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An evaluation of the Third Sector Referral Coordinator Team

Health and Society Knowledge Exchange
(HASKE)



February 2022

This report was produced by Dr Laura Snell, Dr Tom Grimwood and Vicki Goodwin at Health and Society Knowledge Exchange (HASKE), University of Cumbria.

Executive summary

Context:

Health and Society Knowledge Exchange (HASKE), at the University of Cumbria, was commissioned by Cumbria Council for Voluntary Services (Cumbria CVS) to evaluate the ICC Third Sector Referral Coordinator Team and its work, including the Health and Welfare Telephone Support Service.

The Third Sector Referral Coordinator Team was initially established in June 2019 as a 12-month pilot service, funded by NHS England. The initial aim of the pilot was to embed one coordinator in Eden Integrated Care Community and another in Cockermouth and Maryport Integrated Care Community. The goal was to become familiar with the third sector services in both of these areas and to encourage health colleagues to refer patients to the appropriate services within the communities.

In March 2020, as a direct response to the Covid-19 pandemic, the Health and Welfare Telephone Support Service was established to help safeguard and support patients on discharge from hospital, or whenever it was felt that patients might benefit from additional support from third sector services. The Health and Welfare Telephone Support Service was developed by Cumbria CVS in partnership with NCIC NHS Trust and funded by North Cumbria CCG. The Service is delivered by the Third Sector Referral Coordinator Team in partnership with seven third sector organisations: Alzheimer's Society, Age UK Carlisle and Eden, Age UK West Cumbria, Carlisle Carers, Eden Carers, People First and West Cumbria Carers.

The Health and Welfare Telephone Support Service provides support to patients through a series of up to five telephone calls which aim to identify and address health and social concerns; link patients and their carers to ongoing community support; support patients to navigate health and social care services; and keep clinical staff updated about issues and outcomes. During the pandemic, this service expanded its reach to support all eight ICCs across North Cumbria.

Methodology:

Two online surveys were designed to collect data from the Third Sector Referral Coordinator Team and the ICC staff who have referred into the Team and/or the Health and Welfare Telephone

Support Service. In addition, referral data from October 2020 to October 2021 was provided by Cumbria CVS, along with patient case studies.

Findings:

- The data collected through the surveys and case studies show that the Third Sector Referral Coordinator Team utilise a person-centred approach to provide a holistic assessment of patient needs and refer patients to the most appropriate support services within their local area. This is apparent in evidence from the Team, the ICC staff liaising with them, and the case studies provided.
- The Third Sector Referral Coordinators clearly have an extensive knowledge of the third sector services and have developed strong partnerships with a range of organisations across North Cumbria. It is evident that the Third Sector Referral Coordinator Team are now supporting clinical and care staff across the eight ICCs in North Cumbria.
- Having an honorary NHS contract has enhanced the Team's ability to work collaboratively with health colleagues by updating patient records in real time and ensuring that information governance protocols are adhered to.
- The findings show that the Third Sector Referral Coordinator Team, and the Health and Welfare Telephone Support Service, are highly valued by ICC clinical and care staff. Key benefits for ICC staff include:
 - a single point of access for patient referrals;
 - a reduction in the time spent making patient referrals; and
 - confidence in the knowledge that their patients will continue to be cared for by those with expertise of the third sector.
- The findings highlight the following key benefits for the patients who are referred to the Third Sector Referral Coordinator Team:
 - a holistic assessment of individual needs;
 - access to a wide range of appropriate support and information;
 - the opportunity to build networks within their local community; and
 - improvements to their quality of life through receiving appropriate support.
- The Health and Welfare Telephone Support Service was developed as a response to the Covid-19 pandemic to safeguard patients when being discharged from hospital, or when it was felt that they might benefit from support from third sector organisations. Despite the challenges of remote working throughout the pandemic, this service has successfully supported patients across North Cumbria. Referral data indicates that the service has been

used consistently throughout the time it has been operating, and across a range of public and third sector organisations.

- The evidence collected not only suggests that the project been a success for all those involved, but also provides a clear sense of what else might be achieved with further funding. For example, long-term funding would enable the Third Sector Referral Coordinator Team to grow and expand the scope of their work across the ICCs, and to embed their service in a wider range of patient pathways.

Recommendations:

This evaluation has found that the ICC Third Sector Referral Coordinator Team and its work, including the Health and Welfare Telephone Support Service, offer a number of tangible benefits to patients and partner organisations.

- There is a clear case for the expansion of the service. Given the relatively constant numbers of referrals passing through the Team and Telephone Support Service, enlarging the number of staff would potentially increase the reach of its work.
- The research has shown that ICC clinical and care staff perceive clear time savings due to the work of the Team. It is suggested that a cost-benefit analysis will support these qualitative findings.
- A key to success has been the relationships established between the Team and the ICCs, both in terms of making initial connections, and sustaining practice through face-to-face contact. While some of this will be limited by pandemic restrictions, it is something to consider if the Team and/or Service is enlarged in terms of how these relationships will be maintained and developed.
- The honorary contract arrangement is a strong model for ensuring patient records are kept up to date, and saving the patient the burden of re-telling their cases to each organisation. It is recommended that this is continued. It is also recommended that the Team look at ways in which outcomes can be fed back to ICCs in a consistent and systematic way.
- The work to date has provided excellent examples of good practice for partnership working between the public and community sectors. This should be shared widely across community organisations and Integrated Care Communities – whether through information on websites or through publication of case studies in organisational practice.

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Acronyms

CCG	Clinical Commissioning Group
CEO	Chief executive officer
CHoC	Cumbria Health on Call
CVS	Council for Voluntary Service
EMIS	EMIS Health (electronic patient record system)
D2A	Discharge to assess
HASKE	Health and Society Knowledge Exchange
HCP	Home Care Practitioner
ICC	Integrated Care Community
MDT	Multidisciplinary team
NCIC	North Cumbria Integrated Care
NHS	National Health Service
NWAS	North West Ambulance Service
SLA	Service level agreement

1. Introduction

1.1 Overview

Health and Society Knowledge Exchange (HASKE), at the University of Cumbria, was commissioned by Cumbria Council for Voluntary Services (Cumbria CVS) to evaluate the ICC Third Sector Referral Coordinator Team and its work, including the Health and Welfare Telephone Support Service.

The Third Sector Referral Coordinator Team was initially established in June 2019 as a 12-month pilot service, funded by NHS England. The initial aim of the pilot was to embed one coordinator in Eden Integrated Care Community and another in Cockermouth and Maryport Integrated Care Community. The goal was to become familiar with the third sector services in both of these areas and to encourage health colleagues to refer patients to the appropriate services within the communities.

In March 2020, as a direct response to the Covid-19 pandemic, the Health and Welfare Telephone Support Service was established to help safeguard and support patients on discharge from hospital, or whenever it was felt that patients might benefit from additional support from third sector services. The Health and Welfare Telephone Support Service was developed by Cumbria CVS in partnership with NCIC NHS Trust and funded by North Cumbria CCG. The Service is delivered by the Third Sector Referral Coordinator Team in partnership with seven third sector organisations: *Alzheimer's Society, Age UK Carlisle and Eden, Age UK West Cumbria, Carlisle Carers, Eden Carers, People First and West Cumbria Carers.*

The Health and Welfare Telephone Support Service provides support to patients through a series of up to five telephone calls which aim to identify and address health and social concerns; link patients and their carers to ongoing community support; support patients to navigate health and social care services; and keep clinical staff updated about issues and outcomes. During the pandemic, this service expanded its reach to support all eight ICCs across North Cumbria.

At the time of the evaluation, the Team consisted of a senior Third Sector Referral Coordinator to oversee the day-to-day management and development of the Team; a full-time coordinator supporting four ICCs in Carlisle, Eden, Brampton and Longtown; a part-time coordinator supporting four ICCs in Copeland and Allerdale; and a Health Partnerships Manager. The

coordinators are employed by Cumbria CVS and have honorary contracts with the North Cumbria Integrated Care (NCIC) NHS Trust.

The aim of this project was to evaluate the Third Sector Referral Coordinator Team and its work, including the Health and Welfare Telephone Support Service, in order to explore the benefits of the role and the service for patients.

