

## READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	11 <sup>th</sup> October 2019	AGENDA ITEM:	8
REPORT TITLE:	Working in partnership with health and social care to support Reading's most vulnerable people		
REPORT AUTHOR:	Sarah Morland	TEL:	0118 9372273
JOB TITLE:	Partnership Manager	E-MAIL:	sarah.morland@rva.org.uk
ORGANISATION:	Reading Voluntary Action		

### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

#### 1.1 This report seeks to:

- Highlight an increase in the complexity of needs of some of the people supported by local voluntary organisations and the subsequent demand on staff and volunteers.
- Outline developments to improve partnership working between Reading Borough Council and voluntary organisations to better support people with complex needs

1.2 Reading's Health and Wellbeing Strategy emphasises the need to **empower people to take charge of their care and support**. "The Health and Wellbeing Board shares the view that people should feel that they are in the driving seat for all aspects of their and their family's health, wellbeing and care. This applies to people maintaining their wellbeing to prevent ill health, as well as those managing a long-term condition to stay well and prevent things from getting worse.

1.3 Many of Reading's voluntary organisations contribute to these ambitions by providing information and advice, group activities, peer support and health related support. Partnership working between the voluntary sector and statutory agencies is evolving, driven by the recognition that often a number of agencies are involved in supporting vulnerable people. By working together, we ensure that people received the right support, from the right agencies to address their needs, making the best use of resources and avoiding duplication.

1.4 This report highlights a number of areas where, by closer partnership working, we can support vulnerable people with increasingly complex needs.

### 2. RECOMMENDED ACTION

To note:

- 2.1 That Reading Voluntary Action (RVA) and RBC's Advice and Information Hub (the Hub) will develop and run a joint workshop between health, social care and VCOs to:
  - review examples of clients with complex needs and identify which agencies could/should be involved in their on-going support
  - develop a protocol to request a multi-disciplinary discussion for clients with complex needs when they first present to a VCO, a GP or the Hub, building on the learning from the NCPG pilot;
- 2.2 The development of the Adult Social Care Front Door pilot with voluntary organisations, which could lead to closer partnership working to support people with complex needs;
- 2.3 That RVA will continue to discuss with Berkshire West Clinical Commissioning Group how to improve communications and information flow between voluntary organisations and health colleagues, including the new Primary Care Networks;
- 2.4 The proposals for a quarterly forum between VCOs and the Deputy Director of Adult Social Services;
- 2.5 That RVA will seek clarification about who is responsible for organising and paying for interpreter services when someone is referred by health or social care to a voluntary organisation or is being supported by a VCO to access support from health or social care.

### 3. THE PROPOSAL

#### Supporting people with increasingly complex needs

Reading Voluntary Action hosted a workshop on May 14th, with representatives from 11 voluntary sector organisations (VCOs): Age UK Berkshire, Age UK Reading, Berkshire Carers Hub, Autism Berkshire, Alzheimer's Society, Reading Mencap, Reading Community Learning Centre, No 5, Graft Thames Valley, Communicare and Healthwatch Reading.

There was general agreement that we are seeing people who have increasingly complex needs, including dementia, caring responsibilities and social care and physical/mental health needs. Voluntary organisations may not have the knowledge, skills and capacity to support some people with complex needs and it puts additional demands of staff and volunteers.

We believe that the services offered by voluntary organisations should be part of the wrap around support for some people who have more complex needs. They would benefit from a collective, coordinated approach between different agencies underpinned by good communications.

There are many smaller scale examples of effective partnership working between statutory agencies and voluntary sector providers which form a foundation for wider partnership working to support people with complex needs in Reading.

#### 3.1 Examples of good partnership working

- 3.1.1 The **Neighbourhood Care Planning Group (NCPG)** pilot, a Reading Integration Board project, brings together GPs, BHFT community and mental health services, adult social care and voluntary organisations to discuss clients with complex needs and agree actions for future support. Age UK Berkshire, Age UK Reading,

the Carers Hub and Reading Voluntary Action join in monthly meetings and offer support based on a good understanding of each client's needs. Many of the clients discussed are, or have been, supported by the voluntary sector as well as statutory agencies. The multidisciplinary approach enables a holistic discussion of the client's needs (and those of their family or carer).

