Evaluation of the Third Sector Referral Coordinator Team:

Nurturing Connectivity between the Third Sector and Health Sector

A Health and Society Knowledge Exchange (HASKE) Report

University of CUMBRIA

HASKE

Health & Society Knowledge Exchange

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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 conduct further evaluation of the wider role of the Third Sector Referral Coordinator Team and their work across Cumbria. This project builds on a previous evaluation (HASKE, February 2022), which explored the work of the Third Sector Referral Coordinator Team, including the Health and Welfare Telephone Support Service, and the benefits of the Third Sector Referral Coordinator role and service for patients.

In order to further develop the first evaluation, the aims of this project were to evaluate:

1. The role of the Third Sector Referral Coordinator Team as ambassadors for the third sector, and conduits for information sharing between the third sector and healthcare staff.
2. How the Team's role enhances connectivity between the third and public sectors, and how these relationships are established and maintained.

Methodology:

The evaluation comprised four key stages of data collection:

- Interviews with six members of the Third Sector Referral Coordinator team
- An online survey of third sector organisations
- Interviews with six senior clinicians and clinical leads
- Interviews with two representatives of third sector organisations.

Conclusions and recommendations

- There is a clear need and justification for the work of the TSRC team within wider integrated care systems, which is borne out across the data sources. A beneficial element of the TSRC team's work is in how it provides for the social, emotional, and additional needs of service users or patients that cannot be met by clinicians.

- There is well-established evidence that the service has eased pressure on clinical capacity and enabled quicker referrals from clinical to community settings, demonstrating how services like the TSRC team are necessary for better meeting the holistic needs of patients. However, it is important to note that the TSRC team is more than a logistical benefit to clinical practice. The TSRC take pressure off clinical staff and

provide additional work for the third sector, thereby creating a newfound sense of balance and equilibrium between the sectors.

- Prior to the TSRC service, some third sector organisations reported a distinct lack of connection with the health sector, which the service has now bridged.

- There is a sense in which the TSRC team are "conduits" to support and balance the work of both the health and third sector in an efficient and collaborative manner, rather than residing in one or the other.

- The TSRC team provides a "bigger picture" outlook not only for healthcare professionals but also the for the third sector.

- As conduits of information sharing between the health and third sectors, the TSRC team members are often reliant upon individual representatives of organisations, rather than forming connections with larger teams. It is recommended that work is done to cement these relationships in systematic ways.

- Evidence demonstrates that the current small TSRC team provide a high-quality service within their own working capacity. More staff members will be required to maintain a beneficial singular point of access that can manage a growing workload, with the same level of engagement and visibility as they are currently doing.

- The work of the TSRC team is enabled and dependent upon having an honorary NHS contract, but the time it takes to receive a contract leads to a backlog of referrals and affects the prompt delivery of the TSRC service. The potential for longer contracts and continuity of staff would assist in avoiding backlogs and maintaining the relationships crucial to the service.

- The evaluation found that a large proportion of third sector organisations had not heard of the TSRC team or had not worked with them before, but they showed interest in the service and suggested heightening their outreach and forming new connections within the third sector, including larger and smaller organisations.

Table of Contents

List of Tables

List of Figures

Acronyms

A&E: Accident and Emergency

CHoC: Cumbria Health on Call

CLIC: Cumbria Learning and Improvement Collaborative

CVS: Council for Voluntary Service

ICC: Integrated Care Community

IV: Intravenous therapy

EMIS: EMIS Health (formerly Egton Medical Information Systems) electronic patient records

GDPR: General Data Protection Regulation

HASKE: Health and Society Knowledge Exchange

MDT: Multidisciplinary Team

NCIC: North Cumbria Integrated Care

NWAS: North West Ambulance Service

NHS: National Health Service

TSRC: Third Sector Referral Coordinator

WCMHP: West Cumbria Mental Health Partnership

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 conduct further evaluation of the wider role of the Third Sector Referral Coordinator Team and their work across Cumbria. This project builds on a previous evaluation (HASKE, February 2022), which explored the work of the Third Sector Referral Coordinator Team, including the Health and Welfare Telephone Support Service, and the benefits of the coordinator role and service for patients.

In order to further develop the first evaluation, the aims of this project were to evaluate:

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2. How the Team's role enhances connectivity between the third and public sectors, and how these relationships are established and maintained.

3. In addition, findings to the previous questions would contribute to broader work conducted by Cumbria CVS on how the work of the Third Sector Referral Coordinator Team supports national aims for integrated care in health and care services.

1.2 Context

The Third Sector Referral Coordinator [TSRC] team was established in June 2019 on an initial 12-month 'prototype service' funded by NHS England. The initial aim was to introduce two Third Sector Referral Coordinators, each assigned to a different ICC, and task them with becoming familiar with the third sector offers in the assigned areas and informing clinicians of these services. The objective was to increase the number of referrals from clinical settings into third sector organisations and community services, via the coordinator team, prioritising those individuals in the health and care system who require additional support beyond clinical interventions. During COVID-19, an additional telephone support service was also developed as part of the TSRC remit.

Since the time of its formation, the TSRC team has expanded. At the time of this evaluation, the Third Sector Referral Coordinator Team included:

- 1x Senior Third Sector Referral Coordinator to oversee the day-to-day management and development of the Team;
- 2x Third Sector Referral Coordinators for physical health (x1 Carlisle and Eden, x1 Allerdale and Copeland);
- 1x Third Sector Referral Coordinator for mental health and wellbeing;

- 1x data management admin officer;
- 1x Health Partnerships Manager.

Employed by Cumbria CVS, the Third Sector Referral Coordinators are assigned to different specialisms and/or geographical regions within North Cumbria. Coordinators have honorary contracts with the North Cumbria Integrated Care (NCIC) NHS Trust. This contract enables them to have direct access to digital health records and therefore overcome prior challenges with confidentiality between the health and third sectors.

In 2022, the CVS Health Partnerships Manager and Third Sector Referral Coordinator team won a Cumbria Learning and Improvement Collaborative [CLIC] award for 'system recognition' within the local health and social care system.

2. Methodology

2.1 Original Methodology

The evaluation of the Cumbria CVS TSRC team comprised four key stages of data collection and an additional supplementary literature review conducted by Cumbria CVS:

2.1.1 Interviews with Cumbria CVS Third Sector Referral Coordinators

In-depth interviews were conducted with the six TSRC team members. The purposes of the interviews were to explore the team's role in promoting the third sector and liaising with clinical staff in the public sector, and to gain an understanding of how each team member establishes connectivity between the sectors. The interviews were conducted via Microsoft Teams and lasted between 30 and 60 minutes.

2.1.2 Third Sector Online Survey

A short online survey was administered to third sector organisations across Cumbria in order to explore their awareness of the work of the TSRC team and connectivity within the local area. The research team worked closely with Cumbria CVS to ensure that the survey link was widely disseminated across Cumbria, using appropriate networks, social media channels, and directly contacting third sector organisations based on the contact information from the TSRC third sector database. Further contact details of individuals from different key partner organisations were also sought during the project, to ensure greater outreach to the relevant individual people based in different larger organisations.

2.1.3 Interviews with Representatives of Third Sector Organisations

In-depth interviews were conducted with two Third Sector Organisation Representatives. The contact details for the local organisations shared by Cumbria CVS for the third sector survey were also used for the interviews. These interviews aimed to understand the third sector's perspective about how the TSRC establishes and maintains connections with their organisation, along with what works well or could work better. The interviews were conducted using Microsoft Teams and lasted between 20 and 30 minutes.

2.1.4 Interviews with Senior Clinicians and Clinical Leads

Semi-structured interviews were conducted with six Senior Clinical Leads (e.g., band 7/8 team leads). As with third sector organisations, Cumbria CVS shared the contact details of appropriate Senior Clinical Leads based on their clinical database of contact information. These interviews aimed to gain insight into how the work of the TSRC team impacts on the clinical teams. The interviews were conducted using Microsoft Teams or telephone and lasted between 15 and 30 minutes.

2.1.5 Literature Review on National Integrated Care Communities

Alongside the work outlined above, the CVS team developed their own independent literature review, based on some elements of integrated care and social prescribing within the UK NHS. In support of this, the HASKE team provided guidance on conducting and constructing the review, but with the work undertaken by the CVS team.

2.2 Recruitment and Participation for the Evaluation

2.2.1 Recruitment Strategies and Outcomes

To further understand the connectivity that the TSRC team garners between the health and third sectors, it was necessary to recruit participants from each of these three sub-groups: - the TSRC team; healthcare professional and clinicians; and third sector organisations. A quota sampling strategy was agreed with the commissioner, Cumbria CVS, consisting of an ideal case of six interviews per sub-group. Additionally, the survey launched for the third sector was released publicly and open to any representatives of third sector organisations within North Cumbria (or county-wide, where charities have a wider geographical reach).

Recruitment was conducted from within the current contact lists and databases maintained by the TSRC team. Using a convenience sampling style, potential participants were contacted by HASKE via email invitation, where the research project, evaluation objectives, and data uses were clearly explained. An added incentive was used to encourage participation of clinicians – due to challenges met in a previous evaluation conducted by HASKE in 2021-22 for the TSRC team – consisting of selecting two participants at random to win a cash donation for a Cumbrian-based charity of their choice.

Table 1: Sub-group recruitment

<table>
<tr><th>TSRC - Interviews</th><th>Clinicians – Interviews</th><th colspan="2">Third Sector Organisations</th></tr>
<tr><td rowspan="2">• 6 interviewees contacted and recruited
• 6/6 interviews completed</td><td rowspan="2">• 21 interviewees contacted (with follow-up emails)
• 6/6 interviewees recruited
• 6/6 interviews completed</td><td>Survey</td><td>Interviews</td></tr>
<tr><td>• 43 responses from 252 possible individuals and/or organisations contacted
• Response rate 17%</td><td>• 25 interviewees contacted (with follow-up emails)
• 2/6 interviewees recruited
• 2/6 interviews completed</td></tr>
</table>

2.2.2. Participant Characteristics

TSRC Team Members

Recruitment from the TSRC team was straightforward to accomplish, given that each member currently working for the TSRC team was recruited for the evaluation, achieving 100% response rate and full representation for the service. Given that the service involves different job roles and titles, beyond that of the 'coordinator', the participants will each be referred to as a 'TSRC Team Member' with a distinguishing number (see Table 2).

Table 2: TSRC Team Participants

Name	Job Title/ Role
TSRC Team Member 1	Health Partnerships Manager
TSRC Team Member 2	Third Sector Referral Coordinator
TSRC Team Member 3	Senior Third Sector Referral Coordinator
TSRC Team Member 4	Third Sector Referral Coordinator
TSRC Team Member 5	Third Sector Referral Coordinator
TSRC Team Member 6	Admin and Data Management

Third Sector Organisations

Altogether, 45 responses were collected from third sector organisations. This includes 43 survey responses and two interviews. One organisation was involved in a survey response and an interview (referred to as Third Sector Interviewee 1), whilst another organisation was involved in only an interview (referred to as Third Sector Interviewee 2). Whilst this sample comprises various different organisations – large and small – with varied areas of specialism, the survey response rate was only 17% and interview response rate was 8% (calculated according to number of potential participants contacted versus number of potential participants who responded to the invitation). Therefore, the third sector organisation contributions comprise a small sample and are only suggestive in terms of feedback. Due to the nature of some of the smaller-led organisations, we have protected the identities of participants by not disclosing which organisations took part, unless where necessary to exemplify the building of existing connections and contracts. However, it can be confirmed that a variety of larger, smaller, and TSRC-partner organisations have been included in the survey data.