1.2 Methodology

1.2.1 Online surveys

Two online surveys were designed to collect data from the Third Sector Referral Coordinator Team and the ICC staff who have referred into the Team and/or the Health and Welfare Telephone Support Service. Online surveys are efficient and flexible as they allow data to be collected from several people in different locations within a short period of time.¹ This method was particularly appropriate as the ICC staff and Third Sector Referral Coordinators were dispersed across Cumbria, and the timing of the evaluation also coincided with the Covid-19 pandemic.

Survey for Third Sector Referral Coordinator Team

The survey was created using the Online Surveys system and consisted of 15 main questions. The survey contained several open-ended questions that allowed the respondents to answer freely, along with some questions with checkbox answers. The questions for the Third Sector Referral Coordinator Team were arranged under two main sections:

- The Third Sector Referral Coordinator Team:
 - The experience of building networks with third sector organisations
 - ICCs supported by the Team
 - What has worked well and what could work better
 - The benefits of the Third Sector Referral Coordinator Team for staff and patients
 - The benefits of having an honorary contract with the NCIC NHS Trust
 - The impacts of Covid-19
 - The future development of the Team

¹ Robson, C. & McCartan, K. (2016) *Real World Research* 4th edition, West Sussex, John Wiley & Sons Ltd.

- The Health and Welfare Telephone Support Service:
 - Mechanisms for raising awareness of the Service
 - Referrals to partner organisations
 - The benefits and challenges of working with partner organisations
 - The benefits of the Health and Welfare Telephone Support Service for patients and NHS staff
 - The future development of the Service

The survey link for the Third Sector Referral Coordinator Team was emailed to four key members of the Team. The survey remained open for 13 days in December 2021, and a reminder was emailed before the survey closed. In total, four respondents completed the survey.

Survey for ICC staff

The survey for ICC staff was created using the Online Surveys system and consisted of 10 main questions; the survey design included several open-ended questions that allowed the respondents to answer freely, along with questions containing Likert scales and checkbox answers. The questions for the ICC staff were focused on:

- Their role and the ICC in which they were based
- The amount of time spent making patient referrals
- Awareness of the Third Sector Referral Coordinator Team and their work
- Views about how successful the Team have been in supporting patients and clinical staff
- The benefits of the Third Sector Referral Coordinator Team for staff and patients
- Suggestions for improvements to the Team or their service

Cumbria CVS provided the contact details for 172 NHS staff who had previously referred patients to the Third Sector Referral Coordinator Team and/or their Health and Welfare Telephone Support Service, and the survey link was emailed directly to all contacts. The survey remained open for three weeks from Monday 13th December 2021 to Monday 3rd January 2022, and reminder emails were sent at weekly intervals. In total, 23 respondents completed the survey for ICC staff.

Data analysis

The data from both surveys was analysed to produce a detailed summary of the findings and to display a selection of the respondents' quotations. The quantitative data was analysed

descriptively and, using the basic principles of thematic analysis (Braun and Clarke, 2006²), the qualitative data collected through the open-ended questions was categorised to enable the identification of themes across the data.

1.2.2 Review of existing data for the Health and Welfare Telephone Support Service

The Health and Welfare Telephone Support Service collect monthly data about: the number of referrals into the service; the referral source; referrals made by the Health and Welfare Telephone Support Service to partner organisations; additional support/referrals provided for patients; timeline for referrals in relation to patients being discharged from hospital; and patient details (e.g. age, gender, primary and secondary health conditions). Cumbria CVS shared the data reports for the Health and Welfare Telephone Support Service from October 2020 to October 2021 (13 months). The HASKE research team reviewed the reports and where appropriate, this data is referred to in the findings sections below to support the survey analysis.

² Braun, V. & Clarke, V. (2006) 'Using thematic analysis in psychology' *Qualitative Research in Psychology* 3: 77-101.

2. Findings 1: Survey of the Third Sector Referral Coordinator Team

This section presents the findings from the survey of the ICC Third Sector Referral Coordinator Team, which was completed by four members of the Team. The first section of the findings will focus on the development and role of the Third Sector Referral Coordinator Team, and the second section will focus on the Health and Welfare Telephone Support Service.

2.1 The Third Sector Referral Coordinator Team

2.1.1 Building networks with third sector organisations

A key element of the Third Sector Referral Coordinator Team's role is to build networks with a range of third sector organisations and to understand the types of support available across different parts of North Cumbria. Respondent 4 described how this had been achieved since the inception of the project:

“In the pilot stage of the project, I started by contacting the larger, more established third sector organisations and met with managers, staff and, in some cases, volunteers. This was to try to ensure that they understood our role. I also took time to make sure that I had a good understanding of the scope and limitations of their organisation so that I could make meaningful referrals.” (Respondent 4)

Respondent 2 reflected on what had worked well during the process of building networks and highlighted the importance of partnership working, establishing trust, and developing funding streams:

“Improved partnership working creating increased trust between statutory services and the 3rd sector and further development of funding streams available to organisations across north Cumbria to develop existing services or establish new, innovative services.” (Respondent 2)

Similarly, Respondent 1 felt that the Team's "open and honest" approach had enabled them to work in partnership with the third sector and NHS services, and to build positive relationships, as shown in this comment:

"...Being open and honest and offering plenty of opportunities for organisations to be part of wider development conversations. Being open about funding issues and how they also impact on Cumbria CVS."
(Respondent 1)

The Team also identified that the process of building networks with third sector organisations could potentially be improved with fewer time pressures, more long-term funding and more opportunity for face-to-face communication, which had been limited due to the restrictions of Covid-19. For example:

"A lot of the work we have done has been under very tight timescales which has put us all under significant pressure. Funding has always been a bit piecemeal with money sometimes available only for 3 or 4 months - access to multi-year funding from NHS would work better." (Respondent 1)

"Having the capacity to spend more time attending groups and 'live' services would have been helpful as it would give the opportunity to engage with staff and volunteers outside of the formal 'introduction of the service' type setting. It would also give me a better understanding of the support and services they offer." (Respondent 4)

"Because of Covid 19, a lot of things have been online using Teams where face to face is preferred..." (Respondent 3)

In addition, Respondent 2 noted that the attitude of some third sector organisations can potentially hinder the development of networks and collaborative working relationships:

"Some organisations still need to be mindful that the 'them and us' mindset is not productive and can be detrimental to developing true collaborations. It is understandable why this mindset still exists but for those organisations

that have overcome this, real opportunities to better support our communities have been made.” (Respondent 2)

2.1.2 Providing support to ICCs across North Cumbria

The survey findings showed that the Third Sector Referral Coordinator Team have supported staff across the eight ICCs across North Cumbria: *Workington ICC, Maryport and Cockermouth ICC, Keswick and Solway ICC, Eden ICC, Copeland ICC, Brampton and Longtown ICC, Carlisle Network ICC and Carlisle Healthcare ICC*. As noted in section 1.1, the Team originally intended to support two ICCs, but increased the scope of their work during the Covid-19 pandemic to provide support to the eight ICCs across North Cumbria.

The findings suggest that having “a single point of access” (Respondent 1) has worked well when supporting ICC clinical and care staff, as the Third Sector Referral Coordinator Team are able to refer patients quickly, which has reduced the amount of time their health colleagues spend making the referrals. For example:

“Easy to refer, it is quick and helps staff get on with their other work. We provide feedback too, so the referrer has (brief) outcomes, and we work well together with a mutual respect.” (Respondent 3)

“Many individuals have commented on how much time this process has saved them and whilst some have good intent to use the 3rd sector and recognise the benefits, they have struggled to keep on top of what the 3rd sector has to offer so rely even more on the 3rd sector referral coordinators to keep them updated on what is available.” (Respondent 2)

Respondent 1 felt that having access to an NHS email and honorary contract had enhanced the support provided by the Team as “there are no concerns about consent and data sharing”. It was also noted that attending weekly meetings, when possible, along with monthly bulletins and noticeboards, had helped to raise the profile of the Team and increase awareness of the services provided by the third sector (Respondent 4). In addition, ‘word of mouth’ (Respondent 1) was a key mechanism for raising awareness of the positive support provided by the Third Sector Referral Coordinator Team to their health colleagues:

“... I found that as more staff had positive experiences of using the service and were starting to see the positive impact, they shared these experiences with team members. This, I feel, had the biggest impact [on] the referral numbers.” (Respondent 4)

Two of the respondents explained how the Team is trying to embed the third sector referral processes in care/treatment planning pathways within the ICCs:

“We are now working closely with different parts of the health/care system to ensure referral to the coordinators is part of a range of Pathways including NWS, CHOC, D2A etc. The referral process is part of the ICC based MDT pathway. The referral process is also part of some elements of the acute hospital discharge pathways.” (Respondent 1)