- 3.1.2. The Reading and Wokingham **Stroke Association** Recovery Service has a working partnership with the teams in the Acute Stroke Unit (ASU), Caversham Neuro Rehab Unit (NRU) at RBH and the community-based Neuro Rehab (CBNRT) teams across Reading and Wokingham.

This partnership ensures that support for stroke survivors, their family and carers, is continuous between the health and voluntary sector, whilst they are in a hospital setting, being supported by health teams at home, and continues in the community when they are discharged from health services. The information passed between the teams and the Stroke Association (SA) is invaluable in providing appropriate support, information and advice and helps to address any concerns. Health staff highlight areas where they believe the SA and wider community sector can support a stroke survivor and their family and carers in their rehabilitation.

- 3.1.3 Reading's **Social Prescribing** and the **Carers Hub** services take a case management role for clients with more complex needs, coordinating support from health, social care and other agencies to ensure that the client's needs are met.
- 3.1.4 In early 2019 **Reading Mencap** and the Locality Manager of RBC Adult Social Care came to a decision to meet to discuss the need for a new, more cooperative approach to working together on complex cases. The resulting decision was to establish bi-monthly meetings between Reading Mencap's CEO and Family Support Team Manager with Adult Social Care Team Managers. This included a fall-back arrangement to escalate cases up to the Locality Manager for those with issues that needed a more senior decision. This was accomplished in a very short space of time with very positive results including establishing a secure email contact arrangement for between-meeting communications. This arrangement is now further developing to sharing 'learning lunches', starting with joint presentations to Adult Social Care teams and the Reading Mencap Family Support team to gain a wider, more holistic view of social-care assessments.

### 3.2. Developing a multi-disciplinary approach to support clients with complex needs

The NCPG pilot meets on a monthly basis to discuss clients who are referred by GPs and Social Workers. We would like to build on this approach so that clients with complex needs who are currently supported by VCOs could benefit from multidisciplinary discussions to coordinate their care and support planning.

Work is being undertaken by the Berkshire West High Intensity User Working Group, a working group of the A&E Delivery Board (AEDB) to identify people who are frequent users of many health and social care services (including A&E, GPs, 999/111). The principle requirement for this piece of work is to identify the group of people who remain unsupported by such services or who are in contact with multiple health and care agencies and could be supported in a more effective or coordinated way. The AEDB will agree a model of care for those people and oversee its delivery. Some of the people identified through this work are also likely to be receiving support from one or more voluntary organisations.

Below are examples where a multi-disciplinary approach could benefit the client (and their family)

**3.2.1 Reading Community Learning Centre (RCLC)** is supporting SS a 60 years old widow, who has no children and family members in the UK. She cannot communicate in English and is not literate in her own language (Punjabi). She lives alone in a council flat and suffers with depression and anxiety with other physical health problems. Her language barriers and health issues limit her day to day activities and access to services.

She received a letter to apply for the Universal Credit and she can only apply online - this is impossible for her due to language difficulties and lack of IT skills. She has now received letters from the Council about non-payment of Council Tax and rent, because her benefits have stopped. She is very distressed.

This client was also referred to Social Prescribing by her GP as she is socially isolated.

**3.2.2 Reading Social Prescribing service** has received three referrals for AH since 2017, initially by a supported housing provider as he completed an alcohol rehabilitation programme. AH was interested in volunteering to give some structure to his week, but as a result of mental health and subsequent erratic behaviour, all arrangements for volunteering and other support failed.

AH was then referred by a GP, and at that point his physical and mental health issues were too complex to be supported through Social Prescribing. A third referral by a GP in a different practice has been received recently for practical support as his health deteriorates.

**3.2.3 Age UK Berkshire** is supporting Mr A son of Mrs B. Mr A called as he was worried that his mother had fallen recently and didn't seem to be getting any help or support and that she was showing signs of dementia. She had several memory clinic appointments but after 6 months did not appear to have a diagnosis. Mr A then shared that his partner was being treated for cancer and that his father was currently in hospital with COPD, which was terminal; he was worried about practically supporting them as well as their and his finances going forward. 'I am worried about what is going to happen, no one seems to be helping my mum and dad and I am already struggling coping with my partner's cancer diagnosis and treatment'.

**3.2.4 Age UK Reading** supported a client who had returned home from hospital and as her symptoms returned had called the GP who suggested that she call Age UK Reading. "She says the hospital did not assess her care needs on discharge. We asked what the GP surgery was doing to support her in terms of physio or arranging walking aids but she is unclear about what they are doing".

