Brighton and Hove Social Prescribing Providers network Gaps in Services position statement December 2020

This position statement has been collated and written by Together Co as the lead organisation for the B&H SP Providers Network, working with Community Works. Following network meetings over recent months, members have shared and discussed information about gaps in services causing health inequality and inequity of access in Brighton and Hove. The network recognises COVID has interrupted the flow of some services but this statement draws from experience over the past 5+ years. The aim of this position statement is to inform strategic service development and commissioning practice with the aim of reducing the health inequalities experienced. It can also be viewed as a focussed way to implement recommendations featured within reports produced which examine how systems leaders can draw upon the VCS as trusted partners to work collaboratively to create solutions.

What is Social Prescribing?

Social prescribing enables individuals with a range of issues to connect with various resources available in their local community. People with an unmet non-medical need can use social prescribing to navigate the range of additional support that can be provided in order to help them improve their health and wellbeing. Because of this, social prescribing services occupy a unique position that enables them to see an overall picture of available services.

Background

Over recent years, the Brighton and Hove Social Prescribing Providers Network has met regularly and has been able to gather a wealth of information about service provision in the local area. This information has come from discussions with partners and clients, engagement with conversations taking place at a national level, and from the day-to-day experience of helping clients find resources that fit their individual needs. Unfortunately, some gaps in services have arisen repeatedly over many years. This position statement aims to highlight the gaps with a view to supporting work to tackle the health inequalities experienced as a result.

There are three overarching issues; delays and demand, equalities, and thresholds. These are explained below (p.2) and are common to all areas of delivery. They can inform commissioning practice and development of services. Social prescribing reflects the increasing demand experienced elsewhere in our systems but can also provide solutions to reduce demand for other parts of the system. A recently published report 'Covid-19 Sussex wide VCSE review' (September 2020)[1] explores how commissioners and funders can work collaboratively to ensure that funding flexes to create the

[1] https://www.sussexhealthandcare.uk/2020/12/review-highlights-key-role-of-voluntary-community-and-social-enterprise-sector-throughout-the-pandemic/

change we need and ensure that people in Brighton and Hove do not fall through the gaps. Voluntary sector agencies also would participate in working together, designing and submitting joint funding bids that address these gaps.

Overarching issues

1. Delays and demand

A number of services are over-subscribed, leading to long wait times before someone can access support which might reduce their dependence upon health or social care settings. This is especially relevant to services responding to acute needs: housing advice, Adult Social Care (ASC), money advice, and mental health services. This puts vulnerable people at greater risk, causes further health inequality and can compound other issues in a person's life, e.g. living in damp conditions or without enough money leading to deterioration in physical and mental health and on to crisis. Early help[2] is proven to prevent crisis and needs to be addressed in a more systemic way across all services commissioned with public funds. Specific issues are discussed in more detail under the service related headings below.

2. Support for equalities groups

In addition to the gaps in services discussed below, people from equalities groups experience further inequity of access. Examples include:

- People who do not speak English fluently who need an interpreter are unable to access the services they are entitled to unless a trained interpreter is booked. There is inconsistency in the use and availability of interpreters for medical appointments, DWP appointments, and when using BHCC's housing department.
- Inadequate levels of support provision for asylum seekers as they await the outcome of their application. Migrants have a particular need for trauma support and lack of access means they are less able to settle and engage fully with their local community.
- People identifying as Trans experience prejudice and struggle to access trans-friendly groups and services.
- There is a lack of trust and confidence amongst some BAME groups in accessing statutory support. Specialist workers from those communities are more able to build that trust.
- Gypsies, Roma and Travellers are an ethnic minority, experience some of the most significant prejudice in our society and need to be included in all BAME support and strategies.

With all of these groups, previous poor experiences and fear of prejudice is a cause of anxiety and frustration, which when expressed to service providers, further reduces the support available.

There is a need for improved training for all service providers on how to support equalities groups effectively and appropriately. There is also a need for an increase in long-term specialist support workers for equalities groups and joined up, agreed approaches to working between statutory and charity providers.

[2] https://bmjopen.bmj.com/content/9/12/e033656#ref-1

3. Thresholds of support

There is frequent confusion and a lack of information about thresholds of support and criteria for accessing services. Again, this is especially true of: housing advice, Adult Social Care and mental health services, all of which respond to acute needs. There needs to be a systemic, joined up approach in Brighton and Hove to increase information available about thresholds and criteria of support. Support workers that make referrals into these services especially need to be empowered to understand how systems work in practice, to enable quality support and accuracy of information.

