

## Health and Care Forum

10<sup>th</sup> November 2016

### a) What role can the voluntary and community sector play in shaping the primary care implementation plan for Active Signposting?

#### Blue Table – Viv Aird

- Active signposting will involve cultural change for GPs to ensure they see the value of the VCS in helping their patients as well as or instead of them. Cultural change is also required for patients as many expect to talk to and see a GP and get a prescription / diagnosis even if the issue is social in origin rather than clinical.
- GP Surgeries are usually the first port of call for people seeking help. They therefore have a key role to play in signposting people to appropriate services. GPs themselves cannot be expected to know about all the services which are available so a number of forms of support for them are required – much of which is already in place but not necessarily sustainably funded.
- IT and databases have a limited role to play. There have been many initiatives over the years and GPs themselves have a system in place on their own electronic systems. VCS organisations hold information databases and there is also My Life My Care.
- CVS keep a database of all VCS organisations which is constantly updated and hard copies of the Register of Contacts are widely distributed.
- Social workers are now part of multi-disciplinary teams as is the voluntary sector. The voluntary sector however is constantly changing and specialist knowledge is essential. Small organisations often have no interest in promoting themselves. Information changes on a daily basis and additional information about capacity of services and quality of services is also required. The VCS are also good at thinking latterly and suggesting innovative solutions.
- VCS services could be directly provided in surgeries if space permits. This happened in Boscombe and also in East Dorset. It was successful but it did not achieve on-going funding.
- Lay people also have a role to play in signposting to services and are often active in this respect and the VCS could encourage this.
- However charities are closing and reducing their services and even if the best signposting services are in place - there need to be services to signpost to!

#### Red Table – Chris Beale

- Our experiences of active signposting is that people need support to connect to services/support, it is not enough to give them information
- It is really difficult if you lack self-esteem/confidence it is difficult to connect
- Some VCS orgs have staff/volunteers who can facilitate this but there is a massive resourcing issue
- We need to redistribute the resources within the system
- We need to see this 'connecting' as a core service
- GP practices need a function to triage/refer out people to other services

- We need to invest also in the 'knowledge base' of individuals during the signposting. You need the detailed knowledge to do the signposting
- The DBA help desk is an example of how the sectors can work together ie the NHS focuses on the clinical/medical side and DBA focuses on the rest

#### **Purple Table – Romany Ross and Hannah Rees**

- Support GPs who are looking for activities for patients eg through navigator role
- Managing expectations of GPs
- Increasing the role of VCS navigator across the county or finding who to contact to get support
- Supporting individuals who self-refer – give info about local support groups
- Voluntary sector 'friend of the GP practise' eg who goes every week and holds a surgery every Tuesday from 2pm – 4pm
- File of services in GP surgery/RoC in surgeries
- Access on-line information at surgeries eg to BCVS website – data protection issue?
- Connections between hospitals and vol orgs eg About Face are opposite Poole Hospital and they have weekly drop ins for people who have just had an appointment at the hospital – they offer support to patients, carers and family members. About Face also provides training facilities for specialists from the hospital

#### **Green Table - Frances Aviss**

- The ART brokerage in Bournemouth for young people e.g. help 4 teenage girls the physical and mental wellbeing. The Shine Project can help professionals to sign post effectively , Reliable quality Assured, Professional access
- Some voluntary sector orgs have very good relationship with certain GPs and get a lot of referrals. Need better access to what is available
- There is BCVS Directory
- Role within surgeries or a brokerage centrally
- Develop web based system with all services
- 'We' need to ensure we make the right referrals and use GPs effectively etc
- Speed updating and educate and inform GPs
- CVS involvement virtual ward
- Vol sec involvement or link to MDT/Link teams
- Better linking/working together
- Make as time efficient as possible. Enable GPs to do their job
- Referral letters required by GPs can (be) prohibitive

**b) What role can the voluntary and community sector play in shaping the primary care implementation plan for Social Prescribing?**

**Blue Table – Viv Aird**

- See a) above
- A holistic approach which supports mental and physical well-being is required. Again there is a consciousness raising role for the sector within GP practices to ensure this happens. A GP champion within each surgery is needed
- The expectations of clinicians need to be carefully managed. We can offer a more appropriate response, we can add value but are not a substitute
- We could work with receptionists
- We need to build more evidence of our impact and record case studies to help clinicians to understand our work