“Referrals are made by individual staff on behalf of an individual. In every case, our team contact the individual to explain our role, what support can be offered and confirm the person's consent should they wish to accept some additional support. For every referral made to a 3rd sector organisation, a coded template is completed by the Team within the person's EMIS health record to ensure that a lasting record is available, informed consent is properly recorded to comply with Information Governance and staff can be updated of progress in 'real time' when accessing the patient's records. Our Team regularly attend daily huddle meetings and MDT meetings to discuss specific patient needs with the wider group and can also feedback to the group on any previous interventions.” (Respondent 2)

When supporting ICCs across North Cumbria, it was suggested that the following aspects could be improved: working relationships with acute hospital staff and GP surgeries (Respondent 1), and awareness raising and information sharing about the role of the Third Sector Referral Coordinator (Respondent 4). Furthermore, one respondent commented:

“I would like to see more statutory services staff valuing what the 3rd sector can offer and for this to become embedded in all health and care planning decisions. Perhaps this could become part of mandatory training

for staff and audits completed on how frequently referrals are being made to the 3rd sector.” (Respondent 2)

2.1.3 Benefits of the Third Sector Referral Coordinator Team role

Benefits for patients

The findings highlighted several benefits of the Third Sector Referral Coordinator Team role for the patients, such as providing a holistic assessment of their needs, raising awareness of the support and services in their local area, and enabling patients to build an appropriate support network at their own pace. For example:

“Patients receive a true holistic assessment of any difficulties they're encountering and receive a thorough package of support rather than simply focussing on health or social care matters. Whilst these are also important, if some of the other issues are not identified and addressed this can continue to impact on physical/mental health and create an over-reliance on statutory services.” (Respondent 2)

“The Third Sector referral coordinator role provides the patient the opportunity to find, consider and engage with third sector and community support which they may not have found without our input.” (Respondent 4)

“Patients have the opportunity to learn what is on offer in their local areas, we provide the information in a friendly manner, working with our NHS colleagues, and patients have the choice whether to consent or decline. There is no timeframe so they can decline initially and if/ when their circumstances change, they can be referred in again. We know our areas so have many answers to hand, however, when we don't know something, we take time to find it out and get back to the patients. We take the pressure off, allowing the patients to focus on their health.” (Respondent 3)

“...They are offered a range of community-based services that support their independence, connectivity with their community and address a range of health and care needs. They build a network of people that can

support them rather than always having to go to the GP, nurse etc.”

(Respondent 1)

It was evident that the Third Sector Referral Coordinator Team’s role in liaising between the patients and third sector organisations/services can reduce the need for patients to repeat their information or experiences:

“...A direct referral to a service or organisation that means a patient doesn't have to contact the organisation themselves. The organisation will already hold some good basic information about the patient so there is less likelihood that they will have to provide their details again.” (Respondent 1)

In addition, another benefit for patients is that the Team can provide assurances about confidentiality and build a rapport with the patients to encourage them to talk openly about their needs, as shown in the following comments:

“Reassurance about consent and how data will be shared with third sector organisations.” (Respondent 1)

“They often share information with us that they wouldn't necessarily with a health professional.” (Respondent 4)

Benefits for ICC staff

A key benefit of the Third Sector Referral Coordinator Team role for the ICC staff is that the Team provides a “single point of access” (Respondents 1, 2) to various third sector organisations and services, with a secure process for gaining consent, which reduces the need for ICC staff to maintain an awareness of the third sector. For example:

“A single point of access to multiple third sector services/organisations. A secure mechanism for referral including gaining and recording consent. They no longer need to seek and/or retain knowledge about a wide range of third sector services/organisations. They can ensure patients have access to up-to-date information about third sector services.” (Respondent 1)

“Staff now have what is effectively a single point of access into the 3rd sector and no longer have to attempt to keep abreast of what is available or any changes made to 3rd sector services, saving them time and resources.” (Respondent 2)

As noted in the previous comment, the partnership working between the Team and ICC staff can reduce the time that clinical/care staff spend making referrals:

“...We share the workload and allow NHS staff to carry out their clinical/care roles, knowing the patients will receive a quality service with us. We encourage referrals and make the process as easy as possible.” (Respondent 3)

“When they identify a non-clinical issue with a patient, they can then refer that patient directly to us with, hopefully, the confidence that we will support the patient to find appropriate support. We have the time and the knowledge to spend sourcing the most appropriate support.” (Respondent 4)

2.1.4 Benefits of having an honorary NHS contract

The respondents emphasised that the key benefits of having an honorary contract with the NCIC NHS Trust was that the Third Sector Referral Coordinator Team had an NHS email address and access to the EMIS patient record system, which enabled them to update records in ‘real time’ and work collaboratively with their health colleagues. For example:

“This allows us direct access to the EMIS health records to document patient consent and update health colleagues in 'real time' what referrals into the 3rd sector have been made on behalf of the patient.” (Respondent 2)

“The contract enables us to update the patient records in real time, so staff are able to see what interaction we have had and the actions we have taken. From looking at the appropriate health records we are able to have a better understanding of the patient's health and environmental

background which helps us to engage better with the patient.”
(Respondent 4)

It was also suggested that the honorary contract had been a useful mechanism for building trust with the patients, adhering to information governance protocols and building positive working relationships with NHS colleagues:

“Being able to state to patients that we work with the NHS, enables them to have trust in us from the start of the conversation. It enables us to feel valued as partners, and helps relationships between us and NHS staff.”
(Respondent 3)

“It was also a way to ensure that the Trust's Information Governance protocols were not being compromised and helped health colleagues to recognise the Team as being part of their wider teams (all Team members have NHS e-mail addresses and can be found on the global system).”
(Respondent 2)

2.1.5 The impact of Covid-19

During the Covid-19 pandemic, the staff hours for the Third Sector Referral Coordinator Team increased from “a total 45 per week to 74 per week” (Respondent 1), and the Team expanded its service from two ICCs to eight ICCs across north Cumbria (Respondents 1, 2). In addition, the Health and Telephone Welfare Support Service has been developed, which has resulted in “close working relationship with 8 partner agencies” (Respondent 1).

A key challenge during the pandemic has been the move to remote working and the reduction in face-to-face communication with health colleagues, which initially caused concerns about the Team not being visible to others, as noted in the following comments:

“Promoting the service without the face-to-face interaction has been extremely challenging. Being ‘out of sight, out of mind’ was a real issue for me, particularly as this is my preferred method of communication. All teams in the ICC hubs were extremely busy so using predominantly written comms was really difficult to get right.” (Respondent 4)

“Originally, the Team were physically placed within specific ICC Hubs and able to converse directly with health colleagues in person. The Team are now working agilely from home and across all of north Cumbria ICCs. On the one hand, this has been a positive outcome as we have widened the offer from only two ICCs to all eight ICCs but has meant that we have had to think of different and innovative ways to maintain contact with colleagues and continue to encourage inbound referrals to the service. Our original concern was that the Team could be forgotten about by not being there in person, but the opposite has been the case.” (Respondent 2)

2.1.6 Future plans for developing the Third Sector Referral Coordinator Team

It was evident that the Third Sector Referral Coordinator Team would like to increase their staffing levels (Respondents 1, 2, 3) and expand their service to support more health colleagues and patients in other areas (Respondents 1, 2, 4). For example:

“We would like the opportunity to trial the service in other parts of the county. We would like to consider other roles to support the team and to experiment with secondment opportunities for staff from other parts of the health and care system.” (Respondent 1)

“I would like a third sector referral coordinator to be accessible to every health team and service.” (Respondent 4)

“Going from strength to strength with a team large enough to manage the increasing workload, enabling us to continue to provide a quality service to each and every patient. We are a strong team working well together and we need to keep the dynamics we have. The support and collaboration works so well, we need to hold on to it all moving forward as the team grows.” (Respondent 3)

Two respondents noted that additional funding would be necessary in order to develop the Team:

“... We would like to secure funding for the project for at least 3 years to provide more secure and stable employment for a very skilled and

dedicated team. We would like to pay salaries in way that enables us to reward experience and longevity of service...” (Respondent 1)

“I would like to see the on-going funding for the Team to be made available over a longer period of time (in line with NHS England's suggestions) rather than having to continually secure funding for relatively short periods; this would enable the Team to expand in numbers and be able to widen the offer to more Health & Social Care staff without compromising the present quality of delivery.” (Respondent 2)

2.2 The Health and Welfare Telephone Support Service

2.2.1 Raising awareness of the Health and Welfare Telephone Support Service

The survey findings show that since the introduction of the Health and Welfare Telephone Support Service in March 2020, the Third Sector Referral Coordinator Team have conducted a range of activities to raise awareness of the Service. For example, the Team have:

- Attended staff team meetings, multidisciplinary team meetings, discharge and planning development meetings, CCG meetings, strategic management meetings
- Circulated an ‘overview’ document and examples of case studies with ‘success stories’
- Conducted presentations (via Teams)
- Held individual discussions with ICC staff and patients
- Circulated email update bulletins and mailshots
- Collated monthly statistics about the Service for the CCG.

