication plans specifically focused on health-related initiatives. This could involve disseminating information about health workshops, medical check-up events, or partnerships with healthcare organisations. Utilise various communication channels to raise awareness about the importance of preventive healthcare and the services available through the hub.

Monitoring and Evaluation in Health and Social Care: Implement a monitoring and evaluation system that includes health-related metrics to assess the impact of your initiatives on residents' well-being. Seek feedback from residents and healthcare partners to continuously refine and improve health-focused services.

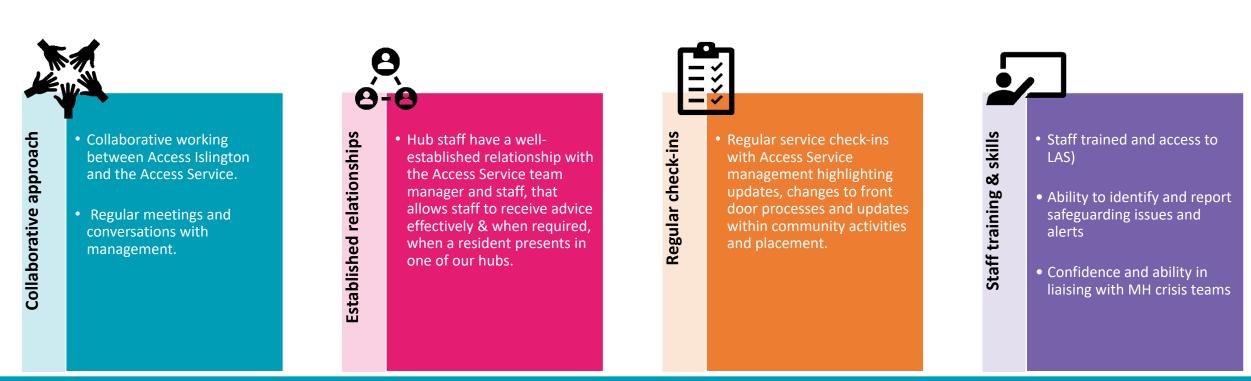
Expanding Outreach Initiatives in Health and Social Care: Work towards expanding outreach initiatives to reach marginalised populations who may face barriers in accessing healthcare services. Consider mobile health clinics or partnerships with mobile healthcare units to bring essential health services directly to the community.



Links/Relationships with ASC front door

Establishing a strong connection with the Access Service, commonly referred to as the 'front door' to Adult Social Care, remains a crucial focus. Given that individuals seeking assistance from the Access Service are often among our most vulnerable residents, emphasising the need to clearly define and cultivate the relationship between the Access Islington Hubs and the Access Service, is a priority.

Below are some key areas that show the relationship between the two services:





Briefing Sessions

Wednesday morning sessions between 9-10am, are used by Access Islington to deliver briefings around service provisions in the borough. We will continue to arrange briefings through the development of our forward plan. Some recent sessions from partners include:



Islington Core Mental Health Team

Responding to emotional distress

- Understanding and processing emotions
- What support is available in the borough
- How we can support residents whilst maintain resilience



Mental Health Crisis – LBI

Crisis Pathway & Referrals

- Understanding current MH landscape in Islington
- Roles and responsibilities
- Crisis intervention referral pathway and process



Islington Mind

Responding to the mental health needs of Islington residents with ongoing mental health problems.

- The Mental Health Recovery Pathway
- The Integrated Community Support Service
- The Structured Integrated Support Service



Talk for Health

Service Overview

- Community Mental Health
- Peer Support Networks
- Staff Mental Health and Wellbeing



Opportunities and future thinking - ASC & Health

There are a range of entry points for residents to access health care in the borough:

GPs | Community Pharmacies | The Integrated Front Door for social care | Sexual health services | 111 support

Whilst Access Islington Hub cannot serve as a gateway to primary care – training on appropriate pathways will enable staff to help residents to identify where they can most effectively meet their needs.

There is an opportunity to build strong referral pathways with the Integrated Front Door for social care, which is still in development. As a starting point, staff will be trained in the criteria for access, and support those likely to meet the criteria to self-refer using the online referral page.

There is also an opportunity to go further with the hubs forming part of the integrated front door itself by co-locating front door access staff into the hubs.

Some other opportunities we are exploring include:

Monitoring Health Inequalities: Working collaboratively with Islington Public Health and partners to monitor and address health inequalities within the community. By identifying disparities in health outcomes, the hub can develop initiatives aimed at reducing these gaps and promoting equitable access to support services.

Collaboration with General Practitioners (GPs) and Healthcare Professionals: Establishing partnerships with local healthcare providers to offer joint services. This could include health check-ups, mental health support, and workshops on overall well-being. Implement a system for sharing relevant health information securely between the hub and healthcare professionals to provide more holistic support alongside well-established referral pathways.

Population Health Assessments: Conducting regular assessments of population health to identify trends, vulnerabilities, and areas requiring targeted support. This proactive approach enables the hub to address emerging health issues and allocate resources effectively.

Customised Interventions: Utilising health data to tailor interventions for individuals and communities. For example, if there is an increase in mental health challenges within a specific demographic, the hub can design targeted programs to address these concerns.

