Community Offer

Building a
Stronger Sandwell

The single point of access for adults living in sandwell

# Community Offer Plus Overview 2025



Contact us:

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## Welcome to the Sandwell Community Offer.

Our mission is to bring together a network of organizations to support Sandwell residents through a variety of free, essential services, made possible through funding from Sandwell Council. This collaborative program ensures that our community receives the support they need to thrive.

The new service builds on the existing community offer and brings the wider intermediate care services and additional elements into one service provision.

The service will be delivered as a prime provider model and is built around three core delivery principles:-

- **6** Living Well
- **6** Recovery
- © Crisis Support \ Admission Avoidance

#### **Operating Hours**

Living Well Core Services: Monday to Friday: 9 am to 6 pm

Supporting Recovery Core Services: 7 Days a Week: 9 am to 8 pm (last response at 6:30 pm)

Admission Avoidance / Crisis Support Core Services: 7 Days a Week:

9 am to 8 pm (last response at 6:30 pm)

Additionally, an out-of-hours response is available via email and voicemail to direct callers to appropriate emergency services.



## **Living Well**

#### **Case Finding**

Actively identifying individuals in need of support through collaboration with local community centres, healthcare providers, social care providers, public health, outreach programs, and community leaders.

#### **Navigating Support**

Assisting individuals, especially those at risk of frequent healthcare use or considered vulnerable, in navigating and accessing community services and supportive activities.

Strong integration with Community Health Care Services and collaboration with social prescribers to ensure joined-up care planning.

#### **Community Support**

Developing personalised plans and coordinating support to help individuals maintain an independent and healthy lifestyle.

Building strong relationships between clients and volunteers to enhance social participation and reduce feelings of isolation with signposting and planning for longer term support.

#### **Financial Crisis Support**

Assessing financial needs and signposting to relevant support services (e.g., local welfare provision and benefits advice) to help people manage financial crises and prevent future issues.

#### **Emotional Support**

Offering active listening, empathy, and signposting to specialist organisations or healthcare providers when needed.

## **Supporting Recovery**

#### **Case Finding**

Integration with Acute Wards, Integrated Discharge Hub, SMBC Enquiry, Care Navigation Centre and Harvest View with pro-active case finding.

#### **Discharge Transport Support**

Transport from hospital/community bed to place of residence.

Collection / return of low-level equipment that will fit in standard size car.

Transport to appointments or community-based activities as per support plan and needs assessment (time limited).

#### **Home Based IMC**

Up to 6 weeks support.

Integration with health and social care community service to support people on a reablement or rehabilitation pathway to stay safe at home. Reducing the risk of admission, re-admission to hospital or care home.

#### **Prescription Support**

Collection of service user prescription from pharmacy, or the community health services base.

Support to arrange delivery of prescription long term.

#### **Home Exercise Support**

Working with iCares to support people on transition from intermediate care to self-care.

#### **Shopping Support**

Time limited provision of food and / or supporting service user to shop / order online.

#### **Discharge Support**

Pre-discharge home check and practical preparation for discharge.

Up to 72 hours settling in support post discharge.

Day of Discharge / Admission Avoidance Support working alongside health and social care colleagues.

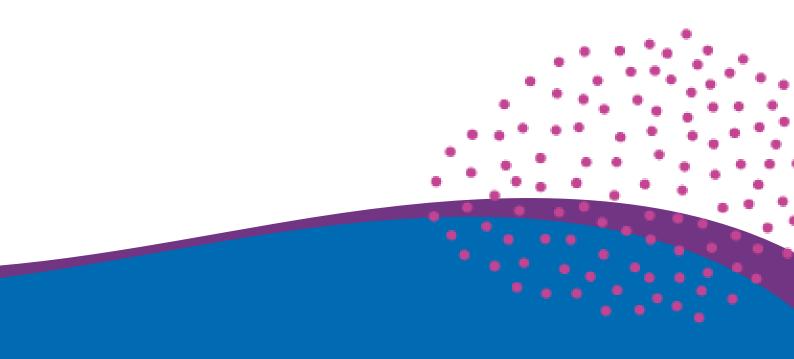
## **Crisis Support / Admission Avoidance**

Response within 1 hour for appropriate referrals.

Joint assessments with Health and Social Care Professionals to agree personalised time limited plans to support the individual to stay at home. Linking to wider core elements of the service provision as appropriate.

## **Service Exclusions**

- (a) Individuals under the age of 18 (unless support required when transitioning from children's to adult services at 17).
- **6** Risks around behaviours present.
- **6** Hands on care.
- Respite care.
- **Sitting service.**
- © Carrying out cooking and cleaning duties (can sign post).
- **6** Unsuitable or unsafe living environment.
- 6 Heavy manual handling.
- Handling of bank cards \ withdrawing cash without service user present.







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