2.2.2 Examples of patient referrals

The Third Sector Referral Coordinator Team indicated that they had referred patients to all the partner organisations: *West Cumbria Carers, People First, Eden Carers, Carlisle Carers, Age UK Carlisle and Eden, Age UK West Cumbria, and the Alzheimer’s Society.*

In addition, the Team had referred patients to a range of other organisations across Cumbria, including *Citizens Advice, Stroke Association, Cruse, Ability Net, BID Cumbria, Allerdale Disability Association, Healthy Hopes, Linking Lives, Recovery College, Mind, Always Another Way, Together We,*

Credit Unions, Churches Together, Parkinson's Association, Living with and Beyond Cancer, the Foodbank and local community Covid support groups.

According to the existing data, Age UK West Cumbria received the most number of referrals via the Telephone Support Service.

2.2.3 Working with partner organisations

According to the Third Sector Referral Coordinator Team, one of the main benefits of working with the partner organisations is that the partnership provides access to a wide range of local support services (Respondents 1, 2, 3), which enables the Team to have full geographic coverage across North Cumbria for all age groups from 18 years upwards (Respondent 1). In addition to having expertise in their own area of support, the partner organisations are also “well versed in providing a wider general support to help assist someone navigate statutory services and other 3rd sector organisations” (Respondent 2). As one respondent commented:

“The partner organisations are the reason the Health & Welfare Telephone Support Service works. As experienced organisations embedded in our local communities, we can trust in their ability to understand and support the patients. They each bring their own unique knowledge and skills which, as a whole, gives a wide ‘safety net’ of support.” (Respondent 4)

Respondent 2 felt there were no challenges when working with the partner organisations as they had been fully engaged from the start of the project:

“All partners have thoroughly embraced the process and have been fully engaged right from the start. They all recognised the need and importance of delivering the service for our communities during what has been an extraordinary set of circumstances.” (Respondent 2)

However, it was noted that staff absences, or different working patterns, within the partner organisations could present operational challenges for the Team when making referrals, for example:

“Staff absence and not knowing who would carry out the referrals into their service, in the staff member's absence (quickly resolved by their CEO). Staff working part time (though they get straight in touch on their return).”
(Respondent 3)

In addition, the survey findings highlighted some challenges with the current partnership working model, as explained in this comment:

“We have developed an informal partnership approach with no attendant SLA, paperwork etc. This means we are very dependent on good will and prioritizing good communication (this can be time consuming). This approach does provide great opportunities for flexibility. Those organisations who receive a very limited number of referrals have dropped out of the partnership. Organisations with a regionalised management structure have been more difficult to engage with and secure ongoing support.” (Respondent 1)

2.2.4 Benefits of the Health and Welfare Telephone Support Service

Benefits for patients

The findings show that the Health and Welfare Telephone Support Service provides a “holistic” (Respondent 2) and “person-centred approach” (Respondent 4) to supporting patients by providing them with the opportunity to “spend quality time with someone to share how they feel” (Respondent 4) and to consider “their unmet health/care needs at a time when they may be struggling with the impact of health issues or increasing frailty” (Respondent 1). In addition, the Service provides patients with the opportunity to access a wide range of local or specialist services that might meet their specific support needs (Respondents 1, 2).

This approach can empower the patients as they maintain control over the frequency of the five telephone calls (Respondents 1, 3) and the topics discussed, as emphasised in the following comment:

“The patient has regular contact with the same person, they state how far apart they would like their calls and there is no agenda so they can chat

about whatever they choose to. They can end this at any time, so they have control. They know the person can signpost and refer, and support them with issues they have raised to us in our telephone conversations so they are heard, listened to and referred on as appropriate.” (Respondent 3)

Another benefit of the Health and Welfare Telephone Support Service is that it provides the opportunity to refer patients back into statutory services, if concerns are raised about an individual’s health or wellbeing, for example:

“Patients can receive a thorough, holistic assessment of support needs and be given the opportunity to access a wide range of 3rd sector support services. Additionally, if during this process there are any significant concerns about the person's physical health or mental wellbeing that require a more clinical approach, our Team can ensure the person is referred back into statutory services via the appropriate community ICC Hub.” (Respondent 2)

Benefits for ICC staff

The survey findings suggest that clinical and care staff benefit from the Health and Welfare Telephone Support Service because it enables them to have “peace of mind that vulnerable patients discharged from hospital or other services are provided with ongoing support that is skilled and patient-focused” (Respondent 1). Furthermore, the ICC staff can feel confident that their patients will continue to receive appropriate support in the community, as noted in these comments:

“By making a single referral to this service, staff can be confident that the necessary support needs will be properly identified and dealt with appropriately.” (Respondent 2)

“It provides staff [with] reassurance that the patient will receive a level of support when services are being, or are about to be, reduced or withdrawn and the patient will be guided and enabled to find longer term support.” (Respondent 4)

2.2.5 Future plans for developing the Health and Telephone Welfare Support Service

As shown in the comments below, and following on from the findings presented in section 2.1.6, the Third Sector Referral Coordinator Team suggested that the Health and Telephone Welfare Support Service could be developed by expanding the service they offer, increasing the size of the team and embedding the service in a range of patient pathways:

“As we are but with a bigger team to manage the increasing workload. A wider offer to more departments/ agencies and referrals being possible from anywhere.” (Respondent 3)

“I would like it to be an option for all patients discharged from hospital, community health settings or withdrawal of ‘reablement’ services automatically.” (Respondent 4)

“The service originally developed as a direct response to the Covid-19 situation during 2020 but has now become recognised as a great model for ensuring people receive timely and appropriate support generally, whether that be following discharge from hospital or when an additional need is identified for someone already within the community. I would like to see all individuals being given the opportunity to receive some input via the service automatically when receiving input from statutory services and for the individual to make the final decision as to whether they accept or decline support rather than relying on a referral to the service being made by Health/Social Care staff.” (Respondent 2)

In addition, it was suggested that more funding and support to evaluate the long-term impacts of the Health and Welfare Telephone Support Service would be beneficial:

“Funding programme for a 3-year period. Support to undertake a more comprehensive, system wide longitudinal evaluation of impact and outcomes for patients - particularly in relation to patient's readmission to hospital and reduced connectivity with and reliance on NHS services.” (Respondent 1)

3. Findings 2: Survey of ICC staff

This section will present the findings from the 23 NHS staff who completed the online survey.

3.1 Survey respondents

As shown in Figure 1, the survey respondents were based across the eight ICCs in North Cumbria, with several respondents indicating that they worked for multiple ICCs:

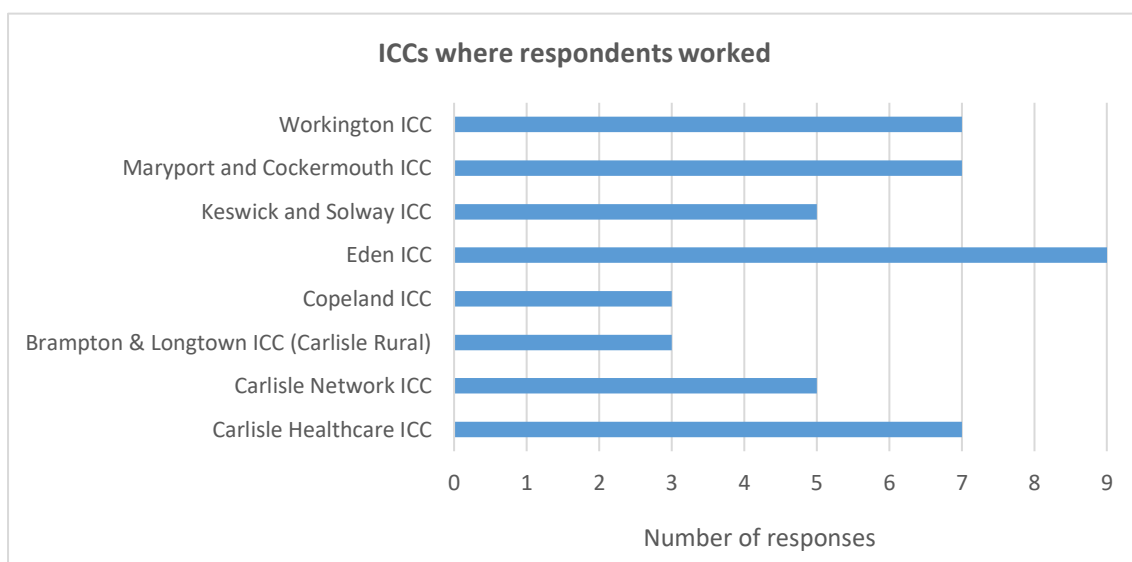


Figure 1: ICCs where survey respondents worked

Nineteen of the respondents were 'clinical staff' and one identified as 'care staff'; three respondents selected 'other' and identified their roles as a 'social prescriber', 'support worker' and 'ICC opps lead'.