Service related issues according to the Network*

**Members of the network include;*
BHCC Lifestyles Team, BHCC Libraries, Brighton Housing Trust, Carers Hub, Community Roots, Community Works, East Sussex Fire & Rescue Service, Elder Abuse Recovery Service, Friends, Families and Travellers, Impact Initiatives, LGBT Switchboard, Possability People, Robin Hood Health/HERA (c/o Goldstone PCN), Sussex Interpreting Services, Together Co, Trust for Developing Communities, Voices in Exile, YMCA.

1. Mental Health Services

Brighton and Hove has a higher level of mental health need compared with the rest of Sussex, models for distribution of funding would need to take this into account to reduce inequality.

Long waiting times for primary care mental health support mean service users' situations can deteriorate significantly during their wait to be supported, which results in service users then moving out of threshold, e.g. a service user referred to the Wellbeing Service may now need a higher level of support than can be offered but is not immediately triaged to a suitable secondary care service.

There is a disparity between thresholds for primary and secondary mental health care resulting in service users who have long-standing or complex mental health issues not being able to access the ongoing, in-depth therapy they need., Link Workers have found their service users are told they do not meet criteria for either primary or secondary care mental health and are left with no options unless they can pay privately. There is a need for clearer transition between primary and secondary care. The Community Roots service aims to address the gaps between primary and secondary care mental health services but is limited in scope. The five year contract is still in its infancy (the delivery phase began in April 2020). Community Navigators who operate the Central Access Point freephone helpline mainly act as link workers to other mental health services, which have limited capacity.

Although Community Engagement Workers (CEWs) provide 1:1 direct psychosocial support up to a maximum of 12 sessions for those with more complex needs, there is only capacity for 300 clients per year across the whole of Brighton and Hove.

Link Workers struggle to get a response from Mind Mental health advocacy, despite service users having given consent for services to communicate with each other. This makes it difficult to track the progress of cases from a service user point of view, which increases anxiety and potentially

duplicates support whilst referring organisations are left holding cases without knowing when to step back.

Bereavement counselling is very difficult to access with long waiting times. Again, group support is frequently offered first and this is not always suitable or accessible.

IAPT services have a very limited choice of therapeutic interventions. Telephone support is most often offered in the first instance, followed by group support. Service users report this is not suitable for their needs. Although clearly measurable and favoured by funding authorities, CBT does not work for everyone with mental ill health. A wider range of talking therapies is needed.

Trauma services are limited. One service available via IAPT can only work with single trauma events and not, for example, complex PTSD, for which there is no statutory service available. This means that service users are unable to resolve trauma, affecting their overall wellbeing as well as their ability to engage, creating further barriers for service users in reducing their anxiety, stress levels, and isolation. This is also true for people with substance misuse being prevented from accessing therapy to help them address the reasons behind the misuse, which delays recovery. There is limited support for other conditions and illnesses that can present as episodic.

There is no provision for people with on the autism spectrum, who are often seen as being above the threshold for the Wellbeing Service (or unable to engage in the 'usual' ways expected) but below threshold for the Assessment and Treatment Service. At the same time, people with an autism spectrum diagnosis cannot access support from the disabilities team, as they are usually assessed as not having a disability.

Perinatal and referrals for those aged under 25 are being frequently returned to GPs.

All of these issues have been further exacerbated during Covid, as face-to-face support has been reduced or removed from most services.

A wider range of therapies is needed along with longer term support and clear agreements between services on what happens with service users that do not meet the threshold for support.

2. Housing support

With regard to housing support for the vulnerably housed, the local authority can provide early help if someone is at risk of eviction and BHT can provide support when a person receives an eviction notice. Beyond that, there is telephone advice on how to deal with the situation and some support from Southdown Housing (often with long waiting times as this is so oversubscribed). There is no support for people that need to be moved out of poorly maintained privately rented accommodation when a landlord refuses to make improvements, which Link Workers see as a frequent need.

There is a need for additional help with completing Homemove applications for people with English as a foreign language. When service users visit the council's housing department, they are not always offered the telephone interpreting support that the department has access to. In addition to this, filling in these types of forms is much easier with face-to-face interpreting support so it would be helpful if there were a service that could offer appointments to fill in the forms with a face-to-face interpreter booked. This would make council housing applications more equally accessible.

Additionally, providers have seen a reduction in scheme managers available for supported housing. Reduced hours are increasing the number of calls made to emergency services.

3. Adult Social Care

The Community Hub established during Covid has made some progress towards improved communications and relationship between VCS and ASC. It is unclear what form this will continue in and with frequent changes in staffing at ASC, relationships need to be regularly re-established.

