Feedback from Provider Engagement Event:

Care Navigation and Social Prescribing

18 June 2018

Kent County Council
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Representatives from the Following Organisations Attended the Engagement Event

- Age Concern Herne Bay
- Age Concern Deal
- Age Concern Malling
- Age UK Canterbury
- Age UK Maidstone
- Age UK Sheppey
- Age UK Thanet
- Age UKs in Kent
- Alzheimers Society
- Avante Care
- British Red Cross
- Carers FIRST
- Carers' Support - Canterbury, Dover & Thanet
- CROP
- Crossroads Care Kent
- CXK Ltd
- DNA Insight
- East Kent Mencap
- Family Action
- Family Mosaic Housing / Peabody
- Home Group
- Involve
- KCHFT
- mcch
- Nacro
- NHS Swale CCG
- NHS West Kent CCG
- Porchlight
- Royal Association for Deaf People (RAD)
- Shaw Trust
- West Kent Mind
- Workers Educational Association

How does the service that you deliver fit with the community navigation role?

- Provide holistic wellbeing service – aim to prevent people from becoming dependent on support from social services.
- Delivering truly holistic support can be restricted by the individual's knowledge, and organisational bias.
- Need to be outcome focussed and person centred.
- High quality, small scale interventions preferred.
- Take individualised approach for complex cases – wouldn't want this to be restricted by new model.
- Mixture of navigation and signposting.
- Some providers do not currently deliver comparable services in Kent.

Should we think of care navigation and social prescribing as functions rather than two distinct roles?

- Yes – they are functions with interdependencies and should definitely come under one role, with a standardised job title to avoid the current confusing plethora of similar jobs.
- To be successful as one role, will need to combine knowledge of what is available and being able to make links to support and services, with having a person centred approach.

Should carers services and dementia services come into scope for this contract?

- Yes to both to ensure a holistic approach.
- Should support those with early dementia to access services to keep mind and body active.
- Could include completing carers assessments within the role, but what is the expected demand? How many referrals are likely to come through? Will there be capacity?
- No – carers services and dementia services should not be brought into scope.
- No – specialist services need to remain stand alone.
- Are these not longer term support roles? If we are looking to time limit support does this not take them out of scope?
- Carers services – current providers have statutory work delegated. This should not form part of a care navigation service.
- If yes, would a carer under 55, caring for those under 55, be eligible for support?
- No – protect specialist services and encourage joined up working to share information and minimise duplication.
- Statutory carers assessments require ongoing (case holding) work and should be looked at separately to the information and advice service for carers.

Does your organisation currently limit how long staff work with individuals? Should a time limit be imposed in the future?

- Long term demands on service are a problem as they have a knock on effect on the provider's capacity to take on new clients.
- Ideally providers look to empower people which should mean the support from the service can be short term. Needs to be flexible though as not always possible.
- In SKC, Care Navigators work within a 6 week time limit which works well. Means they have capacity to take on new referrals, and where ongoing support is needed beyond 6 weeks individuals are matched with volunteers.
- A 12 week time limit would work, as long as it could be flexible when needed. Client focus.
- Outcome focussed (stepped) approach with clear action plan and identified goals needed to keep support on track.
- About the aspirations of the individual and their potential – need capacity to work with them longer if needed.
- Should time limit, but allow individuals to re-present as needed.
- Do Navigators have the authority to work with individuals for longer if there are no services available to refer them to that can meet their needs?
- We currently limit to 3 months – would look to reduce this to 6 weeks.

Is there anything that we have missed that you feel is integral to the role?

- Advocacy – clear parallels between this role and advocacy. How with the two work together/co-ordinate the support they provide?
- Reinforce focus on holistic approach to wellbeing
- How will it be marketed e.g. so that relatives outside of Kent can find out what is available?
- The proposed “Community Navigator” role is broader than the original “Care Navigator”. I&A will be essential – not just around benefits.

Should a new Social Prescribing database be commissioned?

- Commissioning a new social prescribing database is a good idea.
- If it goes ahead, it should be a separate contract.
- A new database is a waste of public money.
- Why is this needed? The role of a navigator should be to know what is available – especially the small, local initiatives and activities.
- Don't commission a new database – put the money into the services instead and commission more navigator roles!
- Databases are becoming obsolete – need to consider alternatives.
- Concerns around ensuring the data is up to date, and captures all services available – including informal groups.
- Is this the role of the CVS? Should it sit with them?
- Build on an existing database (e.g. Connect Well) rather than commissioning another new one.
- No – we have the internet - commission Navigators with IT skills rather than a new database.
- Look at Hampshire County Council's "Connect to Support" website

Other Comments / Questions

- The age criteria needs to be reviewed – is 55 too young? Would 65+ be a better fit in terms of demand and resources? Would still allow you to catch people early – pre-retirement.
- Knowing the target audience is essential for providers.
- The role title needs to be patient friendly – perhaps “Social Prescriber” and “Navigator” are not the best?
- “Maximising benefits” element of the role should be expanded to more general information and advice, and include housing to give a holistic approach.
- Should some benefits maximisation sit within the role, and more complex cases be referred on? Risk to capacity, especially if health referrals are likely to increase.
- What weighting will there be around the contract between rural and urban areas? And in areas of increased deprivation?
- Need an independent role to scrutinise service/partnerships/ networks/referral pathways etc. to ensure remain person centred.
- How integrated will the role be in Health and Social Care?
- What if there are no appropriate services to signpost to?
- Are the current Health and Social Care Coordinators being de-commissioned?
- Concerns about prioritising the frail / elderly population groups.
- Trusted Assessors – how would this fit with the roles that KFRs have played in terms of home safety audits?
- Look at national definitions regarding social prescribing.
- Would dynamic purchasing model work for framework approach?
- Will framework allow providers to join at later stages – e.g. if new needs/demand identified? Current providers may be unable to meet demand.
- Should Navigators be employed to work with different ages? Is 55+, alongside frailty, too broad?
- How will the needs of younger people be supported?

Conclusion

- Providers in agreement with the holistic approach of combining care navigation and social prescribing functions into a “Community Navigator” role.
- Most felt that carers assessments and dementia support should not be brought into scope of the contract. Separate (specialist) Lots?
- Providers have serious concerns about the demand on the service and the capacity of the commissioned roles.
- The majority of providers felt that a new database should not be commissioned.