3.2 Awareness of the Third Sector Referral Coordinator Team

As shown in Figure 2, the majority of ICC staff indicated that they had become aware of the Third Sector Referral Coordinator Team and their Health and Welfare Telephone Support Service through formal introductions, followed by personal communication with the Team, word of mouth from colleagues and internal advertising.

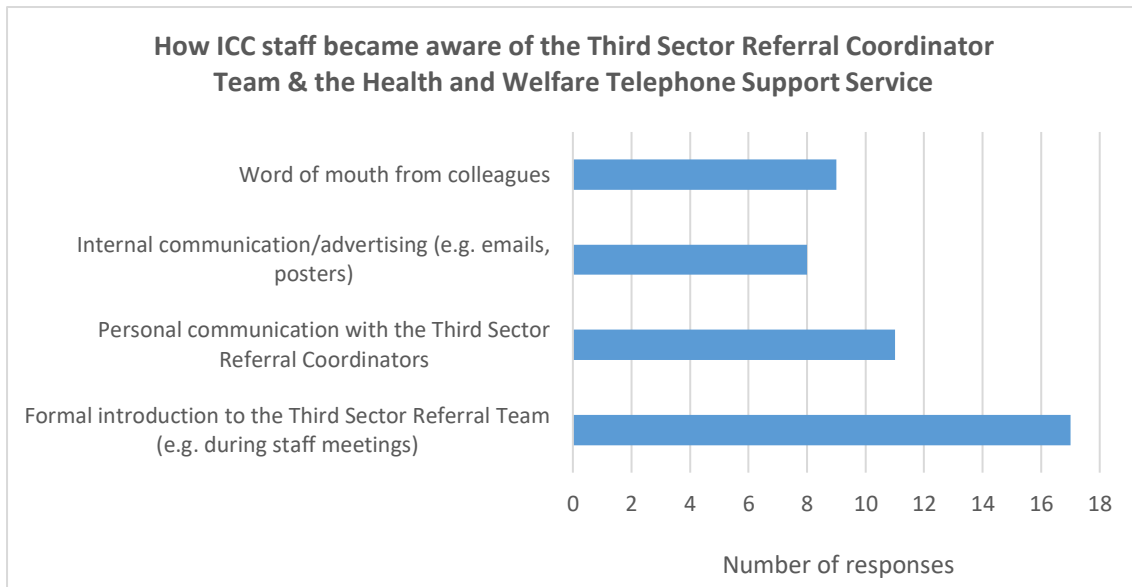


Figure 2: How ICC staff became aware of the Third Sector Referral Coordinator Team & the Health and Welfare Telephone Support Service

3.3 Time spent by ICC staff making patient referrals

As shown in Figure 3, prior to the Third Sector Referral Coordinator Team being introduced in June 2019, 26% of the ICC staff reported that they used to spend less than 1 hour making patient referrals; 35% reported that they spent 1 – 3 hours making referrals; 35% of respondents spent 3 – 5 hours making referrals; and 4% indicated that they used to spend more than 10 hours per week making patient referrals. (No respondents selected either 5 – 7 hours or 7 – 10 hours).

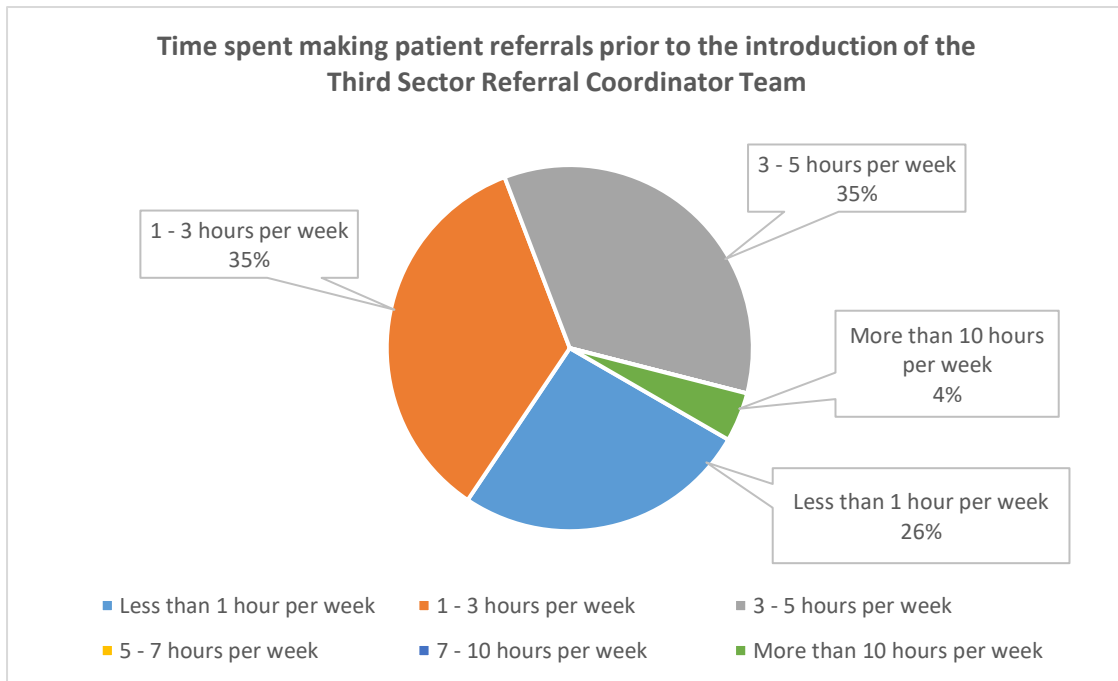


Figure 3: Time spent making patient referrals prior to the introduction of the Third Sector Referral Coordinator Team

As shown in Figure 4 below, when asked if the Third Sector Referral Coordinator Team had reduced the amount of time the ICC staff typically spend making patient referrals, the majority of respondents (73%) selected ‘yes’. 13% of respondents felt that the Team had not reduced the time spent making patient referrals and 14% indicated that they were ‘not sure’.