Age UK Reading liaised with the GP, Adult Social Care and the client's son to coordinate the support for this client which may have prevented her readmission into hospital.

**3.2.5 Reading Mencap** is supporting BH a man with Down's Syndrome, significant learning disabilities and complex needs in every area of his daily life including eating difficulties and diet which cause considerable risks to his health. He attends Reading Mencap's day service where the Family Support Service coordinate service issues between the GP, dieticians, speech & language therapists, the care support agency, social care and his father with whom BH

lives. BH's elderly father is his main carer, but Mr H is isolated and lonely and struggling since BH's mother died traumatically 5 years ago. Mr H is well into his 70's with a number of chronic, painful long-term conditions which he isn't managing. He is his son's Appointee, but he can't manage the increasingly complex role, particularly the bills for charges for a contribution towards his son's care. Consequently, mounting debts to Social Care are causing anxiety and massive panic attacks, requiring medical intervention, mental health issues and safeguarding concerns. Mr H has a relationship of trust with Reading Mencap, who are trying to work together with Social Care, RBC Finance team, the GP, the RBH, Communicare and Age UK to support him and keep his son safe and happy at home. The case is still not resolved, Reading Mencap are struggling to work between all the agencies.

### **3.2.6 Next steps**

Reading Voluntary Action and RBC's Advice and Information Hub (the Hub) will develop and run a joint workshop between health, social care and VCOs to:

- review examples of clients with complex needs and identify which agencies could/should be involved in their on-going support
- develop a protocol to request a multi-disciplinary discussion for clients with complex needs when they first present to a VCO, a GP or the Hub, building on the learning from the NCPG pilot.

### **3.3 Improving communications and information flow between VCOs and Social Care/Health**

3.3.1 RBC's Advice and Wellbeing Hub has adopted the Three Conversations approach when people phone in requesting social care support. At Conversation 1 (- Listen and Connect) staff are encouraged to:

- Listen hard to the person
- Understand what really matters to the person
- Connect the person to resources and support that helps them to get on with their chosen life independently

At this stage, the person may be signposted or referred to a voluntary organisation for the support and advice they need.

Voluntary organisations have attended two speed dating events to increase knowledge and understanding within the Hub team of the services and support offered by VCOs. These sessions have been well received by VCOs and Hub staff and VCOs would be keen to attend similar sessions in the future to continue improving communications.

3.3.2 Reading Borough Council is exploring a pilot where representatives from voluntary organisations work within the Hub (the Adult Social Care "Front Door") to build on skills and links within the sector. The proposal was outlined at the Voluntary Sector Wellbeing Forum in July and is seen as a natural development of work already underway whilst recognising the strengths of, and differences between, ASC and VCOs. Expressions of interest were invited with a view to starting a six-month pilot in October.

- 3.3.3 GPs and other health colleagues are keen to increase their knowledge and understanding of the services and support offered by VCOs to improve patients' physical and mental health. Many GPs make referrals to the Social Prescribing service to link their patients to community services and support. They also signpost and make direct referrals to some VCOs. There is a regular "Spotlight on the Voluntary Sector" included in the weekly GP Headline News sent out from the CCG which enables VCOs to highlight their services to GPs.
- 3.3.4 As the new Primary Care Networks (PCN) begin to employ their own Social Prescribing Link Workers, it will be increasingly important for those Link Workers to have access to a reliable source of information about what is offered by VCOs in Reading. The Reading Services Guide ( <http://servicesguide.reading.gov.uk/kb5/reading/directory/home.page> ), hosted by RBC, is a comprehensive resource but may not be known to health colleagues. We would welcome working with health colleagues to improve communications and information flow with VCOs.
- 3.3.5 There may be an opportunity to develop a multidisciplinary approach at PCN level to support people with complex needs. The CCG hosted a "Design our Neighbourhoods" event on 10<sup>th</sup> July and a theme from discussions with the PCN Clinical Directors was their lack of awareness of all the support services available. They recognised a need to have this information held in a central point. The Reading Integration Board will progress this at future meetings.

