

## CASE STUDY 2

# PAVO Powys Community Health and Well-being Co-ordination Service: Helping people and their families and carers access community support

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## CONTEXT

This second case study focuses on the development of a Community Health and Well-being Co-ordination Service delivered by Community Connectors across Powys. The service works with people aged 18 and over and their families and carers to access local community-based support and activities. The key aim is to support people to remain independent by acting early and preventing escalation and crisis. The service developed from a third sector brokerage model (2 brokers) and was located within Powys County Council's Single Point of Access, now called Powys People Direct, but *'quickly, as referrals were received, we're at capacity....over run with demand'*. Subsequently, the co-ordination service emerged as a preferable model with Community Connectors acting with a wider remit working across multiple settings. Currently, there are 10 Community Connectors working across the county and a co-ordinator managing the service.

1.

## KEY FEATURES

2.

- **Partnership approach** developed across Powys was felt to be unique. The general buy-in into the service across partners agencies has been a positive aspect and outcome of the relationships built with statutory partners and others.
- The service is **needs driven**; sourcing a myriad of opportunities, support and activities, many of which took *'out of the box thinking'* to respond effectively and consistently to people seeking help. Taking a step-by-step approach to gain the trust of the individual.
- It was important to *'get it right the first time'*, focusing on what matters to the client which avoided disappointment and averted crisis and promoted trust between Community Connector and client.
- Working with Social Workers and other professionals helped to raise the profile of the service and what kinds of connections could be made across the third sector, which they were previously unaware or had not accessed before.
- It is a non-specific service, working across multiple settings.



## ACCESS

3.

Positioning the service within a county voluntary council built upon what was already in place (Third Sector brokers) and provides an independent and equality of access point for the community. Open to all, it was felt that:

- Providing a service through one organisation rather than distributing funding to many would dissipate resources too widely and would not be entirely accessible to those in need of support. The service is able to access and signpost to services across all parts of Powys and not to a defined list of organisations or activity. The service is wide-ranging and proactive in its intent.
- Being part of a Virtual Ward with a Community Connector having an office in the centre of one of the wards at a local hospital enabled a swifter response. It provided the opportunity to begin conversations with patients about the types of community-based support they may need post discharge.
- Being situated within the Powys People Direct, with rotating members of the duty team led to an immediate transfer to a Community Connector, who was able to quickly assess and intervene as the role became more established.

**Working with statutory partners:** The positive relationships built between PAVO and strategic and operational leads within the local authority and with Health Board colleagues continues to work well. The service has aligned its remit to the Health and Social Care Strategy key strands of Start well, Live well and Age well in Powys. The Senior Officer, Health and Social Care (PAVO) has 1:1 proactive sessions with the senior local authority and health leads and they are keen to work collaboratively to avoid duplication of effort, but also service development, which may be better placed in the third sector.

**Working holistically, responding to need:** The service is intrinsically needs driven, initiating 'What Matters' conversations with people and not assuming as to how to respond and not *'forcing a square peg into a round hole.... it's not here this is what's available and all you are going to get response'*

**Understanding and responding to the principles of the Social Services and Well Being Act:** The service aims to work towards responding to the principles of the Act and has received a variety and diverse range of requests for support from falls prevention, activities to access green and blue spaces in the community, working with a care home around exercise through to arranging for a volunteer to care for horses when a client was juggling hospital visiting some distance away from home.

#### Having local knowledge:

Responding to what people want was an important aspect of the service. It was *'very rare that we will not be able to respond unless there are no service available...we are not constrained so we consistently think outside the box'*. The Connectors have knowledge and experience of the types of services, support and activities available in local communities. The Connectors are well-placed to connect, co-ordinate and provide access to services, which traditionally may have been underexploited or overlooked as being important in offering alternative choices to people.

**Making use of assistive technology:** A mobile app system for discharged Powys patients from the Royal Shrewsbury Hospital is working well. An OT explains the role of the Connector and texts are sent post discharge (6 weeks of texts) to see how they are coping at home. A text at 3 weeks is sent introducing the service to the patient and encouraging them to make contact to find out what activities and support are available to them locally.

**Working with the ambulance service:** Paramedics now signpost their *'frequent flyers'* to the service, for example where a person has had a fall and once treated at the scene did not need to be transported to hospital. Often, the paramedics recognise other issues or concerns in the home and suggest that the third sector, through accessing a Connector, could help them rather than calling Welsh Ambulance again.