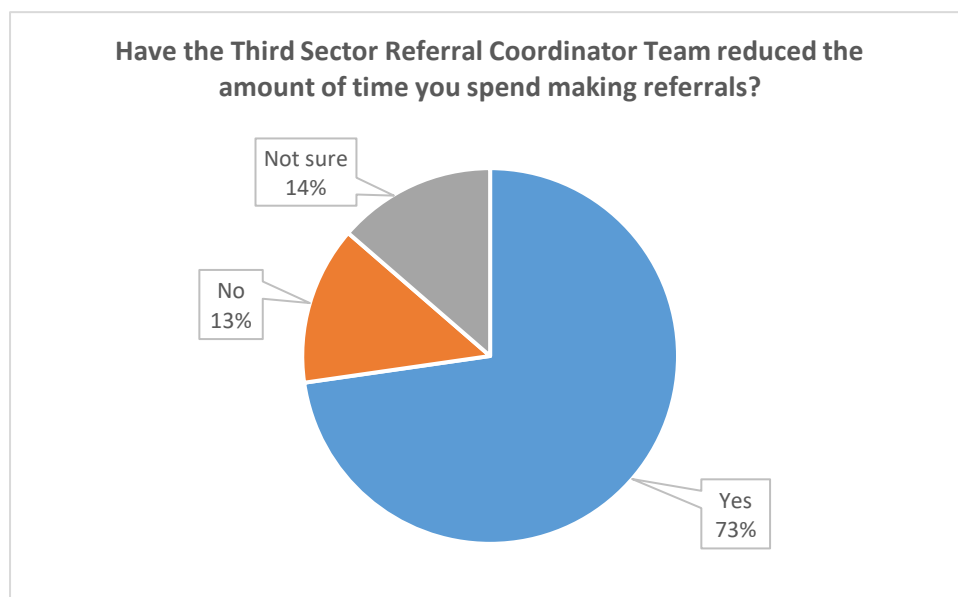


Figure 4: Respondents views about a reduction in time spent making patient referrals

Table 1 provides some examples from the survey respondents who felt that the Third Sector Referral Coordinator Team had reduced the amount of time they typically spent making patient referrals:

Respondent	Time spent making referrals before/after the introduction of the Third Sector Referral Coordinator Team (hours per week)		Additional comments
	Before	After	
Survey 1	1 – 3 hours	Less than 1 hour	-
Survey 2	Less than 1 hour	30 mins	-
Survey 4	Less than 1 hour	“minutes”	“It is very easy to refer to this service and saves me time finding who I need to refer to”
Survey 6	3 – 5 hours	2 – 3 hours	-
Survey 7	1 – 3 hours	“Approx. 1 hour”	“Approx 1 hour but this does vary and is not consistent. Some months I will have a few clients to refer and so will take some time explaining to our co-ordinator the difficulties the clients are having to help inform what might help, other months I won’t have anyone. However I feel now with the service in place that for clients that would normally have been discharged with no follow on plan, that there is now the possibility of more support for them which is fabulous to know and I feel helps them self-manage for longer”
Survey 9	1 – 3 hours	“A few minutes”	“One stop shop”
Survey 10	3 – 5 hours	“down to a third of original time”	“One stop call for all onward referrals”
Survey 11	3 – 5 hours	“approx. 30 mins a week at most”	“It is very easy to refer to refer to 3rd Sector Co-ordinator and is often discussed in Huddle meetings without the need for lengthy phone calls or referral letters.”
Survey 16	More than 10 hours	5 hours	-
Survey 21	3 – 5 hours	2 – 3 hours	-
Survey 22	1 – 3 hours	15 mins	“Much easier to action referrals, better visibility in ICC with having a person in post... I would only need spend 15 mins on an average week to make referrals into the third sector via the rep”
Survey 23	3 – 5 hours	1 – 3 hours	-

Table 1: ICC staff comments about time spent making patient referrals

3.4 Successful elements of the Health and Welfare Telephone Support Service

As show in Figure 5, the majority of ICC staff viewed the Health and Welfare Telephone Support Service as a successful service that provides a range of support to clinical/care staff and their patients. It was evident that most of the respondents felt that the Third Sector Referral Coordinators successfully supported staff with making patient referrals, kept them updated about the outcome of referrals, worked in partnership with NHS staff and the third sector, and developed appropriate referral pathways.

“Very impressed with the impact the team has had. Keep up the good work!” (Survey 23)

In addition, most of the respondents indicated that the Team had successfully identified the health and social needs of patients, supported their health and wellbeing, promoted their independence, and helped them to connect with organisations and networks within their local communities. Some of the survey respondents also felt that the work of the Third Sector Referral Coordinators played a role in preventing hospital admission and re-admission.

Respondents' views about the success of the Third Sector Referral Coordinator Team, and their Health and Welfare Telephone Support Service

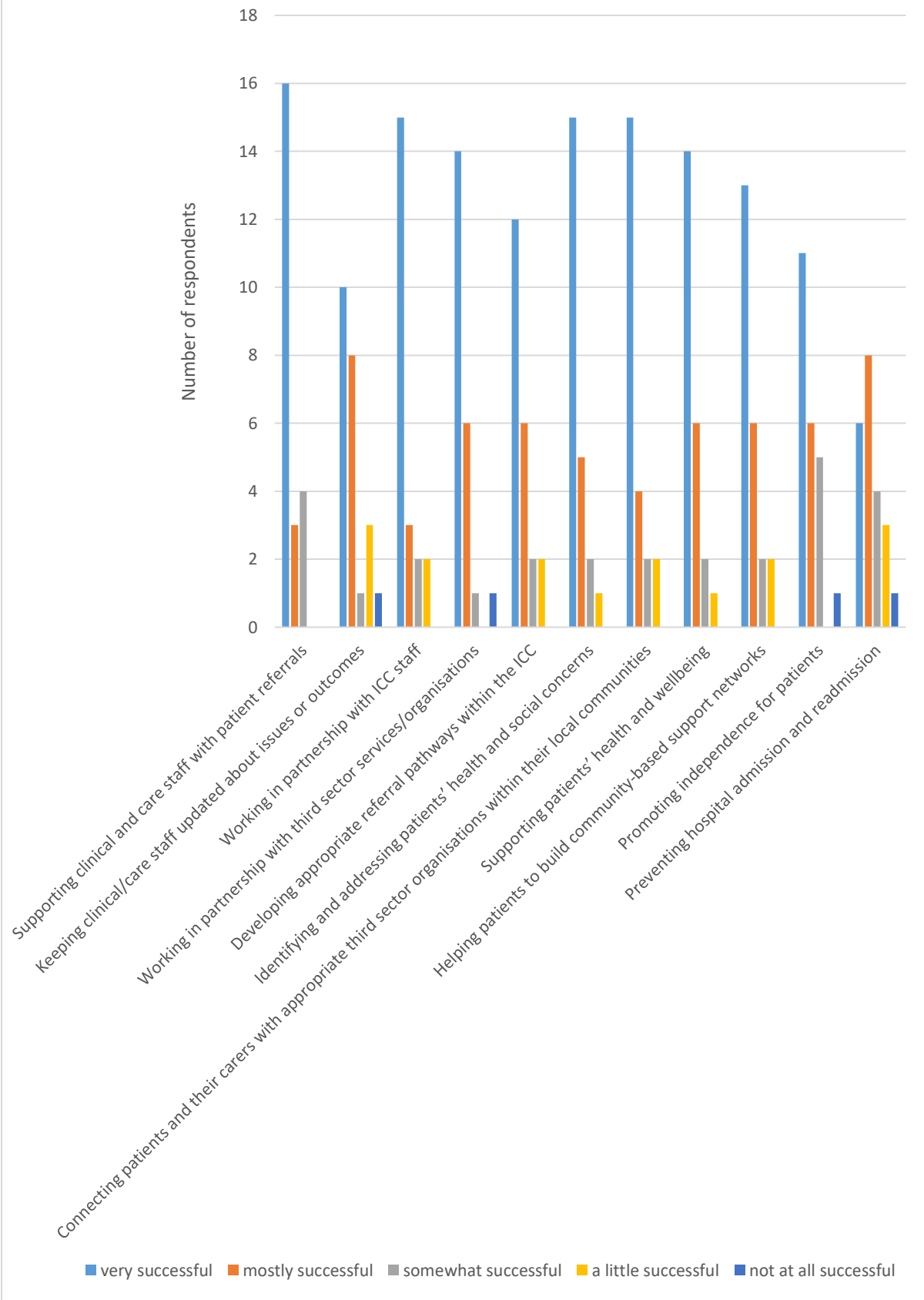


Figure 5: Respondents views about the success of the Health and Welfare Telephone Support Service

3.5 Benefits of being supported by the Third Sector Referral Coordinator Team

Benefits for clinical and care staff

The ICC staff identified that key benefits of being supported by the Third Sector Referral Coordinator Team include a reduction in the time spent making referrals (Surveys 3, 7, 11, 17, 20, 22, 23) and “peace of mind” (Survey 20) that their patients were receiving holistic support from the most appropriate services within the local community. This is illustrated in the following comments:

“Brilliant service, thank you so much for all your hard work, it is hugely appreciated. (Survey 13)”

“It is a fabulous resource to have that saves clinical staff a large amount of time trying to keep up to date with continually changing 3rd sector services which in the past has been impossible to do. This was a barrier to referring or enquiring as it was overwhelming. However, with co-ordinators now in place, I will more regularly look to see if clients can access more community support to aid their symptom management and social support. Our co-ordinator is so friendly and approachable and will do their utmost to help clients which is so reassuring. So, benefits include less time spent trying to keep update and researching what is available, a one stop service to refer all clients with an easy referral pathway and mental reassurance that everything will be looked into holistically for clients referred in.” (Survey 7)