**Red Table – Chris Beale**

- How can we get the fundamental cultural change to enable this to happen
- How can VCS help the NHS with this cultural change
- We could include the DNAs in this – the VCS can support them to help people with their appointments. We also need to look at nudge theory
- Principals for cultural change:
  1. Joint investment of resources ie funding and volunteers from both NHS/VCS
  2. There is a responsibility for both of us to move towards each other not just for VCS to adapt
  3. We need to identify barriers within both sectors. Is it because the NHS perceive the VCS as amateurs
  4. The VCS need to collaborate locally over this or we could lose out to bigger external organisations
- Buddy/support scheme to get people to use services is crucial and this is a long term relationship
- There needs to be a willingness and resources in the system to support individuals
- Also we have to accept that some people will not be cured, their conditions require ongoing management

**Purple Table – Romany Ross and Hannah Rees**

- VCS providing non-clinical activities and support on an ongoing basis – social model
- Effective signposting – confidence to signpost that the org will provide
- Live Well Dorset, My Life My Care and My Health My Way – it can be difficult to understand the difference between them and signpost the correct org

- Ensuring GPs refer the right people to CVS/VCS
- Encouraging people to go to their first meeting – more befrienders/buddies could help. Some orgs have someone to support people at their first meeting
- Create hubs in different communities to go out to people eg a VCS rep goes to a café and people come along and meet them and others

### Green Table - Frances Aviss

- Get the info out to the GPs – to save their time
- Manage ourselves and volume of requests
- Ensuring our services are of a high quality – reassuring to GPs
- So commonly services are seen by GP/public as the best option – need for education and awareness
- People need to believe in the value of the social prescription
- Support positive managers with effective public communications
- ‘Gold star’ of some kind to assign to value of commissioned services
- Is there an existing ‘kite mark’ process that we could adapt/adopt
- Think – how to engage with older people
- Explore using with SAIL and home visits
- Improved support to help people access what is ‘prescribed’
- Other groups and professionals to raise awareness of social prescription

c) What role can the voluntary and community sector play in shaping the primary care implementation plan for Supporting Self-care?

**Blue Table – Viv Aird**

- See a) & b) above
- The VCS has longer term relationships with people so can encourage self-care. We could help to track patient's progress over time. We are the eyes and ears of community and can help to prevent people relapsing. We can help people to make more appropriate use of services and offer alternatives such as befriending which can divert people from using statutory services.
- The VCS has many facilities such as churches and community buildings which could be used to help and to keep services local and accessible
- Healthcare staff have 'protected learning time'. This could be used to raise awareness of the existence and value of the VCS contribution to self-care
- Local community magazines and newsletters could carry articles to inform people about self-care. Pharmacists can also play a role
- Community Transport is a key enabler for self-care
- PILS (Patient Independent Living Service)
- Patient participation groups
- We can shape local giving and access grants
- GPs charge £60 for a letter to enable a person to access help or essential facilities. Why are charitable funds being used to pay for GP time?

**Red Table – Chris Beale**

- We always concentrate on the high end of need , we need to refocus on the other lower end as well
- We need to focus on workforce development as a key way of capacity building the VCS
- But also developing the individual's own awareness of their health and well-being

**Purple Table – Romany Ross and Hannah Rees**

- Cross overs with a and b
- What should a patient ask their GP for?
- If GPs are asked for support with loneliness/money worries the GP should think of VCS but this is not a given
- Flexibility on what financial support can be given and what it can be spent on eg social funding is for specific commissioned services – flexibility about being able to spend it at vol orgs would help
- Non-clinical support for people with medical needs
- Investment in third sector to sustain/develop VCS services on offer
- Raising profile of VCS

## Green Table - Frances Aviss

- See a and b
- Improved education
- My Health My Way increased awareness
- Increase remote care/telehealth
- E-learning for people linking to voluntary sector support/organisations
- There's a signposting role
- Getting people support by the 3<sup>rd</sup> sector and the prevention stage
- Supporting people to access what is available to support self-care – joining groups etc
- Vol sector role to help people maintain and stick to their advice