#### Sparking interest, making connections:

*'We've been working with the Manager of our Volunteer Centre about using volunteers in hospitals and the Manager worked closely with ourselves and the Health Board to come up with a proper Volunteer policy with the Health Board and linked to the local colleges so that Health and Social Care students can be placed in the local hospitals. This was sparked by a Connector attending a Multi-Disciplinary Team meeting'.*



## WHAT MAKES A COMMUNITY CONNECTOR?

The role of a Community Connector within PAVOs service is multi-dimensional; working across the health, social care and well-being agenda. They have a generic remit to work with clients of all ages (18+) and their families/carers. Funded via the Integrated Care Fund, the team of 10 Connectors are based in various settings as opposed the Social Prescriber role, which is usually sited with a GP practice or cluster or within a Health and Well-being Hub. This appears to be the preferred model in England, although the Community Connector model does exist in other county voluntary councils and within larger third sector organisations working with specific client groups.

### The Community Connectors in Powys are:

- Passionate, empathic and person-centred, with a flexible response to meet the needs of the client - *'you never know what you are going to get'*.
- Work with integrity and honesty, not promising anything that cannot be met.
- Work with the client to co-develop a personalised plan, drawing upon a menu of services, support and activities, but that *'it's not just about connecting people to local services that are in existence, but also if they are not available it's about informing the development of those'*.
- Good communicators, with heightened interpersonal skills, advanced training, who can engage at all levels.
- Team players, but able to work autonomously with minimal supervision. Although, supervisory arrangements are in place and reflective practice sessions take place.
- Able to deal with complex and difficult cases and are not *'just a signposting referral service; it's more than that... I think we need to get rid of the word signposting altogether as we just don't signpost people we actively support somebody to access the information they need'*.
- Knowledgeable about the communities where they work and what and who is available locally.
- Knowledgeable of health and social care practice and able to managed complex cases. The Connectors come from various professional backgrounds, which brings a richness to the service. The Co-ordinator of the service is a former firefighter, but also has been a caseworker for an MP and AM, so well-versed as to how to respond to issues and concerns faced by local constituents.
- Able to develop effect partnerships and liaise across a multitude of organisations and teams.
- Able to co-ordinate and provide continuity, are *'can doers'* and able to adapt and prioritise; knowing when to refer back to more specialised statutory support.
- Able to support peoples' goals by focusing on well-being.
- Help towards reducing social isolation and loneliness as the two factors facing people by supporting them to become more independent and self-aware of changes they can make to develop a healthier lifestyle and become socially active.

## RESPONDING TO CLIENT NEEDS

Many clients, whilst often referred on a single-based need, rarely transpires as straightforward with a multiple demand for support. During Quarter 3 (2017-18) it was reported that 74:1208 people who were in hospital in Powys were supported by a Community Connector. For example, a couple who had spent their savings to pay for the wife to have an operation were desperately awaiting discharge and eager to go home. However, there was a waiting list for Reablement. The Community Connector, who had already built up a relationship with the patient responded by:

- Liaising with the British Red Cross Home from Hospital Scheme so the patient could go home the next day with support arrangements in place. This avoided a protracted 4-week stay, which was in the best interests of the patient and a cost saving by promptly freeing up a bed.
- Contacting Age Cymru as the couple had used all their savings for the operation and needed a financial assessment.
- Persuading the local pub to provide a meal as there is no hot meal delivery service in Powys. A member of staff from the pub delivered to them from across the village for several weeks until more longer-term support was in place.



**Building relationships:** It takes time to build a relationship with a client, to gain their trust, but also with other professionals. Health and social care professional's view and opinions of the service have changed as the Connector role has become more established and more visible in health and social care settings. Health and social care professionals are more likely to refer someone to a Connector compared to the original brokerage service as relationships have built. Referrals into the Community Connector service have increased significantly from the original Third Sector Broker Service and referrals now reach the 100's consistently each month.

**More than signposting:** Community Connectors do not just sign post. It was felt that the word 'signposting' needs to be removed from the vocabulary of community connecting as the Connectors are actively supporting people to access what services they need.

