



HEALTHWATCH WIRRAL



BRIDGE

**Bridging Resources, Information,
Directions and Guidance for Everyone**

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This document is an outline of findings of the BRIDGE forum which was hosted on the 12/09/18 in the Birkenhead park pavilion. This document covers the purpose of the forum, the organizations that attended, the issues that they face and there feedback on the forum moving forward. The wording within this document relates directly to the discussions during the day and may need further clarification at the next meeting.



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Connector Forum (BRIDGE) -12th September 2018- Birkenhead Park Pavilion

Purpose

Healthwatch Wirral is in the process of creating communication pathways in partnership with the Clinical Commissioning Group, Local Authority, Community Trust and Wirral University Teaching Hospital. This is to improve access to Better Care funded services. As part of this work we are building upon the comprehensive mapping work completed by Dave Hammond from Wirral Community NHS Foundation Trust, which was raised by Healthwatch Wirral, regarding the Wirral Connectors, Navigators, Champions, and Coordinators.

The work currently offered through the Community Connectors, Carer Connectors and Third Sector Connectors is locally recognised and seen as effective in the support of vulnerable people in our community. We offered the Connector services the opportunity to network with other community services and gain information through a forum meeting. The ability to share information is not always easily accessible through normal channels.

With agreement and support from the Service providers, Service Commissioners and Contract Managers we facilitated an information forum followed by an exhibitors information market place held locally on 12th September 2018 (9.30am-11.30am forum meeting and market place 11.30am until 12.30pm). The purpose of the meeting was to establish the need for regular information sharing with teams, issues encountered and how to work collaboratively in a connected/ integrated way.

Aim and Objectives

24 community workers from Age UK Wirral, CAB, Involve Northwest and Wired attended the forum meeting. The Aim of the Forum is for Connectors to meet each other in a neutral environment to share good practice and barriers in relation to their roles.

The Objectives included:-

- learning about what Connector roles are
- how do they differ from each other
- how can Connectors be supported to be effective within our communities
- equip Connectors with up to date information relating to services
- be a single point of contact for Connectors in order for the views and experiences of the public to be collated

The agenda included:

- **Introductions and what each of the services offered and to whom.** This proved to very informative as some of the teams had not met one another although they were aware of the organisations but not what or who they supported.
- **Issues they encounter and how to help each other.** Case studies were discussed and strategies shared. Most of the issues discussed were about how to help and motivate people with Mental Health problems. Common issues included: lack of services /not enough support for men (isolated) / waiting lists too long to access services / gaps in services for higher level Mental Health

Healthwatch Wirral thought it was important that the Connectors, and the work they perform, is recognised and valued. To this end we put together a pack of useful items (free) to help them in their day to day role.

In the packs we included some Healthwatch “Have your say” cards. This will help collect and collate client experiences, issues and feedback. We have established various ‘drop off’ points for the “have your say” cards in the community. These cards will be collected by Healthwatch and the feedback filtered back to the relevant parties.

Identifying issues

Individuals broke out into groups and identified other issues such as:

- Administration
- Local issues
- Signposting
- Additional Training needs

Administration

There were many topics that fell under this subject; not necessarily in regards to the management or direction, but more in the implementation and support of projects.

Some of the feedback, for example, indicated that some time scales may not be realistic when helping service users and that a connectors work may be only short term with a client that has a long term issue. Additional staff may positively balance the work load.

Some connectors expressed that it would be helpful if there were more general advocates involved with the connectors and that more support be available for the more complex issues. They also commented that cases (clients) should be assigned to each individual connector and their skill set.

It was noted there needs to be greater co-ordination of the door knock service, clarification of the projects views/objectives (in general, both for individual projects and between the different teams). There was some feedback regarding surveys, in that there is a lot taking place but a disappointing amount of action in regards to outcomes or feedback for the public.

Some feedback indicated that what connectors really need is more information and reporting, from decision makers, to ensure that the desired results of the projects are being met. There was a request for the greater sharing of information between professionals in this line of work, and that there are measures in place to indicate how the policies and practices of various organisations affect the wellbeing of the clients.

There was some feedback in regards to the funding of Connector projects and that some Connectors would like to see more partnership working (without duplication) and to work closer with other agencies as there is a feeling that the social infrastructure is slowly diminishing as local businesses close.

A discussion followed about who can take these issues forward and who would listen and what was the point. HW agreed to act as a conduit and to inform the commissioners of the identified issues. It was agreed that not all of the issues could be addressed overnight but discussions are needed.

Local

Identified barriers to the effectiveness the Connector services were discussed:-

- the reduction of cost free services and/or funded services,
- Less social clubs and cuts to transport (i.e. buses).
- Public transport in particular can be a barrier for people with complex needs for example Agoraphobia or partial sightedness.
- A little resistance both from local councillors and police community support officers
- Issues for service users getting GP appointments.

There was also feedback regarding the issues facing carers, ranging from a delay in carers assessments to their being no help available for the cost of a carer visiting the cared for in hospital. Also the point was raised that the responsibilities of care agencies should be clarified as work is passed onto Age UK.

HIGHLIGHTS

Connectors work short term with long term issues

More general advocates

Greater co-ordination of the door knock service

Clarification between projects

A greater sharing of information

“Trigger points” to indicate effects of policies on clients.