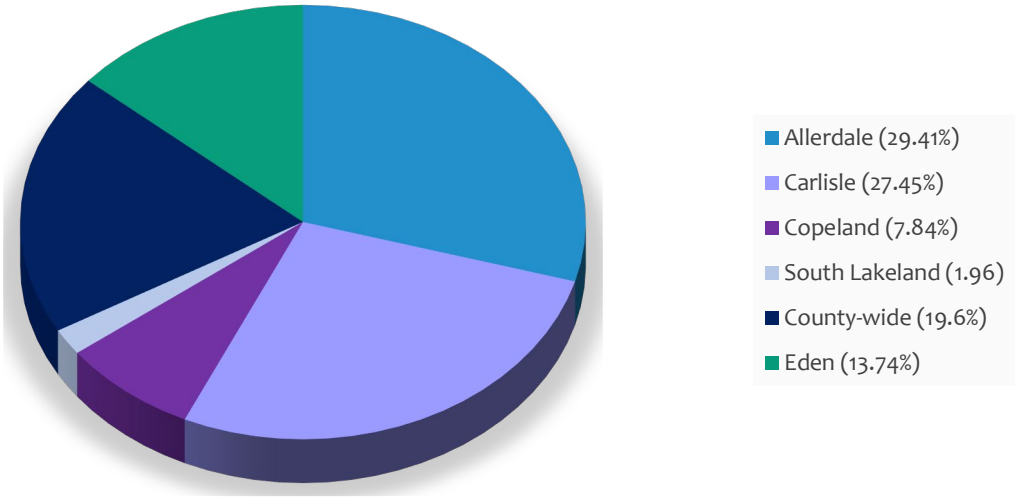

Figure 1: Geographical Distribution of Third Sector Organisation Representatives across Cumbria's Districts

Clinicians

A list of 207 clinicians from the TSRC team database was shared with the HASKE Research Team. 21 members of the list were highlighted as Senior Clinicians, Clinical Leads, or working closely/regularly with the TSRC team, and were subsequently selected as the ideal targeted participants for the evaluation. The full list of clinicians covered the North Cumbria ICC network (see Appendix 1) and the list specifically covered 8 regions of Cumbria, two of which did not have a designated 'lead' or 'senior' member of staff connected to the TSRC service. Therefore, the ideal sampling scenario would have been receiving six volunteer senior or lead clinicians, with different clinical backgrounds, to act as representatives for each geographic region of Cumbria. However, the rate of response did not allow for this and the following participants volunteered to participate:

Table 3: Clinician Participants

Name	Job Title	Region/ Area
Clinician 1	Lead Oxygen Nurse	Keswick & Solway (Wigton)
Clinician 2	Senior Community Nurse	Cockermouth & Maryport
Clinician 3	Consultant Clinical Neuropsychologist	North Cumbria
Clinician 4	Clinical Psychologist	North Cumbria
Clinician 5	ICC Operational Lead	Cockermouth & Maryport
Clinician 6	Clinical ICC Operational Lead	North Cumbria

2.3 Data Analysis

The data collection and data analysis ran as an iterative process, with both overlapping due to the timeframe and initial slow response rate of clinicians and third sector organisations. All interviews were transcribed by a professional transcriber with University of Cumbria approval. These interview transcripts, combined with the open question responses from

the survey data, were analysed using a thematic approach, whereby quotes were selected and coded document by document. Near the end of the coding stage, the most common or prominent quotes/codes were identified, and themes emerged from these, as displayed in the below table. These codes and themes form the basis of the following findings section and illustrate the most important issues or experiences specific to, or shared by, the TSRC team, Third Sector Organisations, and Clinicians.

Table 4: Common Codes and Overarching themes in Order of Frequency from Interview and Survey Data

25 Most Common Codes	10 Overarching Themes
1. Understanding/awareness of the third sector	1. Building, Connecting, Maintaining Relationships
2. Connectivity	2. Geographical Factors
3. Time and resources	3. Individuals versus Organisations
4. TSRC team duties/responsibilities	4. Knowledge Acquisition and Transfer
5. Referral process	5. Methods of Communication and Connection
6. Benefits and positive feedback	6. NHS and Public Sector Services
7. Knowledge acquisition and transfer	7. Responsibilities of the TSRC Team
8. Understanding the patients	8. Third Sector Networking
9. Job role responsibilities	9. Third, Public and Statutory Relations
10. Understanding the health and care system	10. TSRC Benefits and Challenges
11. Building versus maintaining relationships	
12. Challenges	
13. Workload and capacity	
14. Collaboration and teamwork	
15. Keeping up-to-date	
16. TSRC team awareness	
17. Future of the TSRC team	
18. Providing support	
19. Third versus health sectors	
20. Service expansion	
21. Within and across system communication	
22. Personalised/person-centred care	
23. Clinical versus social issues	
24. Importance of communication	
25. NHS	

3. Findings

The findings of this evaluation have been written according to the most prominent codes and themes that emerged from the data, to better understand their positionings and experiences in the overall relationships formed and connectivity pursued. Given their different job responsibilities, experiences and subsequent perspectives of third sector referrals, it was deemed pragmatic, at times, to consider each sub-group in isolation; in doing so, the effectiveness of the TSRC team's connectivity and knowledge transfer could be better contextualised according to the different sectors involved. However, as indicated in Section 2.3, there was much overlap in other themes of the data which benefited from a more collective approach to reporting.

3.1 Reaching Out and Connecting Across the Sectors

To achieve a more in-depth understanding of how the TSRC team fosters connectivity between health and third sectors, it is important to first understand the work responsibilities, priorities and needs of different sectors/organisations/teams, and how these are understood and enhanced through the outreach, support, and relations garnered by the TSRC team.

3.1.1 Third Sector Referral Coordinator [TSRC] Team

Prior to the development of the TSRC team, clinicians often attempted to meet the additional support needs of their clients and patients, whilst having a restricted capacity to do so. Given there were no straightforward, systematic connections between the health sector and third sector, this was a time-consuming and unsustainable model of care that ranged outside of a clinician's key responsibilities and used up their clinical hours. TSRC Team Member 1 provided an example, from experience, of how this process may have evolved prior to TSRC:

> *"Because consent is always built around a specific third sector organisation, that would mean the district nurse would have an initial conversation with the patient, understand their need for support, go away, do some research, go back to the patient, have a discussion about the different organisations that could help, get their consent for one specific organisation, then make the referral to the third sector organisation. Along the way, it would always get lost, so the patient never or very rarely ultimately got referred."* (TSRC Team Member 1)

The evolution of the TSRC team therefore broadly aims to resolve these time, resource and cross-sector disconnection issues:

> *"…we're not clinicians… but there are things that we can do that would potentially free up capacity in other areas. That would then enable them to concentrate on other things."* (TSRC Team Member 3)

In HASKE'S 2022 evaluation report for the TSRC team, it was explained that the TSRC team have three prevailing priorities: a) to build networks with third sector organisations; b) to support the work of ICCs in the broad area of North Cumbria; and c) to provide support and services to meet patient and client needs. Some of the team members shared further about what these key responsibilities mean to them:

> *"I have a responsibility for working with the third sector in North Cumbria to support them to better understand our health and care system and to get much more involved and integrated in how it all works and supports patients."* (TSRC Team Member 1)

> *"There are two elements to my role. The first is to raise awareness of the third sector within the health teams so that they have more understanding about what the third sector is, what they can do and what is appropriate for them to refer into. Why they are there and what they do... the second part of the role is to work with patients…"* (TSRC Team Member 2)

Furthermore, the existing team shared their perspectives on why the work they do is important for other sectors:

> *"I was speaking to somebody who works in palliative care the other day, who previously had been a ward sister and had said, I feel really guilty that all those years ago I knew nothing about the third sector and I've let my patients down, not providing them with that knowledge and support so that when they went out into the community, they [could have] had better support and care."* (TSRC Team Member 1)

When asking the team about their daily responsibilities, members considered their work with a consistent integrated and person-centred approach. Whilst the majority of discussions were centred around how the TSRC team connect with the third and health

sectors, team members could not discuss their job role without thinking about the patient needs at the forefront of their work:

> *"It gives them the support that they may not necessarily get from statutory or health. Especially on discharge. As long as the basics are covered then they can be discharged but there could be other things there that the person may need support with, that by law… they don't have to provide… it's just giving that person that extra support."* (TSRC Team Member 6)

The essence of the team's role between the different sectors was explained by one of the team members who described their work as being more involved with *"the bigger picture":*

> *"Because the whole system here in North Cumbria works from a place of population health, and the wider determinants of health, there is a really strong sense of, 'this person doesn't just have diabetes, and has just had a below the knee amputation'. It's about 'how does this person manage in their home environment'? 'What are their finances like?' 'Who is going to be supporting and caring for them when they get home?' 'Are they going to be lonely and isolated because it's going to take them a while to feel confident and comfortable in getting out with their new mobility issues?'"* (TSRC Team Member 1)

The roles of the team are considered unique compared to other existing roles relating to integrated care in health and third sector circles, such as social prescribers and link workers. The TSRC team provided insight into how to differentiate the objectives of their service:

> *"A link worker is a generic term for anybody who links anything with anybody. The roles are very different to us. I don't think it's that obvious to other people, or the other health teams ... They don't see the differences that we do. The social prescribers work face to face with people. They will support them a bit more to access the support. We are very much about signposting what is available, we'll refer you there… We always leave a number so if there are any questions, they can get back to us, but we don't carry a caseload or anything like that. It's a lot more simplistic compared to the other ones, who might be more hands-on, which is why we refer in and out to each other. I will refer to a social prescriber, and a social prescriber will refer into us. It's not unusual for us to work side by side with somebody."* (TSRC Member 2)

There is therefore a clear need and justification for the work that the TSRC team do within the wider integrated care systems. The TSRC team are currently experiencing high demand and each of its members have busy workloads, but the individual members reflected on the teamwork that they provide not just to other organisations, but as a team intrinsically:

> *"We are a small but very supportive team. If somebody can help somebody else out, they will. There are offers of support often, even though you know that nobody is really in a position anymore to really support, because they are equally busy. The offer is there, so we can give somebody a ring and ask for help if we need it, which is good…"* (TSRC Team Member 4)

Since the first evaluation of the TSRC service, TSRC Member 1 provided updates on how the team has developed in the past 12 months and what they aim to do going forward with regards to being effective ambassadors for the local third sector:

> *"We've now got some additional team members and the aim will be that they have a fairly big set of contact details, and that they will regularly connect with those organisations to say what's new, who is new, which services are coming, which ones are going, are they still operating in the same geographic area, what are the waiting lists like…"* (TSRC Team Member 1)

Collectively, by accomplishing networks with third sector organisations and supporting the work of clinicians in local ICCs, the TSRC team can subsequently meet their aim to provide the right support to patients and service users who are referred to them.

3.1.2 Healthcare Professionals and Clinicians

<u>Job Responsibilities, Priorities and Gaps</u>

The participating clinicians within this evaluation each came from a different clinical background, with representatives from respiratory nursing, intravenous (IV) medicine, neuropsychology, occupational therapy, physiotherapy and ICC management. Given their different specialisms, the needs of their patients tended to vary, but each of them recognised that they could not effectively meet the emotional, psychological and social needs of patients alongside their primary delivery of clinical care. Clinicians spoke at length about the daily pressure they face, the systemic issues within the NHS which limit the additional support they can provide to their patients, and the disparities in providing

clinical and social support to their patients, feeling that they are unable to provide both effectively:

> *"Particularly socially, a lot of our patients are isolated. Linking up with social groups or befriending services or anything that's out there that enriches their lives… It's not just the basics. That covers that extra element of health and wellbeing that our clinical teams are really stretched to deliver… without [the TSRC team] we wouldn't have the capacity to signpost our patients on to these services. So, the patients would become more dependent on our clinicians again. Which is something that we need to move away from because there just isn't enough capacity to do that."* (Clinician 5)

These duties experienced by members of the health sector were also raised by the TSRC team members:

> *"Because of the remit of their clinical role, there will be things that are open to them but other things that they may not be able to access, to support their patients."* (TSRC Team Member 5)

Some of the clinical teams shared their passion and priority for gaining a holistic and person-centred understanding of each patient. One clinician described how they gain a holistic overview of their patients as part of their standardised daily assessments, but there is only so much time, capacity, and accessibility the clinical staff have to providing additional support to the areas of need identified from these assessments:

> *"Our holistic assessment… it only sees a snippet of a patient's home life and needs. Again, they can be from vast areas of our county. If we can identify that one little jigsaw piece where we can't provide the care, we don't know if there's something out there that could help with that support, help provide something that we feel that they would benefit from. If we refer into the team, it is either a case of if there is a service there then it can be picked up. The service can go in and perhaps then there are other things that they could help with. That could be the start of an even bigger picture."* (Clinician 2)

According to Clinician 2, they have made their own attempt within the field of nursing to capture a holistic overview of the patient using a standardised holistic assessment tool, but it does not cover all areas and needs that the TSRC team is able to achieve. The clinicians feel a duty of care towards acknowledging and recording areas of outstanding

need or support for their patients, even if they cannot provide for those specific needs. Therefore, whilst their job role includes a responsibility to identify the initial needs, the position of the TSRC team is to then take the enquiry forward and find ways of meeting those identified support needs.