“It has really supported me in providing the best service to our clients and ensuring they have the most appropriate service involved. It has been very useful for taking some of the workload and allow us as therapists to complete more tasks.” (Survey 3)

“Saves clinical time for me and provides a knowledgeable holistic service for patients.” (Survey 17)

“Ensuring that the Patient's needs are met holistically and freeing up the time of the clinicians to focus on the clinical needs of the patient.” (Survey 11)

Several respondents emphasised that the Third Sector Referral Coordinator Team have a wealth of knowledge about the support available within the local communities (Surveys 4, 5, 8, 9, 10, 12, 13, 15, 19), which was highly valued. For example:

“It's really helpful to have another brain to pick about possible sources of support for my patients, the team always know of something that I've just never heard of!” (Survey 13)

“We don't always know what's available, they have good local knowledge and the time to spend with patients.” (Survey 9)

“[Third Sector Referral Coordinator] has a fantastic knowledge of services, and even just a discussion with her or her colleagues, can open many options up to the clinician.” (Survey 12)

It was also suggested that the Third Sector Referral Coordinator Team has been beneficial for clinical and care staff by “Supporting us with discharges and preventing hospital admissions” (Survey 1).

“I'm very grateful for the work this team does. I think the service is a huge benefit to the ICC and allows us to provide a great service” (Survey 3)

Benefits for patients

The ICC staff reported that the support provided by the Third Sector Referral Coordinators was beneficial for the patients because it enables them to access a range of appropriate services to meet their needs, which improves patient care. For example:

“It allows patient's more access to the services which are important to them and having one 'port of call' for this rather than having to try and find out this information themselves, which is not always easy and often they are not sure where to start.” (Survey 11)

“A holistic assessment that identifies the most appropriate source/s of support in a collaborative way.” (Survey 13)

“Ongoing telephone support, pointed to right services.” (Survey 9)

“Good communication leading to good patient care.” (Survey 1)

“Allow patient[s] to be informed and updated on services suitable for them to maximise community involvement.” (Survey 22)

Having a dedicated team who can spend time focusing on individual patient needs, and following up with them, was identified as a key benefit of the Health and Welfare Telephone Support Service:

“Thank you for all your help. I am very grateful and receive excellent feedback from patients” (Survey 17)

“The third sector workers dive deep into different avenues which affect patients’ quality of life that clinicians don't always think about or have the time to explore.” (Survey 14)

“The Team are thorough and they may mention things the patient hasn't thought about/know about support that there is no waiting list for.” (Survey 4)

“They [Third Sector Referral Coordinators] can allocate more time to patients' to discuss what services are actually available to them in the community environment. (Survey 23)

As explained below, it was suggested that the support provided by the Team can help patients learn how to self-manage their conditions, which can enhance their quality of life:

“...Increased self-management and support and reduced loneliness. An increased level of support through the service and subsequent engagement with what is suggested can also reduce that feeling of 'abandonment' from NHS services when clients have to self-manage and acts as a good form of motivation for them when accessing community activities etc. Quality of life, I think, therefore improves and information about grants etc also aids in this as there is the possibility of accessing equipment that privately or through the health service may not have been possible.” (Survey 7)

3.6 Suggestions for improving the Health and Welfare Telephone Support Service

Three of the respondents suggested that the service provided by the Third Sector Referral Coordinator Team could be improved with more face-to-face contact through being located onsite, although it was acknowledged that Covid-19 had impacted on this:

*“Fantastic service,
long may it continue”
(Survey 12)*

“I did find it beneficial when our co-ordinator was based on some days within the office, but I do appreciate with COVID that working from home is safer and possibly more practical for members of staff but a physical presence in the past was often helpful to discuss clients and prompt referrals when these could be forgotten...” (Survey 7)

“It was helpful when third sector referral coordinator was with us in the office to discuss problems and patients... understand possibly not so easy with covid 19.” (Survey 8)

“It would be helpful if they were located in the ICC hubs.” (Survey 10)

In addition, one respondent felt that “Some of the patients would find face to face easier as many having hearing loss” (Survey 15).

It was suggested that providing “Feedback to [the] reporting clinician” (Survey 9) would be useful. One ICC staff member valued the feedback received previously and suggested it could become routine practice:

“I've sometimes had feedback on who patients have been referred on to which is really helpful as it means I can check in with them how that is progressing/how they've found it etc. It would be good for this feedback to be routine, if possible?” (Survey 13)

In addition, one respondent highlighted the need for updates to be shared widely amongst NHS community staff, particularly those not based within an ICC:

“Worth pointing out not all NHS community staff work within an ICC, many specialist services are affiliated with acute care streams and we often feel a little left out of updates around community issues. However, the telephone/email referrals we have done to the health and wellbeing team have been terrific.” (Survey 9)

It was also proposed that expanding the Third Sector Referral Coordinator Team would be beneficial for both the clinical/care staff and their patients:

“More of them. Ours attends Eden ICC meeting and handover which is great. I would suggest one is assigned to the hospital discharge team to capture those patient[s] not referred to ICC but whom would benefit from wider referrals.” (Survey 14)

4. Findings 3: Case Studies

This section presents six case studies collected by the Third Sector Referral Coordinator Team. The case studies illustrate how the Team conducts a holistic assessment of the support needs of the patient and makes referrals to the most suitable third sector organisations.

Case Study 1

Mrs A was discussed at a morning hub meeting as she had been discharged from hospital and referred to the community team. She had been admitted following a fall, so the Third Sector Referral Coordinator agreed to contact her to see how she was feeling since returning home and offer support, if needed.

Mrs A is an 85-year-old lady who lives alone in a small village out of town. Although she was well supported by her two children, she did feel isolated. Mrs A told the Third Sector Referral Coordinator that, because of the Covid-19 restrictions, she was missing face-to-face social contact and that she only seemed to see “health people”. When she first heard about the service, she was hesitant as she was nervous about talking to a stranger. However, once she was reassured by the Third Sector Referral Coordinator that the person calling would be an experienced and trusted worker from Age UK, she relaxed saying it would be “nice to hear a friendly voice every now and then”.

Mrs A went on to have several regular telephone calls with her telephone support worker. During these calls the support worker identified that Mrs A would be entitled to Attendance Allowance and provided her with information about making a claim. This was then followed up with Mrs A.

Keeping warm is especially important for older people with health issues and, like many older people, Mrs A was worried about the rising cost of heating her home. She learned from her telephone support worker about the Winter Warmth fund and was supported to complete an application so she can stay warm and healthy during winter.

Although the five telephone calls have been completed, Mrs A has been transitioned into another project so she can continue to have the social calls she now looks forward to.

October 2020

Case Study 2

Ms B was referred to the Health & Welfare Telephone Support service by one of the care coordinators. Ms B was 50 years old and had a history of low mood and anxiety, and there were concerns regarding her mental health, particularly during the Covid-19 situation.

Following telephone conversations between Ms B and the Third Sector Referral Coordinator, it was established that she had become extremely socially isolated living in a rural village, was struggling to purchase food shopping, and she wanted to move back to the town where she grew up, closer to services and shops. Ms B did not feel confident in completing the necessary choice-based letting forms and it was agreed that a referral would be made to one of our partner agencies, People First, to provide some support and guidance.

People First were able to establish a good, trusting relationship with Ms B and initially referred her to the local Citizens Advice Bureau for help with completing the choice-based letting form. This was completed and Ms B was waiting for a suitable property to become available in her chosen area. People First continued to work with Ms B and supported her in accessing her GP via telephone for information and advice, and a follow up call was scheduled with her GP.

At the time of People First's involvement coming to an end, appropriate onward referrals were made for Ms B to access MindLine to provide on-going support in relation to her mental health. A referral was also made to the Health & Wellbeing Coaches for longer term support as Ms B expressed an interest in accessing some courses relating to autism so she could better understand the condition, as her adult son has a diagnosis.

October 2020

Case Study 3

Mr C is 84 years old and was referred to the Health & Welfare Telephone Support service by the HCP Team, following him having a fall and sustaining a fracture to his dominant wrist. As the HCP Team are a relatively short intervention service, there were concerns regarding Mr C's ability to prepare food independently as his wrist would be in a cast for some time; there were also concerns relating to his potential social isolation, his ability to get food shopping and maintaining the cleanliness of his home.

