Care Navigation and Social Prescribing Service: Pandemic Response Update

Background:

The Care Navigation and Social prescribing service has played and continues to play an integral role in the local pandemic response. As the response continues to evolve this paper shares some learning and raises issues to further inform decision making.

The Care Navigation and Social Prescribing Service comprises of three service providers – Care Navigation by Age UK Camden, Community Links by Voluntary Action Camden and WISH Plus by Camden Council. All three working in partnership to assess, triage, advise and support residents who are registered with a GP in Camden and who have complex needs and long-term health conditions. The service has a single point of referral with an internal triage process to ensure the client has contact from the right team first time.

Role Descriptors:

- Community Links are often the first point of access for the Care Navigation and Social Prescribing Service. Community Links supports people whose needs are less complex by referring them to the right community based services and activities, or a range of social prescribing support. These can include emotional and practical support, social activities, support for carers, health and wellbeing support, or programmes to enable you to manage your health condition.
- Care Navigators provide personalised support and assessment to help identify needs and support navigation through the local care systems when the needs are more complex.
- WISH Plus is for people who require specific information and advice on keeping warm, income and safety around the home as well as some health and wellbeing services, WISH Plus can support people to access statutory, local authority and VCS organisations for this service.

Members of the community come to us because:

- All organisations have credibility and relevance
- Care Navigation and Social Prescribing is the main referral route from GP's/Primary Care into Voluntary and Community Sector (VCS) support.
- AUC and VAC have strong links with the wider VCS in Camden.

What We Know:

- The Care Navigation/Social Prescribing Service has been an integral service in the response to the Pandemic and are often seen as the first port of call for many vulnerable residents.
- Referrals to the service trebled as soon as the pandemic broke and remain at this high level. Many of those being referred have never had to ask for help before. 50% of referrals for emergency food parcels in the first week had never approached a charity for help before.

- Referrals to the Care Navigation and Social Prescribing has doubled since the pandemic broke and remains at this high level.
- All but a very small minority of the enquiries are urgent. We have had to change our response rate to hours rather than the pre-pandemic time of 3 days to meet these needs. In addition there is a need to follow up with patients to ensure the patient has received the resources/care planned and to satisfy the team that the person's needs have been met. This has resulted in extended hours and additional staff time having to be allocated to this service.
- The service normally has 10 volunteers working within the team. Due to the closure of GP surgeries and the complexity of the case load these volunteers can no longer undertake their role and therefore all enquiries are being fully dealt with staff. This has resulted in additional staff time to meet skill set and capacity needs.
- The complexity of the case load requires additional input per person in order to undertake effective holistic assessments, develop care plans and ensure the planned care is delivered.
- Initial referrals were dominated by an urgent need for: 1) food 2) medication 3) mental health support. Enquiries now reflect a greater diversification of need.
- The food chain remains fragile with online shopping still unable to cope with demand. AUC continues to distribute a large number of emergency food parcels
- The Government has created a list of extremely vulnerable people "the Shielded" – there remains some confusion within the general population as to who should be on this list and the implications of being on the list
- LAs have a duty to keep the shielded supplied with food (but not medicine). The duty to keep the shielded supplied with medicine lies with GPs and Pharmacies
- Camden is aggregating other lists of vulnerable people (from sheltered housing, at risk of domestic violence, with care packages, children on at risk register etc.)
- The Care Navigation Hospital discharge project is key to the hospital discharge strategy
- The VAC Covid-19 Community Directory has been an invaluable tool for the local Voluntary Sector.
- Individuals within the community are happy to share data between our voluntary organisations and the statutory sector
- Camden is creating a digital platform (Beacon) to triage residents who enter the system. Camden has stated that the Voluntary Sector will be integrated into Beacon

New Services created in Covid-19 Response:

As organisations with people-facing services we have found ourselves responding to the unplanned needs of vulnerable people including the provision/facilitation of food, prescriptions and mental health support.

In addition to the continuation of our established core services we have:

- Expanded our reception telephone support
- Provided emergency food parcels including Ramadan food packages
- Developed and delivered a Hospital Discharge Project
- Developed a borough wide tele-friending support service
- Developed and updated a Covid-19 Community Directory
- Provided additional online services e.g. book group, music recitals
- Provided technical expertise to support VCS service adaption/digital inclusion including provision of online surgeries
- Maintained clear COVID updates via newsletters and webpages

Summary:

- The Voluntary Sector has been integral to the Pandemic Response – the ability to be responsive to urgent need and relevant within a very short time frame.

- Having key borough wide organisations delivering the care navigation and social prescribing service has helped with a borough wide response with the ability to integrate the response of smaller, local groups.
- The partnership between the statutory and voluntary sector has worked well with a strengths-based approach.
- The ongoing dialogue between the VCS and the statutory sector is important in developing the response

Next Steps:

- We have met the sudden and unexpected demands placed on our services and intend to continue to do so.
- Our response gives us real time insight into needs and demand which we are willing to share.
- We are recording the outcomes of our work which shows good value and efficacy.
- We will seek resources to:
  - Continue our work
  - Replace lost income
  - Expand the work to meet new demands as the situation changes
- We will embed the learning into future working including
  - The value of a universal and integrated care navigation social prescribing system
  - The value of a responsive community organisations database
  - The value of responsive local leadership organisations
  - The value of new systems and approaches adopted for COVID response into future working

Areas for Discussion:

- The food chain remains a problem with a lack of internet shopping available for people who had not been registered prior to the epidemic.