Regardless of specialism, clinicians commonly revealed the impact of having regular patients and gradually learning things about their personal lives:

> *"…it's not a patient just coming in for a central line flushed and some bloods done for a pre-chemo that day. We get to know that little bit about them, their background and their support systems at home. Then we understand that patient in their entirety…"* (Clinician 2)

Subsequently, clinicians were strongly supportive of having a service that provides support beyond their resources. For patients who need to be discharged and return to their homes and communities, it can be difficult if clinicians cannot meet all of their needs:

> *"As well as stroke related factors, we know that going back to an empty house, knowing that they are not going to be able to [do some things] – physical disabilities mean that they can't get out and do things as easily. So, knowing we've got that safety net Third Sector Team, it then allows us to go ahead and do what we need to do in terms of making discharges."* (Clinician 4)

Knowing that the TSRC team is there provides support and security to the patients and clinicians alike. Once clinicians have treated their patients to a satisfactory level and have enabled them to be discharged from hospital, the TSRC team makes this process easier, providing reassurance to clinicians that their patients will continue to be supported:

> *"Our Discharge to Assess pathway that we are involved with for people being discharged from the two acute hospitals, it's just one of four referral pathways known as the reablement pathway. It's only for pathway one patients, generally. We've got pathway zero, pathway one, pathway two and pathway three. Now, there's actually no reason really why any of those pathways, why any of those individuals wouldn't benefit from some impact from our team, but generally speaking we are focusing more on pathway zero and pathway one."* (TSRC Team Member 3)

Although the team can envisage their service suiting the requirements of all types of discharges, they are currently focusing on the patients with lower support needs, who may sometimes face being overlooked by the health system. Yet, they are keen to expand their reach in healthcare as they continue to grow as a team.

Overall, the key priorities of clinicians are to meet the clinical needs of their patients whilst also identifying further needs that can be supported by those in non-clinical settings, namely the TSRC team and Third Sector.

Initial Networking, Awareness, and Forming Relationships with the Health Sector

The clinicians that participated in this evaluation were from different locations and specialisms, and therefore learned of the TSRC service through diverse sources. However, two of the clinicians recalled becoming aware of the TSRC team through one particular coordinator in a specific area of Cumbria:

> *"We would have regular meetings… with TSRC Team Member 3. They used to be based here in Maryport… [they'd] come here a couple of times a week. We got to know [the team] because of that…"* (Clinician 2)

> *"Prior to this role – I've been in the role a couple of years now – I was Senior Physio with the team at Maryport. I guess that's where I first came into contact with… we had TSRC Team Member 3 as our Third Sector Representative, back in 2019. I've linked in from my clinical role and made referrals in that way but also now from a more operational point of view."* (Clinician 5)

Clinician 5 demonstrated a closer relationship with the TSRC team than other interviewed clinicians, provided that they were involved in the interview process for one of the coordinators in the TSRC team and therefore knew more of the members by name. For most other clinicians, they normally referred to a particular named Third Sector Referral Coordinator as their main source of contact or singular access point to the referral service, therefore knowing the team through one person.

For some who could not recall speaking with particular individuals of the TSRC team, they believed that their initial contact began due, at least in part, to the Health and Wellbeing Telephone Support Service (discussed in the previous HASKE 2022 evaluation), which began in response to the social isolation implications of the COVID-19 pandemic:

> *"When that Health and Wellbeing Telephone Service first came to fruition, they must have made contact with us, I think, and came and did a training session for us. We started using that, and then more recently they have been and done another session for our team and then for the support group as well, that we've set up for a specific patient group. That's when we learned that the service had evolved to a bit more than just the Telephone Support. We always knew that part of that Telephone Support was signposting out to other agencies as well…"* (Clinician 1).

Other clinicians learned of the team through their internal communications:

> *"I think it was probably on our Trust News communication. I think I probably also had a colleague that had made use of the service."* (Clinician 4)

The vast majority of initial and ongoing connections in health and social care are built from the TSRC team gaining membership to particular integrated care community groups run by the NHS:

> *"I personally try to go to things like the social prescribing forum, to sit in on a forum with the social prescribers from the NHS. I go to CLIC events, which are the training events run by the NHS. I've done a lot of NHS training sessions in person because that gives you a good chance to network and have a presence there."* (TSRC Team Member 6)

> *"We do have a meeting where all of the referral coordinator type roles - any of those patient linking roles like the social prescribers and link workers - meet up once a month. It started during Covid, mainly, when things started to open up, just to share information. It has expanded a little bit from there, it's still fairly organic; a get together and an informal chat."* (TSRC Team Member 2)

The work of the TSRC team is not at competition with other roles related to integrated care (such as link workers or social prescribers) but rather their team works collaboratively with others, to meet a common goal of improving the access of patients to additional non-clinical support. These memberships have played important roles in getting recognised within the health sector.

Clinicians were also able to explain the importance of attending MDT meetings for providing an accessible platform that different sectors can attend together. In some ICCs that work closely with the TSRC team, staff were invited to smaller, regular and more personable MDT meetings:

> *"When staffing allows, the third sector rep would link in with our daily huddles. They are at our meetings first thing in the morning, 9am. That's made up of therapists and nurses and our coordination hub staff. They discuss patients that are in the acute hospital setting that we are trying to support to come out. We also discuss patients that we have prevented from going into hospital – admission avoidance visits. Also our palliative patients, our end-of-life patients on our caseload, we just have a quick check-in about those things. The third sector rep involvement in that is whether there's anything else they can support with. That sort of link has been really good."* (Clinician 5)

Some of the TSRC team are not only involved in attending existing MDT meetings, but also in developing new groups, where a need has been identified with clinicians:

> *"I was involved with one of the coordinators from Cumbria CVS, in setting up a complex MDT meeting for Carlisle and district. It is in its infancy, but we have had discussions, and shadowing of other ICCs that have these up and running, so we are working on that."* (Clinician 6)

This has an important role in maintaining and growing the connectivity between the TSRC team and particular ICC networks. Developing and attending such meetings is not only useful for gaining initial contacts and producing awareness of one's own team, but also for maintaining rapport and connectivity with the health professionals:

> *"We're just trying to keep on top of what their needs are at that time. As opposed to maybe a longer-term care package where they've gone through health, they've gone through the re-ablement work, we've got them as good as we can get them. Now, at the end of that, what do they actually need? By that point, they need to have hit the Third Sector Referral Coordinator's radar, they need to have gone to the third sector before they get to that end point, really. That meeting ensures that they are hitting that. So yes, we are linking really regularly."* (Clinician 5)

The initial contact and awareness that the TSRC team have built within health settings has been effective and positively received by clinicians. Furthermore, the clinicians discussed candidly about how the TSRC team has benefited their workload and working practices, which has created a better-balanced system and eased pressure (See section 3.3.4 below). Feeling and observing these benefits was viewed as ongoing motivation to continue referring to the TSRC team by clinicians. Furthermore, their maintained rapport has also been benefited by other communications besides referrals:

> *"We have also made use of the team for advice, as well, where there are particular issues around care. Where they wouldn't be able to get involved in, as such, but just given they have got local expertise. For instance, we have got people that need more social services out in areas like Keswick and Eden, where there is really patchy coverage for traditional care agencies. So, we've just got advice from the team about maybe more innovative solutions to think about."* (Clinician 4)

Due to the TSRC team's in-depth knowledge of the third sector, clinicians are turning to the team for additional support. The TSRC team has been credited for being able to offer new and innovative solutions to care-related problems that may be outside of the scope of those who are not up-to-date with the third sector. This demonstrates that the connectivity of the TRSC team with the health sector is reliant on their connectivity with the third sector, and vice versa.

Much of the discussion about the work of the TSRC team centred on their understanding of the third sector. However, participants in this evaluation also commented on the understanding of the team for the health and social care system, and their dedication to contributing to activities in the health sector to grow and maintain their connectivity:

> *"We definitely do learn from them. The last session, I asked them to come, we set up a support group for Pulmonary Fibrosis patients who are some of our sickest patients. They came along and supported that with – I think it was somebody from the carer support organisation… Two of them did presentations on our first session together. They made us aware of the different types. They were talking to our patients, really, about the different kinds of services that were available…"* (Clinician 1)

Through these types of health sector engagement activities, coordinators have contributed to the expansion of their services, increasing the types of healthcare professionals who are able to refer into it:

> *"Over the years, we've found that our breadth of referral sources has expanded massively. We've got a number of different pathways that we've agreed with various health teams."* (TSRC Team Member 3)

For members of the TSRC team discussing the future of their team, they still feel that they can strengthen their rapport and connections within the health sector, reaching out further to new clinicians and broadening their awareness:

> *"I would like to develop better relationship with the health teams. My aspiration is that every single person who works in health knows who we are. That's what I aspire to, that our name is synonymous with that, so immediately we spring to mind."* (TSRC Team Member 2)

However, TSRC Team Member 1 reflected on the reality of trying to initiate and maintain connectivity with a health service that is understaffed and at maximum capacity:

> *"One thing that is problematic, that is capacity. We have an NHS system at the moment that is absolutely on its knees. It's firefighting all the time. So, staff have no capacity to network. Trying to provide opportunities for building knowledge and relationships is really, really hard."* (TSRC Team Member 1)

Despite the TSRC team facing obstacles such as NHS systemic issues and workload circumstances which could have an adverse effect on clinician engagement, the TSRC team have been able to successfully sustain rapport with sub-groups of clinicians across North Cumbria, while continuing to network in health circles with passion and persistence.

3.1.3 Third Sector Organisations and Representatives

<u>Job Responsibilities, Priorities and Gaps</u>

The vast array of third sector organisations based in Cumbria is indicative of the needs of people in the community, spanning from carer support, day-to-day cancer care, befriending services, to creative outlets, mental health support networks and additional supplementary services like bathing and dog walking.

Third sector interviewees provided detailed information about their day-to-day operations at their organisations:

> *"Our aim is to support unpaid carers in the community who are quite often forgotten about. We range from young carers, children who are five years old, to adults in their nineties. The support we offer is practical, such as helping apply for benefits, such as attendance allowance, blue badges, some of the forms which a lot of people find quite difficult. We also offer a lot of emotional support. A lot of carers really like that. They know they've got someone they can ring. We go round to see them if they need support, as well. Just that person to turn to when they have questions. We offer different social events and hubs to try and reduce the isolation that carers can experience. We run trips that we put on with free buses. We do that twice a year. It's very varied, and there is a big age range that we cover. We just want to make sure that carers in the community and family members feel like they've got support, and someone to turn to when they need it."* (Third Sector Interviewee 2)

> *"The project I'm involved with is developing a cancer service in North Cumbria. I coordinate that project. My work with that involves working with a team of volunteers. We all do our best to support people who are living with a cancer diagnosis. Whether that be the people themselves or their carers and family members."* (Third Sector Interviewee 1)

The third sector organisations involved in the evaluation also illustrated how they collaborate with other third sector organisations who have similar aims and objectives to their own organisation:

> *"We do try to work alongside – well, MacMillan is a big one that we work with. Looking more at the bigger national charities. Look Good Feel Better is another big national charity. Cancer Research UK. Then the smaller local charities such as the hospices, carers organisations, Age UK and all sorts of little community groups and anything in between."* (Third Sector Interviewee 1)

Third Sector Interviewee 1 indicated the cooperative working ethos of the third sector and the complex multifaceted networks that exist within and across sectors. Even with the existence of this, however, they signalled towards gaps in the third sector for niche services that are increasing in demand:

> *"One of the areas that is really poorly served for people with cancer is children. We have no services for children. I think that everybody is acutely aware of that, and we are looking for creative ways to find appropriate services for younger people. They are really great at saying oh, that might be worth a try, give that service a go, they might be able to help you. Because of their breadth of knowledge, they are outside the box a little bit about what might work."* (Third Sector Interviewee 1)

The ever-growing knowledge and "bigger picture" outlook of the TSRC team for the third sector not only benefits the healthcare professionals requiring additional support, but can also lead the direction of third sector developments. This shows an added benefit of the TSRC team for identifying gaps in the third sector and suggesting possible ways to resolve these.

