



Are Link Development Officers the missing link?





Support people to become more active and involved in their community

Ensure people are accessing services that they are entitled to and appropriate to their needs

(Funded specifically as part of Dudley's New Models of Care to ensure non-clinical needs of people are being met)

Target group

- Top 2% at high risk of hospital admission (identified at MDTs, MDT teams, risk stratification tool)
- Frequent visitors of GP surgeries (identified by GP, practice staff)
- 5 Link Officers (46 MDTs) and 5 Link Support Workers
- Developing a new kind of workforce



Social prescribing

Level 1	Directory of voluntary services No face to face support.	
Level 2	GPs refer people directly into voluntary services	
Level 3	Specialist workers (Social prescribers, Link Officers, Navigators) Tailored, face to face, referrals and signposting.	✓
Level 4	Specialist workers (Social prescribers, Link Officers, Navigators) Tailored, face to face, longer term support. Not just referrals, peer to peer support, volunteering, mentoring, help set up new activities to meet need.	✓

Link officer approach – why its working

- Link Officers – **part of MDT teams**
- **Help embed a new way of working**
- **Non-clinical needs**
- **Independent and impartial service**
- **Flexible, non-clinical, holistic support**
- **Focus on whole person's needs**
- **'Can do' approach and attitude**
- **The 'other eye in the room'**
- **Spend time with people, actively listening to their needs and aspirations**



Accessing services on offer

- Connect people into services/activities (broker)
- Navigate the health and social care system
- Form filling (PIP, Attendance Allowance, Hardship Funds, Welfare grants)

Building a home

- Adequate heating, food bank vouchers, white goods vouchers, fire safety checks, resolve housing issues

Getting around

- Emergency one day travel passes, disabled bus passes, blue badges

Connecting people

- Peer 2 peer support
- Volunteering opportunities

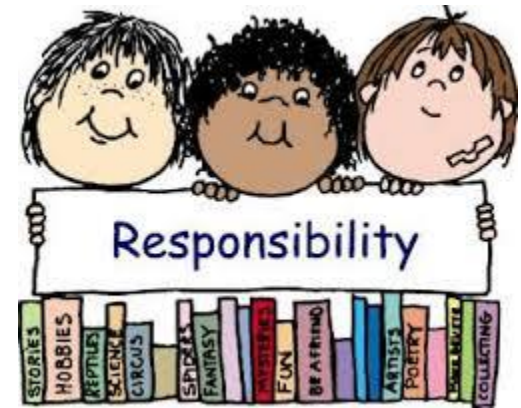


What difference do we want to make?



Less reliant on medical services thus reducing pressure on the system

Encourage people to become involved in their communities



Encouraging peer to peer support

People taking ownership of their health and wellbeing

- Received **2,500** referrals
- Made over **2,900** referrals to voluntary organisations (80% referrals VCS)
- Made over **600** referrals to statutory services
- Connected over **100** people into peer to peer support activities
- Biggest presenting issues: loneliness, depression, LTCs, household issues, stress, family relationships, drug and alcohol



Value of the approach

- **Listened** to me
- **Spent time** with me
- Built my **confidence**
- Found **solutions** to problems faced
- **Independent** and **flexible**
- No **hidden** agendas
- Went **extra mile**
- **Brokering** into services and activities



PSIAMS Integrated Plus

- Focus on 11 areas (finance, safety, physical health, mental health, drug/alcohol, education, employment, household, life skills, sexual health)
- Self-managing (empowered), supported (transition), unmanaged (stabilisation)
- Track individual client movement in 11 areas

- **Presenting issues** (*map needs/issues by post code*)
- **Action plans** (*Track referral destinations/ demand for front line services*)
- **Holistic assessment** (*level of intervention needed, cost savings/increase*)
- **Track client** movement/regression
- **Cost savings**
- **Client review** (*star rating, approach, benefits etc*)
- **Client exits** – reasons why

Cost savings

Saved the wider health and social care economy **£574,634.76** (based on data from **98** clients supported)

Based on **177** people supported from **5** surgeries:

- Reduced GP visits by 29%
- Reduced GP home visits by 30%

Saving of £13,604

- Stabilisation - £7,142.69 (average cost saving)
- Transition - £4,783.18 (average cost saving)
- Empowerment - £8,297.92 (average cost saving)

CHALLENGE

- High number of referrals
- Increased demand for Voluntary sector
- Resources for voluntary sector
- Funding cuts - impacted on capacity
- Lengthy waiting lists for some services



Opportunities!

- Re-design front-line services based on new needs and gaps
- Diverse funding model
- VCS enable and facilitate peer to peer support, social networks, self-management (strength for MCP)

Plans going forward

- Defining role of VCS in MCP
- Evidencing VCS prevention
- VCS needs-led investment fund
- Roll out of learning modules of Link
Officers/social prescribers/navigators approach
across England

integratedplusblog.com

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- Copies of newsletter
- Client case studies
- Impact report (Oct 2014 – May 2016)
- Integrated Plus video

Contacts

Integrated Plus

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Questions?