- Are people still falling through gaps for support? If so, who are they and how do we reach them/meet their needs? We are particularly concerned about:
  - the prevalence of online access across whole COVID response and high risk of people being missed. We are coming up against this daily with people who are on our radar e.g. we had someone who was supposed to be isolating but was going into the street to access free Wi-Fi to shop. It is not just people who do not know how to use it.
  - some BME communities at risk - issues of misinformation and superstitions has been identified by many working in the health, social and third sector.

- The longer term needs of the community needs to be identified and a specialist community response planned to include:
  - mental health support/services
  - financial impact support/services
  - support/services for those who have delayed seeking help for other medical conditions and therefore present at a late stage for diagnosis/treatment
  - support for those who will struggle to engage with the wider community again following the lifting of the lockdown. This has been raised by a number of stakeholders including those working within sheltered housing.

- Longer term funding for voluntary sector is of concern once the pandemic response is delivered and financial/social impact is felt.

Appendix A:

Outcome Data: Data: 1.4.20 – 16.4.20:

- Community Links: Inward referral: 127 (approx. 60% BME)
- Care Navigation Service: Referrals: 169 (approx. 30% BME)

Demographic Data: Care Navigation Service:

Age Band	01 February – 15 March 2020	16 March – 17 April 2020
18-29	4	10
30-39	7	4
40-49	5	14
50-59	18	28
60-64	10	31
65-74	22	61
75-84	28	61
85+	20	44
TOTAL	114	253

Ethnic Group	01 February – 15 March 2020	16 March – 17 April 2020
Unknown	24	58
Asian Or Asian British - Bangladeshi	7	8
Asian Or Asian British - Indian	3	4
Asian Or Asian British - Pakistani	1	1
Asian Or Asian British - Any Other Asian Background	4	5
Asian Or Asian British - Not Stated	0	2
Black Or Black British - Caribbean	1	3
Black Or Black British – Somali	1	
Black Or Black British - Eritrean	0	1
Black Or Black British - Nigerian	0	1
Black Or Black British - Any Other African	1	5
Black Or Black British - Any Other Black Background	1	1
Black Or Black British - Not Stated	1	3
Chinese Or Other Ethnic Groups - Chinese	1	4
Chinese Or Other Ethnic Groups - Not Stated	0	1
Mixed - White & Asian	0	1
Mixed - Not Stated	1	1
Mixed – Any Other Mixed Background	1	0
White - British	45	98
White - Greek Or Greek Cypriot	2	3
White - Gypsy/Roma	0	1
White - Irish	2	6
White - Any Other Background	6	26
White - Not Stated	2	16
Not Stated - Not Known	5	4
Other - Any Other Ethnic Group	2	0
TOTAL	114	253

Frailty lists supported from the following surgeries:

- Brondesbury Medical Centre,
- Belsize Medical centre
- West Hampstead medical centre
- Prince of Whales medical centre
- Park End Medical Centre
- Adelaide medical centre
- Museum Practice
- Holborn Medical centre
- Somerstown medical centre

Care navigators have their own high-risk register of clients that they call to complete welfare checks on during this pandemic. Welfare calls 23.3.20 – 16.4.20 = 250+

Appendix B Case Studies:

Reception:
Many calls coming to the voluntary sector are from distressed or confused residents. Residents finding themselves feeling vulnerable and dependent for the first time, others are already vulnerable and are finding that some of their needs are proving difficult to meet. A surprising few seem to realise that there is emergency and ongoing support available to them through this crisis.

No hot food for a week:
A call from an elderly lady convalescing and isolating at home. She hadn't had cooked food all week. Her GP practice had supplied the Care Navigation/Social Prescribing number for her to call. We organized cooked food through Highgate and Newtown Community Centre, and an arrangement with her neighbour to receive for her that evening. She is now connected in to that provision and will get a hot meal every day.

Vulnerable families 1:
We were contacted by a self-isolating family, elderly parents and adult son, all with complex, but in normal circumstances, managed health issues. They were unable to get their usual online supermarket shopping, so tried to join the government register for vulnerable people. When they got declined for not being vulnerable enough, panic set in. They thought this was the only route for support through the COVID 19 crisis. A housing officer passed on the Care Navigation/Social Prescribing freephone number and the Community Links team organised prescription delivery with Good Gym runners and food for the whole family through the Age UK Camden food parcels team. This family were overwhelmed by the support they got and reassured. They were connected in to further support that they can now access in their neighbourhood.

Vulnerable families 2:
We received a referral for an isolating family of 5 with 2 very young children with mild COVID symptoms. Mother had spoken to GP who suggested community support to help with finances and food. Local community response hub could not support so referred on to Care Navigation/Social Prescribing Service. Community Links connected the mother with food / basics delivery, family support at another local organisation, and income advice through Wish+.

Distant relatives:
Calls from family outside Camden (e.g. Edinburgh, Wiltshire, Wandsworth, Islington) worried about elderly parents are received on a regular basis. The Care Navigation and Community Links team have contacted these Camden residents, made sure they have provisions, given them COVID information, and provided them with key contact details if / when they need further support.

Hospital Discharge of Homeless Man:
A white British homeless man was referred to the Care Navigation team by his social worker as he was being discharged from UCLH into Henderson Court sheltered housing (13.04.20). The patient had no possessions. The Care Navigation Team provided:

- Emergency food parcel
- Emergency bed linen and toiletries
- Emergency Clothing, underwear and footwear
- A phone call with the staff member at the Sheltered housing to ensure the resident had settled in well
- Referral to I&A advice to put on waiting list for Attendance Allowance and benefits check
- Referral to I&A for grant application for household goods
- Call to sheltered housing weekly to ensure patient has food and medicine supply and arranged further support as required