<u>Initial Networking, Awareness, and Connectivity with the Third Sector: Interviews</u>

Representatives of third sector organisations shared the importance of the TSRC team making strong initial contact with them to ensure ongoing rapport and communication between their organisations. Whilst this can often be a challenge given the variety and changeability within the third sector, the TSRC team have developed a large (n >250) up-to-date database of third sector organisations and therefore maintain good awareness of the third sector services offered in their region. The database has multiplied over time, which the TSRC team members owe to "*mapping*" and snowballing techniques enabled by the support of third sector organisations, many of whom provided the space for TSRC engagement and networking from early stages:

> *"Mapping -- when I first started, we were given a helping hand with certain groups like Age UK, for example. We were booked in as part of our induction, we got to meet them. Then it just went from there, really. We started just mapping out services."* (TSRC Team Member 6)

This example demonstrates the importance of third sector organisations 'opening up their doors' to the TSRC team and reciprocating the exchanges from the TSRC service, to build their relationships with a long-term vision. Yet, the awareness and connections built between the TSRC team and the third sector are primarily dependent on two actions from the TSRC team: a) reaching out to individual organisations and b) joining relevant partnerships, forums and local support group networks.

TSRC team members reflected on how they firstly instigated and continue to manage their third sector knowledge base by collaborating with others through specific networking events and meetings:

> *"…the Social Prescribers meeting and the West Cumbria Mental Health Partnership meeting, they are a massive help. Everybody is on the screen, they can see you, you can see them. If I'm not sure who somebody is or if I'm hearing from them for the first time, or it reminds me that I haven't heard from them for a while, I haven't linked in, then I will send an email over after the meeting. So, it's a good visual reminder. It's just keeping that flow going."* (TSRC Team Member 4)

For TSRC Team Member 4, networking events and third sector partnerships in Cumbria have provided a platform for raising awareness of the TSRC service, in addition to keeping in contact with existing and new third sector organisations and community services.

Some of the TSRC team members specifically referred to a useful mental health provider forum, which helped to strengthen awareness and connectivity with the third sector as well as with the health sector roles in the region:

> *"We have a mental health provider forum that takes place every other month. It's a very useful forum for meeting with third sector organisations, and building and strengthening those links there, and finding out about new projects that are up and coming, existing projects too…"* (TSRC Team Member 5)

> *"We have the mental health provider forum, the social prescriber forum. That gives us a chance for the third sector, NHS and statutory services to mix and network. That's another way we find out about services."* (TSRC Team Member 6)

Other events, such as volunteering fairs, were considered a good opportunity for meeting a wide range of third sector organisations:

> *"Volunteering fairs as well, there have been a couple of those that I've gone to. You end up meeting ten or fifteen different third sectors that are looking for volunteers, but you can also link in with them at the same time."* (TSRC Team Member 6)

Beyond these networking events, TSRC team members spoke at length about how they grew their third sector connections through their own research, often conducted online. Initial introductions are predominantly made through their own direct one-to-one contact with staff from third sector organisations, building more personable relationships between the two organisations. In the early days of the team, prior to the pandemic, connectivity and third sector knowledge were built from the ground-up by active physical community engagement:

> *"Team Member 4 and Team Member 3 would actually be out walking the streets, looking in pharmacy windows, community centre windows, looking for posters about hyper-local organisations who don't necessarily connect with the CVS."* (TSRC Team Member 1)

TSRC Team Member 2 explained how they approach making new third sector connections:

> *"…initially it was just a matter of contacting them all, introducing the role, explaining who we are and what we do. And learning from them what they are currently providing and then trying our best to keep in contact with them, to update our information."* (TSRC Team Member 2)

Another coordinator reflected on their proactive approach to growing their third sector database:

> *"That means actively going out and finding even more referral sources, which I don't actually think would be that difficult to do. Although we have grown the referrals into the team massively, particularly in the last 12 to 18 months, we are still only scratching the surface."* (TSRC Team Member 3)

The TSRC team are still *"only scratching the surface"* of what is available out there in Cumbria with regards to the third sector offer, indicating that the third sector is vast and diverse, and the team is in demand to maintain and expand their third sector network.

According to some of the team, having a background within the third sector has been helpful for finding effective ways of reaching out and connecting with organisations. TSRC Team Member 2 discussed their background in the third sector and how this has aided

their understanding of how organisations in the sector develop and run, particularly those who are targeting vulnerable groups or those with specific needs, of which access can be tricky to gain:

> *"I've worked in third sector for a long time. One of the things that all third sector organisations are looking to do is get to the hard-to-reach communities and the hard-to-reach people. They are quite often the ones who ordinarily may not make that direct link and would not pick up the phone and ring the Alzheimer's Society. It's either something they wouldn't think to do or didn't know was there. We're offering that direct referral."* (TSRC Team Member 2)

TSRC Team Member 1 – who has been involved in the TSRC team since its conception – provided insight gained from the outset of the service, having observed the snowballing effect of third sector knowledge and awareness:

> *"…any new starter [requires] a considerable amount of time to get their knowledge of the third sector to a really significantly in-depth area. A lot of it is connecting with individual organisations. Because the third sector is so interconnected and networked, a conversation with one third sector organisation will automatically lead to others, like 'oh, you really must talk to them, or I can get you connected with so and so…"* (TSRC Team Member 1)

Some of the key partner organisations shared how they recall their initial interactions with the TSRC team. For Third Sector Interviewee 2, the team had already begun building connections with their organisation prior to them starting their current role there approximately 12 months ago:

> *"From very early on I was aware of TSRC Team Member 4, mainly this member was making referrals to us. Or if there were any questions or queries, I've spoken to this member a few times and I know they have spoken to a lot of my support workers as well."* (Third Sector Interviewee 2)

For Third Sector Interviewee 1, initial contact was more straightforward because both organisations work in the same building, thereby benefiting from a physical presence:

> *"Well, we are in the same offices… and I keep ringing them up and saying, 'Can you help me find this?' [because] I know they'll come up with something. For*

the people they are referring on, it's useful for them to know about the service that we provide. So, they have actually come along to our events before, so they know exactly what we are providing. You get that other side of the coin, if you like. They have a better insight about what we're doing, which really helps them with their referring as well." (Third Sector Interviewee 1)

The team's strong awareness of the third sector has been observed and praised by those working in the sector, and their dedication to understanding the more in-depth elements of services has not gone unnoticed, which is understood to improve their referral success. In addition to the third sector representatives, Cumbria-based clinicians also commented on the efforts the TSRC team make to maintain an up-to-date knowledge of what the third sector present in local communities:

"In those meetings, they can feed back on new services within the area, new groups that have been set up, how they are linking in with Age UK and various other charities." (Clinician 5)

"It's just their knowledge of what's out there because we haven't got that knowledge and it's changing constantly, isn't it, what's out there and what's available. Especially post-Covid times, what's up and running again. Just to have somebody that is aware of that, and we're not floundering around or spending many hours trying to find out. So, they've got the knowledge, and also those direct routes into them." (Clinician 1)

According to insights gained by the clinicians, the TSRC team have an up-to-date, extensive and widespread knowledge of, and connectivity with, local third sector organisations, which provides a service that cannot be met by people within health sectors alone.

<u>Initial Networking, Awareness, and Connectivity with the Third Sector: Survey Data</u>

Whilst the interview data shows the extensive TSRC outreach to the third sector, the survey data suggests that this awareness is not always mutual, given that less of the third sector organisations have awareness of the TSRC team (see Figure 2).

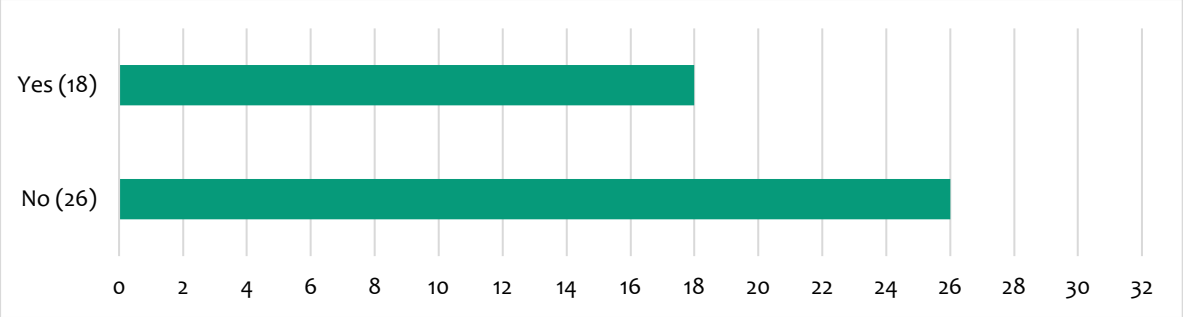

Figure 2: Survey Question 2a. Are you aware of the Third Sector Referral Coordinator Team?

For the 18 third sector participants of this evaluation who were aware of the TSRC team – in both interview and survey data collectively – their first contact or knowledge of the TSRC team came from different sources. This is similar to how clinicians described their first knowledge of the TSRC service. It is, however, important to emphasise that the variation in survey responses is dependent on the individual who represented their organisation, given that individuals may not be representative of their organisation as a whole. For instance, one participant stated that *'I haven't heard of [the TSRC team] before but my role is mainly administration rather than the role of a caseworker who will be more aware of referral agencies.'* Another reflected that *"I am only aware through contact with one of the coordinators. Others I have talked to in my organisation are not aware of the team or what they do."* Particularly where organisations are large, new, or changeable, it can be challenging to maintain strong ties with multiple staff members, if at all. Moreover, the responses to this survey may not always be representative of a full organisation, indicating again the power of individuals within organisations, for knowing or not knowing about the TSRC service. This is similar to how clinicians in the previous section suggested one-to-one relations across different systems or organisations is valuable, as opposed to two organisations being connected widely. This showcases why connections matter at the individual level and how quickly they can be lost if staff leave their positions or if the individuals do not grow or pass on the information to their colleagues. One such example was shared by another third sector organisation: *"They may be better known to other organisations, but we've not had much success in interacting with them, primarily owing to staff changes."*

From the survey data that was gathered, five third sector participants specified that they already had regular contact with Cumbria CVS more broadly (non-TSRC) and therefore were introduced to the TSRC service through their existing CVS connection. For others, their awareness of the TSRC team stemmed from networking events (n = 5) and receipt of emails or online meetings directly from/with the team (n = 3). Further participants stated that they became aware of TSRC through one of their own colleagues in their third sector organisation (n = 2), showing the importance of individuals spreading awareness within their own organisations. Some participants specified that they have existing contracts or work with the TSRC team, demonstrating that their awareness and relationship directly

relates to their day-to-day work (n = 2). Finally, one participant stated that their awareness of the TSRC team grew from their involvement in the West Cumbria Mental Health Partnership, demonstrating that other local partnerships can aid the work of TSRC.

It is also important to recognise that not all participating organisations who are aware of the TSRC team have had the opportunity to work directly with them yet (see Figure 3). Those who responded to the survey and/or interview stated that their work with the TSRC team has either been through receiving patient referrals (n = 6), through a contract for the Health and Welfare Telephone Support Service (n = 2), or some organisations have been involved in both (n = 3). Whilst 31 organisations stated that they had not worked with TSRC yet, a final two organisations selected "other" as an option given that they have had some contact and collaboration with the team, but did not have a contract or referrals yet.