**Acted as a catalyst:** Having a team of Community Connectors, they have become the agents for locality specific co-produced activities, which was an unexpected outcome of the service. Having a team of Connectors, based within communities provided the catalyst for co-produced support and services; bringing people together who required a similar service where none have previously existed. In one case a local café had got involved to provide a venue for a group of people to meet with a similar need.

**Multiple demand:** The case study highlighted the necessity to respond to the many needs a client may present upon referral. Community Connectors need to explore many avenues to bring together a package of support, but also firstly work from a person's own asset or strength based perspective. It has been important to have access to and knowledge of the availability of services across the county from a local chat group, a local shop delivering basics to housebound members of the community through to the larger national third sector providers.

## Challenges

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There were several challenges and issues, which needed addressing as the service grew:

- **Finding suitable "Bases":** Although, a centrally based service is a valuable asset, finding suitable and accessible local bases for Connectors in the community was difficult. It took time to resolve, often falling through when dealing with some estates departments in the local authority and health board. Some GP practices were more open and welcoming of Connectors.
- **Systems:** It was particularly challenging to develop an Information Sharing Policy across organisations. While Connectors are part of the integrated Powys People Direct (duty team), attend Multi-Disciplinary Team meetings, are part of the Virtual Wards and have access to the system used by Powys People Direct, the previous monitoring system does not capture the data required by the new service for reporting purposes or have the same outcomes. PAVO are looking to use an alternative data collection system so they are able to robustly measure and report on the outcomes of their new service. The Co-ordinator of the service produces quarterly and annual reports which are very valued and sought after.
- **Changing professional attitudes:** There have been instances of where the Connector role has not been accepted, and in one case, although not the norm, a health professional would not take a call as the Connector was not a health professional. This issue has been addressed. Taking part in case management meetings and supervision with senior practitioners in social services is helping to promote an understanding of the service and change professional cultural attitudes and minds. It provided an opportunity to explain how the Community Connectors work, '*opening other doors*' which their statutory colleagues had no previous knowledge of or access to networks in local communities.



*'Working with social workers and indeed other statutory colleagues has really raised the profile of the third sector in terms of the type of connections we can make....and indeed staff are confident to refer people to our service as they trust we will do something about it'*

**Connecting people across Powys:**

The feedback received from clients has been positive with *'people saying you've really helped, whereas I've never been helped before!'* The service has connected over a thousand people in Powys in the last year (at time of interview). The service has become the biggest referrer to the local carer's service Credu - connecting carers. Knowledge and visibility in local communities of the service has spread throughout the county and people are now self-referring for Connector support.

**Raising the profile of the service:**

Working in partnership with social care and health colleagues has raised the profile of the service. Moreover, it has raised the profile of the third sector and what support and services the sector can offer. Similarly, members of the public have become more aware of what the third sector can provide in terms of information, advice and assistance, services that previously they had no knowledge of in their local community.

**Instilling trust and confidence:**

It has been important that for those accessing the service that they know they can trust the service and *'have the security they have somewhere where they can come and get the information they need....knowing something will get done'*. Likewise, professionals from other agencies are confident to refer to a Connector, with the assurance that the Connector will provide information, advice or assistance. The service reported (Quarter 3, 2017-18) that 100% of people said that a Connector treated them with dignity and respect, with 89% of people saying that a Connector helped to deliver what was important to them.

**Cost savings:**

At the time of interview (Quarter 3, 2017-18), the service indicated that their interventions, when asking clients directly if the service had prevented them from ringing their GP for support, had resulted in a potential saving of 157 GP appointments. This equated to a cost saving of £5,652. The service regularly seeks to measure Return on Investment evidencing the cost benefit of Community Connectors.

## CONCLUSION

## 8.

The initial Third Sector Broker Service at PAVO successfully led to expansion and the development of the now established Powys Community Health and Well-being Co-ordination Service. Ten Community Connectors are providing information, advice and assistance in multiple settings across the county, in all key market towns and localities. The service has built wide-reaching partnerships and has gained the trust of both professionals as referrers and with those referred. The Community Connectors are skilled, knowledgeable and empathic and respond holistically to what matters to people. They work creatively to provide the right support, in the right way and at the right time; seeking to develop new services where none exist in a co-produced way in local communities, thus helping to build capacity in communities to self-support.

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