Following a discussion with Mr C, the Third Sector Referral Coordinator requested some input from Age UK and for them to contact Mr C to support him with his food shopping. Age UK were also tasked with arranging for a 'spike board' to be delivered to Mr C in order for him to be more independent in his meal preparation – Mr C was eating a lot of tomatoes and other food stuffs that required chopping which he was finding impossible with only the use of one hand.

A trial of the 'spike board' by Mr C proved to be very successful. The Third Sector Referral Coordinator was able to feed this back to the HCP Team, who were subsequently able to discharge Mr C from their caseload in a timely, yet safe, manner.

Age UK were continuing to maintain contact with Mr C under their longer-term befriending service, which was helping a great deal in managing his social isolation. They also assisted Mr C in sourcing a private cleaning service and continued to provide Mr C with a shopping service.

August 2020

Case Study 4

A referral was received from the Palliative Nursing Team for Mr D, a 78-year-old gentleman being discharged home from an Acute Hospital setting. Mr D had a cancer diagnosis and wished to be cared for within his own home by his young daughter, with additional support from the Community Nursing Team and ASC's Reablement Service. The Palliative Nurse making the referral was concerned about the young daughter's wellbeing and resilience to the situation together with a lack of financial ability to adequately heat the home due to a lack of funds.

In order to help facilitate the discharge and uphold the wishes of both father and daughter, the Third Sector Referral Coordinator made a referral to West Cumbria Carers to deliver direct support to the daughter and provide guidance in her carer role. West Cumbria Carers also helped the family to access a grant, which provided them with sufficient fuel costs for the next three months. In addition, the family were signposted to another local fund that could advise and install free draught-proofing and insulation products.

The Third Sector Referral Coordinator also made a referral to the Living With & Beyond Cancer Programme for specific, emotional support in relation to Mr D's cancer diagnosis. Both father and daughter were able to receive separate, bespoke support calls and were referred to MacMillan Cancer Support for further financial assessment and assistance if required.

Finally, the Third Sector Referral Coordinator signposted the family to Hospice at Home to discuss utilising its 'Sitting Service' with a view to providing some much-needed respite for both father and daughter, and to ensure that a further hospital admission was avoided, if at all possible. Support was on-going for the family and would continue for as long as necessary.

December 2020

Case Study 5

Mr and Mrs E were referred into the Health and Welfare Telephone Support service by a member of the community rehab team. She felt that Mrs E would benefit from support with her caring role as it was becoming increasingly difficult as her husband's condition progressed.

Mrs E cares for her husband who has Parkinson's and Lewy Body Dementia. The hallucinations are under control with the medication he is on. Mr and Mrs E have several children between them and although the children live out of the county, they visit where they can, and use Zoom to keep in touch. Mr E's daughters have also offered to stay with Mr E so that Mrs E can have a break.

Mrs E felt she had been well supported by health staff including the occupational therapists, who have provided equipment to help Mr E get in and out of bed. Mrs E has a bad back which she feels may be because of physically supporting her husband, especially with his frequent visits to the bathroom during the night or the bending down to help with shoes, socks and trousers.

The carers organisation supported Mrs E by carrying out a Carers Assessment. The support officer noticed that Mr E was only on the lower rate of Attendance Allowance, so they completed a form for the higher rate. In addition, they completed and posted a form to apply for a council tax reduction.

They discussed a walking stick and, although Mrs E didn't feel it was needed at present, she knows that she can access it should she feels she needs it in the future. Mrs E now receives a regular carers newsletter and information about a Carers' book club. The couple were also linked up with the Alzheimer's Society for additional support.

August 2021

Case Study 6

Mr F is a gentleman in his early fifties who was referred into the Health and Welfare Telephone Support Service, by an occupational therapist working from the ICC hub, to see if we could help as he was struggling with his mental health.

The Third Sector Referral Coordinator contacted Mr F to introduce the Health and Welfare Telephone Support service. Mr F was struggling with low mood. He had a history of anxiety and depression which was being greatly exacerbated by the restrictions imposed by the Covid-19 pandemic. He was in a cycle where this decline in his mental health resulted in him developing a fear of going out of the house, which further increased his feelings of isolation and anxiety. He had no family or friends in the area so had little or no interaction with others. Due to feeling unable to leave the house, Mr F was struggling to manage to get food shopping and other essential supplies.

The Third Sector Referral Coordinator suggested that he may benefit from having someone to talk to at what was clearly a difficult time. Although initially unsure, Mr F agreed to a referral to People First after he was reassured that it would only be an introductory chat with a member of the team to see if he thought it might help. He went on to have five further calls and reported that he found the calls very helpful, and that he enjoyed speaking to the Health and Welfare Telephone supporter who provided him with emotional and practical support.

Mr F was put in touch with the local Affordable Food Hub to help with the practical issue of getting food and essential supplies. He was helped to access helpline numbers and services for when he feels he needs more support with his low mood and anxiety. Mr F was also referred to a counselling service provided by People First to start a block of free sessions.

Although Mr F remains quite isolated, he has started to leave his home to attend appointments for the first time in several months.

January 2021

5. Conclusions and Recommendations

5.1 Conclusions

In summary:

- The data collected through the surveys and case studies show that the Third Sector Referral Coordinator Team utilise a person-centred approach to provide a holistic assessment of patient needs and refer patients to the most appropriate support services within their local area. This is apparent in evidence from the Team, the ICC staff liaising with them, and the case studies provided.
- The Third Sector Referral Coordinators clearly have an extensive knowledge of the third sector services and have developed strong partnerships with a range of organisations across North Cumbria. It is evident that the Third Sector Referral Coordinator Team are now supporting clinical and care staff across the eight ICCs in North Cumbria.
- Having an honorary NHS contract has enhanced the Team's ability to work collaboratively with health colleagues by updating patient records in real time and ensuring that information governance protocols are adhered to.
- The findings show that the Third Sector Referral Coordinator Team, and the Health and Welfare Telephone Support Service, are highly valued by ICC clinical and care staff. Key benefits for ICC staff include:
 - a single point of access for patient referrals;
 - a reduction in the time spent making patient referrals; and
 - confidence in the knowledge that their patients will continue to be cared for by those with expertise of the third sector.
- The findings highlight the following key benefits for the patients who are referred to the Third Sector Referral Coordinator Team:
 - a holistic assessment of individual needs;
 - access to a wide range of appropriate support and information;
 - the opportunity to build networks within their local community; and
 - improvements to their quality of life through receiving appropriate support.
- The Health and Welfare Telephone Support Service was developed as a response to the Covid-19 pandemic to safeguard patients when being discharged from hospital, or when it was felt that they might benefit from support from third sector organisations. Despite the challenges of remote working throughout the pandemic, this service has successfully

supported patients across North Cumbria. Referral data indicates that the service has been used consistently throughout the time it has been operating, and across a range of public and third sector organisations.

- The evidence collected not only suggests that the project been a success for all those involved, but also provides a clear sense of what else might be achieved with further funding. For example, long-term funding would enable the Third Sector Referral Coordinator Team to grow and expand the scope of their work across the ICCs, and to embed their service in a wider range of patient pathways.

5.2 Recommendations

This evaluation has found that the ICC Third Sector Referral Coordinator Team and its work, including the Health and Welfare Telephone Support Service, offer a number of tangible benefits to patients and partner organisations.

- There is a clear case for the expansion of the service. Given the relatively constant numbers of referrals passing through the Team and Telephone Support Service, enlarging the number of staff would potentially increase the reach of its work.
- The research has shown that ICC clinical and care staff perceive clear time savings due to the work of the Team. It is suggested that a cost-benefit analysis will support these qualitative findings.
- A key to success has been the relationships established between the Team and the ICCs, both in terms of making initial connections, and sustaining practice through face-to-face contact. While some of this will be limited by pandemic restrictions, it is something to consider if the Team and/or Service is enlarged in terms of how these relationships will be maintained and developed.
- The honorary contract arrangement is a strong model for ensuring patient records are kept up to date, and saving the patient the burden of re-telling their cases to each organisation. It is recommended that this is continued. It is also recommended that the Team look at ways in which outcomes can be fed back to ICCs in a consistent and systematic way.
- The work to date has provided excellent examples of good practice for partnership working between the public and community sectors. This should be shared widely across community organisations and Integrated Care Communities – whether through information on websites or through publication of case studies in organisational practice.