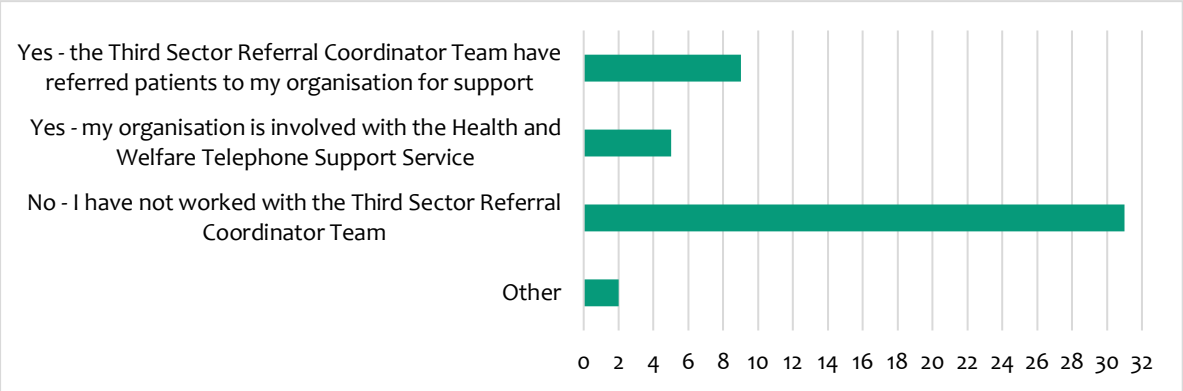

Figure 3: Survey Question 3. Have you worked with the Third Sector Referral Coordinator Team?

A large percentage (72%) of survey respondents felt that the TSRC team is not well known in their area, some of whom stated that they had not heard of the team until being asked to complete the online survey (see Figure 4). This data, however, only reflects a small portion of the potential third sector organisations that the TSRC team have made contact with and referred patients to, yet it points to the difficulties involved in keeping close communications with a wide range of organisations.

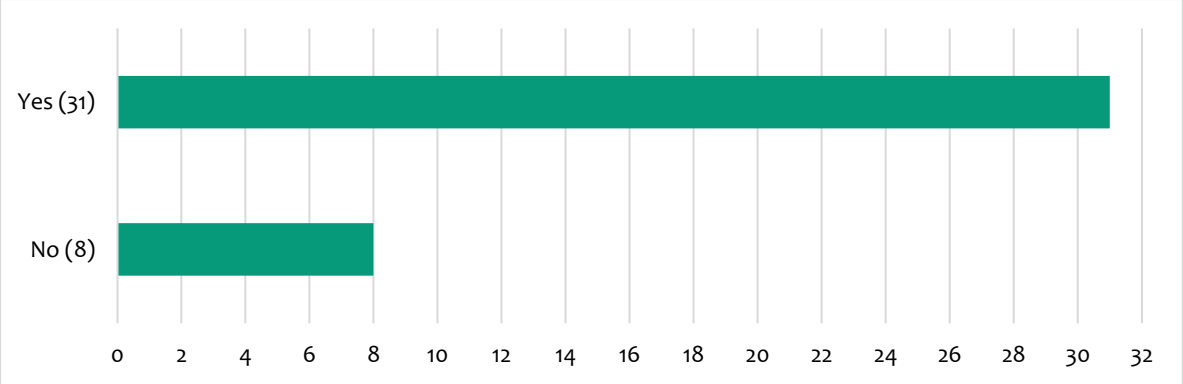

Figure 4: Survey Question 4. Do you feel that the Third Sector Referral Coordinator Team, and their Health and Welfare Telephone Support Service, is well known in your local area?

Furthermore, differences in awareness were found across different Cumbrian districts. Approximately 71% of third sector respondents based in Eden were familiar and aware of the TSRC team, followed by 50% of Copeland, 46% of Allerdale, 36% of Carlisle-based participants and 10% of respondents who have a county-wide reach. One respondent with a base in South Lakeland were not aware of the team, which can be explained by the TSRC's primary focus in North and West Cumbria.

The overall responses can, at times, be difficult to attach to one district, given that some organisations cover more than one district. However, some of the larger organisations with wider Cumbrian reach demonstrated their awareness of the TSRC team and their visibility within their networks. A partner organisation of the TSRC service – who is involved in the Health and Wellbeing Telephone Support Service – shared that *"they are very visible in networking meetings and they make sure people are aware of the service".* Another example is from a participant involved in the *"Cumbria Unpaid Carers partnership and Living with and Beyond Cancer Support",* who shared that *"within both of these areas the [Third Sector] Referral Coordinator team are well known."* Interestingly, this experience contrasts with another response that stated they *"work with the Living with and Beyond Cancer co-ordinator who is based in CVS Carlisle… [and] we are not aware of the wider referral co-ordinator team,"* directly contrasting with the formerly shared experience of someone from within the same network. This highlights the complexity of the third sector and the difficulties of reaching all individuals at all levels of an organisation.

A Carlisle-based organisation who have only become newly aware of the service reflected that *"this is probably our responsibility as much as theirs,"* suggesting the reciprocal nature of building these cross-organisational connections to boost the third sector.

When asked to elaborate on TSRC team awareness, some third sector participants stated that the TSRC team have a strong presence that *"can be evidenced through the volume of referrals for the Telephone Support Service".* Others explained that they *"are in regular contact and they have good local links with other professionals and teams"* in their area.

However, conflicting answers were provided by third sector respondents of the survey, given that those who have awareness of the TSRC team have praised them for their visibility and regular communication, whilst those unaware of the team felt that people in their circles are not aware of them. These discrepancies were foreseen by the TSRC team and TSRC Team Member 1 reflected on the inevitable challenge of engaging with the whole third sector as part of a small coordinator team:

> *"Is it the responsibility of the CVS to get the information out to every single member of staff in every single third sector organisation? We could say it's the responsibility of the Third Sector Referral Coordinators and they should be coordinating with every organisation and every single staff member. But that's not possible. So, I would say there might be grumbles and complaints that not every level of staffing within every single organisation is fully aware of the Third Sector Referral Coordinators and what they do, but we do try to give them a regular platform."* (TSRC Team Member 1)

The TSRC's awareness of their limitations demonstrate their ongoing development and willingness to improve their services, with a clear need for an expansion of their team to enable steady growth of their services to other third sector organisations in North Cumbria.

3.2 The Referral Process: A Triad Perspective

The efficient and accessible referral process developed by the TSRC team has been acclaimed by both third sector organisations and clinicians as a lead strength of the service provided by the TSRC team. To more fully understand how this process delivers new working practices of connectivity between health and third sectors, it is necessary to it break down into three steps: from the source of the referral, through to the Third Sector Referral Coordinators, and finally through to the third sector organisations who complete the process by providing the relevant support.

3.2.1 The Health Sector: Identifying and Making Patient Referrals to the TSRC Team

According to the TSRC team and clinicians, referrals are usually sent using email or, less commonly, by telephone. The preference is for using email, given that referral information will be accessible to the TSRC team using the online EMIS records system from the NHS, as part of their honorary contract (see Section 3.3.3). Furthermore, the referrals can come from different sources within the health sector, which the team are trying to encourage:

> *"It might be district nurses, occupational therapists, physiotherapists, anybody in the community working with a patient. It might be that the patient themselves have identified a need that isn't an NHS need, or it might be that staff are speak with them and understand that actually, there is third sector support out there, so they offer it directly."* (TSRC Team Member 4)

> *"We have pathways with Northwest Ambulance Service, we have pathways with Cumbria Health on Call, as well as having more standard pathways with community-based clinicians."* (TSRC Team Member 1)

Prior to the TSRC team, the process of making connections and referrals between the health sector and the third sector was complex, time-consuming, and often not successful:

> *"Because consent is always built around a specific third sector organisation, that would mean the district nurse would have an initial conversation with the patient, understand they need support with benefits, go away, do some research, go back to the patient, have a discussion about the different organisations that could help, get their consent for one specific organisation, then make the referral to the third sector organisation. Along the way, it would always get lost, so the patient never or very rarely ultimately got referred."* (TSRC Team Member 1)

According to Clinician 1, "any of the nurses" in their department have the authority and responsibility to make the referral – with by email or phone call – to the TSRC team. They provided further insight into how the referral procedure unfolds from the health sector side of the service, stating the following:

> *"…it is easy to make referrals, so we tend to do that by email. Very occasionally we might do that by phone, but email tends to be the handiest for all of us because, if we are working weekends for instance, or out of hours."* (Clinician 1)

Before sending the referral information to the TSRC team, many clinicians discuss the option with their patients and gain their consent before connecting with the TSRC team, even though this is not ethically necessary due to the EMIS records and honorary NHS contracts of the TSRC team members. However, it promotes transparency for patients from the outset of the referral process:

> *"We would obviously talk with the patient first, gain their consent, explain a little bit about what the team does. Then we tend to email the referrals through. We usually get an acknowledgement back very quickly."* (Clinician 4)

> *"We just make that phone call, or even email. We do always speak to the patients to say that we would like to speak with a member of this team. I know that we don't actually need a verbal consent, I believe, because it is a phone call, and they can take it from there. But we do try our very best on most occasions to get consent."* (Clinician 2)

After the referral is received and acknowledged by the TSRC team, clinicians entrust them to take the referral forward. When asked if the clinicians are updated by the TSRC team, or if they seek information about their patients after referring to the TSRC team, mixed responses were received. These responses indicated that either the clinical teams experience detailed communications from the TSRC team and do not need to initiate contact, or that the clinicians trust the TSRC team and do not feel obligated to ask for regular updates about their patients, particularly those who are seen on a regular basis, who update clinicians on a more conversational informal basis:

> *"…it's usually patients that we are actively seeing anyway, so we can see that involvement, see that contact that they have made. I have to say, I don't necessarily check up on that. I know from patients when I have referred in, that it's a really positive experience."* (Clinician 5)

> *"Certainly yes, I know of more services now, just from that anecdotal learning from things that the Third Sector team have referred people into. But yes, to be honest, I don't even really bother trying to talk through these things with the people I'm referring. I would just send them straight to the Third Sector Coordinator Team now, because I know they will do a good job of being able to think really laterally about the full range of services…"* (Clinician 4)

The act of referring somebody to the TSRC team was found to have emotional and psychological benefits for clinicians who experience pressures at work and who feel passionately about the health and well-being of their patients. A senior member of a team reflected on the benefits of anyone in their team being able to refer patients to the coordinators:

> *"I know that they feel that they have done a good job when they have been able to refer someone on. Somebody who needs – there is always that gap in care, that gap in help and support. I know the staff get a lot when they are able to speak to someone, to be able to tell their patient's story. They feel that they have been able to help that person that day. They can go home knowing that they've made a difference to somebody."* (Clinician 2)

Other clinicians shared positive case examples of referrals from their own staff and patient perspectives:

> *"One of my Band 6 nurses was treating a gentleman once. I can't recall what he was coming into for his treatment, but basically, he was complaining that he was needing to come back, or that his times were changing. Initially he was coming in for his treatment, he wasn't happy with something, there was a verbal complaint, and our Lead Nurse had to have a chat with him to see if we could resolve it. It was resolved with an issue that he cares for an adult disabled child. He was needing help. He was on his own, he was going through lots of treatment himself, he had these medical problems, and he wasn't coping. So that was just a fantastic result, in that he accepted the referral [to the TSRC team]. They were able to step in and help this gentleman. So, something that you wouldn't expect, they came up absolute trumps. Because we investigated that and we knew of this service, that must have been life-changing for that gentleman."* (Clinician 2)

From a more practical perspective on time and resources, other clinicians commented on the working practices of the TSRC team and their prompt action upon receiving referrals, praising them for the work that they do:

> *"It's always been a pleasure working with Cumbria CVS. They have always been helpful, very responsive… They are very quick to put a business case together, probably because they are used to something coming in last minute, or funding being made available at very short notice. They are quite magical in regard to how quickly they can turn things around."* (Clinician 6)

Other clinicians mentioned that, in recent times, they have received automatic email responses from the TSRC team upon sending a referral email to them, within which the automatic email explains about the team's time constraints and high demand. However, the team have demonstrated their resilience and ability to work under pressurised conditions:

> *"I think the only thing that I have noticed a little bit of recently, it's just the same, it's a sign of success for a team, isn't it, but it's the same everywhere. Recently when we've been making referrals, we do get the bounce back email saying that there is a lot of pressure on the team and so there might be a bit less availability. Having said that though, when we have followed up about a couple of patients, they have had contact from the team, still in quite a timely way."* (Clinician 4)

Even when being challenged by demand and a backlog of referrals, the TSRC team demonstrate their ability to prioritise particular referrals and maintain a prompt service, which is appreciated by clinicians who refer into the team.