The Integrated Care Partnership hosted an event on September 11<sup>th</sup>, "Putting Health at the Heart of our Neighbourhoods" including a wide range of voluntary organisations. Discussions focussed on what could be delivered at neighbourhood level to support the health and wellbeing of people in Reading

### **3.3.6 Next steps**

- The Health and Wellbeing Board is asked to note the development of the Adult Social Care Front Door pilot with voluntary organisations, which could lead to closer partnership working to support people with complex needs
- Reading Voluntary Action will continue to discuss with Berkshire West Clinical Commissioning Group how to improve communications and information flow between voluntary organisations and health colleagues, including the new Primary Care Networks

## **3.4. Introducing an escalation process for more complex cases**

At the workshop in May, we identified some examples of complex cases supported by voluntary organisations where an escalation process could benefit the client (and their family)

- 3.4.1 **Berkshire West Your Way (BWYW)** referred Client A to the Community Mental Health Team (CMHT), stating that A was struggling with suicidal thoughts and that they had a period of time approaching without their main protective factors in place. BWYW contacted the CMHT after a month because they had not heard anything, and was advised that Client A was on a waiting list for an assessment and was given dates that they should hear from them by. This happened a few times and nobody contacted BWYW or Client A with an appointment. Eventually CMHT discharged the client without an assessment and put them on the Talking

Therapies waiting list. Client A had previously been involved with a social worker but had not provided them with the support that they needed which led to a deterioration in their mental health.

3.4.2 Building on Reading Mencap's experience of regular meetings to develop more cooperative approach to working together on complex cases, we are piloting a quarterly forum where the Deputy Director of Adult Social Services, will meet with VCOs to discuss and agree actions to address the needs of clients with very complex needs. This escalation process will be available where the situation is long-standing, and previous attempts to find a solution have been unsuccessful.

3.4.3 We would like to extend this to include discussions with health colleagues in the future.

#### 3.4.4 Next steps

- The Health and Wellbeing Board is asked to note the proposals for a quarterly forum between VCOs and the Deputy Director of Adult Social Services to develop a cooperative approach to address more complex cases.

### 3.5. Clarification for securing interpreter services

There is confusion about who is responsible for securing interpreter and translation services when a person is referred by a statutory agency to a voluntary organisation or is needing to access health and social care support whilst a client of a VCO. We need to establish clear boundaries of responsibility for securing interpretation and translation services.

3.5.1 **The Reading Social Prescribing service** received a referral from Adult Social Care for a client needing a BSL interpreter. Requests to RBC and her surgery, asking if either could arrange an interpreter received no response. Rather than delay seeing the client the SP service arranged and paid for an interpreter, a cost not budgeted in the contract.

3.5.2 **Reading Refugee Support Group** was asked to interpret for a client who was being seen by a consultant in A&E.. "The consultant that our support worker was helping over the phone at 11.30pm at night was rude, condescending and out of order in that they should have had access to their own interpreters and not demand that we translate papers from Turkish to English. My understanding was that an Iraqi Doctor was on duty that night who first met our client. The consultant could have known this and used him/her."

#### 3.5.3 Next steps

- Reading Voluntary Action will seek clarification about who is responsible for organising and paying for interpreter services when someone is referred by health or social care to a voluntary organisation or is being supported by a VCO to access support from health or social care.

#### **4. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS**

- 4.1 Reading's Health and Wellbeing Strategy aims to improve and protect Reading's health and wellbeing. The Board is committed to working with partners to achieve this aim, including drawing on the assets of local faith and community groups. Partnership working between voluntary organisations, health and social care are key to achieving the Strategy's eight priorities.
- 4.2 The proposal supports the building blocks of Reading's 2017-20 Health and Wellbeing Strategy - safeguarding vulnerable adults, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing.

#### **5. COMMUNITY & STAKEHOLDER ENGAGEMENT**

- 5.1 Reading Voluntary Action hosted a workshop on May 14th, with representatives from 11 voluntary sector organisations supporting and representing a wide variety of communities and needs (Age UK Berkshire, Age UK Reading, Berkshire Carers Hub, Autism Berkshire, Alzheimer's Society, Reading Mencap, Reading Community Learning Centre, No 5, Graft Thames Valley, Communicare and Healthwatch Reading)

#### **6. EQUALITY IMPACT ASSESSMENT**

- 6.1 There is no formal Equality Impact Assessment required for this proposal.

#### **7. LEGAL IMPLICATIONS**

- 7.1 Not applicable

#### **8. FINANCIAL IMPLICATIONS**

- 8.1 Not applicable

#### **9. BACKGROUND PAPERS**

- 9.1 None