Cuts to public transport having a knock on effect for people with complex needs.

In relation to door knocks it is largely one way traffic in terms of outcome - no feedback on the impact of the intervention.

Signposting

Some of the issues raised were in relation to gaps in services that affect the way Connectors can navigate clients to organisations in the community. Their comments reflect uncertainty about the criteria for some of the services or what capacity they have. There are limited services for carers of people with Dementia, those who exhibit challenging behaviour or adults with ASD who do not have learning disabilities. Some of the services operating a bit like a postcode lottery!

All of the preceding can reduce the effectiveness of social prescribing and can lead to service users (and in some cases even connectors) having difficulty finding the correct person to speak to. There were some concerns in regards to a shortage of befriending and transport services, and also in free-to-use sitting services.

There also appeared to be a lack of support for individuals in crisis beyond A&E or calling 999. It was mentioned that there is also a reluctance of some people to seek or accept help. This could stem from the fear of financial contributions required for services.

“Confusing pathway to respite and the process of referral/application.”

Additional training needs

There was relatively little discussion in regards to training needs. Which may give a positive slant on the training already received. However, some training needs were identified in relation to safeguarding vulnerable people, understanding domestic abuse and child protection. Also, additional training in suicide prevention would be helpful in supporting clients with mental health needs. A lively discussion followed on the ABCD philosophy and how it has been adapted at organisational level and implemented in service specifications. For example “focus on what is strong not what’s wrong”

Other issues included:

- Continuous Engagement - Not closing the case when there are issues still outstanding
- Managing Expectations - being upfront and realistic about the outcomes clients can expect
- Fire Fighting - there are too many complex issues
- Complex cases - need speciality support (not generic)
- Psychological problems caused by claiming benefits and the delays - changes to benefits such as universal credit.
- Sick people being taken off sick benefits
- Movable boundaries - co-operation from other agencies, making it person centred rather than one size fits all
- Too much judgement in Mental Health Services for people with addiction

- Perceptions around being financially sanctioned if someone wants to volunteer / be part of community
- Lack of response from DASS when issues are highlighted- More responsibility for adult Social Care is required.

HIGHLIGHTS

Feedback from the connectors

We asked the connectors to fill in a form to give us an indication of their opinion of the day. This evaluation asked;

- Rate the success of the event (1 not successful; 10 very successful)
- What worked well? What you want and what we can do
- Is there anything you would like us to do that we have not done?

1) Rate the success of the event

We received 22 replies on the evaluation form and the average score (out of 10) was 8.4/10.

2) What worked well? What you want and what we can do

The most frequent positive feedback was in regards to meeting their peers face to face and learning more about the other organisations involved in their work. There was also a lot of positive feedback for having a place where they can come together to co-operate with one another and learn more about services available on the Wirral. Finally, there was also positive feedback in relation to both the location of the event and the use of the Healthwatch Wirral directory as a valuable resource.

The most frequent feedback received was for streamlining of the event and (moving forward) to invite guest speakers and have a “themed” meeting.

3) Is there anything you would like us to do that we have not done?

The final question on the evaluation asked the question is there anything else you would like to do that we haven’t done, the majority of the feedback to this question was in regards to the scheduling of the forum moving forward as most connectors wanted to meet quarterly for a meeting. A lot of the connectors fed back that they would like to invite the commissioners so that they can have an avenue of direct communication with them to discuss the issues that they face. Other connectors would like to have guest speakers relevant to their work to come in to discuss topics with the connectors.

We took this time to talk about the communication pathways that we are developing

The feedback illustrated that the Bridge forum was “connecting the connectors”, helping community, carer and third sector connectors meet as peers.

We made sure that the connectors were aware of the signposting directory which is free to use and a valuable resource.

Themed meetings quarterly, with guest speakers, is the main theme that emerged.

What did we learn?

- This has been a gap waiting to be addressed.

“Bringing people together with common aims and goals to discuss ways to work together and be stronger”

It was a struggle to get some of the NHS services to attend due to time commitments but we kept the market place to an hour only. The feedback from the exhibitors was positive, *“***** fed back to me today that she enjoyed the experience, it was useful advising connectors, getting advice and updates from them re their roles and what they offer so it was a two way process. I think it would be good to continue with these engagement meetings, Perhaps we can alternate staff attending so all staff get to experience it over time, variety of staff”*.

What's next?

- It was a general consensus the attendees found the meeting helpful and informative and would like to meet regularly. It was agreed that quarterly was a more realistic time frame
- They would like the commissioners to attend future forum meetings and discuss the issues they encounter
- Other services to attend and tell them what they do and how they can connect up
- Decision makers to attend and explain future plans for changes, design and development of services
- Action plan to be agreed of future topics and discussions

Updates and outcome of meetings to be circulated via email to all attendees to keep them in loop.

Healthwatch Wirral will take a lead in the development of this forum and will coordinate the next meeting. We will invite guest speakers in line with the feedback and with guidance from the connectors via email. We will bring together a working group for future actions and development of the forum.

Glossary

DASS - Department of Adult Social Services

ASD - Autism Spectrum Disorder

CAB - Citizens advice bureau

GP - General Practitioner

A&E - Accident and Emergency

ABCD philosophy- Asset Based Community Development