After becoming aware of the TSRC team and their objectives, there is a reliance on clinicians to make use of this service, given that they are the starting point in identifying patients who may benefit from additional support beyond clinical requirements. Indeed, the service uptake is steadily increasing and it demonstrates the buy-in of clinicians to refer to this service, but also the need for a larger TSRC team to manage an increasing workload.

3.2.2 The TSRC Team: Receiving, Understanding, and Signposting Patients/Clients

TSRC Team Member 3 explained, from their side, how referrals are received by the TSRC team as a whole:

> "Referrals come into the team from all parts of -- mostly clinical settings but also social care settings as well -- but it's primarily clinicians. As time has gone by, pathways with different clinicians from different parts of the NHS have been built… We have pathways with Northwest Ambulance Service, we have pathways with Cumbria Health on Call, as well as having more standard pathways with community-based clinicians… *They either phone the team directly or we have a central team email address, the pathwayzero@cumbriacvs email address which is specific to our team. The only people who have access to our folders and systems and email addresses are our team members. They are not granting access to that until they've actually got the honorary contract with the Trust in place."* (TSRC Team Member 3)

The TSRC team now involves different job roles, which vary in responsibility. Since the last evaluation, the team have hired a new staff member who aids with administrative and data management tasks. One of their responsibilities is dealing with referrals sent to the central team email or telephone:

> *"I deal with incoming referrals. When they come into the team, I will allocate them to the coordinator and make sure as much information is populated as possible, so they don't have to worry about doing that sort of thing. It involves logging onto the NHS systems like EMIS, and getting address, telephone number, name, what kind of support they are looking for."* (TSRC Team Member 6)

Clinicians have two choices when making referrals: either by contacting an individual member of the team, or emailing a central address. The evaluation data indicates that the central email address is a newer development for streamlining the service, and therefore at present, clinicians continue to make referrals through specific individuals they have been acquainted with from the team.

To be able to receive referrals and move forward with the process, all TSRC team members must have an honorary NHS contract, which allows them to access patient records (see Section 3.3.3). While this has been discussed in length further into the findings, it is a key element of the referral process and needs to be addressed in order to understand how referrals are received and understood by the TSRC team members:

> *"There is an information sheet that can be generated from a patient's records from EMIS, and then that can be directly password protected through to the organisation. So, there are formal routes…"* (TSRC Team Member 1)

> *"…just provide us with the individual's NHS number, a brief outline of what they think their support needs are, and then from there on in we can research as a team all of the contact details that we need for that person… [the referral] is a relatively simple and quick process."* (TSRC Team Member 3)

Some of the team members receive informal emails or phone calls from clinicians, checking whether a particular referral would be suitable or possible, before being formally sent more detailed information, including the patient's health records through EMIS:

> *"We can take them at the moment either over the telephone, by email, which is usually done through a secure system. Because we have the honorary contract with the Trust, they just need to put in the patient's NHS number and*

initials and then a brief description of what they think the situation is. Which isn't always what it is when we ring." (TSRC Team Member 2)

Upon receiving information about a patient, the Third Sector Referral Coordinators are then responsible for contacting the patient directly to find out more information and agree on a suitable third sector organisation together. TSRC Team Member 2 has suggested in the above fragment that TSRC phone consultations with patients can sometimes lead to new emerging information that was not known at the time of referral from the point of view of the clinician. This is because of the holistic nature of the communication shared between a TSRC team member and a patient being referred to them:

"The idea is that we'll do a very holistic, 'how are you doing, is there anything that's causing you concern?' Then based on what they tell us, we will, with their individual consent with each organisation -- we don't take a blanket consent, it's consent to Age UK, consent to this -- we refer onto the organisation, not the one that we think most appropriate but the one they want to go to. Which isn't always the most appropriate one. Nine times out of ten it's the one that we suggest. Then we would refer out to that organisation and then we would entrust that person into that third sector organisation." (TSRC Team Member 2)

The process of discussing and referring the patient onwards is detailed, holistic and intended to be an empowering experience for patients to be part of the decision-making process. TSRC team members also provided case examples of how a referral may be delivered to them and dealt with as a team, not just as an individual representative of the team:

"I had one last week about a lovely lady who has mobility issues. She is managing to maintain her garden really well since the loss of her husband last year. The referrer put in brackets "(But not without accidents!)" so she was obviously hurting herself in doing so. The lady wanted some help with gardening but not for a gardener to do it for her. She wanted somebody to do it with her. I know that there is somebody in that area but it's a while since I've heard from them, so that's the type of thing that would normally go over to my colleague to do some research into. I'll tell her what I know already, and she will explore it further." (TSRC Team Member 4)

This case example demonstrates the ways that the coordinators research the most suitable options before contacting a person for a telephone consultation. Outcomes of these phone calls may include the following:

> *"We check a lot of other things as well as what we are told they need, then make referrals to appropriate third sector organisations. That can either be a direct referral if a patient prefers that, or sometimes just a signpost. It might be that we give them a telephone number or a website or just name an organisation that they need to contact, if they are able to do so and prefer to do that themselves."* (TSRC Team Member 4)

The TSRC team are dedicated to researching the most relevant third sector organisations, and the third sector are aware of this by the manner in which they receive referrals from the team. One organisation state that *"the service is a great link and the team have developed good knowledge of what is available and who would be the best organisations to support a person referred to them"*. After completion of the third sector referrals, the TSRC team aim to keep the health sector informed and updated about the referral, primarily by updating the EMIS records but also sometimes through additional email or phone call communication:

> *"I think when people know about us and people know how to refer in, I think the impact is a really positive one. The feedback is good. The feedback from the NHS colleagues is good. Once we've spoken with a patient on the phone and then referred to whoever we are referring to, and we've updated on EMIS, we then send an email to the referral just to say what the outcome was."* (TSRC Team Member 4)

Currently, the TSRC team are reaching their capacity and they hope to be able to expand their service in the near future, to meet the demand of referrals they receive from the health sector:

> *"Then it's just really expanding the team more. They are dealing with at least 120 referrals every single month. That volume is only going up and we are just touching [the surface] -- ideally it would be great to think that everybody who is discharged from hospital – 7,000 over a quarter, that's it – had access to a [Third Sector] Referral Coordinator."* (TSRC Team Member 1)

3.2.3 The Third Sector: Receiving Referrals and Fulfilling Support Needs

When the third sector receive referrals from the TSRC team, they are usually sent by phone call or email in a clear and efficient manner, with detailed information about the client or patient requiring services. Strong positive feedback was provided in the survey from those who have worked with the TSRC team, stating that *"all of the team are lovely people"* who offer *"good communication links"* which they have used to develop *"good knowledge of what is available and who would be the best organisations to support a person referred to them."* Not only did organisations appraise the quality of the service and of the friendly staff members, but also the *"appropriate and timely referrals"*. Participants predominantly stated that there were no stand-out challenges when working with the TSRC team on referrals. Moreover, a third sector organisation from the survey indicated that their day-to-day work heavily relies on the referrals they receive from the TSRC team, given that *"families are struggling and desperately seeking signposting to any service that offers a glimpse of hope."*

Members of the third sector shared their experience of the referral process:

> *"As Lead Support Worker, when referrals come in, I allocate them to the support worker. We each cover a geographical area in Eden. I make sure that the referrals get sent to the right support workers. If any enquiries come in, I make sure that they are answered. I have a caseload myself of about 160 carers. New assessments come in. It's keeping on top of assessments and making sure we are doing what we need to for them."* (Third Sector Interviewee 2)

> *"The referrals we receive have all the relevant information and we feel that care has been taken with each person referred to find out as much about the individual case, this helps our work, for example if the person is able to get out and about or if they are house bound and who else, if anyone, is involved in their support. I have also asked the team for help to find other support services which have helped us with onward referrals. I recently needed to find gardening services and was very quickly provided with a list of suggestions"* (A third sector survey response).

Some of the third sector organisations reflected on the personable manner in which they receive referrals from the TSRC team, which they believe has offered them in-depth and well-considered information about the referral, subsequently aiding the efficiency of their work:

> *"I absolutely love the way the referrals come into me. It's not just a person. I usually get a phone call with it, and it's clear that the person sending the referral knows exactly the situation the person is in. They will know what their issues are. It's well thought through and very person-centred. So, when I phone that person up, I have a really good picture of what's going on for them. It makes my job easier. I always have all the information that I need when I receive a referral. That's every time. Every time I get a referral…"* (Third Sector Interviewee 1)

The referral process does not end when a referral is passed to a third sector organisation. Rather, a continual process of discussion and updates may be provided by the organisation, where applicable:

> *"There was a stage where me and the coordinator were emailing constantly. There were a lot of issues that were coming out of this couple we were working for. It was quite complex. For a couple of months, it was between us, trying to communicate. In the end he did go home from hospital. It was useful then to have that point of contact. When the coordinator wanted to know about something in the community, I was doing that. When I needed contact with the hospital, the coordinator was there and doing that." (Third* Sector Interviewee 2)

Furthermore, the third sector survey data and interview data together provided insights into the reciprocity developed between the TSRC team and third sector, particularly given that the third sector often ask the TSRC team for advice about the available services in the area:

> *"It is a two-way relationship, yes, definitely. The third sector is really complicated, and things change constantly. They are well-connected with the wider sector in Cumbria. So, while there are things for cancer that I know about, things like a bathing service, I wouldn't necessarily know who was providing that. So, they have been really helpful in directing me to possibilities."* (Third Sector Interviewee 1)

It should be noted that survey data suggested it can, at times, be hard for third sector organisations to track the sources of referrals, particularly those who do not have a close relationship with the TSRC team and who may only receive infrequent referrals from them.

One participant provided their perspective in the survey data collection, stating that they *"have supported the team when they have required"* but they were not individually aware of any referrals from the team.

Furthermore, some organisations described the work and communication of the TSRC team as *"appropriate"* and *"timely",* while others experienced *"slow response levels"* and have stated that they would like to see the team *"respond… in a timely manner"* where possible. Therefore, there is variability in the experiences of third sector organisations, which may be dependent on the team's capacity, as well as the type of organisation.

3.3 Enabling Connectivity and Communication: Strengths and Challenges

Throughout the above sections, evaluation participants have shared their experiences of building and maintaining connections within and across the different sectors, in addition to how the referral process typically unfolds. In this section, more general reflections are shared by the three sub-groups, demonstrating the TSRC team's promotion of connectivity. The main themes that emerged from the data related to the TSRC team as third sector ambassadors, cross-sector conduits, information sharers, a single point of access, the role of honorary NHS contracts and easing clinical pressures.