There is a need for an improved system communications between the VCS and ASC, improved clarity on thresholds of support and waiting times, and joint thinking on gaps between service thresholds of support that feeds into a clear joint commissioning approach.

Issues raised about the system which are relevant for future planning include; the importance of keeping service users informed about the progress of their Adult Social Care (ASC) referral, delays in decision making and communication about this impact on service users planning alternatives if they are assessed as ineligible. Difficulties have been experienced when contacting ASC to progress matters.

4. Care Coordination

There is a lack of clarity about where to refer where specific care coordination services do not exist. People with complex needs and multiple long-term conditions are unable to access coordinated care. This reduces overall wellbeing for the service user and those that make up their support network. It also means that service users are re-referred to organisations who have reached the limit of their ability to assist, creating dependence on or unrealistic expectations of the service. Service users with complex and ongoing needs end up being referred to numerous services who are unable to resolve the issue. Often it transpires that service users are in need of floating support to enable them to address their complex needs on an ongoing basis.

There appears to be nothing systematic in place to transition from secondary care to community engagement. The quality of handovers is an issue and there is duplication of work experienced. There is a gap in provision of transitional services especially since respite care and reablement support has been decommissioned.

The Link Back service (Secondary care Social prescribing has experienced a rise in cases where very unwell patients and in some cases end of life, have been inappropriately referred for social prescribing. Pathways of support for palliative and end of life patients being discharged from BSUH need to be clearer.

Primary Care Network Multi-Disciplinary Teams (MDTs) will go some way towards coordinating care but this will not necessarily meet the demand and relies on cases being brought to the meetings and then being overseen by the same clinician or provider on a long-term basis. A care coordination service that anyone can refer into needs to be explored.

5. Access to shopping and food

Covid has uncovered a need for support with shopping, food deliveries and cooking for people who are housebound or who have mobility needs. Providing emergency support via the B&H Community

Hub 'cell' has uncovered many service users who have not been getting their food and nutrition needs met for some time, often surviving on very low or poor quality provisions without access to fresh food. A more systematic approach to identifying people that struggle to shop or cook is needed.

6. Activities for Carers

Some carers have reported that they are less able or can't attend social groups and leisure activities due to their caring responsibilities. Carers who feel unable to leave their cared-for person at home by themselves and cannot access replacement care are at risk of social isolation. This impacts on their emotional and physical wellbeing.

To maximise carers' engagement, partnership agencies and Carers Hub need to formulate synchronised support groups for the carer and cared for at the same time. In practice this would involve the Carers Centre running a group for carers whilst the partnership organisation was running a group for the cared for, ideally in the same building. This model has been used in the Memory Assessment Service with positive results. The result of the synchronised support groups would lead to reduced social isolation for both the carer and the cared for.

7. Employment

Link Workers have managed to secure free legal advice from the Employment Law Clinic at Sussex University, which proved to be very useful. However, this is only offered during term time so there is a gap outside of this, for example during the long university summer holidays. This gap has led to service users feeling unsure of their rights when dealing with certain situations at work. Enquiries on the service user's behalf have been made regarding union representation but the general rule is that a service user cannot access representation at a meeting with the employer unless they were already a member of the union prior to the incident(s) taking place.

8. Money and benefits advice

Money advice services have received successive cuts in recent months/years resulting in longer waiting times and a reduction in criteria. Support with filling in benefit applications or representation at tribunals cannot always be offered, especially when urgent, which it frequently is. People without digital access need one-to-one support to access the benefits they are entitled to.

With the move towards digital management of benefits, a problem has arisen with unsupported online access. DWP staff will support service users but only if there is no one else in a person's life that can help. There are concerns over coercive control, confidentiality and domestic violence if service users are forced to involve people they know.

9. Home visiting services

Home visiting services across Brighton and Hove are limited, which means that people who are housebound have unequal access. Successive reductions in service provision over the past 10 years mean that home visit counselling, advice and guidance, housing advice and home help services are either very limited or no longer available as home visit appointments.

There is a concern that NHSE's intention to increase virtual GP appointments may disadvantage those without internet access or technical abilities, as well as damaging relationships between vulnerable patients that need face to face contact and surgery staff.
We know that digital inclusion is still an issue and could go some way towards people that are housebound, but Covid has shown us that even with the support of excellent services like Digital Brighton and Hove, there are still a significant number of vulnerable people that cannot use digital technology related to either their physical or mental health.
Virtual GP appointments particularly disadvantage people with language needs.

10. Transport

There is little provision to enable housebound people to travel to events and activities. Ageing Well has some Uber funding for a few visits, and Uber does have accessible cars and drivers that will assist. However, this is a very limited service and requires smartphone use.