3.3.1 The TSRC Team as Third Sector Ambassadors and Cross-Sector Conduits

The original intention of the TSRC team was to raise awareness of third sector organisations and to be ambassadors for them within health settings, particularly with senior clinicians. However, when the team reflected on the objectives of their work, they realised the potential of their team to meet national integrated care guidelines, and therefore their vision has extended outwards into other health professions and the community:

> *"When we talk about ICCs, for example, that encompasses everybody in my mind. It's not just our health colleagues. If it's truly integrated, then we should also be accepting referrals from our adult social care colleagues. We should be seeking the input and information from the residents who live in these communities…"* (TSRC Team Member 3)

Some of the evaluation participants viewed the TSRC team as neither health, statutory, or third sector, but some other hybrid or middle ground that acts as a channel for the services of the relevant sectors:

> *"It seems to be having a massive impact and making a difference, now. They are seen as a bit of both. They are a bit of statutory and a bit of third sector, although if you cut them down the middle, I think they would be third sector all the way… I think there is so much to do around integration, really integrating the statutory and third sector on a much more day-to-day basis. It's just pockets here and there where it really works."* (Third Sector Interviewee 1)

One clinician considered the team to be like a 'middle' ground between the sectors, which aids knowledge transfer between third sector and health settings:

> *"I think it does feel like they are the middlemen but that is certainly not a negative to me. To be able to have that direct access, dead clear for us – there's the number or email that we send it to, and we know that's going to get picked up from the third sector. It makes us feel connected to the third sector anyway, even if it's not us doing the direct referral."* (Clinician 1)

When considering how the work of the TSRC team bridges the gap between health and third sectors, it can be understood that they act as 'conduits' to support and balance the work of both sectors in an efficient and collaborative manner:

> *"I often refer to us as the conduit. Touching on it earlier on, with the best will in the world, it doesn't matter how well-meaning a health professional might be in terms of utilising the third sector, they haven't got the time, they haven't got the knowledge. That's through no fault of their own, it's just the way things are. I do think from an impact perspective we have been able to raise the awareness of the excellent work that the third sector has been doing. From our health perspective and from adult social care, we've improved their capacity in terms of utilising the third sector, whereby they don't need to worry about having all that detailed knowledge about it. All they need to know is that they can refer into our team, have a brief conversation with us or send us a brief email outlining what sort of difficulties they envisage for this individual."* (TSRC Team Member 3)

The first members of the TSRC team reflected on how their team fits into a very niche area of the integrated care system, which fulfils national NHS aims regarding how integration is drawn upon in the health service:

> *"…the aspirations of our national government are around our new model of working. As in Integrated Care Systems and Integrated Care Partnerships and delivering things in a very integrated way. What we have always said from the start is that this is living, breathing integration. We are modelling integration on a daily basis. Not only modelling it but actually proving that it works and really adding value to the patient journey."* (TSRC Team Member 1)

The TSRC team members are facilitators of integrated care, providing shared benefits to clinicians, patients, and the third sector organisations all involved in the process. Third sector interviewees commented on the need for this service to continue supporting the integrated care ambitions within NHS organisations:

> *"It would be really nice to think that the funding will continue to allow this to happen, and just really help with that integrated way of working."* (Third Sector Interviewee 1)

Clinicians also explained why there is a distinct need for ambassadors of the third sector present within their field of work:

> *"If I speak from personal experience, because the third sector changes so quickly, depending a lot of the time on funding, staffing, training. Maryport would have a very different third sector presence for lots of different things to Cockermouth, to this lady from Egremont, and Workington. So, we can't keep up with those. So having these TSRCs, no, we don't know what is out there all the time. What we do know today could be very different tomorrow. So, by having these coordinators, it means that we know this is a gap, we don't know whether there is something out there in the voluntary sector that could fill that gap. But we know that we can speak to someone and ask them about that. I think that makes the difference."* (Clinician 2)

Similarly, some of the third sector organisations also felt a distinct lack of connection with the health sector previous to the TSRC service:

> *"I can imagine it is quite difficult to link health and social and the third sector. I think if someone has that knowledge and is a really good communicator and can bridge that gap. I think it's really important. Definitely a challenge. It's been really helpful at certain times to have those connections when you've needed them. Just by yourself as an organisation, you haven't really got that*

influence. So, it's useful to know that you've got someone you can speak to who you can make connections with. And hopefully improve the service we offer to everyone who needs it." (Third Sector Interviewee 2)

Both Clinician 2 and Third Sector Interviewee 2 noted the significance of knowing there is a team supporting you, who you can speak to for support on different matters, and who ultimately are beginning to fill a gap that has existed between the health and third sectors for an extended period of time. As ambassadors of the third sector, the TSRC team members are relied upon by the health sector and are able to transfer their knowledge or aid them through action. There are crossovers in who the TSRC team are representing, depending on who they are communicating or networking with. While their initial communications with third and health sectors is about raising awareness of their own team and the service philosophy, they sit on the lines of ambassadors for the third sector and informants about health services:

"I've become involved with what is known as the Transfer of Care Hub, which is a system-wide approach to some of the difficulties that are being faced within North Cumbria. I sit there as representative for the third sector as a whole, but also our team. We've got health professionals involved with that; we've got adult social care professionals involved with it. We've got commissioners from -- at the time when it was formed it was the CCG but now the ICB -- to look at things in a much broader way" (TSRC Team Member 3)

Attendance in networking and events and meetings therefore strengthens their role as ambassadors for the third sector, and develops their knowledge acquisition of the health sector.

Clinicians discussed ways of improving knowledge transfer between them and the TSRC team, through other forms of up-to-date information about referrals, demands, and specific needs being met:

"It would be interesting to know what those conversations are. I guess at the moment, everybody has just got their head down because it's so busy. You sometimes don't necessarily sit back and look at that. If that's happening and if that report is somewhere, it would be good if I could see it. It would be good to share that with the ICC Managers because it can perhaps shape and target some of the projects that we are working on. If we know where those gaps have been identified." (Clinician 5)

Other clinicians explained that their connectivity with the TSRC team could be improved with other forms of knowledge transfer, including but not limited to: a more physical presence in their offices, the development of annual newsletters, more frequent emails, a 'Meet the Team' poster to be advertised in ICC offices, and additional regular meetings across all ICCs.

Indeed, as third sector ambassadors and cross-sector conduits of knowledge transfer, the connectivity aims of the TSRC team have often been challenged. However, the challenges raised by third sector organisations and clinicians related to the time, resources and capacity of the TSRC team, not the quality of their work. Most participants called not only for the team's continuation, but for the team's expansion, to ensure the connectivity continues whilst meeting the demand through delivery of a high-quality service:

> *"If there was more of them about, rather than just responding to referrals and trying to get on top of what's out there, they might be able to sit back a bit and see where the gaps are. 'There isn't a group there, maybe we need to develop that group there or something'. I think at the moment, maybe there isn't that oversight"* (Clinician 5)

These same challenges were raised by members of the TSRC team, demonstrating their awareness of their own team's development needs and where future enhancements can be made:

> *"I think we probably need another full-time member of staff, at least. We are just getting so many. There is a lot of scope."* (TSRC Team Member 6)

> *"More staff would be really good, so that we can get to patients and meet their needs in a timelier manner. When we do get to them, they are appreciative, they are overjoyed with the offer. But we're not getting to them quickly enough, and that is a little bit heart-breaking for us. We are not sticklers for how we do things, we are constantly reviewing and evaluating our procedures to make it work the best it possibly can."* (TSRC Team Member 4)

As conduits of information sharing between the health and third sectors, the TSRC team members are often reliant upon individual representatives of organisations, rather than forming connections with larger teams. The drawback of this is when an individual changes post or leaves their role in that organisation, which leads to wasted investment unless that knowledge is transferred to others in the organisation prior to leaving:

> *"…you invest all of that time and energy into a relationship, you make good contact with somebody and then you don't hear [from] them for a little while. Then you do a bit of research, and you realise they've moved on somewhere else. I'm sure this is true of working within any complex system. People are continually moving on. We are acutely aware that we can't sit on our laurels and think we've contacted that team and that's the end of it, because new team members are coming in constantly. If I had a pound for every time somebody said, "That's the first I've heard of your team, it sounds great! What do I do about it?". I'm thinking well, the team that you are a part of has been using our service for three years now. Of course, they are a new team member, and we can't rely on the fact that one of their colleagues has actually passed on the information about our team."* (TSRC Team Member 3)

This is an ongoing challenge that the TSRC team occasionally experience, particularly within the third sector, which may be reflected in the lack of awareness with some of the third sector survey responses.

3.3.2 'Single Point of Access'

A common phrase used by participants across the different sub-groups was related to how the TSRC team signify a *'single point of access'* for the wide, confusing and diverse third sector. For the team themselves, and those who have recently made referrals to them, the 'single point of access' refers to the way in which the team channels or bridges the gap between the sectors. Some clinicians suggested creating a streamlined or singular point of contact for the team, which the TSRC team are already working to develop:

> *"There are no issues with referral, there are no real barriers to making a referral. I suppose in future, they might want some sort of dedicated hub that takes that referral, perhaps. Just to take that pressure on the people that are managing and signposting and doing the work are also taking that referral directly. Whether there is a way that can be streamlined just to make it a bit more efficient for them."* (Clinician 5)

While having a single point of access is important, the third sector offered a reminder that a widespread service – even just for North Cumbria – must still remain personalised to the small geographical areas in which it aims to provide support:

> *"I was at a meeting yesterday when I came in late and thought, oh, it sounds like doom and gloom here. It doesn't look like things have really been thought through properly yet about that local connection. Even in the area that we live,*

> *there is a vast difference between the west coast of North Cumbria and the east side. Their cultures are completely different, their attitudes are completely different. If you are going to make the most of those or understand them, you need to keep things really local."* (Third Sector Interviewee 1)

It is useful to continue the approach the TSRC team is currently taking whereby individual staff members are in charge of particular districts or areas, but the perspectives of the existing team and that of third sector representatives is that more staff members will be required to maintain a beneficial singular point of access that can manage a growing workload.

According to the TSRC team, they view their service as one that offers a 'single point of access', to make the process more efficient:

> *"It saves by having the Third Sector Referral Coordinator team as a single point of access. It saves those clinicians who had wanted to refer into the third sector, it saves them inordinate amounts of time. And gives them the satisfaction that they know the patient has a much more rounded set of support around them."* (TSRC Team Member 1)

The TSRC team act as a gateway for the health sector to access the third sector. Yet, interestingly, most of the clinicians and third sector organisations that were spoken to for the evaluation often referred to the TSRC team by one individual with whom they know of personally, tending to communicate with them directly. Hence, for some, the 'single point of access' is not necessarily a single easy-to-use system, but a go-to individual within the team with whom they have a personal relationship or rapport. This is also beneficial for the TSRC team in how they manage their workload:

> *"There are individuals who have referred into the team for some time now, and they still have some of the team members' direct contact telephone numbers. We anticipate that there will still be direct contact made for a period of time with individuals within the team. It's just a way of trying to ease some of the pressure on the team."* (TSRC Team Member 3)

3.3.3 Large Versus Small Organisations

Whether organisations are regularly communicated with often depends upon how frequently the service is required, and how large the organisation is:

> *"A lot of our client group, particularly during the Covid years, were more elderly. Therefore, it transpired that more often than not, one of the organisations that we were in contact with frequently were Age UK. You've got that ongoing connectivity with them. You're constantly either talking to them directly or sending emails to them, so they are always there in our minds and vice versa. Other organisations who we perhaps don't utilise as frequently, it's just a case of trying to set some time aside as individual team members, to contact them periodically and just keep those channels of communication going. They are adapting all of the time as well, and providing new services…"* (TSRC Team Member 3).

A large proportion of third sector organisations in this evaluation had not heard of the TSRC team or had not worked with them before, but they showed intrigue in their service and suggested heightening their outreach and forming new connections within the third sector, including larger and smaller organisations. Insights shared by the TSRC team explain why it is currently not possible to reach all third sector organisations, which is further complicated by the presence of many smaller organisations that have shorter funding schemes or less accessibility for communication. TSRC Team Member 2 shared their experiences of researching smaller, more bespoke third sector services compared to larger more accessible organisations:

> *"The stuff I find on Facebook, I quite often don't have a relationship with the individual who runs it. I would have that one conversation. Some of it, you can support somebody to access something and then it won't even come up again for six months, by which time they've forgotten it. So, you have to kind of start again. The difficult ones are the small -- for example, there is a men's group that meets in a village hall. As it happens, it hasn't changed in ages, but I don't have a relationship with that gentleman who runs that…I think that's easier with the larger ones; Age UK, Alzheimer's Society, Stroke Association… there's a lot more connection with them than the smaller ones like the community centres. The larger organisations are consistently making referrals in."* (TSRC Team Member 2)

Some responses suggested that the team could '*better advertise their services*', '*reach out more proactively*', '*make themselves more well known within the local community*' and '*make charities in the area aware of their existence*'. Two of the third sector survey responses specifically encouraged the team to be '*more visible*' and a further organisation said that it '*would be good to meet*' the team to build a rapport. One respondent specified that they were new to their role and understood that the vast array of third sector

organisations and community services *'is a very confusing landscape if you are new to the region',* stressing that reaching all organisations within the North Cumbrian area is a challenging task for a small team.

Whilst this is the shared opinions of third sector organisations who do not work with TSRC at present, those that work with them more closely praised the team for their communication, involvement in networking, and their dedication to community engagement and outreach; this included with smaller organisations as well as larger key partner organisations. This suggests that the current small TSRC team provide a high-quality service within their own working capacity, and that the suggestions made by other third sector organisations provide an argument for expanding the team, to be able to reach more organisations with the same level of engagement and visibility as they are currently doing.

Third sector organisations in the survey data suggested increasing the amount of communication and contact made by the TSRC team to their organisations. Multiple survey responses specifically stated the importance of the third sector understanding the TSRC team's *'remit', 'philosophy and aims',* and the hope that they would *'provide contact details and service specification'* more directly to their organisation. These suggestions were matched with an understanding of the demand and relevance of the service provided by the TSRC team, with some third sector organisations asking that the service extend their communications with *'regular involvement with neurodiversity groups'*, corresponding with *'community nursing teams'* and other statutory services such as *'adult social care',* being careful to *'neither duplicate nor omit important areas'* of need and demand.

Finally, one particular third sector organisation reminded us of the challenges being faced in the third sector with lack of funding and staff shortages, suggesting that *'a structured funding approach'* can benefit the referral process, *'so that third sector partners can take on those referred'.*

For third sector organisations that currently work with the TSRC team and are on the receiving end of referrals, positive comments were shared about how they *"communicate with us well and clearly, update us regularly with the information we need and make themselves available to take queries should there be any."* Therefore, the TSRC team have demonstrated good ongoing connectivity with their regular third sector organisations.

Others indicated that they were aware of difficulties with *'staff turnover'* and *'lack of continuity'* which can be drawbacks when working with the service. This indicates the importance of finding ways to maintain and sustain the service and staff members beyond short-term contracts. For other organisations who acknowledged that 'the team is small', they observed them as *'such a great service'* that *'helps people to connect with the wider third sector'*, subsequently suggesting that *'more of the same'* through a sustainable model is the most important vision for the team's future.

3.3.4 The Honorary NHS Contract

An essential element of the TSRC team's work is through having an honorary contract with the NHS, which helps to overcome issues with consent and accessing patient health records. Once members of the TSRC team received their honorary NHS contracts, their connectivity with health professionals and third sector colleagues was strengthened, and a line of communication was enabled. In this way, the TSRC team members are able to fulfil their work objectives and act as conduits between both sectors, through patient records access.

When access was lost during the COVID-19 pandemic, the TSRC team were faced with barriers that further led to time constraints in their daily work:

> *"We had a short period where when we first went into lockdown that we didn't have access to it. You are kind of going in blind, and it's really difficult. If you've got a little bit of background -- we don't go too far back because that's intrusive and there would be no need for us to do that -- we can pick up things like communication challenges or what the environment is in the home. Whether it's appropriate to speak to the carer or not. All of that information we can pick up from the records."* (TSRC Team Member 2)

The EMIS access not only opens up communication between the health sector and the TSRC team, but it also benefits the third sector, who have been constrained by confidentiality and consent issues in the past with the NHS:

> *"…I think the whole notion that they've got an honorary contract has really solved that whole issue. I mentioned before about confidentiality and being able to refer outside of their organisations."* (Third Sector Interviewee 1)

However, receiving an honorary NHS contract is a timely process that *"can take anything from five weeks to four or five months",* according to TSRC Team Member 1. This phase of time has had a knock-on effect on the backlog of referrals:

> *"…any of their new starters need to have an honorary contract with the health service that they are linked with. With NCIC in this case. The processes that they need to go through to get that in place can take a bit of time. I think that was causing a bit of frustration because they can't get on the electronic notes system… They can't even get involved with MDTs because they haven't got the permission to view those patient records. So, I think that caused some*

barriers early on. That's more just streamlining those contracts...." (Clinician 5)

Overall, the work of the TSRC team is enabled and dependent upon having an honorary NHS contract, but the time it takes to receive a contract leads to a backlog of referrals and affects the prompt delivery of the TSRC service.

3.3.5 Easing NHS Clinical Pressures and Providing Personalised Holistic Care

As previously mentioned in this report, a beneficial element of the TSRC's work is in how it provides for the social, emotional, and additional needs that cannot be met by clinicians, particularly those who have limited work capacity for anything other than their clinical duties. Consequently, the TSRC team can help to ease the clinical pressures of NHS staff and provide overall improvement in how services communicate with their patients and with each other:

> "*It's being able to hand some patients over… that specific group of patients were getting a better level of support, and we could then concentrate our efforts on the ones that needed more clinical support.*" (Clinician 1)

Prior to the TSRC team's evolution, some clinicians were spending additional time during their clinical hours trying to research and signpost their patients to relevant third sector organisations, which placed more pressure on their central clinical responsibilities and other patients:

> "*I remember having a conversation with a band 7 AHP. I think they were a physiotherapist. They were spending each day about 2 to 3 hours on making a referral to a third sector organisation directly. I remember having the conversation with them and got them to reflect a bit on that. Is it really good use of your time as a band seven therapist?*" (TSRC Team Member 3)

Other clinicians did similar things before they began working with the TSRC team:

> "*Before they existed, I would try and know about what was available locally. As I'm sure you've heard from other people it is quite hit and miss. There will be a group that you know of that suddenly stops running for whatever reason. Often a lot of these things are short term monies, or they rely on the goodwill of volunteers. We did try in the past to link people in with appropriate things,*

but we didn't do a great job of it, just because we couldn't keep up with all of the changes. Again, in terms of time…" (Clinician 4)

"…that stuff about saving time, saving us from sitting Googling for support for people with motor neurone disease in Whitehaven. Time savings and a little bit of reassurance that we've not missed something, if there is something available that might be suitable." (Clinician 3)

Whilst these examples showcase the passion of professionals within the NHS, they also demonstrate why services like the TSRC team are essential and necessary for reducing clinical pressures. This means that the right people with the third sector expertise are prioritising the right patients or service users:

"That frees up therapy staff for more complex patients that need a therapy overview or therapy input in terms of equipment and support calls and stuff like that. It allows us to prioritise our work better. It allows somebody with the skills to see a patient that doesn't need therapist input." (Clinician 6)

Furthermore, the clinicians who identify additional needs in their patients may not be qualified to provide this particular type of care, and they are therefore benefited by TSRC's members, who are trained to provide personalised and holistic overviews of incoming referrals:

"It's keeping them socially connected, like befriending and things like that. Social isolation has a big impact on physical health. Mental health impacts physical health. You get the physical symptoms with mental health problems, so if you are able to support with the mental health problems, then the physically hopefully won't then appear." (TSRC Team Member 6)

Previously, the third sector knowledge that was acquired and transferred within the health sector was fragmented and variable:

"Before this service, it would be bits of information would get shared within teams locally. Like, a new group has been set up here or there. Previously it might have been something delegated to one of our clinicians. Maybe one of our rehab assistants or one of our health cares to ring around and see what was available, then sharing that locally with the teams." (Clinician 5)

As reflected upon by a third sector organisation, the knowledge base that exists within the TSRC team is unlikely to be matched by those clinicians working within ICCs, who benefit from having someone to communicate and drive forward their non-clinical referrals:

> *"It's given us a lot more work, but I do feel that we are reaching more people. I think people are getting the support they need, which I don't think hospital staff or other staff would necessarily have the same information that these guys have."* (Third Sector Interviewee 2)

Furthermore, the TSRC conduits are able to take pressure off the clinical staff and provide additional work for the third sector, thereby creating a newfound sense of balance and equilibrium between the sectors. This comes at a particularly poignant time in the NHS, when capacity is at its absolute limit and clinicians cannot take on additional responsibilities:

> *"…without them, we wouldn't have the capacity to signpost our patients on to these services. So, the patients would become more dependent on our clinicians again which is something that we need to move away from because there just isn't enough capacity to do that."* (Clinician 5)

As expressed by the clinicians, the existence of the TSRC service, and their methods for connecting and communicating, are necessary and aid the continuation of the health services and third sector services; not necessarily side-by-side, but with an overlapping, integrated oversight.

4. Conclusions and Recommendations

This evaluation aimed to determine:

1. The role of the Third Sector Referral Coordinator Team as ambassadors for the third sector, and conduits for information sharing between the third sector and healthcare staff.

2. How the Team's role enhances connectivity between the third and public sectors, and how these relationships are established and maintained.

With these questions in mind, the following conclusions and recommendations can be drawn from the findings presented:

- There is a clear need and justification for the work of the TSRC team within the wider integrated care systems, which is borne out across the data sources. A beneficial element of the TSRC's work is in how it provides for the social, emotional, and additional needs that cannot be met by clinicians, particularly those who have limited work capacity for anything other than their clinical duties.

- There is well-established evidence that the service has eased pressure on clinical capacity and enabled quicker referrals from clinical to community settings, demonstrating how services like the TSRC team are necessary for better meeting the holistic needs of patients. However, it is important to note that the TSRC is not simply a logistical benefit to clinical practice. The findings suggest that it has also enabled more holistic understanding of patient needs, realised through tangible relationships between clinical and community settings. The TSRC take pressure off clinical staff and provide additional work for the third sector, thereby creating a newfound sense of balance and equilibrium between the sectors.

- Prior to the TSRC service, some third sector organisations reported a distinct lack of connection with the health sector, which the service has now bridged. Clinicians and Third Sector Representatives noted the significance of knowing the TSRC team are supporting their everyday work, in addition to transferring their knowledge between the sectors, ultimately filling the gap that has existed between the health and third sectors for an extended period of time.

- The TSRC team provides a "bigger picture" not only for healthcare professionals but also the for the third sector. Linking the needs of both can help to influence developments in the third sector, for example by identifying existing gaps in service and suggesting possible ways these can be resolved. Furthermore, whilst the TSRC

team are viewed as important channels of communication between the health and third sectors, they were also understood to provide an overall improvement in how services communicate with their patients and with each other. Thereby, the team is helping to forge new lines of communication and promoting a new integrated working culture.

- There is a sense in which the TSRC team are considered as "conduits" to support and balance the work of both the health and third sector in an efficient and collaborative manner, rather than residing in one or the other. There are crossovers in who the TSRC team are representing, depending on the sector or patient they are communicating with. They sit on the lines of ambassadors for the third sector, informants about health services, and advocates for patient or service user needs.

- As conduits of information sharing between the health and third sectors, the TSRC team members are often reliant upon individual representatives of organisations, rather than forming connections with larger teams. In some cases, this is due to the working practices of the organisations involved. Nevertheless, it is recommended that work is done to cement these relationships in systematic ways that underlie the individual relationships currently supporting the referrals.

- Evidence demonstrates that the current small TSRC team provide a high-quality service within their own working capacity. Overall, most participants across the different sectors and within the existing TSRC team called not only for the team's continuation, but for the team's expansion, to ensure the connectivity continues whilst meeting the demand through delivery of a high-quality service. Therefore, this suggests that more staff members will be required to maintain a beneficial singular point of access that can manage a growing workload, with the same level of engagement and visibility as they are currently doing.

- The work of the TSRC team is enabled and dependent upon having an honorary NHS contract, but the time it takes to receive a contract leads to a backlog of referrals and affects the prompt delivery of the TSRC service. The potential for longer contracts and continuity of staff would assist in avoiding backlogs and maintaining the relationships crucial to the service.

- The evaluation found that a large proportion of third sector organisations had not heard of the TSRC team or had not worked with them before, but they showed interest in the service and suggested heightening their outreach and forming new connections within the third sector, including larger and smaller organisations. It is recommended that outreach happens in conjunction with building systematic relationships to support the increase in workload this will present.

5. Appendix 1

NHS North East and North Cumbria (2022). ***Integrated Care Communities (ICCs) in North Cumbria.*** **Retrieved from:** https://www.nenc-northcumbria.icb.nhs.uk/about-us/north-cumbria-health-and-care-partnership/integrated-care-communities-iccs-north-cumbria

1. Carlisle Healthcare ICC
2. Carlisle Network ICC
3. Carlisle Rural ICC
4. Copeland ICC
5. Eden ICC
6. Keswick and Solway ICC
7. Maryport and Cockermouth ICC
8. Workington ICC